Osteopathy Stands for the Truth
Wherever It is Scientifically Proven

The Joy of Healing
How much more joy and pleasure there is and what a greater thrill it gives us to read of those Inspiring articles on how some fellow osteopath corrected a rib lesion and cured the patient than it is to note the wallings of some one for whom osteopathy is not broad enough. We are inclined to think that if the “progressive” would devote some of his energy to perfecting his osteopathic technique and then would practice it that he would derive so much satisfaction out of his successes that he would forever forget the grievous handicap he has been subjected to by the restricted and unrestricted use of drugs. —Chester A. Griffin, D.O., Lansing, Mich.

Aetna Insurance Company Lined Up by Medics

The local agent for the Aetna Insurance Company informs me he has received instructions to refuse all policies having been cancelled or renewed for osteopathy recently? I have asked President Conklin to take the matter up with our AOA attorney, Mr. Patterson, and see what he can learn on the subject, for I think it is something that may turn out to be of considerable importance to us all. I am mailing my check today to the Medical Protective Company of Fort Wayne, Ind., for the Aetna Insurance Company Muzzled

Number 2

Glad He Raised His Fees

I have noticed several very good articles on “raise your fees.” I have been located here at Pender, Nebraska, for one year. Dec. 17th, and my first year’s practice ran close to $5,000, and since Sept. 15th I have been getting from $2.00 to $3.50 per treatment, mostly $2.50, and so far no one has made any complaint about me raising my prices. I get $5.00 for the first treatment and examination. I have cut out the practice of giving so many treatments for $25.00. I consider that it cheapens osteopathy in more ways than one. I once will never go back to the $2.00 price. I have lots of competition also. This is a town of 1,400 population and there are four D. O.’s. I have raised my fees! The chiro’s have raised to $1.50 per crack. I am osteopathic pure, 100 per cent. —H. H. Christenson, D. O., osteopathic physician and surgeon, Pender, Nebr.

Found This Chiro Course a Fake

Please insert this for the advertisement of the way. Spending two weeks of good time “to learn chiropractic,” besides giving them the prestige of our presence in their colleges, which would make a strong business talking point for them rather than D. O.’s. I think the public is not aware of what I know whereof I speak. I graduated from one of the best of the chiropractic schools after spending nine months there and for the life of me I could not find one simple, small, individual fact with the name of chiropractic, or claim any asset to my technique other than the crude biff-and-bang thrusts originated by my able men. Commonly speaking, I got stung for a year’s work and a thousand dollars or better by this commercial cult, before my good stars directed me to an osteopathic college. Therefore upon reading an advertising circular letter they had addressed to all D. O.’s, I could not refrain from this word of caution, if any D. O, having his thorough instructions in principles and technique in his own college, doesn’t want to make a natural, earn a fee out of himself, let him stay clear of any possibility of entering a college of natural therapeutic or chiropractic. —E. S. Moser, D.O., Naperville, Illinois.

Prognosis Should Be Guarded

As long as the world and osteopathy exist osteopaths will find many cripples knocking at their doors. Do not say: “I can cure you, but if you will not be faithful in your treatment and if you do not make it I cannot help you.” It is perhaps better to let the patient know all about the treatment and then if he is not willing to follow it, that is his business and you should at least give him a chance to improve himself. —Jack H. Finney, D.O., Berwick, Pennsylvania.

Operation for Hemorrhoids

Several patients have said things about a treatment for hemorrhoids that some physicians are using in which they claim the physicians inject something directly into the tissues. Since I have heard of this treatment from different sources and have never read anything on this kind of treatment, I will some one kindly pass me wise, discuss the technique, state what it is that is used in the injection, etc. —W. H. Pease, D.O., Oregon City, Oregon.

[Injections used for about twenty years past are reputed to be carbolic acid. The editor knows of one case where useless suffering that lasted three months on such a “specialist” who said his treatment required only six weeks to cure. Absolutely nothing was accomplished for this case and not even a beginning was made toward the actual treatment, the time having been wasted in so-called “preparatory treatment.” As the patient was then advanced three months in gestation she entered a hospital, had a radical operation by a surgeon who specializes in these cases and in two weeks went home absolutely cured. Nearly three years have elapsed and she stays cured. Pregnancy does not interfere with such an operation in the hands of an expert who has had plenty of experience. —Editor.]

