Osteopathy Stands for the Truth  
Wherever It Is Scientifically Proven

The Osteopathic Physician

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Number 1

AMONG OUR
OSTEOPATHIC INSTITUTIONS

Big Drive in Philadelphia Gives Our Osteopathic Hospital $102,110


A t the close of the campaign, Monday night, December 8th, the total subscriptions and pledges reported by the forty teams had reached the gratifying figure of $102,110. Subscriptions are still coming in, but at the present writing have not been tabulated and added to the total. For six weeks the Philadelphia osteopathic physicians and surgeons and their staunchest friends prepared for this campaign the greatest appeal to the public for support in the history of osteopathy. For eight days, through sunshine and storm, they covered the city from center to periphery, and even the outskirts and adjoining counties and states as far as California. The names of 17,000 friends of osteopathy in the city of Philadelphia had been handed in by physicians and their friends, tabulated, cross-indexed and allotted to enthusiastic members of the forty teams. Each team had a captain and seven members. There were four divisions of ten teams each. The campaign opened Friday night, November 28th, with the organization almost complete. Organization was the keynote of the meeting. The names of about 2,000 workers, the doctors, the nurses, the nurses of the town, the nurses of the city, the nurses of the wards, the nurses of the hospital, the nurses of the college, the nurses of the state, the nurses of the nation, were inscribed in the program and pledged themselves; and so thorough was this work that some of these nurses attended every luncheon, and at each luncheon, more nurses were announced as coming to Philadelphia to work with the campaign.

At the close of Monday’s luncheon the organization was completed on a basis of thirty-five thousand, comprising three hundred workers, and remained at that figure throughout the campaign.

The divisions were commanded by Dr. Carl D. Bruckner, Dr. Wm. S. Nicholl, Mrs. E. G. Dupuy, Dr. O. J. Snyder, Dr. John H. Bailey, Dr. J. C. Snyder, Dr. Wesley F. Dunington, Dr. Lillian L. Bentley, Dr. Burdsall F. Johnson, Mr. W. K. Harris, Mr. Rowe Stewart. Every one connected with the campaign in any capacity worked untiringly for success.

On Saturday, December 6th, at noon, the total report was slightly over $60,000. Monday at the close of dinner $19,000 was reported in public subscriptions. This left about $21,000 to raise. Great enthusiasm prevailed in the assembled audience. Ardent speeches were made and enthusiastic pledges given by members of the profession, bringing in thousands of dollars. Dr. O. J. Snyder said he would be one of ten physicians to subscribe another $500. He was promptly matched by sixteen physicians. Not to be idle, other physicians pledged themselves for still more, till Mr. Graklow, an ardent friend of osteopathy, who donated generously to the campaign himself and had relieved Dr. Ross as auctioneer, announced a total of $102,110.

Speeches full of enthusiasm, optimism for the future, joy for the present were then delivered by many of the doctors and prominent laymen present. On behalf of the profession, Dr. John H. Bailey presented Dr. S. P. Ross, chairman of the committee of the hospital, a magnificent fitted black walrus Gladstone bag as a token of appreciation for his herculean efforts on behalf of the hospital in the past and during the campaign.

It was amazing to see the large contributions the physicians secured from their patients. Dr. Nettie C. Turner secured two donations of $5,000 each and one of $1,000. Ten other subscriptions for $1,000 each were secured by other physicians. Dr. O. J. Snyder secured $2,000 made up from various sums after the end of the organized drive. Altogether about $30,000 was received in amounts of $500 and upwards. It is an unanswerable fact that the public of Philadelphia interested in osteopathy, and appreciating the work this hospital is doing, contributed $70,000 in small amounts averaging $40 each among some 1,700 subscribers.

Revival of the Oakland Osteopathic Clinic Presages a New Hospital

November 16th, 1916, the osteopathic physicians of Oakland, Alameda and Berkeley opened a clinic in Oakland. Each doctor paid $3 toward its establishment, after which it was self-supporting. For two years it was successful, then owing to the many extra duties devolving upon the doctors because of the war, influenza, etc., it was temporarily closed.

During the past summer, Oakland, with the backing of the University of California Medical College, began a campaign for a large health center. They tentatively chose a wealthy man as their president. They expressed the feeling that the public might wish to adopt.

Although the University of Pennsylvania Hospital and several other osteopathic hospitals' drives had failed within the past few months, the Osteopathic Hospital drive went "over the top." Prominent men had refused to serve on its committee because they believed in their judgment the Osteopathic Hospital could not obtain money when these other institutions had fallen down. However, over fifty prominent citizens, who knew what osteopathy had done, were doing and could do, lent their influence as members of the Citizens' Committee. Mr. Wm. E. Nicholson, president of the Land Title & Trust Co. and of many other important Philadelphia enterprises and clubs, was chairman of the campaign.

Mr. E. W. Bonsall was the treasurer of the campaign. The Land Title & Trust Co., perhaps the leading financial institution in the city of Philadelphia, went "over the top." The campaign was in charge of a committee of nine, appointed by the County Society meeting several weeks before the opening of the campaign. The president of the Adelphia Hotel, the chairman of the committee of the hospital, a prominent lawyer, a prominent physician, a prominent surgeon, a prominent senator, a prominent banker, a prominent merchant, a prominent industrialist, a prominent philanthropist, and a prominent clergyman, made up the committee, and its work was self-supporting. It was a very strong committee and was supported by every one of its members.

The campaign opened Friday evening, November 28th. Daily luncheons were held at noon each day from December 1st to 5th, and the closing dinner was held on Monday evening, the last day of the campaign. Headquarters were on the roof of the Adelphia Hotel. Average attendance at the luncheons was about 250. Attendance at the closing dinner was about 300. The campaign was in charge of a committee of nine, nominated by a nominating committee, appointed at the County Society meeting several weeks before the opening of the campaign. On this committee were: Dr. Simon Peter Ross, chairman, Dr. O. J. Snyder, Dr. John H. Bailey, Dr. J. C. Snyder, Dr. Wesley F. Dunington, Dr. Lillian L. Bentley, Dr. Burdsall F. Johnson, Mr. W. K. Harris, Mr. Rowe Stewart. Every one connected with the campaign in any capacity worked untiringly for success.

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THE OSTEOPATHIC PHYSICIAN

Cafe Association, through its Executive Council, has engaged Miss Mary A. Perry of Salt Lake City, Utah, to direct the Clinic. Dr. Riley of Denver will be the osteopath in charge. That the interests of the profession may be protected, Miss Perry will see that those receiving treatment are not financially able to meet a reasonable office fee, as it is the purpose of the Clinic to assist only those who deserve this consideration. The Clinic will be located at 520 Empire Building.

Chicago College and Hospital $150,000 Loan

Chicago College of Osteopathy is offering $150,000 of fifteen-year 6 per cent first mortgage real estate gold bonds to the profession for the purpose of erecting a new modern hospital on its ample grounds. The growth of the college makes it necessary to use the entire present building at an early date for teaching purposes exclusively. The bonds are offered in denominations of $100 and $500. It is a good, safe investment, as there will be $222,000 of assets behind the $150,000 loan. It's a good thing—push it along.

Manhattan Osteopaths Want a Hospital

OSTEOPATHIC Society of the City of New York held an open forum of the local profession, including non-members, at the Holland House, December 15th, to hear a report from the Osteopathic Hospital and Clinic Committee. The New Yorkers want a hospital. This committee told them how it could be done. The council can and must be ready to go ahead if the local profession authorized it and would carry the load. Nobody reported to us about the answer. More later if word comes in.

The Alden Osteopathic Clinic for Women and Children [From the Colorado Osteopathic Physician]

The Alden Osteopathic Clinic for Women and Children has been made possible at Denver, Colo., by Miss Clara Louise Alden because of her interest in osteopathy and her desire to give women and children an opportunity to receive the benefits that may be derived from osteopathic treatment. Miss Alden has engaged Miss Mary A. Perry of Salt Lake City, Utah, to direct the Clinic. Dr. Riley of Denver will be the osteopath in charge. That the interests of the profession may be protected, Miss Perry will see that those receiving treatment are not financially able to meet a reasonable office fee, as it is the purpose of the Clinic to assist only those who deserve this consideration. The Clinic will be located at 520 Empire Building.

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FIELD COMMENT ON LIVE TOPICS

Statement in re Phillip S. Daily Case

By O. J. Snyder, Ph.D., Philadelphia

Phillip S. Daily is a licensed practitioner of Osteopathy in this State. Several months ago he was arrested for “practicing medicine without first obtaining a license from the Medical Bureau to do so.” He was tried and convicted. The case has not, as yet, been appealed to the Supreme Court, although our Secretary, Dr. Ira W. Drew and our attorneys are of the belief that this should be done.

Unfairness of that Executive Council Statement

A statement was sent out, broadcast, over the signature of the “Executive Council” of the P. O. A. in condemnation of the undersigned and the character of evidence given at the trial. The statement conveyed the impression that we were convicted of the contempt of the law revealed in the evidence. This is quite untrue. No endorsement was given to his specific actions. Our testimony did not relate to the kidnap of a woman, nor was it in the case, nor to the propriety of his administering the drink. The real issue was—Has an osteopathic physician the right to prescribe drugs under some peculiar and specific condition, or is he limited to manual manipulation?

Belief Was General that Daily was to be Defended

The entire profession here was of the belief that the State Association, through its Executive Council, had determined upon defending the accused, although it later developed that the Council had made no such authorization. Dr. Nettie C. Turner, President of the State Association, stated at a meeting of the Philadelphia County Osteopathic Society, that she and Dr. Ira W. Drew (the Secretary) had met with the Western Pennsylvania Osteopathic Association at Pittsburgh, for the purpose of accomplishing certain things and that, at that meeting, the Western Association had agreed to “back up” Daily in his defense, not for the purpose of defending Daily nor his acts, but to determine the rights and authority of an osteopathic physician. The Philadelphia County Osteopathic Society also voted unanimously to defend Daily believing it to be a question affecting the profession rather than an individual. The chief reason why the defense of Daily was agreed upon was the fear that an adverse decision or conviction in the courts, decisions so commonly being made upon appeals, would carry the load. Nobody reported to us about the answer. More later if word comes in.

Our Lawyers Made the Drug Issue Clear Cut

Dr. Ira W. Drew has publicly and very honorably accepted the responsibility of his acts in this matter. The law regulating the practice of osteopathy in Pennsylvania provides in Section 11, that a licentiate is authorized “to practice osteopathy as taught and practiced in the colleges from which he graduated or one of the approved schools of osteopathy.” The burden of our testimony, accordingly, was to establish that the use of drugs in our colleges for certain and specific purposes.

Sample Instances Where Drugs Must Be Used

I need not enumerate here the conditions under which drugs must be employed. The case of the osteopathic phys., in this case, developing in our school of practice, who requires drugs in their procedure, up until recently we have had to depend upon the M. D. for his knowledge and services. Our eye, ear, nose and throat specialists, our genito-urinary specialists, our obstetricians and surgeons all insist that there are certain procedures in their speci-
Under Oath One Must Admit Facts as Facts

At all events, everyone present at the conference agreed that it was our duty under oath to admit facts, as such, if we taught that. And as such facts were admitted, and yet there remained the fact that Mr. Gray was correct, it is evident that the prosecution was in the position that we taught materia medica, proved and admitted the drug for curative purposes. Our attorneys developed it and drew it from us, it became our admission. We can neither admit facts as facts nor deny them as facts. It is the principle of our profession that we can neither admit facts as facts nor deny them as facts. We can only testify to facts as facts, and that is the principle upon which our profession is built.

Where the Issue Really Began

The circumstances that brought about these endeavors of ours, viz., the attempted legislation of the profession, above the determination to defend this defendant, had its inception in an act of the president of the Bureau of Medical Education and Licensure, which presented the following situation:

Do You Support Dr. Balby's Denial of Enemas to Osteopathic Practitioners?

As president of the Board of Osteopathic Examiners, I received a communication from Dr. James A. Coffin, Canonsburg, Pa., dated September 25, 1918, in which he complained that he had a patient in the Canonsburg General Hospital who was suffering from an ulcer of the bowel and that the physician had prescribed boracic acid as an eye wash, and we thought that we had a right to be concerned with that. We are not concerned with the treatment of the patient. We are concerned with the fact that the physician had prescribed boracic acid as an eye wash. We are concerned with the fact that the physician had prescribed boracic acid as an eye wash.

If We Use Any Drug at Any Time for Any Purpose We Cannot Call Ours a "Drugless" School

When it was presented that we were to testify of the fact that we taught materia medica in our schools, and thereby established the authority for Daily to prescribe drugs, in accordance with the provision of our act to practice as osteopathic as it is taught in our colleges, we protested that we did not teach materia medica in that manner. Our attitude was that, for instance, our eye specialists explained that the physician had prescribed boracic acid as an eye wash, and we thought that the physician had prescribed boracic acid as an eye wash. We are not concerned with the treatment of the patient. We are concerned with the fact that the physician had prescribed boracic acid as an eye wash. We are concerned with the fact that the physician had prescribed boracic acid as an eye wash.

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Chiropractic Kleptomania

We announce publication this month of a 6-page folder under the title that gives chiropractic its correct historic setting and proves it to be a barefaced steal from osteopathy. It's a Buntin product—up to the usual Buntin art and logic standards. If you have wanted for a long time to see some one do this subject justice you will be gratified by this powerful historic document.

It is not a dull story, either, but reads as interestingly as romance. Really, the gall of the chiro in faking osteopathy as he has done and trying to falsify history to cover the tracks of his theft is so brazenly monumental as to reach to the limbo of paranoia.

This 6-page printed folder does the subject exact justice, even as you would have it done, and by hitting the high spots only, covers practically the whole situation, and does it better, too, than any statement hitherto issued by our profession.

This folder is designed to go out in your ordinary commercial size (No. 6) envelope, either alone or as a "letter enclosure" and to be mailed inside your field magazines as a slip enclosure.

We have made the price so low that you will use a thousand of them at a time. Price $9.50 per thousand, and extra charge for imprinting your professional card on the bottom of the sixth page, in thousand lot orders, if you want it done. This is providing we have your electro used in imprinting. OH. If not—well, for orders of 1,000 folders we will make your electro free as a special offer during the next 30 days, and then, maybe, we can use your electro sometime in printing "Osteopathic Health" orders for you—why not?

If you are interested, write us and we will gladly submit a copy of this folder, "Chiropractic Kleptomania."