Aetna Insurance Company Muzzled

My brother and I were notified today by the Aetna Insurance Company that they would refuse to insure osteopathic liability insurance to osteopaths. They had protected us for years. Do you know of any reliable companies who do insure osteopaths? If so, why should not our entire profession and our supporters boycott the Aetna Insurance Company for all other forms of insurance and give our business to any capable company that I know of. I will soon mail my check to the Aetna Insurance Company. —Guy Pender, Nebr.

“Simple Simon” Takes Invoice

While reading a number of very interesting articles in your good paper I notice some good doctor refers to the wonderful things being done by the “higher-ups” of the profession, and he said, “even the Simple Simon osteopaths are doing some wonderful things.” Well, his statement demands no reply and certainly deserves no criticism. But it was the signal for me to “invoice” and I am sure the “Simple Simon.” There are many things the “Simple Simon” osteopath should do. I do not know. I have a very limited anatomical vocabulary; yet my fingers know all the general muscles, or claim any asset to my technique other than the crude biff-and-bang thrusts originated by his able men. Commonly speaking, I got stung for a year’s work and a thousand dollars or better by this commercial cult, before my good stars directed me to an osteopathic college. Therefore upon reading an advertising circular letter they had addressed to all D. O.’s, I could not refrain from this word of caution, if any D. O, having his thorough instructions in principles and technique in his own college, doesn’t want to make a natural, earn a fee out of himself, let him stay clear of any possibility of entering a college of natural therapeutic or chiropractic. —E. S. Moser, D.O., Naperville, Illinois.

...
Decres Unprepared Specialism

I see the worst danger to our work in the fad among many of our good people trying to do special work along medical or surgical lines without good or proper preparation for the same. I have no criticism of the good man or woman who wants to specialize and is willing to prepare, and known well the danger lies in attempting such work with the lack of good training. We cannot do good work in any line without good training. I think any one of our people who gives drugs in his office, if he is not a graduate of a good medical school, is guilty of inconsistency and is tearing the foundation stones of our work away. We have been successful just in the measure that we stick to what we claim to be before the public. It is well the various schools is tearing the foundation stones of our profession.

N. Y. D. O.'s Have Low Blood Pressure

The osteopaths of the Hudson River North Association at their last meeting decided to make a careful examination of each member present and keep a case record of same, and every one present had a sub-normal blood pressure, showing that this is a serious system, so there seems to be no use advertising osteopathy in these "diggins" until we get some new D. O.'s, and that we are all trying to do.

-Mary E. McDowell, D. O., Troy, New York.

Serious Anemia Overcome

Have been treating the last ten days a woman who has been under care off and on for two years. She is very weak and has given all the signs from anemia two years ago. Osteopathy, including hygiene, dietetic and hydrostatic applications of hot water were used.


Your Objective

Stick to the lesion until you are sure you have found it; fix it to stay—leave it alone, but don't forget it. This was the old Doctor's philiosophy, and it gets results.

-A. W. Hert, D. O., Boston, Massachusetts.

Running After False Gods

Osteopathy will die because of the insane desire for the M. D. degree now prevalent among many of our good people trying to become osteopathic physicians if they study medicine only. We must read medical books, but we must study osteopathy. My observations lead me to believe that our strongest and best osteopaths are those who practiced medicine and found the worthlessness of drugs, then gave up the study of osteopathy, while others started from anemia and revolution started advocated by osteopathy. For me the two that I think the best are those who practiced medicine and found the worthlessness of drugs and came to believe in osteopathy. Two facts are the all that Dr. Pratt pulls are united as one by the missing link, then you will have a real sure way of assisting nature to eliminate such diseases as are caused by tight and unrelenting sphincters. These bring on constipation, that poisons the system and irritates the nerves beyond endurance. In time this may bring on paralysis, sleeping sickness, dementia, and precox, female troubles of all kinds and many other as dissimilar ills until the life wire is severed ere the patient gets relief.

-W. J. Mulmorey, D. O., Yuma, Arizona.

Sticks to Essentials

I want to be an up-to-date real osteopath of the A. T. Still kind. I want to do the best work possible. If I do not I am not one, and if I am not one I will be a real osteopath and less muddling so that we may steer our ship clear of the rocks.

-Ignatz Mittleman, Philadelphia College of Osteopathy.

Emphasize Our Acute Work

Perhaps the most important thing is for us to put more emphasis upon our treatment of acute cases. Our work is altogether in the aid of nature, and no part of it obstructs her work. The removal of pathological conditions due to impaired circulation and digestion have given the best results, and it can be duplicated in other acute diseases.

-Chas. Carter, D. O., Richmond, Virginia.

Shows Drug Injuries

For osteopaths, and especially half-baked ones, I want to use the terms "medicines," 353, 535, 370. This will open their eyes as to the deleterious effect of drugs on the system and accounts for a lot of chronic cases. It shows that it is not so much the disease that leaves them a chronic as it is the drugs administered, which being foreign to the organism, accumulates in certain organs and tissues and leaves them chronic. It proves what A. T. Still claimed that drugs are poisons and work harm rather than good.

-E. M. Steele, D. O., Wilmington, Ohio.

A Mountain Journey Worth the Effort

I made a trip of 56 miles across the West Virginia mountains last September to see a Mrs. S. The local doctors' diagnosis was simply "stomach and kidneys." The patient had been bedfast for nine weeks and the local doctors said they would have to take her to a hospital to determine the nature of her case. Symptoms: Dull ache in stomach at all times, and she spat up nearly everything she ate; headaches, palpitation and shortness of breath, badly constipated and troubled with urine. I found a badly twisted pelvis, third and fourth ribs, left side up, and a rotated second cervical, which I was able to correct. The woman had an easy night and was up and around the next day, and came to my office in about ten days.


The Missing Link

If the end of the chain that Dr. Still pulled and the end that Dr. Pratt pulled are united as one by the missing link, then you will have a real sure way of assisting nature to eliminate such diseases as are caused by tight and unrelenting sphincters. These bring on constipation, that poisons the system and irritates the nerves beyond endurance. In time this may bring on paralysis, sleeping sickness, dementia, and precox, female troubles of all kinds and many other as dissimilar ills until the life wire is severed ere the patient gets relief.

-Alfred W. Hert, D. O., Richmond, Virginia.

Perspiration Killer Made Tumors

One of the most subtle and pernicious "ads" perpetrated on the public today is that exploiting the "invaluable" benefits derived from the use of "Odqrono." A patient of mine had used it for months when she noticed enlarged glands developing in axillary spaces. It has been nearly two years since she has discontinued its use. The local doctors' diagnosis was simply "stomach and kidneys." The patient had been bedfast for nine weeks and the local doctors said they would have to take her to a hospital to determine the nature of her case. Symptoms: Dull ache in stomach at all times, and she spat up nearly everything she ate; headaches, palpitation and shortness of breath, badly constipated and troubled with urine. I found a badly twisted pelvis, third and fourth ribs, left side up, and a rotated second cervical, which I was able to correct. The woman had an easy night and was up and around the next day, and came to my office in about ten days.

-Alfred W. Hert, D. O., Richmond, Virginia.

Sticks to Essentials

I want to be an up-to-date real osteopath of the A. T. Still kind. I want to do the best work possible. If I do not I am not one, and if I am not one I will be a real osteopath and less muddling so that we may steer our ship clear of the rocks.

-Ignatz Mittleman, Philadelphia College of Osteopathy.

Ten-Finger Osteopathy

Let's get back to the basic principles as taught by the "Old Doctor." If we would adhere to these principles we would cut out all our present and future trouble. Let's get back to osteopathy and less muddling so that we may steer our ship clear of the rocks.

-Ignatz Mittleman, Philadelphia College of Osteopathy.
THE OSTEOPATHIC PHYSICIAN

Cultivate the Propylactic Habit

Try to educate your patients to the value of one or two treatments a week as a preventive measure against ill health. It pays both you and your patients. And at least try to have them come in for a thorough physical examination every so often.—G. W. Barrett, D.O., Pitts­field, Mass.