The Osteopathic Physician

9 South Clinton Street
Chicago
methods, excepting in the instance of minor surgery. This being the law, no nurse would have the right to administer the treatment (even if she were a member of the staff).—Signed J. M. Baldy.

The A.M.A. is Clearly in the Saddle

It is apparent from this that the Medical Bureau would prosecute any osteopath who employed any agency whatsoever, save that of manual labor.

As further evidence of this Dr. Baldy is quoted in an article appearing in the Philadelphia Public Ledger, Sunday, October 12th, 1919, as stating that "Practically every osteopath in this State uses drugs in some instances in their practice, and the letter of the law states specifically that they shall not use drugs unless they have a medical license." (None of this is, however, literally true.)

It is a Question of Therapeutic Liberty

The proposition before the Osteopathic profession is not one we are willing, with our present educational requirements, to submit to these limitations, or shall we fight it out, either through legislation clarifying the law or through litigation. This is the question: ourseksa upon the broader basis of therapeutic liberty? The attempted legislation above mentioned was to fight it out by legislation; this is the trial, to so by court interpretation.

It is a Fight All Along the Line

Further evidence on the part of the M. D.'s to throttle us in our therapeutic endeavor is presented in the announcement of the State License Commission, Nov. 24, 1919, to prosecute the owners and operators of our Osteopathic hospital at York, Pa., in which are detained medical students. This is the proposition of the Lunacy Commission that osteopaths have no authority to conduct such an institution. (This action was taken after the six months' trial and was before the commission for consideration and further investigation and legal determination during this time and is not the outcome of the Daily case, as was stated by a correspondent in the last issue of The O.P.)

Even Deny D. O.'s Optometry

In this morning's mail, I received a letter from Chester H. Johnson, Secretary Board of Ophthalmic and Optometrical Examiners, whereby it is stated that a certain osteopath is practicing optometry. M. D.'s are privileged to practice this branch of the healing art, irrespective of the State or the profession, as I understand it.

Osteopaths in this State are vested with the authority to sign birth and death certificates. This is the highest authority that can be conferred upon any physician of whatever school. The practice of osteopathy comprehends not only the treatment of curative purposes, but it also includes therapeutic methods, excepting in the instance of minor ailments. The Bureau would prosecute any osteopath who employed any agency whatsoever, save that of manual labor, in their practice, and the letter of the law states specifically that they shall not use drugs unless they have a medical license.

Philadelphia County Society Endorses Position of Dr. Snyder

WHEREAS, a certain element of the osteopathic profession maintains that the practice of osteopathy comprehends only that which constitutes the discovery of Dr. Andrew Taylor Still and consists wholly or entirely of manipulative procedure, together with such surgical practice as is commonly recognized as essential; and

Whereas the larger percentage of the profession entertain a much broader conception of their professional status and insists that the practice of osteopathy comprehends not only the manipulative procedure that constitutes the original osteopathic discovery—but includes all such other agencies as have been scientifically proven to benefit the amelioration of suffering and overcoming the processes of disease.

We believe that the practice of osteopathy as regulated by law in this State authorized the practitioner of osteopathy to practice upon that basis. (Drugs for curative purposes, however, do not form a part of the osteopathic procedure.)

This is the position that Dr. O. J. Snyder, president of the Board of Examiners of this State, adheres to and the Philadelphia County Osteopathic Society at a meeting held on Tuesday evening, December 23rd, 1919, at the Hotel Adelphi, unanimously endorsed Dr. Snyder in that interpretation in relation to our legal authority; and WE DESIRE FURTHER TO APPEAL TO HIS EXCELLENCY, THE GOVER­NOR, OF PENNSYLVANIA THAT HE APPROVE THE AT­TITUDE OF HIS APPOINTEE IN THIS RE­SPRONSE.

The society is prompted in taking this action in deference to Dr. O. J. Snyder—a nineteen years of official service as President of the State As­sociation, as President of the (National) body American Osteopathic Association and as Presi­dent of the State Board of Osteopathic Exam­iners, during all of which time he faithfully represented the wishes and will of a large ma­jority of the profession as annually determined at our state association meeting, as evidence of which, with the fact that he was repeatedly re-elected by state osteopaths and out of respect and for an opposing candidate.—Philadelphia County Osteopathic Society, D. C. Bruck­ner, D. O., Secretary.

From Charles J. Muttart, D. O.

Will Accident Insurance Companies accept Our Certificates?

How can we conduct our Hospital? (See statement of Dr. Snyder, the editor of the Philadelphia County Society Journal.)

Will prospective students attend Osteopathic Schools for two years if they can learn the gentle art of manipulation (or adjustment) in a few months in the Chiro schools?

Let us forget all about Daily, the same as the Allies did about the Austrian Crown Prince. Let us not cloud the issue by blaming the present situation on those who had the courage to uphold the rights and privileges we believe are entitled to, and let us get together and do some right hard thinking.

Let us decide whether we are satisfied with the future of osteopathy in Pennsylvania under this court ruling. As we fail to deceive ourselves into thinking that this is an isolated case. The medical politicians will never rest until they have similar decisions in every state, if they can.

If we are satisfied, let us go back to the two-year course—it would be good business, anyway; then there would be no "honest-to-goodness" chiro.

On the other hand, if there are enough red­-blooded Americans among us who have some pride in their institutions and some vision as to what the function of a physician should be, let us fight Medical Autocracy to a finish.

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From H. H. Walpole, D. O.

Your editorial in THE OP. was rather interesting, and I am very much interested in this old hymn, "Give me faith for clearer vision." More anon, the Daily case.—H. H. Wal­pole, D. O., Lancaster, Pa.

"Meaning "Draugless Operation.""

(Continued to Page 6)
Kirksville Research Supports Discovery that the Spleen is the Chief Producer of Antibodies

Professor Lane published an interesting paper in the November issue of the Journal of Osteopathy which is highly suggestive that the spleen is the important organ for osteopathic attention in infectious diseases. Unlike other experiments conducted by the profession on animals, this work has been done with the human patient, and the results seem to be so very gratifying that every practitioner is entitled to know the facts fully and make prompt application of this new revelation in the care of his cases.

Lane's work on this line, he tells us, began two years ago, following upon the discovery by Preston W. Kyes of the University of Chicago immunology research staff that the spleen contains one hundred-fold the amount of antibody contained in the serum of an immunized animal. That is not a mere opinion. It has been demonstrated to be fact by Kyes in rabbits and other mammals, and inferentially it is also true in man. This biologic fact gave Lane his cue for research in this direction and, besides confirming Kyes' generalization in his Kirksville laboratory, he has extended the importance of the discovery by applying it to the experimental treatment of human beings affected with various infections. In this work the Professor was assisted by Dr. Thomas Ashlock and Dr. M. R. McCollum. The results of this clinical work are so gratifying, Lane reports, as to constitute strong presumptive support for the full truth of Kyes' generalization as regards its applicability to osteopathic therapy. These disclosures, then, give the osteopathic physician his warrant to treat the spleen vigorously whenever dealing with an infectious disease.

"I have seen one of these treatments destroy the virulence of a highly virulent streptococcus pyogenes in twelve hours in a case where there was not the slightest room for doubt that virulence was there," writes Professor Lane.

Surely this is a biologic discovery of prime importance to the osteopathic profession, and universal application should be made of this knowledge in treating infectious diseases in the interest of patients and in confirming clinically the availability of these data for therapeutic uses.

Dr. McCollum discussed the treatment of the spleen in these cases as follows in Professor Lane's article in the Journal of Osteopathy:

"Fig. 1. Represents the preparation of the patient for the more specific work on the spleen, with the patient on the first patient you treat, don't be discouraged. Stick with the spleen; the results will come."

Of course reference here to Professor Lane's paper is only to call your attention to it in the December Journal of Osteopathy and to emphasize the great importance of these Kyes-Lane researches for osteopathic therapeutics so that you will turn to the full article and give it the study it deserves.

You will realize, too, how much it means to the osteopathic students of today to be close up to the origin of these biologic facts as they are being worked out in osteopathic research. The students at the American School of Osteopathy enjoy an unparalleled privilege in this respect in their daily contact with Professor Lane, and the therapeutic vision they get with such biologic foundation as understanding the Mechanism of Immunity is absolutely indispensable to the up-to-date, scientifically-trained osteopathic physician. At Kirksville today students are trained in the Mechanism of the lesion and in the Mechanism of Immunity both, by trained specialists in each line. Bear this in mind when advising your prospective student friends where to go to get their osteopathic training.

We should be glad to have you report your findings in your clinical tests regarding this spleen work in the infectious diseases.

The American School of Osteopathy
"Mother of Osteopathic Colleges"

DR. GEORGE A. STILL, President

KIRKSVILLE
THE OSTEOPATHIC PHYSICIAN

The Unique Baby

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

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

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

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No. 2 Unsalted
No. 3 With Potassium Carbonate, 2%

WHY DIFFERENT SALTS IN THE DIET OF INFANTS?

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

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

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

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EVANSVILLE, IND.

The Osteopathic Physician

which means, from another point of view, will not be true at all.

Did you ever pause to realize that all our greatest perplexities over osteopathic dogmas, the things that puzzle so many of us unconsciously, can be researched and settled in the laboratory of pure thinking, according to the terms of logical mental processes, without discussing them as physicians at all? Well, it’s true. In other words, the greatest trouble with osteopathy and the most prolific source of its endless bickering is merely inferior thinking, faulty philosophy, violation of all the canons of logic, an utter disregard of scientific philosophy and philosophic science.

I have written this because of your little prayer, which is the finest any soul can make—"Give me faith for cleft vision."

If you want clearer vision in osteopathy get your orientation in science and philosophy first. It can never come otherwise.


(ABOUT $1.50.)

Sincerely your co-worker to bring science out of dogma, and harmony and cooperation out of personal strife.—Bunting.

WHY OSTEOPATHS are STRONG in the FAITH

Some Quick and Startling Results Obtained in One Man’s Practice


WHILE our friends of Pennsylvania seem all up in the air over drugs, it occurs to me to review, for the consideration of our profession, some evidences of the healing power of nature when reinforced by proper osteopathic adjustment and control.

Surely, when the way of organized osteopathy seems dark ahead, and when we feel sorely perplexed as to the best way to safeguard the precious heritage of healing which we hold in trust for humanity from A. T. Still, a calm review of the net accomplishments of any average osteopath who has been in practice for ten years ought to be sufficient to give heart and aid us to obtain our therapeutic orientation.

When the maize of present-day legal, educational and competitive technicalities that beset our school’s course on every side seem inscrutable, it is then that we may profitably fall back, for the renewal of our faith, for strengthening our conviction and our will to win, upon a stock taking of the clear, honest record of what we osteopaths do to relieve the sick and cure the deformed. If we can only get our case as a profession tried on those grounds our triumph should be easy. Perhaps we as a school take our cases too much for granted. We ourselves would profit to take stock of our cures more often. Well, the ledger of our deeds in practice is new open at the chapter devoted to our office, and here is what we may read there-in: I express the belief that it is only an average chapter of accomplishment for any average true-blue osteopath who does not find it necessary to use drugs and is too proud of osteopathy to use drugs simply because he knows a better way.

BY

Case 1

Male, age 20. Injured in football game. Intense pain shooting through the head, patient unable to tell just where. I found a disturbance between the occiput and atlas. Was not able to tell just what position the articulation was in. Just as I was able to produce a slight separation the patient jumped off the table and said, "What are you doing?—that pain is all gone."

Case 2

Female, age about 40. Trouble had been called neuralgia, facial paralysis, weak eye, etc. Relief instantly. Relieved instantly of pain, and by next morning the eye was clear of any tears. This was done by restoring normal motion between the first and second cervical vertebrae.

Case 3

Male, age 30. Injured by a fall from a bicycle, result rapid heart. Heart action reduced to twenty beats per minute by correction of sixth cervical lesion.

Case 4

Male, age nearly eighty. Hacking cough, and feared tuberculosis. Permanently relieved by adjustment properly of first rib at its head and transverse articulations.

Case 5

Female, age 9. An optician had said that "he was using the strongest glasses, and when they ceased to be of service the sight would be gone." This child, after the adjustment of the seventh cervical and first and second dorsal, attended all her classes in school next day, and without the use of her glasses.

Case 6

Female, age 30, three months pregnant. A doctor had diagnosed "tuberculosis," and the woman said she knew the diagnosis was correct, as "she could feel the bugs, and they felt about the size of a marble." This case was relieved by correcting the malposition of the head and transverse articulations of the third rib, right side.

Case 7

Male, age 55. Operator’s paralysis. Right arm incapacitated for several weeks. After proper adjustment of fourth rib, right side, he wrote his name immediately, and returned to work next morning with no further trouble.

Case 8

Male, age 35. Diagnosed as recurring attacks of gall stones, and on his way to the hospital. Ninth and tenth ribs, right side, were twisted. After correction he returned to work, and had no recurrence in ten years.

Case 9

Female, age 18. Suppressed menstruation. This patient was sound asleep within a couple of minutes after the correction of a twist between the first and second lumbar vertebrae.

My Experience with 176 Flu Cases

Next I will give you our experience during the "flu" epidemic, during which we handled 176 cases successfully. Had only one complication, lobar pneumonia, and that developed after serum treatment had been given. I do not include such cases as responded to the first treatment, of which there were a great many, even
General Medicine and General Diagnosis

Materia Medica and Therapeutics

In the department of General Medicine and Diagnosis is conducted the Osteopathic General Clinic Course, requiring 300 hours in the fourth year, under the direction of Dr. Harry W. Forbes, Dr. Dain L. Tasker and Dr. Charles H. Spencer. It consists in the presentation of selected cases drawn from the college clinics. Each case is gone over in careful detail, a preliminary history and laboratory examination having been made, so that all the factors aiding in an intelligent diagnosis, prognosis and outlined treatment may be placed in review before the student. The student is brought to a practical realization of the fact that disease does not conform to unalterable types, and he begins to analyze and take into account the individual factor in the body's reaction to adverse influences.