Persevere or Persuade?—Which? A Talk to Enthusiasts

I have run across the following good advice in a classic which we "Shop Talkers" all may well take to ourselves.

"The enthusiast has been compared to a man walking in a fog; every thing immediately around him, or in contact with him, appears sufficiently clear and luminous; but beyond the little circle of which he had not the centre, all is mist, error, and confusion. But he himself is nevertheless as much in the fog as his neighbours, whom he has so cantoned out their little Goshens of perspicacity. Total freedom from error is what none of us will allow to our neighbours, however we may be inclined to flirt at a little such spasmodic speculation ourselves. Sir Richard Steele has observed, that there is this difference between the church of Rome and the church of England; the one professes to be infallible—the other to be never in the wrong. Such high pretensions are extremely awkward wherever the points of interest are merely matters of opinion: here to be more numerous than those of agreement. A safer mode of proceeding would be to propose with diffidence, to conjecture with freedom, and examine with candour, and to dissent with civility: 'Let there be harmony in things essential; liberty in things not essential - in all things. Let us consider that all the enthusiasts, moderation, many of whom begin to make converts from motives of charity, but continue to do so from motives of pride; like some rivers which are sweet at their source, but bitter at their mouth. The fact is, that charity is contorted with the passions of pride; like some rivers which are sweet at their source, but bitter at their mouth. The fact is, that charity is contorted with the passions of pride; like some rivers which are sweet at their source, but bitter at their mouth. The fact is, that charity is contorted with the passions of pride; like some rivers which are sweet at their source, but bitter at their mouth.

Why Not State Colleges of Osteopathy?

Why not bills be introduced in all governing legislative bodies, for the purpose of the establishment of osteopathic colleges maintained by the state? We have state veterinary, homeopathic and allopathic colleges. Why not keep the interest of the public in our direction by demanding state recognition and support for our colleges?—Arthur Brunsmn, D.O., Peoria, Illinois.

Clinics in 500 Centers

I want to get before the fellows and girls the ideal now in my mind—a "vision for 1920." The report of the campaign against the flu and pneumonia pandemic makes it imperative that this year should mark a stride onward in making practical demonstration to even greater numbers of the value of osteopathic care. Will it be the making of the world a living memorial to A. T. Still, it's founder, by the establishment of Free Osteopathic Clinics? It is, if we will. All set. Let us go!—F. E. Day­ton, D.O., Chairman AOA Bureau of Clinics, Evesham, Michigan.

Even Uses The OP to Interest His Patients

After I read each issue thoroughly I place The OP among other popular magazines on my library shelf, and I make it a point to read some of the benefits from the magazine itself. The experiment has proven itself to be a most worthy one for one and all of my patients will read it and invariably each one will become interested in some particular article of the issue. What is the result? A very gratifying one, I assure you, for instead of talking about the weather or "rubber-stamp" topics, our conversation is along osteopathic lines. The patient is then led, first from the treatment itself, and second, from the osteopathic conversation which should be a paramount issue in the development of one's patients, particularly of their mental attitude toward the science itself.

Is it, then, any wonder that I have put up such a howl for these numbers of The OP to have missed? Hardly, when I am using them to further the development of our noble science.

Please do not wait until your present subscription reaches its final issue before notifying me of its expiration. Every copy means so much to me that I have no willingness to lose out on any number.

Again thanking you for your prompt reply and wishing you all possible success in your already great work I remain.—H. G. Edwin, D. O., Billings, Mont.

Did the Old Doctor Hurt Them?

Not boasting to cure the incurable, or do the miracles, but studiously seeking to be able to do the right thing at the right time and in the right manner, and demanding pay for services rendered at a reasonable rate, might be termed the mark of central value, success, of successful osteopathic practitioners. This includes careful preparation on the part of the student, while in school and continued consultation of authoritative texts by the practitioner to be always alert and abreast of progress in the Healing Art. It is only wise to have an expert, a true physician, but it takes both to be a true osteopath. His epiphlet should read: "He did his best."—Thos. A. Chapman, D.O., Hope, Arkansas.