In this department comes also the instruction in osteopathic clinical practice. Each student is required to give a minimum of six hundred treatments in the college clinic before graduation. The work requires 300 hours in the third and fourth years. Patients are first given a preliminary laboratory examination, and the records of the case are placed in the hands of the clinical professor. A complete history and examination of each case is then made in consultation with the student-physician. The patient is then turned over to the student for treatment. At stated intervals the patients are brought before the clinical professor for further examination and advice. If a patient needs to be examined by more than one clinical professor the student-physician attends each examination and sees to it that all laboratory examinations recommended are made. When a patient is discharged the student to whom he was assigned must assemble all of the case and laboratory records, together with a report of the results of treatment, and must write, on a blank form furnished for the purpose, the history of the case. The history must be filed with the head of the Department of Diagnosis, in order for the student to obtain credit for the treatments given. Students in this department are assigned definite office hours and are expected to care for their clients in a faithful and conscientious manner. This work, throughout two years, enables the student to develop confidence and skill in the actual responsibilities of a general osteopathic practice. Students who desire to specialize along any line of osteopathic practice are favored as far as possible in the assignments of patients during the senior year.

In the fourth year, 90 hours are given to Materia Medica and Therapeutics, under the direction of Dr. R. W. Bowling. The course consists of a critical consideration of the application of chemical agents in therapeutics and of the relation of certain physiological substances to the normalizing of function. The dominant thought is the thorough teaching of those chemical and biologic agents which are capable of a rational and therefore an osteopathic use in the treatment of disease. Emphasis is placed upon those which primarily aid in removing disease causes, or which, in given pathological states, supply certain deficiencies of the normal body. No time or consideration is given to the agglomeration of drugs which have been discarded as worthless by the modern laboratory pharmacologist.

Comparison is repeatedly drawn between chemical and mechanical methods of evoking physiological responses, and meddling by the use of drugs with the normal course of the body's reactions in disease is decried. The students are required to do laboratory work in groups to determine the effects of the more important drugs upon both normal animals and humans.

In the next announcement will be given details about the Special Courses in Osteopathic Diagnosis and Practice.

For Complete Catalog and Detailed Information, Address—

The College of Osteopathic Physicians and Surgeons
Los Angeles 300 San Fernando Building California
after the chill and fever were present. In every case of "flu" treated there were anatomical de­
rangements which, when corrected, gave more or less relief from very acute pain. Since the epidemic I have treated more than fifty cases that had been treated with medicine through the winter, and every one had bony lesions along the spinal column in relation to those nerves distributed to the location of their chronic conditions.

I will mention two cases, one in which a medical doctor said, "Flu had brought on Neurethnia." This case had been confined to his room from October 2 to November 19. This man had about "the whole outfit" in the way of lesions. He was first treated November 19, resumed his place in his office the 20th, and continued to do his work regularly thereafter, and has never had but that one treatment.

Another case had been laid up six weeks. A doctor said "tuberculosis." Very violent cough. There was a separation between the fifth and sixth dorsal vertebrae, and to touch between the spines would cause a fit of coughing. This man returned to his work in four days and had no further trouble.

We may call "weak-kneed osteopaths," but these patients, believe me, are not weak-kneed supporters of osteopathy.

Many Different Ills Cured by Adjusting Innominate Lesions

And now I present for your consideration a list of 380 cases in which immediate relief was given by the correction of innominate lesions. I present these cases because I was able to follow them for some time and hence know that relief was permanent. As I believe diagnosis is the keynote of successful treatment, I will designate these cases by the "diagnoses" of the doctors who first passed upon these cases:

Dissociated Hip 1 Vicarious Menstruation 1
Enlarged Prostate 1 Dysemenorrhoea 1
Stroke 1 Infarct of Tibia 1
Inflammatory Rheumatism 1 Bloody Urine 1
Bony Urines 1 Pneumonia 1
Five Operations on Tibia 1 Broken Leg

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We hope also to interest you in our plan of co-operation with you in the relief of sufferers from Spinal troubles which is producing a generation of hunchbacks and cripples. Write to us.

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THE OSTEOPATHIC PHYSICIAN

I am a stronger osteopath than ever and realize more every year its far-flung domain of healing over multitudinous diseases.

There was an article in the Sunday papers some time since by one of The American Medical Association writers taking a fall out of everything except "regular" medicine. He said: "Ninety-five per cent of all acute sickness gets well, no matter what treatment they had." We believe this to be true. Substantially the same statement was made by Dr. Oster years ago. And, it is a truism in medicine. Now don't you think the medical profession has a lot to answer for in this world of chronic suffering if that represents that five per cent that finds drug and surgery? The efficiency of osteopathy has been proven in both acute and chronic conditions, and it is the duty of every osteopathic physician to make himself as near the one hundred per cent efficient as possible, and to give to the sick and suffering, osteopathy, as Dr. Still would have us do it.

WHERE THEY GET IT OFF THEIR CHESTS

Doctors Susceptible to Disease of Taking Selves Too Seriously

By Roberta Wimer-Ford, D.O., Seattle, Wash.

A CONTRIBUTOR asks in the November of the American Medical Association, May 31, 1919, contained an article by Walter A. Sherwood, M. D., Chief of the Surgical Service of the United States Army General Hospital No. 1, New York, from which I quote:

"Treatment of Sacro-Iliac Disease"

"With reference to treatment, we have found it mainly palliative. In the beginning, rest in bed with some kind of flexion, and cold in the hands and feet, followed in persistent cases by the application of adhesive strapping. This has been used in our cases; late sacro-iliac belts have been applied. The belt most in use here is one composed of brown canvas, made very simply, and held in place by three buckles and two rubber perineal bands. As a class, patients with sacro-iliac trouble make poor soldiers. The recurrence of the disability is very common and makes their service uncertain. This is especially true if they are required to do anything that requires their muscles to be used. The recurrence of the disability is so rare that it is that alone that makes the differential diagnosis possible. In many cases the two conditions are associated. Several cases have been reported in which this condition was relieved by an operative procedure. The two cases in our series were discharged."
Débridement and Dioxogen*

Among the surgical lessons of the war one of the most noteworthy has been the recognition of the importance of the mechanical cleansing of wounds. The French call this débridement, but it cannot be better described than as mechanical antisepsis.

In studying the action of peroxide of hydrogen as a wound-cleanser, particularly a peroxide as potent as Dioxogen, it would seem that its efficiency in decreasing the bacterial count in an infected wound must depend in no little degree on the physical processes which attend the liberation of oxygen. In other words, when Dioxogen is introduced into a wound, it bubbles and foams, thus mechanically detaching fragments of dead and dying tissue, and in this way cleansing the wound surfaces much more effectually than is possible by irrigation.

Is it not a rational conclusion, therefore, that the efficiency of Dioxogen in the treatment of wounds is due not only to its disinfecting power, but quite as much to its unique action in mechanically freeing wound surfaces from the foreign material that if allowed to remain would essentially handicap and delay the healing process?

The use of Dioxogen means débridement and disinfection—mechanical cleansing and effective antisepsis—with the further advantage of absolute freedom from toxic or irritating action. No other antiseptic at the service of the medical profession makes possible such satisfactory application of the latest teachings in regard to wound treatment.

*For further information in respect to Dioxogen, address The Oakland Chemical Co., 10 Astor Place, New York City.
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THE OSTEOPATHIC PHYSICIAN

Hoge Building, Seattle, 11-28-1919.

Synopsis from Standard Authorities on Practice
Taking One’s Self Too Seriously
Hypertrofied EGO. Self-Centered
Appreciation

Etiology—
This affliction shows a predilection for youths and old people. Especially reformers, promoters, preachers, missionaries, physicians and other professional people not closely identified with organizations of their colleagues. It is neither infectious nor contagious, not truly endemic, sporadic instead. Its cause is not thoroughly understood.

Pathology—
No pathognomonic lesions, except a constantly hypertrophied ego during life. No characteristic post mortem findings.

Symptoms—Incubation—
Onset slow and insidious; incubation period varies. Symptoms change with age, sex, temperament and previous experiences of the afflicted. No physical pain experienced and no records of afflicted ones seeking relief.

Complications and Sequelae—
Attacks vary in duration, and may end by crisis or lysis. One attack does not confer immunity; occasionally relapses occur with increased virulence. Never fatal to life, but complications and sequelae sometimes severely handicap the victim.

Prognosis—
Good if diagnosed early and proper treatment given.

Treatment—
Rest out of doors, more and varied interests. Some new diversions requiring skill; golf, motoring, fishing, etc.

Active participation in local, state and national organizations. In persistent, unyielding cases benefit sometimes accrues by confining several afflicted ones together in isolated quarters.

"P. S.—We took the liberty of supplying the good Anglo-Saxon adjective here because we heard it sizzling on Roberta’s typewriter as we read her discourse. In strict Freudian parlance, we regarded that word as the lady’s “suppressed wish.” So we give it vent.—Editor.

An Injury to the Cause of Osteopathy

When I read the articles by Drs. Bartholomew and Buckmaster in the November number of The OP, am reminded of the button I once saw on the lapel of a man’s coat which bore this inscription, “Are you the man who knows it all?” These men evidently are like all of us, have more or less “ego” and get to thinking we are a little smarter than the other fellow, simply because someone fancied, after we had given them a little shop talk, and happened to be in a resort or a larger place than they had come from, that we were superior to the fellow at home. There is an old saying which runs as follows, “Far off cows have long horns.” People often travel thousands of miles to find what they might have found at home, had they looked for it.

Some years ago a superintendent of schools spent his summer vacation in California, and while there became interested in osteopathy. On returning to his home in a Nebraska town he came to me and said, “I have learned a few things about osteopathy while in California, viz., that Dr. X is conceded to be the best osteopath in the world, and he treats forty-five minutes. How long do you treat?” My reply was, “If ———— treats forty-five minutes he is one of the poorest osteopaths in the world.” “But,” said he, “you can’t earn $2.00 in less time than that.” This is the conception of the average person regarding our treatment.

This man was convinced in eight minutes that the osteopath was not selling his time for so much per hour. Now, I would say to these brethren, don’t try to convince people that you are a little smarter than the rest of the profession, and that your treatments are superior to those given in New York or Nebraska, but rather tell the patient that perhaps the other fellow has a different technique but that he is working to the same end, and no doubt would get results.

This “holier-than-thou” attitude assumed by many of the members of the profession is a hindrance to the great cause.

Let’s boost the other fellow, and thereby boost ourselves, and above all—OUR PROFESSION.—B. H. Cabbage, D. O., Mt. Dorado Springs, Missouri.

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

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

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3. General Surgical.
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5. Gynecology.
6. Nose and Throat.
7. Proctology and Urology.
8. X-Ray and Laboratory Diagnosis.

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

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The Dionol Company.

August 23, 1919.

Samples received. Had immediate use for same in a new case with a large carbuncle on right arm, area of which was over 3 inches in diameter and about one inch deep. Removed crater 1½ inches under cocaine, then covered it fully with Dionol.

Had patient return next morning. Never saw such rapid results. It is now 3 days and the most excellent improvement I have ever witnessed has followed this treatment.

M.D.

Or This

The Dionol Company.

August 22, 1919.

First, I had wonderful results in treating the "Flu" last winter with Dionol Treatment.

I was recently called in consultation with Dr. .......... in a case of facial erysipelas. He gave an unfavorable prognosis and turned the case over to me. I at once put her on to Dionol, externally and internally and she made a very rapid recovery, temperature reducing from 104 to NORMAL in 3 days treatment.

The same day I was called in consultation in a case of acute articular rheumatism in a child 7 years old, and had marvelous results in this case with Dionol. I am reporting these cases, as to me, the results obtained were the finest I have ever witnessed under any method of treatment.

Dr.

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THE OSTEOPATHIC PHYSICIAN

Dr. F. P. Millard Takes Up Toronto Health Officer's $500 Smallpox Challenge

Telegram, Dec. 20th

The challenge of Dr. Hastings, M. O. H., contained in his report to the local Board of Health, in which he defied anti-vaccinationists to present one single instance in which a death has occurred or a limb been lost through vaccination, has been taken up. Dr. F. P. Millard and made this statement to The Telegram today:

"I hereby state that I will give $500, to be divided among the charitable institutions of this city, as a call to said challenge if proven. The only stipulation being this: That a committee of three unprejudiced public citizens listen to the statements of the bereaved parents who claim to have lost children, or have had children disabled through being vaccinated, and base their decision on the statements of these parents.

"To state that theoretically no person ever died of smallpox, but from a complication of troubles following smallpox, is on a par with Dr. Hastings' statement that no person has died from vaccination, but complications arising a few days afterward.

"There are in this city at this moment over one hundred children and adults in a critical condition. One is the 21-year-old son of a medical doctor. Two physicians who have had their fingers cut while vaccinating have had to struggle to save their arms. One had to call in three colleagues.

"There are a number of men in this city, and one phoned me last night that, although 'successfully vaccinated,' they had had severe cases of smallpox in the last big epidemic of a few years ago. A big lumberman told me last week that in his lumber camp, where over two hundred men had been vaccinated, and almost every man had smallpox. This was in the last epidemic referred to above."

Diagnosis

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

I have traveled around quite a good deal, visiting osteopaths, especially in our larger cities, where I would naturally expect to find enthusiasts on the subject of diagnosis, but I have failed to note their interest in this line. They are really figuring more upon some scheme of increasing their practice and getting more two-dollars. I have noted very few diagnostic implements. It is impossible to make intelligent diagnoses without diagnostic implements. I never saw an X-ray, a cystoscope, a sinus lamp, a proctoscope, and many other very necessary implements in an osteopathic office.

You can not run a farm without a few plows, neither can you be a physician without equipment and the knowledge of how to use that equipment. There is no fear of the medic, the chiro, or the mechanico, by the osteopath that is making intelligent and thorough diagnoses.

If you can not see and realize your field yourself, get off for a month, go to see some fellow who is doing things, and learn what your needs are; and then go home and improve upon what you have seen. Become an enthusiast upon the subject of diagnosis. Osteopathy is the greatest thing in the healing world, but we will never get anywhere if we do not back it up with diagnosis.

It Pays to Begin Right

[From the Bulletin of the Mary Elizabeth Hospital]

HOSPITAL work should be included in every doctor's training before he enters practice for himself. This applies to the osteopath as well as the medic. We cannot hope to know and see out in general practice in several years what you will learn in a hospital even in a short time. You can read how these things are done, but to do them is different. It puts you on your guard and discipline continues to exist. We must begin individually to develop our diagnostic technic until our profession shall be known the country over as a diagnostic profession.

Dr. S. L. Taylor, President and Surgeon-in-chief
Dr. F. J. Treenergy, Superintendent and Roentgenologist
Dr. Dwight D. Clark, Field Manager
Dr. J. N. Waggoner, Eye, Ear, Nose and Throat
Dr. George Carr Taylor, Genito-Urinary and Rectal Diseases
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If so, you are not obtaining the income your education entitles you to, and you should investigate my bath cabinet proposition. It will quickly increase your ability to cure cases to the point where you will net at least $5,000 per annum. I know, because I have proved it in my own practice. It has doubled my income—and I was netting more than $3,000 per when I instituted my Medicated Bath System. A man who has spent three or four years educating himself for a special vocation should be worth over $3,000 a year and if he is not getting it, then his years of study represent practically wasted time and effort.

Medicated Baths are revenue producers in themselves, but also they develop regular osteopathic practice. I do not neglect my osteopathy; since putting in my Medicated Bath Department I do more osteopathic practice than ever before! The two things go hand in hand and a Medicated Bath Department is really the finest sort of an advertising feature for osteopathy. It is a wonderfully successful combination therapeutically and financially.

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Osteopathy in the Inflammatory Diseases

In this issue Professor Lane tells why inflammation causes pain. He explains how the blood works its cure. He shows the use of osteopathy in virulent tonsillitis and acute and chronic dysentery, etc. You should never be without this number. Price $4.00 a hundred.

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

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EDITORIAL

Fairness, Freedom, Fearlessness

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

Vol. XXXVII

JANUARY, 1920

No. 1

WHY CRY "PEACE!" "PEACE!" WHEN THERE IS NO PEACE?

(A STUDY OF THE COLLECTIVIST VERSUS THE INDIVIDUALIST)

We must draw a sharp distinction between the present situation of the osteopathic profession as a Collective Entity and that of the practitioner of osteopathy as an Individual, for if we judge of the peril and needs of the one by the natural predilections and wishes of the other we shall betray the science of osteopathy hopelessly into the hands of those who have sworn to bring about its extinction.

Between the "regular" medical profession and the osteopathic profession there is war to the finish. There has been war since the day that Doctor Still entered upon his new development in therapeutics. There has been open, avowed, remorseless warring on the part of the organized medical profession against osteopathy from the very institution from the day that Doctor Still chartered a new college to reform medicine, surgery and obstetrics.

Nor could we expect that there would be any other result, knowing the intolerant, selfish and tyrannical attitude of historic "state" medicine toward independent thinking and all competitors.

It is an economic warfare. It is a battle royal between two hostile, conflicting and eternally irreconcilable systems of therapy. It is a clash over the fundamental facts and philosophies of disease.

If it were not all this inherently, the M. D.'s have chosen to make it so anyway, because they repudiate a system of healing that requires a man to work physically to aid the sick. They prefer not to work. They would rather earn their fees by thinking (or thinking that they think), by giving orders to nurses to do the work, or to masseurs; and by writing prescriptions. They consider it too hard a way for a professional man to make a living to have a physical treatment, such as the osteopath does; and knowing that our system gets results (as they now realize from losing so many of their best families to the new school) they know it is a case of survival of the fittest for the osteopath, for there is no such thing as the "fittest" to kill the other.

The issue is to be settled, then, and can only be settled, by a war of extermination between two radically different schools fighting for their bread and butter, for reputation, for public confidence, for institutional existence, for doing for the public what they are expected to do—for prestige, for prejudice, for power, for glory, for self—can men fight for much more, or fight more determinedly for much else?

Yes, they can fight for the conviction of right. Both sides have it. They also can fight for personal liberty, equality and the right to pursue happiness. Both sides feel it. The osteopathic controversy is in greater degree because it is an acute issue in its daily experience. We know that we face or extort will have to fight with the freedom and spirit born of necessity—standing shoulder to shoulder, with our backs to the wall.

But just a little more remotely the allopathic profession forges the same sort of extinction. Its leaders are wise enough to recognize the peril and needs, are trying to protect their Institution from its impending fate—should osteopathy prevail, by crushing out the osteopathic reform movement which contains within itself the seeds of medical undoing. So, after all, the "regulars" are actuated by the same desperate desire to survive that we osteopaths feel.

It is an economic, a biologic, a philosophic, dogmatist war to the finish—a war of extermination for one system and party or the other. The revolutions of our efficiency in the flu-pneumonia epidemic have made this determinate.

The lion, "state" medicine, and the lamb, osteopathy, cannot lie down in peace together on any terms except that the lamb occupy a berth inside the lion.

That was the automatic decree of allopathy nearly thirty years ago. The plan has not been changed one particle except to acquire more resolution, skill, cunning, discipline, power in its application as the crisis approaches nearer. This is the medical consciousness of the day. The Osteopathic Profession Collectively has been punched, goaded and insulted into complete recognition of the situation of war.

The American Medical Association and those of its state, county and city branches have been animated by but one common historic purpose in their dealings with osteopathy from the first minutes that they heard of it until this auspicious day, and that purpose is to kill it.

There can never be any other attitude on the part of "state" medicine but to kill osteopathy. They never had any other attitude toward any rival. Make no mistake about it. They mean to kill it—and as things are going in some quarters within our own ranks, calmly, imperiously, aloof judgment must concede they are getting more and more efficient in that respect. They vainly have a good chance to kill osteopathic therapy before it can find itself and get sufficiently organized, unified, disciplined and entrenched to withstand the power of their remorseless, cunning warfare of extermination.

Osteopathy, to be sure, has a fighting chance to win; but we must be candid among ourselfs and real with oursevles. It is not a very sure chance. From several points of view our survival really seems extremely doubtful. To lose our mission, if such chance, as things are going inside our own councils. Unless bigger and more centralized national leadership than we have yet known shall be found from organized profession the future seems dark indeed.

So much for osteopathy from the point of view of its Collective Status.

Now what about the future of osteopathy from the Individualistic point of view?

Here everything seems radically different. The wishes of the doctor of osteopathy are unquestionable, peace and good will toward his medical competitors. The doctor as an Individual is animated by such considerations as wishing to enjoy peace of mind, neighborhood, pleasantness of life with the other doctors of the healing art, to be tolerant perhaps, and even consult and make exchange of professional competences. He knows that such considerations would be to the fore if the interests of humanity were really first in the consideration of doctors. He knows it anywhere, if he is a normal worthy specimen of society. His family and its social status in the community is a prime consideration. He feels that a war with doctors may stir up some hard feelings and lead to social rebuffs.

His income is also a factor. He is doing well financially and he does not want to jeopardize his income by getting into a public dispute with the "regulars" who in debate, if not in therapy, may prove to be his betters.

Perhaps he does not think that science ably in case a public argument over therapy got started. He feels that if he stirs up matters his reputation would be injured, he would not benefit by it, or if he sits in judgment on any patent abuse of drug medicine—even though human life is jeopardized by silence, he reasons that the "state" medicine is so wise and as it is not his business to carry responsibility for anybody's patients but his own he feels it would be wise and safe to keep his own counsel.

That he bears a responsibility to the public as a teacher of his doctor's title and is responsible to teach and advise society about its ailments and as long as it is not his business to carry responsibility for anybody's patients but his own he feels it would be wise and safe in his own counsel.

Besides he has a very good personal friend, an allograft, an admirable gentleman, who sometime is an individualist in the narrowest recognition.

He wants this additional practical.

He knows that this friend would not like it if he educated the people to understand the perils of costar derivatives and the fraud of polyclonal vaccines for the infectious diseases, while if he does not assume to act as the protector of the people they, at least, will never know the difference.

He would feel uncomfortable when next he met his M. D. friend if he were to become an actual force in exterminating the growth of medicine in his own community. So, he follows the path of least resistance. He virtually compromises with his manifest desire for a personal profession by becoming a time-server in therapeutics. He sells his birthright for a poultice of peace and the good will of an Individualist in the narrowest recognition of M. D.'s. He wants to let well enough alone, live on what success he may have already achieved, hold to what he has got and play safe against the discomforts, perils and distractions of waging any further reformation to carry osteopathy over the top.

That in brief is the attitude of about nineteen-tenths of our osteopaths in practice. It is the natural and, to a considerable degree, a proper Individualistic Aspiration. We can all understand it, and admit that it is a proper Individualistic Aspiration. We can all understand it.

But it is inadequate when we consider in practical application practically all of us, only in varying degree.

It represents the sterile culture stage of the osteopathic incubation. From this point on the colony dies out.

Very few members of our profession have the opportunity to see the larger osteopathic problem with Collectivist vision. The peril and needs of Organized osteopathy are a sealed book to them. They are not responsible to anyone about anything—professional policy. They call it "politics" and say "what have practitioners whose hearts are in it to do with the abstainers, who hold on to the old medical professional ways of doing things to do with politics," They criticize efforts—no matter how far-seeing and sagacious—when put forth either to defend osteopathy from open
or insidious attacks or to advance it by making the public understand its real nature and Col­ lectivist conception of osteopathy, and has never seen that it is receiving due legal attention.

Hence, the constant poignancy within our ranks of "Peace!" "Peace!" when there is no peace—and never was! When there has seemed to be peace there has been only a temporary lull with inaction and delay of osteopathic advance­ ment. The clock was only running down from its frightful momentum than we travel in years. Witness that $5,000,000 endowment gain to the Canadian Medical Colleges from the same source has followed since this editorial was written. Whenever we consent to a truce and stand still, allopathy goes forward more in some days from an osteopathic standpoint into a tight box and the lid nailed down for life. The New York profession has been packed into a tight box and the lid nailed down for life.

The Individualist osteopath, then, who by In­ dictment has never experienced or seen the reality of osteopathic experience has never paid the price of or in the presence of an M. D. who must notify the president of the state Bureau of education and in the courts and public prints; their rights denied to them and their rights denied to us, as a trained nurse to give one, except on the order of or in the presence of an M. D. who must notify the president of the state Bureau of education. The Individualist osteopath is cultivating pleasant personal relations with the 'regulars', and to be sure we do not do anything to advance osteopathy that will invite medical displeasure, and "to avoid the appearance of knocking:"—any God's truth about the dangers of drugs to human life and freedom have been denied them and laws are constantly being urged in state after state which would make medical tyranny effective while, alas! in some communities osteopathic Individualists arise who for the sake of doc­ trines, dogmas, precedents, parties, legal restric­ tions, etc. The New York profession has been packed into a tight box and the lid nailed down for life.

THE OSTEOPATHIC PHYSICIAN

The Individualist osteopath party trying to eat the other up. The medics hope that our blind and irate forces will voluntarily put further "thou shalt not murder" into their creed of respect, initiative and academic freedom for osteopathy in Pennsylvania forever.

"Peace!" "Peace!" when there is no peace!—when there is no peace and never was! When there has seemed to be peace there has been only a temporary lull with inaction and delay of osteopathic advance­ ment. The clock was only running down from its frightful momentum than we travel in years. Witness that $5,000,000 endowment gain to the Canadian Medical Colleges from the same source has followed since this editorial was written. The New York profession has been packed into a tight box and the lid nailed down for life.

THE CABOT PLAN FOR PAYING DOCTORS

Dr. Richard C. Cabot tossed a bomb shell into his profession by announcing that physicians should contract for services at a fixed price and suggested $10 a year as a fair cost. Only those in whose cases the services are greatest are opposed to this plan," he declared.

In the first place, the evidence clearly shows that the Cabot plan would not work. The medical profession is not acting on a pacifist at any cost. If at this eleventh hour we stopped fighting we could not hope to win this battle of systems until the right triumphs. The suggestion points out the wide gulf actually existing between medical treatment and osteopathic service. Nobody who knows what osteopathy is would think of suggesting $10 as the fair money for a year's service. What would they, Charley Green? Dr. Cabot knows a lot about medical service. He must know some­ thing of what he is talking about.

We don't believe that $10-an-year per person would pay doctors as a class enough to make practice look interesting; and yet if 110,000, 000 men women and children were to pay $10 a year to 250,000 doctors (and there are not more than 100,000 in the United States) the average pay for physicians of $4,400 which is much higher than they actually receive. So the good doctor is not talking as wildly as he may have thought from first consideration.

There is another aspect to his suggestion of profound significance. What effect would this have on treatment of the doctors? On givers of drug and biologic dope in partic­ ular? What effect on osteopaths? What effect on therapies?

No doctor would have any temptation to hang on to patients just to make a living. The good people would not be overreated.

No doctor would have to fight to perpetrate a false system of therapy because he found himself a part of it and its perpetuation seemed necessary to his living. No doctor would feel the same temptation to under-treat or overtreat patients.

No doctor would feel the same temptation to gullibility in accepting drug and biologic medi­ cines because his income would not be at stake, he would not feel the same competitive pres­ sure to do something to keep from losing his grip on his bread and butter, and men could look at therapeutic impartially and accept the best without embarrassing alignment to sys­ tems, precedents, parties, legal restric­ tions, etc.

Drug giving would no doubt die out much faster than it is now dying. The superb energy of the AMA, now being so largely spent to con­ solidate the very foundations of our power to employ drugs in our scheme of healing, to utilize such funds as Rockefeller
THE OSTEOPATHIC PHYSICIAN

Foundation for the glorification of their own sect in therapy, and to discourage, and discredit and outlaw all original work, independent thinking and unumzilled development in therapeutics, would be directed to find the True, the Good and the Expedient in practice, howsoever it looked when found, or wherever it came from. The change, in other words, would tend to supplant charlatanry by science.

It would mean that osteopathic philosophy and practice would develop along scientific lines, also, without being shackled to sterile dogma or the necessity of being consistent with reference to a predetermined and fixed idea in a realm where it was found not to apply. These are just a few of the possibilities which Dr. Cabot's vision took in as advantages to the human race, to physicians and to science generally when he advanced his idea of paying doctors $10 per year per person for healing. Not a model suggestion, after all—is it? But, no doubt—just as Dr. Cabot implied—most of the doctors, osteopaths as well as allopaths, whose incomes range between $7,500 and $20,000 per annum, will not refuse their voices crying "aye" for the adoption of this proposed new system of medical compensation.

DALLAS' BITTER DIPHTHERIA ANTITOXIN EXPERIENCE

Dr. James L. Holloway of Dallas, Texas, sends us newspaper clippings about the tragic experience of his city, which recorded six deaths of children during a diphtheria epidemic as the result of using one special lot of defective toxin antitoxin designated as "Mulford's Serial Number A337061." In some way the product was faulty and produced severe "untoward reactions" in about forty cases in which it was administered, the six deaths "being horrible disasters," as Dr. Holloway writes us. Of course the city authorities and medical profession were greatly stirred up over this deplorable tragedy and every effort was made to locate the fault, but so far as we know, without success.