Hit by Taxi; Regains Speech

A man in London was hit by a taxi-cab carrying the Bishop of Wakefield. After he had been taken home and his injuries dressed he then asked for the Bishop, declaring, "You have done me a good turn. I was dumb before the accident. This case is an object lesson to the osteopath who fandies it takes from 30 minutes to an hour to give treatment! We'll give three guesses as to how long it took that taxi­self and another to be, to the patient, a true physician, but it takes both to be a true osteopath. His epiphlet should read: "He did his best."—Thos. A. Chapman, D.O., Hope, Arkansas.

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Wants Room for Lesion Records

Every time I sit down and attempt to make out a case report I am more than discouraged. I find a place for everything but the one thing I am most concerned in, and that is a place to describe the lesion. I do not minimize the symptoms, I want them included, but I do want a place left to record what I believe to be the structural cause. Now, among the many connections you have before, can't you get a decent case record card for D.O.?—Margaret H. Fornham, D.O., San Francisco, Cal.

[We did our best, Doctor, in helping to devise the present Case Record of the Academy. It has ample room and charts to help define the lesion. What is the matter with it?—Editor.]
Little Stories of the Clinic

BY C. W. Young, D.O., GRAND JUNCTION, COLORADO

STORY NO. 4: October 11, 1919. Mrs. S., age 45, had systemic weakness, pain in the back, palpitations and insomnia. She was examined January 20th, it was clean and big mistake to have left the uterus lie in its ort the uterus.

She, left of the median line, resting the ilium and sacrum. She was a large woman appropriate treatment had not been applied.

The uterus for retroversion, the junction made She came home in a business college. She was ready to to the uterus and its had had just time enough to remove her kimona was still the second had indigestion and at the time warm water and mealcol

The patient to her mind that it was a treatment, and supported it with the adhesions, restored mobility, and brought daughter. I told her exactly, and I told her hoisting the No. 5: the mother of three children. She

up year is of adjust­to secure virgin, organ clean is unusual.. There treatments, that he was a "genuine" osteopath, and had a large deep pelvis, I found the whole pelvis except such as might be inferred from the thickness of the posterior wall of the uterus. I informed Mrs. S. that I did not believe there was any fibroid, and that I believed I could help her greatly by adjusting the uterus and applying a support. I told her the treatment would be quite painful. She assented.

I found some adhesions, and used the technique described in the AOA Journal for May, 1919, in the correction of the position of the uterus. The only way to restore the woman suffering acutely as a result. This led her to realize how much she had suffered, how much the good treatments had accomplished.

She reported January 20th that there had been no more menstruation except slight bleeding for two days, since the beginning of her treat­ment, October 11th, and that she was feeling fine. Her weight had increased very materially, and she was ready to be discharged after the adequate support. On December 23rd there was a little mucous discharge adhering to the upper side of the end of the pessary resting against the pubic bone, otherwise it was clean. When next examined January 20th, it was clean and free from odor. The patient had been keeping up douches of warm water and muced once a week. I found the uterus less than half as large as it was while retroverted. The posterior wall had lessened in thickness the same as the other portions and there was still no bulging or irregularities on the surface. I informed the patient that these facts had strengthened my conviction that she never had a fibroid, though it was possible for me to be mistaken. January 20th I told the patient to come again in a week. The reposition and support of the uterus is evidently enabling her to pass the menopause without distressing symptoms. Ability to wear a pessary for a month and keep it clean is unusual.

STORY NO. 5: Mrs. A., age 36, wife of a retired osteopath, came to be treated for diarrhea. In a few weeks she returned her condition much better. She told me she had been nervous, weak and run down and had been that way for years. She was the mother of three children. She said she would feel better on taking osteopathic treatment, but she had come to believe that osteopathy would after a while "wear out" and that her ailments might recur. Osteopathy would achieve permanent results if the cause of the trouble was reached, but that good spinal treatments and general treatments as well as local treatments might prove successful only as a palliative to serious conditions which had not been diagnosed or for which the appropriate treatment had not been applied. I told her that I believed her trouble came from mal-adjustment of the pelvic organs. She admitted that she had a retroversion and then said that her husband did not believe in local treatments, that he was a "genuine" osteopath, and did believe the pelvic conditions would right itself if proper spinal adjustments were made. I told her that I did not believe I could do much for her by attempted spinal adjustments, and that if she wished to be free from irritability, nervousness, chronic weakness and run down condition, I would advise her to permit a local examination. Just then a woman opened my reception room for a few minutes. On my return I found my pa­tient coming out of the dressing room. She had let down the support, washed and put on her regular clothing. I told her I was sorry she felt that way and we said good bye.