Osteopaths must not—if they are to be logical, scientific or just—accept a rare and sporadic disaster like this as any proof that Behring's antitoxin is a failure in general application. It is used hundreds of thousands of times without showing such untoward consequences, and it has cut the mortality of diphtheria down to a small fraction of its usual untreated fatalities. Pure science, altogether apart from medicine, has fully proved that it is a specific when properly made and properly administered—which means used early, for one thing. Of course there is always a chance that it may not be properly made or may not be properly administered. That chance is known to be infinitesimally small, something like one in a hundred thousand, or even much less.

This reduced to epidemic figures, means that probably more deaths from diphtheria would have occurred in Dallas from an unchecked plague of diphtheria, had no antitoxin been used at all, than occurred in this bitter experience with such a deplorable tragedy thrown in the balance on the side against antitoxin. It is not the particular but the general result that counts. One of the most frequent faults of human thinking is to universalize the particular. The universal result in antitoxin giving is that diphtheria antitoxin, where properly administered, outruns the rapidly forming toxins which cause death. The particular result here is the exception—of every rare occurrence, fortunately—when some fault somewhere makes the cure fail.

Osteopaths have a right to divided opinions on this as on all questions. Some may so dread the one-in-a-hundred-thousand chance of fatalities resulting from the serum that they would prefer to see the childhood of the world accept the one-in-four chance of death without it. That is all as it may appear to the individual mind

TRUE BLUES!

The message of the month is contained in the February installment of "Osteopathic Health" entitled "How 'Bad' Mechanism in Our Joints Makes Sickness". Not a consideration in it except pure A. T. Still lesion osteopathy. One of the best presentations of the osteopathic concept you ever read. Beautifully illustrated. Will you neglect such a call?
and conscience; but science recommends accepting the smaller danger.

Of course there is no chance here to pit osteopathic treatment against the antitoxin treatment for the safety of the childhood of the world, since there are not enough osteopaths in practice to look after all children, even if osteopathic treatment were swifter acting and better.

Our private opinion is that osteopathy is very efficacious for diphtheria, as for all infectious diseases; but we do not believe, in the nature of things, it can act as swiftly as antitoxin; and in this race for life the swiftest possible activation of countless hosts of antibodies is the one hope of safety. Research has not yet tested out the comparative rates of action of osteopathy and antitoxin in diphtheria; but it has measured definitely the action of Behring's antitoxin and put the seal of approval upon it; and it is known to act so swiftly as to save multitudes of lives.

Were the need to come to the editor's own home he would have antitoxin administered as soon as diagnosis was established, and follow this with vigorous osteopathic treatments along the entire spinal column, not overlooking the spleen. In accordance with the revelations of recent osteopathic research in regard to the antibody function of that organ.

The point we started out to make is that osteopaths should be slow to criticize the medical profession for a tragedy such as happened at Dallas, for it would be absolutely unfair to make capital out of such grief for dogma's sake unless the whole shining record of lifesaving by diphtheria antitoxin were set down in blessed parallel with such rare and sorrowful misfortunes as the Dallas episode.

Conceivably one rarely may get so steeped in bigotry and dogma as to regret that there is any such relief for the world's childhood as is open to all takers by the antitoxin route. At least we have known drug doctors, conversely—very prominent officers, too, in the AMA—who on the witness stand have admitted that they "would rather see children die than be cured by osteopathy"; but the world has no room and mankind no patience for this kind of maladvertere. Surely there is no judgment for this anti-Osteopathic treatment within the osteopathic profession.

AS INDUSTRIAL TROUBLES AFFECT PUBLISHING SERVICE

Doubtless our doctors have read about the wild chaos in the printing field this winter. With the paper famine and greatly increased costs in labor, material and machinery, we publishers have been having a hard time of it. Printing stopped in New York City for about two months. We were luckier than that in Chicago, not having to deal with a great strike; but fundamentals were just the same here, and our embarrassment to get our work out has been great. We have been in much the same situation that all industry was in during the business suspension period of the war. Transportation service also has been poor. On top of all this printing trouble, the coal strike resulted in cutting off lights, power and fuel and reducing our working hours in the busiest week of our history.

Our publishing house met its earlier printing crisis with courage, dispatch and resourcefulness. When, several months ago, we agreed stand a second raise in printing costs within a year, we were led to believe the new rate would hold for two years. However, there soon came a further demand from the printing trades unions, and had it been fully acceded to it would have amounted practically to running our business for their benefit.

We met this by going into an open shop, so far as our work is concerned. The Bunting Publications, Inc., started its own printing plant as an open shop for doing its small job
printing and moved the larger work, the production of periodicals, to an open shop about two months ago. The change has proven successful and happy for us. Our work is well taken care of—conscientiously, expeditiously, and most satisfactorily as to quality.

We ask our customers to stand back of us in the present emergency—to be patient if deliveries are sometimes slow, or if mistakes are made; and we beg of you not to cancel if service does not seem quite up to its usual healthful basis. Place yourselves in our place. You will know that we are doing our very best—and really giving pretty good service, at that, compared with others. All are in the same dilemma from short help. We must all stand together and pull together. We have already won.

Much good often comes out of evil. This unaccustomed industrial crisis that has been forced upon us has pulled us into a practical line of enterprise from which the profession will soon enjoy much enlarged and improved publishing service at the hands of The Bunting Publication Company. Watch for it. Part of it begins right away.

**WE MUST FIGHT OR RUN**

Osteopaths who are trying to live at peace with the world, who believe that they are helping to make the world a better place in which to live, will have to decide whether it is worth while to cooperate with the medical profession in order to bring about needed reforms. Further study of the subject should be made before any final decision is reached.

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**Little Stories of the Clinic**

By C. W. Young, D. O.,

Grand Junction, Colo.

**Story No. One**

Story No. 1. Last February when the flu was raging and I was going from house to house in my automobile, I was called to see Mrs. W. She had a worthless husband and five children born in six years, the youngest three weeks old. She was a very plucky little woman and popular with her neighbors, of whom there were nearly three hundred, and endorsed by many of the best men in our profession. Our institution has been inspected and endorsed by many of the best men in our profession.

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The Osteopathic Physician

9 S. Clinton Street

Chicago, Ill.

Osteopaths are like folks. Stories of human interest grip them, same as other people. No matter how educated we may become, ideas expressed with simple words sink in more readily and are better retained than ideas clothed with scientific nomenclature. "Little Stories of the Clinic" begin in this issue of OP, and if meeting with favor may appear in future numbers. We aim to present true case reports, that will be of value to the profession. In trying to draw our pen pictures, we keenly feel our limitations, as we realize how difficult it is to be a good artist.

**Story No. Two**

Story No. 2. Several weeks after treating Mrs. W. I was called to see Mrs. S's 16-months-old baby. His mother had little faith in medicine and I told her that surgery might save Mrs. W's life, and she surely expected I would do the same thing for her baby.

His mother would not move. I treated him for six days, and did not secure any substantial movement. The mother had little faith in medicine and gave none, and for the six days I prescribed none. I gave the best splint treatment I knew how, and I tried to straighten out kinks that I thought I found in the bowel. We gave enemas galore, but could secure only a little greenish curd. I tried to manipulate the bowels as the enemas were given, as this treatment has proved successful in several other cases of locked bowel in my charge. We tried the Noble's enema. I used a small sigmoid probe that went up to the splenic flexure. On the sixth day, it looked as though the baby might die. I told the mother that surgery might save the life, and made arrangements to have the baby taken to Dr. H., a surgeon. Several hours later a physician answered my inquiry about the baby. She said that after giving two teaspoonsful of castor oil and giving the bowel a little gentle movement the doctor's wife had a laugh in her voice, that made me feel funny, only I was delighted that there was to be no signing of a death certificate. Several months
later I called on the mother to collect my account. She said she had the money ready for me, but the baby was sick again and she paid it all to Dr. R. I wonder if Dr. Meacham would approve of my conduct in the case? He says we should not learn to give opiates when needed. Does he think the same about castor oil? Is castor oil a home remedy and not a drug? I speak the doctrine that osteopaths should learn to give opiates and some drugs, but I hardly ever practice what I preach, and many osteopaths who condemn me for my preaching, practice what I preach better than I do. This world is a queer place.

**Story No. Three**

Story No. 3. Last summer I treated Mr. P. for what I diagnosed as hyperacidity of the stomach. I consider myself a great expert in diagnosing and treating this malady and I expect in future stories to present some interesting cases. I prescribed a diet and gave several treatments, when Mr. P. stopped treatment, leaving me the impression that he was improving. This fall he came into my receptor to tell me when he could pay his bill. Mr. C., something of a skeptic as to the value of osteopathy, was sitting in the room. I thought I would make a good impression on him, so I said to Mr. P. "Did the treatment do you any good?" "Not a bit," he said, "I was suffering right along until I got a prescription from Doctor Sickenberger and that fixed me out all right."

My natural reaction to this experience was to assert to myself that my treatments and diet surely were of great benefit to Mr. P. but he was too stupid to recognize it. I had an impulse to assume that the drugs did not help him, except by suggestion or his imagination. Would such an impression and impulse be credit to a scientist? When people report to medical doctors cures by osteopathy, these doctors almost invariably assume that these people have wheels in their heads, while we osteopaths are sure the doctors are the ones afflicted with the wheels. Are there any osteopaths who can always look the truth in the face?

The Value of X-ray Findings in "Flu" Cases

By C. G. Tillman, O. D., Blackwell, Okla., Recently in the X-Ray Department of the U. S. Army

There is, strictly speaking, no such thing as a normal or typical lung plate. The size, shape and graphic appearance of the lungs vary with the age of the individual, the shape of the thorax and with previous pulmonary diseases. As far as the X-Ray is concerned, the lungs consist, on the one hand, of the great mass of air-containing vesicles and on the other of a net-work of bronchi, blood vessels and lymphatics. The former do not cast any shadows on the plate and are responsible for the aerated lung fields. The latter intercept the ray and produce a shadowy net-work throughout the lung, radiating from the root, the periphery, where they are barely visible. Bearing these conditions in mind as to the normal, in order to be sure of the extent of pathology in "Flu" cases, the X-Ray plays an important role, for the plate defines the area involved. The affected areas are congested and thickened, due to nature's efforts to quell the disturbance, and this condition casts certain shadows readily recognized by the roentgenologist. Should the case be advanced into pneumonia, or lung abscess, or empyema, the X-Ray will always give accurate information, and no guesswork is necessary as to the true conditions existing. If for no other reason, the prognosis as to the future resistance of the patient having had the "Flu," it is invaluable.

It was my privilege while in the X-Ray Department of the United States Army to observe X-Ray findings in several hundred of these cases, and I could not help but note the effect of the treatment employed on the lungs and heart, especially the latter. Relative conditions of the heart may be noted by the size of the shadows produced in cases having had the "regular" treatment of Quinine, Aspirin, Digitalis and Camphor. The undesirable effect of such treatment is distinctly shown. In such cases the heart shadows are increased in size and prominence of the contour. The ventricular border forming a sharp angle near the pulmonary curvatures and the apex especially the latter. Relative conditions of the heart may be noted by the size of the shadows produced in cases having had the "regular" treatment of Quinine, Aspirin, Digitalis and Camphor.

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**Friclion's Benefits**

While in the tub taking a bath I thought of the Immense value of friction. Massage is given by masseurs with excellent results, but the value of friction by patients themselves is not sufficiently recognized. Have a patient now with pleurisy who had extreme pain for nearly a week running a temperature of 101 degrees. In addition to osteopathic treatment I gave directions to her husband to use a 50-candlepower therapeutic lamp over the entire body, with light friction. Result: Pain gone, temperature normal and patient comfortable. Friction given over entire body, with or without light, by patient herself is probably just as good. Excoriation or relaxation can be secured according to manner of giving friction. For any sort of trouble I find this simple remedy an excellent adjunct.


**Special Information for Osteopaths**

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

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Dionol treatment is the only remedial agent that we are aware of that acts strictly in a mechanical sense and without drug reaction and which may be safely employed, internally or externally by drugless physicians generally.—The Dionol Co., Detroit, Mich.
Re Status of Dr. M. B. Harris vs. Status of Organized Osteopathy
From Dr. Holloway:

I have just read in The OP your reference to the case of Dr. M. B. Harris, which, in my judgment, does him an injustice. As a matter of fact, in the years from 1906 through and including 1911, or thereabouts, Dr. Harris was very active in promoting the interests of osteopathy. I recall that while I was president of the TOA the question of medical legislation was pending and that we had been instructed by the State Association to introduce a strictly osteopathic measure, which we did. The M.D.'s were strong enough to defeat us in committee, but could not defeat us out of the state. The legislative committee at that time was composed of Drs. Jno. F. Bailey, T. L. Ray and M. B. Harris. The first named spent quite a great deal of time at Austin and the other two more or less. Conditions became so alarming that I was called to Austin to confer with the committee and particularly to see the speaker of the house, who was a personal friend of mine, and whose influence was against the multiplication of state boards. He assured me that the only legislation possible was a measure that recognized all schools which could fulfill certain requirements. The committee was divided on this question, and I put it up to me to render the decision as to which course should be pursued. Very late at night, after we had discussed the matter from every angle, I told the committee to get the best obtainable, provided the best did not jeopardize our profession. The result is the law on the statute books today, which many of us think is the best composite legislation ever enacted. In this work Dr. M. B. Harris was indefatigable. He spent his money and time to secure this legislation. Later, by reason of the fact that he turned his attention to surgery, and because of some personal difference with some of our leaders, he dropped out of active participation in the work, and in response to an appeal we made for funds in 1919 with which to fight a real menace, he declined in that language: "I am always, as you know, willing to do my share; but I have done more than that years ago, and it has, as far as I know, not been appreciated."

Here I think Dr. Harris made a mistake, for personal feelings must not be interposed when the profession's interests are at stake. But the work he did in the days when legal recognition hung in the balance should not be lost sight of.

From Dr. Peck:

Have seen letters sent you by Drs. H. B. Mason and M. S. Harris of Amarillo, with reference to your mention of the latter's case, in the last OP. What Dr. Harris has said in his letter to you is substantially correct. In my opinion, however, I do not find his name listed among the present members of the Texas Osteopathic Association. He was strong enough to defeat us in committee, and particularly to see the speaker of the house, who was a personal friend of mine, and whose influence was against the multiplication of state boards. He assured me that the only legislation possible was a measure that recognized all schools which could fulfill certain requirements. The committee was divided on this question, and he put it up to me to render the decision as to which course should be pursued. Very late at night, after we had discussed the matter from every angle, I told the committee to get the best obtainable, provided the best did not jeopardize our profession. The result is the law on the statute books today, which many of us think is the best composite legislation ever enacted. In this work Dr. M. B. Harris was indefatigable. He spent his money and time to secure this legislation. Later, by reason of the fact that he turned his attention to surgery, and because of some personal difference with some of our leaders, he dropped out of active participation in the work, and in response to an appeal we made for funds in 1919 with which to fight a real menace, he declined in that language: "I am always, as you know, willing to do my share; but I have done more than that years ago, and it has, as far as I know, not been appreciated."

Here I think Dr. Harris made a mistake, for personal feelings must not be interposed when the profession's interests are at stake. But the work he did in the days when legal recognition hung in the balance should not be lost sight of.
not feel he could leave.

In earlier days Dr. Harris did take an active part in osteopathic affairs in Texas, and it would not disturb him, if he were apt to say this, but I regret to note that his name is missing among the list of members of state and national organizations, and that he has not written to me for a long time. It would be no more than a human trait for officers of either organization to feel like exhibiting something of this same indifference toward his troubles at Amarillo.

Possibly at a later meeting our Texas state association may decide to extend aid. It is hardly fair to say that we have ever refused aid to Dr. Harris, for as a trustee I have never been officially asked to consider the matter.

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From Dr. M. B. Harris:

I feel sure I have done my share to advance the interests of my profession in Texas. To go back to 1905, when I was trustee of Texas Osteopathic Association, and spent quite a little time in Austin, working with the legislative committee, composed of Dr. P. M. Peck and Dr. S. B. Harris, though I was not a member of the committee, I did this at my own expense, and with every thought of advertising it, or asking for credit in the minds of the members of the profession.

Before the legislature met in 1907, Dr. T. F. Bailey, Dr. T. L. Ray and myself were elected to serve as legislative committee, and I did about three months' hard work with every member of the Senate and House, until the magnificent bill became a law.

Dr. Bailey spent more time at Austin than Dr. Ray and I, and we paid ten dollars a day and expenses. In fact, I was out $800 in donations, expenses and time, and was one of the largest contributors to campaign fund.

I think Dr. T. L. Ray, and possibly Dr. J. L. Holloway and Dr. S. B. Harris, subscribed more than I, but no one else. However, I would have done much more, if necessary, to protect our interests. These statements can be verified by Doctors J. F. Bailey, T. L. Ray and R. R. Norwood, and also by our attorney, Sidney Samuell (Fort Worth), whose trip expenses I repeatedly advanced. I, of course, was reimbursed for this later by the Secy. of TOA.

In the Fall of 1907 several doctors wanted to develop with a view to organizing proper self-defense. I, of course, was reimbursed for this later by the Secy. of TOA.

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**SHOF TALKS ON OSTEOPATHIC AFFAIRS**

**Rib Belt for Gallstones**

The one simple little thing I would like to have every D. O. and every sufferer from paroxysms and galstones suffer from is a small bandage from a towel or any material which may be at hand and pin it around the patient very firmly, so as to compress the lower ribs. It will immediately relieve the patient of attach-ment, pain, and will prevent the gal- stones. Try it and add one more friend to osteopathy.—F. N. Ounn, D. O., Oshkosk, Wis.

**Kidney Technique**

Since the kidneys are situated in the back part of the abdominal cavity, on each side of the vertebral column, extending from the eleventh rib to within two inches of the crest of the ileum, about three inches of the kidneys lie below the twelfth rib.

Place the patient in a comfortable prone position, the fingers of each hand around and under the kidney and the palm upon the back. By the cushion of the thumbs directly over and parallel with the kidneys; raise the patient gently and make pressure with your thumbs directly over the kidney. If there is any congestion or enlargement it can be easily determined, and if so, tie the thumbs and hold the hands still under the patient, lifting the sides of pa-tient at the same time. The continuous lifting and vibrating at the same time will flush the kidneys and give almost instant relief. By giving a direct local treatment, you stimulate both the blood and nerve supply to the kidneys. There is a belief that you cannot give a direct localized treatment for the kidneys, but I can demonstrate that it is a mistake. —J. J. Mosbrugger, D. O., Tacoma, Washington.

**Be Conservative, But—**

I believe in being conservative about removing tonsils and teeth, yet a diseased tonsil cannot be cured osteopathically and must be re moved surgically. Why it is that some of us are treating the same patients for the last ten or twelve years and still they are not well? We build up their resistance for the time being and then by taking care of the poison that comes from diseased tonsils and abscessed teeth and keep up the circle, chasing our tails and never getting anywhere.


**Selling Osteopathy**

We are selling osteopathy because we believe in it. It is no disgrace to advertise the thing we sell. If we don’t believe in it, don’t even sell it, much less advertise it. But if we do sell osteopathy, sell it right, like a real salesman. By delivering the goods, advertising osteopathy in any legitimate way we can sell it, and by keeping continually at it.

—Ralph H. Williams, D. O., Rochester, N. Y.

**Osteopathic Service League Busy in St. Joe**

We will have some interesting news from our chapter of the Osteopathic Service League in a short time now, as the league is opening Free Clinics in our new Osteopathic Hospital. It seems to me that the profession is not awake to what the organization of the Osteopathic Service League means to us. To make the mobilization of the friends of oste-opathy will be the biggest step we can take in making the merits of our science known, under stood and desired, both by the general public and the students of state and federal institu- tions. As osteopathy is demonstrated and com-prehended, it is accepted.—M. L. Hartwell, D. O., St. Joseph, Missouri.
THE OSTEOPATHIC PHYSICIAN

Students Carry On

Although the immediate continued success of our science depends upon thorough clinical work and constant development of our principles, still the perpetuation of the profession demands constant co-operation in securing students for our colleges. Herein is the force that will assure future attainment.—Carl P. McConnelly, M. D., D. O., Chicago.

Completes Diagnostic Circle

If osteopathy had done nothing more than complete the diagnostic circle by adding the segment of the interpretation of purely symptomatic conditions on the basis of deranged structure, it would have done a real service to the art of human healing. Many a symptom—this limited organic condition has been shown to be only the results of structural abnormality (deviation), and hence amenable to manipulative correction.—L. Mason Beeman, D. O., New York City.

Emesis Graviderum

I had often read in various books that coagulating of the cervix was a specific for emesis graviderum, but I had always looked upon the suggestion with considerable suspicion. About two months ago I had an occasion to exhaust osteopathic treatment and a great many other remedies. Finally I suggested cocaine. The case was put on a table, a vaginal speculum introduced, and pledget of cotton held by a forceps was saturated in ten per cent solution of cocaine and held for about two minutes against the cervix. This case reported in four weeks that she had had no nausea since the application of the cocaine.—Harold Glasscock, D.O. M. D., Raleigh, N. C.

Know Ye!

That—the greatest need of the osteopathic profession today is hospitals—more hospitals —hospitals in every city and town large enough to support them.

That—hospitals furnish concrete and ever­last­ing evidence to the public that osteopaths are physicians and prepared to care for any and all ailments.

That—hospitals are monuments in evidence of qualification, preparedness and advancement.


Treatment Before Laparotomies

It is almost criminal for a large per cent of abnormal and pelvic operations to be performed without osteopathic treatment before and after the operation, for an abnormal circulation that made it possible and could not prevent a tumor from forming can not be followed by nearly such good results as will be by a case that receives the benefit of osteopathy before and after the operation. We need the aid of surgery in these cases but surely for the benefit of the patient who should have the aid of osteopathy.


Diet for Starch Indigestion

I hold that 90 per cent of indigestion cases with gas and sour stomach are starch indigestion. Therefore cut out starches until conditions greatly improve. That eggs cause gas and sour stomach in these cases, too; so does a raw apple. Unless ulceration or carcinoma of stomach or nephritic trouble, place your patient on protoid diet with cream, buttermilk, cottage cheese, tomato, pineapple, baked apple, raw cabbage with cream dressing and a little dry toast.

—L. V. Reid, D. O., Spring Valley, Minnesota.

Literature versus Treating Room Talk

"Doctor, how long do you work on a patient, and what do you charge for each massage?" And other such questions that call upon one's nervous energy that energy that should be used in concentration on the case in hand. I have, as I presume many other osteopaths have, a burning while I treat or should be treating, but I have come to the conclusion that with a few exceptions it is possibly much better to place the proper literature in their hands and say, "Read!" In this state of Washington, where there is now a "drugless healers" examination besides the osteopathic and the medical examinations, I am convinced that more than ever that to counteract the false impressions created by ignorant and unscrupulous healers, we should educate the public mind to the truth in the printed form.—D. C. Crocker, D. O., Centralia, Washington.

Toe Lesions

I quite agree with Dr. Allen that we do not pay enough attention to other subluxations besides those of the spine. I have had considerable cases in my practice where toecaps were used, and then osteopathic and chiropractic methods were used on various cases of so-called rheumatism. This especially in women who will persist in wearing tight shoes and toe caps. If the phalanx is subluxated upward on the metatarsal and may cause excruciating pain. My latest case, however, was in a man who had a tenosynovitis at the desire of a surgeon while the severe pain was controlled by hot packs. After the recovery from the operation the foot trouble still persisted. He came to me, and two treat­ments replaced the offending toe, but his ton­sils were gone for good. And still this slaughter goes on.

—L. Howard Watters, D. O., Condra, Montana.

Scarbutus in Infants

Cases of scarbutus in infants may be so rare among the profession that its diagnosis will be very likely wrong when it is met unless it be carefully differentiated from several other conditions which it closely simulates.

A child of eleven months had been treated by the family physician for rheumatism. Was received made it exist and grow. The same will save osteopathy. I am an optimist on osteopathy and no blanket pessimist.


Figure 8 Strap for Broken Arches

I would like to read an article on the use of the figure-of-eight strap as developed in the army for treating broken arches. I have seen this treatment mentioned, but do not know where to secure it.


More about Edwards

I am sure sorry for the action taken by the AOA in Dr. Edwards' case. I feel that the profession has sustained a loss in debarring Edwards from our state and national conventions. The best convention were from Dr. Edwards' clinic. Had I been able to have gone to the convention, I surely would have taken his work, and would have been glad to kill two birds with one stone. I hope it can be patched up satisfactorily. The judgment was too harsh.—Florence J. Bar­rows, D. O., Kingman, Kansas.

Thanks for the Persecution

I am glad the AMA has prodded us in the short ribs and gave us a few swift kicks in the rear. Otherwise the osteopathic profession would have died of self-righteousness and become too self-contended and complacent. The opposition and fighting the Christian religion have preserved it. Just as I expected, the same will save osteopathy. I am an optimist on osteopathy and no blanket pessimist.


The True Facts

We have been asked by so many osteo­paths for assistance in putting the truth about chiropractic before the people of their communities that we have now written and published what we offer as a first-class job in this respect entitled "Chiropractic Kieptomania." Candidly we expect you to say "An Other Bunting Classic." We have chosen not to put this out within the covers of Osteopathic Health because the chiropractic is not an issue in many localities and the message would not interest or help all our practitioners alike. Those who are especially interested can secure this invaluable mailing folder by the thousand at a very low cost. A copy free to any osteopath who writes for it. We should like to know your opinion of its value after using it liberally in your community. See the fuller announcement on page 3 this issue.

Pictures Make the Leasion Plain

Order the February issue of Osteopathic Health "How Bad Mechanism in Our Joints Makes Sickness" if you like a well illustrated explanation of "Squint." A half-cent D. O. hasn't even convinced himself. It is reflected in his face and practice.—Groweth.
Osteopaths Lose Court Action in Maryland

The Maryland Court of Appeals decided against us in my attempt to clear up the death certificate squabble with the Health Department of Baltimore City. I have not been able to get hold of the text of the decision at this writing, and the only thing we can hope is that the full text may show some way out of the death certificate mix-up, for it surely is one. Having started wrong in 1914, it seems almost impossible to clear up the legal problems here for osteopathy, principally, too, because most osteopaths expect full privileges brought to them on a silver platter, without price and without work. Co-operation in this fight just lost was surely on the ebb-tide, and we few osteopaths who tried to carry the proposition through did the best we could with the available funds. We gave them everything we had in stock, and having lost, we have no regrets of any kind, and hope for better luck in the next attempt.—Dr. Keirnighan, D. O., Secretary, Maryland Board of Osteopathic Examiners, Baltimore.

Cooties Got a Good Law in Florida

[From the Florida Osteopath]

The osteopathic cooties got a bill through the last Florida legislature that is the best of the Florida healing art laws. Bill provides for board of three members; applicants for licensure to be graduates of school with three-year course of six months each in separate years, actual attendance; fee, $15 with application and $10 upon delivery of certificate; $15 for re-examination; subjects—anatomy, physiology, hygiene, symptomatology, nerve tracing, chiro principles, diagnosis, orthopedia and "adjusting as taught by chiropractic colleges." Sec. 12 reads: Any chiropractor who has complied with the provisions of this Act may adjust by hand any displaced tissue of any kind or nature and other healing practice according to the tenets of his or her respective school, but shall not prescribe for or administer to any person any medicine or drug now or hereafter included in materia medica, performs any surgical or medical practice, except as hereinabove stated, nor practice obstetrics or osteopathy. (This section quoted intact. Note the excellent definition of osteopathy it contains, yet they do not practice osteopathy!)

Chiro's state two years prior to Oct. 1, 1919. Graduates of a residence course, pay fee of $25 and receive license without exam. (No length of course specified.) Usual sections dealing with revocation, refusal, recording and reissuing of licenses. Board gets $10 a day and 3c mileage for meetings. Any deficit in state fund supplied by levy on assessment on all chiro's in state. (No penalty attached for non-payment of assessment!)

Licensed chiro subject to health regulations for contagious and infectious diseases and can sign death certificates. Reciprocity with states for contagious and infectious diseases and can sign death certificates. Reciprocity with states having equal requirements, provided applicant gets his original license by examination; fee $25.