In a few days Mrs. A.'s good, sensitive old mother with whom Mrs. A. was visiting came and asked directly what I had said to her daughter. I explained as well as I could with a great deal of emphasis what I thought of the benefit of many osteopaths that no attention need be paid to local pelvic adjust­ments by the osteopath who was a "genuine" osteopath. The mother had a heart to heart talk with her daughter who came back to me.

I found a uterus resting in the hollow of the sacrum, three or four times the normal size with its walls softer than normal. I gave a gentle lifting up treatment, and applied a glycerine hydrastis tampon. In two days she re­turned, and I found the uterus slightly reduced in size. I gave treatment as described in May, 1919, Journal of the AOA for retroversion. Ordered MuCol douching to be followed with the insertion of orange blossoms. The failure of the glycerine to greatly reduce the size of the uterus was very disappointing.

After a few treatments we succeeded in placing the uterus in normal position and in­serted a pessary which the patient felt much better and stronger. A few days without the pessary brought the same unpleasant symptoms so prevalent before the treatment began, and brought conviction to her mind that it was a big mistake to have left the uterus lie in its retroverted position for so many years. For three years she was troubled with retroversion, using orange blossoms between times. She left for her home before the complete reduction of congestion was secured, but feeling greatly benefited by the treatment.

Mrs. B., for thirteen years had suffered almost constantly with a severe pain in the left side of her chest, which she kept very little during this time and claimed she had no sleep at all for many weeks. (I presume she was mistaken, as are many others under similar conditions.) She had a large deep pelvis, and had a large deep pelvis. I found the whole of the uterus left of the median line, resting against the sacrum. After the beginning of the treatment she had no more "spells." She soon began to feel very much better. Her indigestion disappeared, and she appeared brighter and more buoyant. Not long after ending her treatments she was happily married and enjoys good health to this day.

Comment: There are good reasons for hesi­tation in local examinations and treatment in the case of a virgin, but if the physician is to cure many, many disorders he must not overlook said reasons prevail. The only way to restore health is to correct the lesion.

WHY OSTEOPATHS ARE STRONG IN THE FAITH

BY FANNIE GODSEN, D.O., FARLEY, IOWA

PATIENT, female, married, 4 children, age 58. Several years before this illness the patient's clothing caught fire and her back was badly burned. Her nurse told me that almost the entire spine was one solid blister. Later on she had a gall bladder removed—she had always been indigestion and at the time when the operation was done she had to finish her education she had typhoid fever and was so nervous afterwards that she did not care to be only as well as she was. She had been in and out of hospitals, and had no improvement. Her temperature was normal. She was called in the next day. Her temperature then was not quite one degree above normal. Her pulse was rapid and irregular.
At the
College of Osteopathic Physicians and Surgeons
Los Angeles, California

THE OSTEOPATHIC PHYSICIAN

SPECIAL OSTEOPATHIC DIAGNOSIS and PRACTICE

Genito-Urinary Diseases: Thorough didactic and clinical instructions are provided for the student. The diseases of the male genital system and of the urinary tract and organs are systematically studied, particular emphasis being laid on the essentials of diagnosis. The college has ample clinical facilities to supplement the didactic work. A valuable feature of the course consists instruction on the treatment of non-surgical conditions. 54 hours in the 4th year, under Dr. Edward Brant Jones.