Sec. 26 deals with fraud in obtaining certificates or the use of titles including the belief that holder is practicing chiropractic illegally, OR ANY OTHER NAME FOR MECHANICAL MEANS OF TREATMENT OTHER THAN THOSE WHO NOW HAVE EXAMINING BOARDS IN FLORIDA, without first complying with the provisions of this Act. (Sentence in capitals brings mecha-therapists and all other drugless healers in as CHIROS and will result in a great deal of trouble.

The law is carried out there won't be any new chiro's in this state for years.)

THE OSTEOPATHIC PHYSICIAN

EVERY OSTEOPATHIC LIBRARY SHOULD HAVE THIS BOOK

Polio-myelitis

(Infantile Paralysis)

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

The Anatomy, Physiology and Pathology of this subject are stated briefly but clearly and sufficiently. Osteopathic treatment is definitely outlined and supported by many interesting case reports. There are a number of unique and beautiful original illustrations, the anatomical drawings by Dr. Millard being especially valuable. In a review of this book in February, 1919, issue of the OP., Dr. Bunting said:

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 your patients. You should have at least two copies, one for your reference library and one to circulate among your patients.

SEND YOUR ORDER TO

THE BUNTING PUBLICATIONS, Inc. Dept. B, 9 S. Clinton Street, Chicago

Alberta D. O. Given Full Privileges of Local Hospital

The clipping from a N. J. paper given on Page 10 of the May issue and especially the article by Dr. Roy Bernard on Page 26 of the same issue, have impelled me to tell you my experience with the Hospital Board here.

Shortly after locating here I ascertained that no physician, osteopathic or M. D., would be allowed to attend patients in the local Hospital unless he were on the staff. I immediately made a short and formal application to be appointed on the staff, and in the course of some days the following letter was received:

"Mr. J. E. Horning, Lethbridge, Alberta, Alberta, April 28, 1919.

Dear Sir:—We beg to inform you that your application to be appointed upon the visiting staff of the Galt Hospital came before the Board on April 22nd, 1919, and the following resolution was passed:

"That Dr. Horning be given the privileges of the Galt Hospital, to practice Osteopathy in such manner as is guaranteed by the laws of this Province, and to attend his patients in the Hospital for this purpose."

Yours truly,

E. G. Davis
Sec'y-Treas.

Now, what could be more courteous or more satisfactory than this? Alberta is particularly fortunate in its Osteopathic law. For we are absolutely on a par with the M. D.'s. We are under no disability whatever, as the above incident well proves. I had only been in town a little over a month when I made my application to the Board.

In conclusion I should like to recommend Alberta to any who are looking for a new location—it is a rich, progressive and up-to-date province with a magnificent climate, and a law that cannot be surpassed anywhere, giving the Osteopathic physician an all-round opportunity that cannot be improved upon.—Fraternally yours, James Emerson Horning, B. A., D. O.,
UNDER the provisions of the Constitution adopted at Chicago at the last annual meeting, the Board of Trustees of the AOA has directed that the Osteopathic Societies to be effective January first, 1929: Vermont, Montana, Illinois, Virginia, North Carolina, Maine, Colorado, Georgia, Kansas, Minnesota, Rhode Island, Connecticut, District of Columbia, Washington, Michigan, New York, Ohio, Texas, Iowa, South Dakota and Arkansas.

Two years ago a movement was inaugurated to redemocratize osteopathy by making its major organization more representative of the state societies. When the AOA was founded it was in response to a demand for a governing body to deal with the present day and future problems. Inasmuch as there were then no state societies or local units, it held true that promoting and protecting the interests of osteopathy.

To redemocratize a government means literally to take it to the people. This does not mean that the AOA was not in the beginning democratic, because it was. Its members expressed themselves in their representative organization. But as the number of practitioners increased in each state, there arose the same need for an organization within the state. However, it was not until a decade ago, that it was a number of years before some states had organizations. Even today there are states which have no societies, and some but poorly organized. So, the AOA has had to adapt itself as best it could to existing conditions. The stronger states had become insistent upon having more of a voice in the affairs of the major organization. The AOA has patiently striven to bring about better conditions in the weaker states, and dealt equally with individual members of the AOA in those states, at the same time encouraging state organization.

Further, the AOA was obliged to respect the opinion of its individual members evenly in the state where there were strong societies. Sometimes an opinion of the individual member of the AOA would conflict with that of the state organization. So, the AOA had reached the parting of the ways. It had either to continue as an entity in its form of government or adopt a method whereby it would become the major unit in an organization made up of component units—the state organizations.

The state organizations, therefore, assuming many of the functions which originally were represented by the AOA, there was incurred more or less of a duplication and a conflict in activities. Furthermore, those activities which belonged to the state proper were taken care of in accord with the viewpoint and judgment of the practitioners making up the state organization. At the same time, individual members of the AOA, with perhaps a different viewpoint from the majority within that state, were able to influence the general trend of the AOA.

The profession has outgrown individual expression in its major organization. That will hereafter be confined to the state organization, and individual practitioners can continue to grow in numbers, districts societies will be the medium through which the individual will express himself. When this comes about osteopathy will be more democratic. An individual will express himself in his own community where his interests are greatest and wherein he has a more intimate knowledge of both his needs and the remedy. But for the immediate present the practitioners in a state will determine their policies themselves. In so far as they are directly affected in the larger problems which belong to the profession, they will have a voice through their representative which is their delegates to the House of Delegates—the governing body of the American Osteopathic Association.

Here in the United States, supposedly the cradle of democracy, we have been so bent on chasing the dollar that we forgot to protect this great privilege of self-government. We are just wakening to the fact that we are in danger of losing that which money cannot buy, which was bought and paid for by the blood of our forefathers. When a state holds true to osteopathy, both directly and indirectly. If the individual in a community allows other interests to take precedence over osteopathy, it is not just to osteopathy to the extent that he neglects to look after its interests, he will waken to find that what gave him his prestige and his standing in the community is gone, and the same application can be made to his interest in the state society and likewise will be reflected in the National organization. Future osteopathy will be what the state organizations make it and the state organizations will be representative of the individual. This majority of the people will speak with one voice in each state, there 'arose the same need to have an organization within the state. The stronger states had become insistent upon having more of a voice in the affairs of the major organization.

It is obvious to anyone familiar with the workings of a national organization that it is impossible to discuss the workings of such a large organization in a short column. If one has forgotten that President Conklin proposes to have the discussion of the working of the AOA, he must leave for home at the last day and the last minute. There isn't heart to say that President Conklin proposes to have one of the first sessions of the House of Delegates an open session, that the members may have the right to discuss the working of the new organization. The first House of Delegates marks an epoch in the history of organized osteopathy and should be observed on no other occasion. It doubtless will. Criticisms of the Board of Trustees and the AOA has been one of the favorite indoor sports of the profession. Although much good has come from some of the criticisms, in so far as my experience obtains as a member of the Board of Trustees, constructive criticism has always been welcomed. No other kind should ever be made. Criticism usually indicates some grouch or petty jealousy on the part of the person making it. Frequently it demonstrates small talk, then banquet, then program, then Mr. Pullman's bed chamber. Haven't had a bath for two weeks, and no chance before Christmas, whether I need it or not.

Gee! California sounds good. Been in snow up to my neck since leaving the boundary line. But, then, osteopathy sounds good, too, and I must confess to it. But I am afraid part of this started from that human emblem, "Spencer Whitehouse." They are some organizations, and I'll tell the world it does "organ." I'll tell the world "it" does "organ." I'll tell the world "it" does "organ." If I ever win, The OP should be a neck ahead in the West. If I ever win, The OP should be a neck ahead in the West. Let's have the best meeting. How is this compared with the Orpheum Circuit? Have had wonderful meetings, not less than 90% present, and some places 101%. Clinic meetings, too, and I must confess to it. It looks as though the OP never wins. The OP should be a neck ahead in the West. If I ever win, The OP should be a neck ahead in the West. It is my idea that it is a mistake to put off this for another year. I am going to push it. I am going to push it. I am going to push it. For the good of the Order. It will do the work.

Incidentally, Harry, if desiring boasting ever won, The OP should be a neck ahead in the West at the close of this tour. I regret indeed that the California profession is somewhat behind in support of your excellent medium—it is the first "good thing" they haven't been up in the "lead" on, and I assure you it is a case of the boy with a posterior segment of his shirt protruding from a foramen pantalonanios—"out of sight, out of mind," and I will do all in my power at least to get them to put the south half of the wardrobe in reverse.—Hastily yours, Thos. Jefferson.

Chiro Lies vs. Osteopathic Truth

The antide of lies is truth. You get all the truth about chiropractic in the Bunting folder "Chiropractic Kleptomania," which you can obtain at $2.50 per thousand for the benefit of your community. Your professional standing is increased on the 6th page without extra cost in thousand lots.

Right in Your Line

In case you believe in leading osteopathy and putting it to the people, you will be proud and delighted to send out the December issue of "The Osteopathic Physician," entitled "How 'Bad' Medicine Makes Sickness."
The Osteopathic Physician

Washington Osteopaths Revise their Rates Upward

KeOG County Osteopathic Association (Seattle, Washington) has adopted an increase for its schedule. This means raising their rates. You see, all this talk about H. C. of L. and osteopathy's necessary advances has not been in vain. Here is the new schedule:

Physical Examination, $3.00 to $5.00.

Laboratory Diagnosis, charge according to services.

Office Treatment, $3.00.

CALLS: First Call, $5.00; Subsequent Calls, $4.00. Extra Charge for Night Calls.

Fracture and Dislocation, $10.00 to $100.00. Small cuts, except major surgery.

Obstetrical Cases, Uncomplicated, $50.00. Extra Charge for Special Care.

Tonsil Cases.

How do you like that idea? A dislocated innominate case could bring $10.00 to $100.00. Too bad.

December meeting, held at offices of Dr. W. E. Waldo.

Several new members voted in. "Scope of Osteopathy" was enthusiastically discussed by Dr. A. B. Cunningham, Dr. Henrietta Crofton and Dr. W. E. Waldo.

Fraternally, Roberta Wimer-Ford, D. O., Seattle, Wash.

500 D. O.'s Needed to Give One to Each 5,000 of Population

A NY good osteopath desiring to change location or beginning practice will do well to investigate. Reciprocity with other states having equal requirements may be granted at the January meeting of the Board. Our board is composed of osteopaths and we have a very good law that gives us the right to do everything except major surgery.

The following towns range from four to fifteen thousand people and will easily support one or more osteopaths.

Concord Statesville Lincolnton Dunn Wayneville Louisburg Gastonia Tarboro Mount Airy Lumberton Hendersonville Mebane Laurinburg Mount Olive Monroe Maxton Hendersons Reidsville Hamlet Forth Worth Ford

In addition to this list there are other towns that I do not think of at present. Several of our larger cities have only one or two osteopaths and could well support as many as North Carolina is one of the richest of the southern states. It has good climate and both mountain and ocean resorts. Osteopathy is well and favorably known in Dunn, Washington, Statesville, Henderson, Lumberton and Mount Airy as each of these towns have had osteopaths for a short time. Osteopathic surgeons with the M. D. degree and capable of securing a medical license would do well in hospital work in some of our larger cities by forming a combination with the local osteopaths and opening a hospital, Dr. W. E. Crutchfield, of Grenboro, or I would be glad to lend any assistance possible in securing a favorable location.—M. J. Carson, D. O., Wilmington, N. C.
The AMA Program—Will They Put It Over?


The AMA program is well known to the osteopathic profession. In previous
letters it has been pointed out that the
AMA program is a health plan for the
nation. The following is an example of what the medical men were able to do prior
to the passage of the Gans Bill. Bear this in
mind as you read:

The measures were taken after four-year-old
Oliver Jones, 2221 Harlan St., was reported
to have contracted the disease. At 3 o'clock yester-
day morning, 50 physicians of the Board of
Health, guarded by the Police, invaded the sec-
tion bounded by Twenty-first, Twenty-third,
Master and Jefferson streets while a ring of
200 policemen prevented any one from enter-
ing or leaving the district.

The osteopathic profession stands for medical
freedom. I realize that there is a difference
of opinion with regard to vaccination and in-
oculation etc., but we have gone on record as
opposed to compulsory vaccination at our na-
tional conventions on several occasions.

However, the medical trend towards State medicine, there is

The AMA program will be put over unless
we, along with other organizations and indi-
viduals opposed to medical tyranny and auto-
cracy. make it our business to see that medical
freedom and justice prevail. Doctor, are you
properly utilizing your resources and influence
to prevent state medicine becoming a reality
in the U. S. A.?

Dr. Hugh Beaton Meets Quick
Success at Danville

AFTER being honorably discharged from the United States army service a few
months ago, Dr. Hugh Beaton located at
Danville, Illinois. He writes us that he is meet-
ing with very gratifying success. He is putting
out liberal quantities of Osteopathic Health
every month and says he thinks he will
soon have osteopathy where it belongs in Danville. He
has just installed a second McManis treatment
(table and he paid cash for them both, too),
and he offers this as evidence that his practice
has become "quite substantial." No "army
money" was used in the transaction. Certainly
it is a good record for osteopathy, and Dr.
Beaton especially, since he went to Danville an
entire stranger only a few months ago. Patron-
age can be won for osteopathy and a good liv-
in can be made of the practice almost anywhere if the science is intelligently
and conscientiously applied and if worthy educa-
tional propaganda is carried on liberally and
systematically. Dr. Beaton is planning to in-
crease his mailings of magazines in 1929.

AOA Fighting for More Students

THE Department of Education, through the
Forward Movement Bureau, contemplates
an intensive campaign for students for the
osteopathic colleges. It will be the endeavor
of the bureau to place osteopathic vocational
literature in the hands of approximately fifty
thousand high school and college students in
the United States and Canada during the
year. This will introduce osteopathy into thousands of homes where probably it was formerly un-
known or misunderstood. This cannot but
awaken much interest in the science, which
will react to the benefit of the osteopathic
profession, both collectively and individually.

From this propaganda we predict a great re-
vival of osteopathy.

Dr. M. L. Hartwell of St. Joseph, Missouri, a
member of the Department of Education, will
be in charge of this phase of the work. Under

The Why of Nervous Diseases

Our Bodies Like a Great City

Brain and Cord and the Power Plant of

The One Component
Cause of Disease

Drugs Do Not Cure

Osteopathy to the Rescue

FOR 19 YEARS A STANDARD

Since the first edition, in 1890, the American Illustrated
Medical Dictionary has been a leader. The frequency
of revision has made it always possible to have this
dictionary define the really new words. The 10th
edition—just out—is newer by one year than any
other medical dictionary.