Nervous and Mental Diseases: This course is divided into its separate parts, the work in mental diseases alternating every other semester with the course in nervous diseases. The didactic work in nervous diseases covers in a systematic way the entire range of the organic and functional diseases of the nervous system. The college clinic and the County Hospital afford a wealth of clinical material and an opportunity of contact with all manifestations of these diseases. The course in mental diseases embraces the field in a comprehensive manner, particular attention being given to the Benet-Simon mental age tests, the sociological aspect of the student. The Psychology Wards of the college and the County Hospital are available for demonstration. 126 hours in the 6th and 7th semesters, under Dr. Edward Strong Merrill.

Pediatrics: This work is given through the junior and senior years. The didactic course covers exhaustively the anatomy, physiology and hygiene of infancy and childhood, the dietetics of infancy, and in a systematic way covers all of the diseases which are common to infants and children. The clinical course furnishes ample opportunity to become familiar with the technique and details of infant feeding and with the diagnosis and treatment of all the common diseases of infants and children. 144 hours in the 3rd and 4th years, under Dr. Glen Hall Copeland.

Bone and Joint Diseases: All of the abnormalities and disease of the skeletal, ligamentous, and arthrodial systems, except those of gross traumatic nature, are considered particularly from the non-surgical standpoint. The various types of arthritis and bursitis, have for many years been made the object of special study by the head of this department. 36 hours in the 3rd year, under Dr. Charles Hughes Spencer.

Infectious Diseases: All of the acute infectious diseases such as pneumonia, typhoid fever, and diphtheria, are considered in this course. Their early diagnosis, prevention of their communication to others, treatment, management of complications and sequelae are discussed in a practical way. During the course it is possible for the student to make bedside study of the important types. 54 hours in the 6th semester, under Dr. H. F. Miles.

Alimentary Diseases: The didactic teaching in this department considers systematically all of the types of disease of each portion of the gastro-intestinal tract and its glandular appendages. Those disorders which clinical experience shows to be most prevalent are most exhaustively discussed. 36 hours in the 6th semester, under Dr. H. F. Miles.

Blood and Constitutional Diseases: The various types of anemia and leukemia, simple goitre and Graves' disease, myxedema, tetany, hemophilia, gout, diabetes, and other related conditions are the subject of discussion in this course. The many recent investigations of the endocrine system and their interesting revelations of the connection of general vitality with the internal secretions make this course highly important. 36 hours in the 6th semester, under Dr. Thomas J. O. Volkman.

Heart and Lung Diseases: A study of vital statistics reveals that two-sevenths of all deaths are due to diseases affecting the heart and pulmonary system; if tuberculosis of the lungs and pneumonia are included; that close to one-tenth of all deaths are due to disorders of the circulatory system, and that this proportion is rising, from an increased number of deaths occurring at the prime of life. A large number of heart and vascular diseases are rapidly amenable to rational treatment. Few departments give instruction fitting the physician to render so much service to his community as is furnished by this course. Cases for study are numerous, both in the college clinic and the County Hospital. 54 hours in the 6th semester, under Dr. R. W. Bowling.

Physical Diagnosis: The principles and technique of physical diagnosis are systematically covered in this course. The students work in small groups practicing the procedures involved. Each student is required to demonstrate his familiarity with the technique of thoracic and abdominal visceral relationships, landmarks, etc., and to present complete notes and case histories covering the procedures of the course. 90 hours in the 8th semester, under Dr. R. W. Bowling.

Laboratory Diagnosis: With physiological chemistry and bacteriology as a basis, practical methods for the examination of blood, urine, sputum, feces, gastric contents, etc., are taught and demonstrated. Special attention is directed to the clinical significance of laboratory results, and a thorough mastery of the technique of standard procedures is demanded. 72 hours in the 8th semester, under Dr. Dayton Turney.

Case Recording: This course prepares students to secure case records of proper character by giving them systematic instruction in the taking of histories and recording synopses of finding. In addition to the allotted work of this course, it is required that students assemble the various clinical and laboratory records bearing on each case, and make systematic studies and final reports on these to the clerk of the clinic 18 hours in the 6th year, under Dr. Dayton Turney.

Dietetics: The chemistry and process of digestion for the various food elements having been previously taught in the department of chemistry and physiology, this course presents the relation of differing dietaries to health. It takes up in detail the question of the modification of diet to suit conditions found in the various diseases. 36 hours in the 7th semester, under Dr. Dayton Turney.