Twenty-three (23) Valuable Features

New words—Over 2000, hundreds exclusively here. War Words and War Abbreviations. Key to explo-
itation—Yells you when to capitalize. Pronunciation of every word is given. Etymology—Many diction-
aries neglect this. Illustrations—Name of dis-
cover or originator, with date. Practical arrange-
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tures in colors on facing pages. Chemical Formulas
and Symbols. Signs and symptoms—The technical
in brief. Methods of treatment—All the new treat-
ments. Dosage and therapeutic tables—Cover 50
pages. Table of exanthemata—Diagnosis in brief. Serum—Indications and Uses. Tests—Technic of all
laboratory and clinical tests. Boners, staining and
fixing methods—Practical laboratory guide. Opera-
ations—Technic in brief. Veterinary terms—More
than any other lexicon. Dental terms—You'll find
what you want here. Medical biographies—Impor-
tant facts about big men. Every word defined—A
full definition in every case. An atlas—it has 257
illustrations, 115 in colors.

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W. B. SAUNDERS COMPANY, Philadelphia

Museum of Osteopathic Medicine, Kirksville, MO
A Beautifully Illustrated Explanation of Osteopathic Lesions

Osteopathic Health service concerns itself solely with presenting the case osteopathy or senting part of our manipulative diagnosis and therapy you will, of course, be glad to know that it is not narrow in its conceptions at all, stating clearly (but without developing the subject) that osteopathy's original and other common factors of disease. Other special instalments of OH service, as you know, have been devoted to the development of those other considerations. This issue develops solely the phase of osteopathy which has to do with TISSUE LESIONS—not only "back bone lesions" and pelvic lesions, such as we call "bony lesions", but also those of the soft tissues, muscular, ligamentous, fascial, tendonous, etc.—all tissue lesions, in short.

This magazine develops in a remarkably true and careful way that lesions are peculiarly associated with the "joints" of the body's structures and this fresh viewpoint of the lesion machine to be imported with my allies the whole discussion one of fascinating interest. Do you realize that no where else in all osteopathic literature & & is the best osteopathic literature & &

The September issue of "Osteopathic Health" entitled "Most Diseases are of Spinal Origin" is thoroughly osteopathic and one of the most convincing numbers I have ever seen. Please send me an additional 500 copies immediately.—R. W. Schulte, D. O., Garnier, Iowa.

Enclosed find draft $2.35 in payment of Osteopathic Health and for renewal of subscription to The Osteopathic Physician, Osteopath is gaining every day in the Empire state. With best wishes for a Merry Christmas.—John W. Riley, D. O., Norwalk, New York.

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I am glad to help along in so good a cause. I am glad to help along in so good a cause. I am glad to help along in so good a cause. I am glad to help along in so good a cause. I am glad to help along in so good a cause.

Correctors by Dr. D. J. Clark

In my flu report in November, answer to OP question No. 17 should read: "0.3 degrees F.," No. 18 should read: "If fever reached 103 3/5 degrees I used cold sponge bath of water out of the hydrant one-half hour every hour; I am sure that cold sponge bath at a temperature of 65 degrees would not be good treatment, and no doubt it would be a patent factor in helping develop pneumonia."—D. J. Clark, D. O., Delphos, Ohio.

Show Personal Interest

Do your best to make each person that comes to your office feel that you take a personal interest in him or her. Do not let your work settle into a routine.

Joseph de France, St. Louis, Missouri.
Dr. Frank J. Stewart Gives Special Lectures on Skin Diseases

Dr. Frank J. Stewart, Chicago's osteopathic specialist in skin diseases, delivered a greater series of lectures on skin diseases at the Iota Tau Chapter of Sigma Delta, in Chicago, the benefit of the members of the junior and senior classes in the American Osteopathic College of Chicago, such post graduates as care to attend. Dr. Stewart began his lecture on syphilis, a condition into an exhaustive discussion of syphilis. After completing the lectures, Dr. Stewart will take up, one by one, all of the more common dermatological conditions as are met with by a general practitioner. The lectures were continued weekly, on Wednesday evenings, from 8 to 9 p.m.

D. O. Wins Prominence as Captain in U. S. Motor Transport Corps

We are interested to observe that Captain Bernard McMahan, of the U. S. Army, has been recommended by Dr. Albert J. Molyneux, Jersey City, State Chairman of Bureau of Membership for the final authorization of this great army motor transport test. Captain McMahan served two years in the United States Transport Corps and was discharged in San Francisco after the successful completion of the cross country trip he became interested in the development of road transport by the military services. It is put up in 6-page pamphlet form by The Osteopathic News office under the title "Chiropractic Kleptomania" and will be given a place in the hands of all new members of the osteopathic community. Read the further data about this remedy especially to those located on the Pacific Coast, to whom it will be given in their libraries and will be given to each and everyone to unfold some of his or her practical knowledge, as it is to be a strictly practical meeting.

Dr. Penland as a Surgeon

Put "OK" on Dr. Penland as a Surgeon

Call for Attendance at Minnesota Meeting

The Southern California Osteopathic Association will hold a regular meeting on February 7th at Stillwater, New York. It is hoped that as many as possible of the members of the Southern California district will have all copy and be able to attend the meeting. The day will be spent whereby the monthly meetings are dropped and it is for the large members of the Association to take advantage of the day.

December Meeting Boston Osteopathic Society

The December meeting of the Boston Osteopathic Society will be held at the Lyceum Hall, Huntington Chambers, December 29th. The scientific program was as follows: By Dr. E. Clair Jones, Lancaster, Pa.; Dr. W. R. Leonard, University of Michigan, Detroit, Mich.; Dr. L. L. Phillips, D. O., S. Francisco, California, on the subject of "Chiropractic Kleptomania." It is a most interesting paper and the copy will be sent to the members of the osteopathic community.

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The Osteopathic Physician

Los Angeles County Meeting

The Los Angeles County Osteopathic Society meeting of December 8th was called to order by Vice-President Wyckoff, at 2440 S. Broadway, at Christpher's banquet hall, the rap of the gavel being followed immediately by oyster cocktails. Hugo Kerkoff read a new member of the “How’d-dya” party, with Royal Crist as chauffeur at the piano. At 6:35, Dr. Spencer arrived. He was followed by several singing, Kerkoff inspecting the tonals and vocal chords of those who had their mouths open, yet emitting very little noise. Miss Sarah Rose read from our president, Dr. Goodfellow, who is still in Chicago. Relative to our guest association, Dr. Kerkoff asked for more cases at the banquets, and Dr. Wyckoff ruled that a fine of $25 be collected from all who appeared at the table without their identification buttons. The fine was promptly collected; the money thus derived was donated to the Christmas tree that will be erected in the manner of the decoration of the evening, to be placed in the hands of the clinics’ committees, to be given to some charitable institution. Following this, a most excellent number of the Osteopathic Mixed Quartets, composed of Mrs. Goodfellow, Mrs. Merrill, Dr. Cunningham and Dr. Marple, and then the reports of the Hospital and the CAO constitution committees. Dr. Emory reported the present status of the various rulings in the CAO, recommending a new action at the next session and urging that a hospital of our own might be eventually needed. Dr. Marple and Dr. Dougherty, of the Committee, asked for an opportunity to consider their subject with Dr. Vanderbilt before making recommendations to the society. The Clinic Committee, Dr. Teeter, Chairman, had charge of the meeting for the remainder of the evening. A report of charitable institutions, needing osteopathic physicians on their staff, with a plea for volunteers for these places, was made by Dr. Teeter. Special mention was made for the need of the children of discharged soldiers and sailors, who had exhausted medical care, but who might be benefited by osteopathic treatment. Dr. Louis Burns spoke of the advantages of clinics, both to the public and the clinic. Dr. Chander spoke of the problems of the Parent-Teachers Association. He urged regulation of diet, environment and osteopathic treatment for the children, with careful emphasis on the adjustment of the schools to the child rather than the child to the difficult curriculum. Dr. Emory moved that these ten minutes be devoted each meeting to reference to the advertising patroling the Western Osteopath, urging our patrons for those who assist our society financially. This was unanimously adopted. Dr. Rudy suggested that Dr. Merrill and Dr. Teeter (weight 250 and 280 pounds, respectively) be assigned subjects “Western Food Does for Me.” Dr. Geo. Burton then left the room, while Dr. Chas. Spencer made a spinal diagnosis of a young man. Dr. Spencer treated himself while Dr. Burton made his diagnosis of the same case. Although the verman of the two doctors differed radically, the diagnosis were remarkably similar, and much good-natured discussion followed as to what constituted a lesion and in what period a spinal lesion was the cause rather than the effect of visceral disturbances. One hundred and forty attended this most interesting session. The visitors for the evening were Drs. Hibbs of Opleon, Utah, and Dr. B. W. Sweet of Erie, Pennsylvania, he being the past president of the Pennsylvania State Association.—Paladins Committee: Dr. T. J. Rudy, Chairman, Dr. Marie Tharoe, Dr. Norman W. Ghosp.

In a recent issue of The Osteopathic Physician we mentioned that Dr. G. V. Hillborn of Canada had removed to Preston, Ontario. The statement did not state the situation quite accurately as Dr. Hillborn is not to be classed among the itinerant osteopaths. Dr. Hillborn has been practicing three days a week at Preston since his graduation in 1911, but he is now devoting his entire time to the Preston location, as practice has developed there so nicely. Dr. Hillborn gives credit to Osteopathic Health for a share of his success, as he says that it helped him to develop an ever-increasing demand for osteopathy.

Dr. G. A. Johnson, formerly of Albion, Nebraska, has returned to the United States after service in the United States army for about two years in the aviation department. Dr. Johnson says that he considers the aviation department one of the best branches of the military but he also says he saw more of France and England than he ever cares to see again. He expects to get back into the active practice of osteopathy quickly but has not yet decided on a location.

Dr. William L. Grubb, of Pittsburgh, Pennsylvania, is in Chicago and expects to spend about six weeks doing postgraduate work, and Dr. J. E. Gumbert, a recent graduate of the American College of Osteopathy, and who also was in the service of the U. S. fighting the “Huns,” has charge of Dr. Grubb’s practice for the time being.

Dr. H. C. Craig, of Denver, Colorado, has changed his office location from 514 Empire Building to the Interstate Trust Building. He found it necessary to move his office in the active practice of osteopathy quickly but has not yet decided on a location.

Dr. George Whitehouse spent several days in Chicago doing some work, after coming around the circuit of the Western Osteopathic Association as far as Denver. Dr. J. Denson, of Chicago, has announced his return from an extended vacation. He resumed his office and hospital practice on December 15th.

Dr. James L. Holloway, of Dallas, Texas, has now associated with him as assistant Dr. G. K. Wilson, formerly of Amarillo, Texas.

Osteopathic Health for FEBRUARY 1920

How “Bad” Mechanism In Our “Joint”s Makes Sickness

In the United States

Osteopathy

For Health

Dr. H. J. Pullum, formerly of Chicago, Michigan, is now located at 4413-15 Parnell Avenue, Royal Oak, Michigan.

Dr. and Mrs. O. J. Snyder and family spent the holidays with the doctor’s parents at Bellevue, Ky.

Dr. Arthur L. Hughes, of Bloomfield, New Jersey, December 14th removed his office to his new residence, 67 Park Place, Effortless Advertising, and announces that he publishes fees for office service at $2.00.

Dr. Edward A. Rock, of Brantford, Ontario, to 322 Tegler building, Edmonton, Alberta.

Dr. Elmer W. Ford, from Duluth, Minn., to 484 Ferguson St., St. Joseph, Minn., Los Angeles, California.

Dr. H. A. C. Bradfute, M. D., at his home near Knoxville, Tennessee.

Dr. R. T. Tandy, from Grant City, Mo., to 201 E. Washington St., Columbia, Mo.

Dr. Arthur M. Haskelson, at Suite 521 Masonic Temple, Minneapolis, Minnesota.

Dr. H. H. Stewart, from Flat River, Mo., to 1420 W. Locust St., Des Moines, Ia.

Dr. L. L. Phillips, from Monterey, Cal., to 431 Whitney Blvd., San Francisco, Cal.

Dr. Lacy H.Abbott, from Cambridge, Mass., to 437 Main St., Washin, Mass.

Dr. Paul A. Reilly, from LeSueur, Minn., to 9 Torin Blvd., Still Water, Minn.

Dr. Geo. Richard and Dr. Corn May Fowler, both of Brunston, Kansas, November 19th, at Bucshen.

Dr. O. L. Jordan, of Indiananapolis, Ind., and Miss Grace Elizabeth Gettler, of Hannibal, Mo., October 28th, at Hannibal.

Dr. Alfred Marshall Smith, of Charleston, West Virginia, December 30th, after a lingering illness. He was born at Kirkville, Missouri, July 16th, 1850, and is survived by his widow, Mrs. Margaret Smith, of Charleston; and three sisters, Dr. Alice Purnell, of Shiloh, of Washington, D. C.,Mrs. J. Albert Boyle, of Baltimore, Maryland, and Mrs. Howard Gibson, of Leesburg, Florida; and one brother, Captain William L. Smith, of Washington, D. C., Internet at Charleston, January 1st.

H. A. C. Bradfute, M. D., at his home near Knoxville, Tennessee, November 12th. He was 75 years of age and had practiced medicine for almost 50 years. He was the father of G. A. Bradfute, D. O., of Cartersville, Virginia, who was with him for a month during his illness, but who had returned to his own home when the end came.

Dr. C. S. Hoskington, of Pendleton, Ore., October 29th. He was killed when an automobile in which he was riding was struck by a train at a crossing.

Dr. I. C. Cranith, of Denver, Colo., October 15th. Apparently she passed away while asleep in her apartment.

Dr. M. R. Wallance, of Oakland, Calif., August 21st, at Los Angeles.

Advertisements in this column 7c per word, address free. Terms strictly cash in advance.

WANTED—By student, about to graduate, a position as an assistant. Address No. 192, c/o The OP, 9 South Clinton St., Chicago, Ill.

Wanted—To buy, modern, up-to-date sanitary unit, well located. Southern location preferred. Give full particulars in first line of advertisement. Address No. 191, c/o The OP, 9 So Clinton St., Chicago, Ill.

‘Goitre Remedy’ that cures goitre by external application, for sale by the profession. Write Dr. Chapman, Anderson, Indiana.