For complete catalog address The College of Osteopathic Physicians and Surgeons, 800 San Fernando Blvd., Los Angeles, Calif.
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 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.

To this end we prepare

Mead's Dextri-Maltose

In 3 forms

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

No. 1 With Sodium Chloride, 2%

No. 2 Unsalted

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Why different salts in the diet of infants?

Sodium Chloride is a useful addition to the diet when an infant suffers from diarrheas.

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Jamestown, N. Y.
THE CHALLENGE

Ten, twenty, thirty years ago, numbers of earnest men and women, inspired by the genius of

Dr. Andrew Taylor Still

started out single-handed and fought their way to recognition. They won, because their therapy was half a century in advance of the therapy then in vogue among their allopathic arch-enemies. From the very beginning, the D. O. far out-classed his M. D. rival in practical results, till to-day drug therapy stands at a disadvantage before an awakened public, and even the drug therapists themselves have to a large extent abandoned the use of drugs with any hope of cure except in a few diseases. They are making progress toward a basis of

Rational Therapy

If we are to continue to achieve superior results, and maintain our established leadership in the therapeutic world, we must continue to advance, to be the first to apply each new truth of biology, anatomy, physiology, etc., that science has demonstrated. We must go further and establish new truths in each of these sciences ourselves.

We cannot stand still nor stagnate. We must follow in the footsteps of our illustrious founder, first among the leaders, greatest of all the therapists that have lived and learned and taught and demonstrated therapy. We must follow him AS HE LED, not blindly conforming to tradition, but striking forth with sound, logical reasoning from the most advanced established facts observed by others or ourselves, discarding nothing of established value, using nothing that is not essential, regarding

Disease as an Effect

due to a definite cause, searching always for the cause and basing our therapeutic procedures on the cause, because that is scientific, but alleviating suffering while we are waiting for the cause, because that is human.

We disagree with those reactionaries in our profession who seem to believe that the M. D. has any therapeutic advantage over the D. O. We admire the Simon pure Osteopath who depends on his fingers and seizes the use of any therapeutic adjunct. We attribute the striking success of our Hospital to the fact that we have some of the best of them on our staff, and the nationally known graduates of our college over our success and standing, in great part, to the firm grounding given them in the fundamental teachings of Dr. A. T. Still.

We teach OSTEOPATHY. Our graduates are OSTEOPATHIC physicians and surgeons, strong in faith, successful in performance. We are not reactionary. We are not stand-pat-

Osteopathic to the Core

But we know and teach the limitations, and the value in selected cases, of such therapeutic adjuncts as diet, exercise, hydrotherapy, surgery, antiseptics, anaesthetics, antitoxins, antispasmodics, antitonsil infections, enemas, etc., and expect in the future to add anything that is sane and demonstrated scientifically to be of value.

Our faculty is composed of Osteopathic physicians and surgeons, many of them specialists of national reputation. They nearly all practice in Philadelphia, the OLDEST MEDICAL CENTRE IN AMERICA, the logical place to demonstrate the superiority of Osteopathy. We have ample clinical material. In our Hospital all sorts of cases are observed and treated osteopathically judged by accepted standards, our death rate is low. On this fact we base our hope that Osteopathy will be adopted in all Philadelphia institutions before many years have passed.

There is a tremendous and growing demand for Osteopathic Physicians. We have letters from many sections of the country asking us to send them an Osteopath—and we cannot supply them. If the profession is to survive, it must be ready to meet the demand. Your'...
THE OSTEOPATHIC PHYSICIAN

ACTIVITIES OF THE ACADEMY OF
OSTEOPATHIC CLINICAL RESEARCH

How Osteopaths Treated Flu-Pneumonia in the Pandemic of 1918-1919

KEY TO REPORTS OF THE EPIDEMIC
(Rend all abbreviated answers with reference to these questions as numbered.)

1. What kind of lesions were found?
2. Where?
3. How treated?
4. What general manipulations were given for bedside treatment?
5. What was the average time used for patient for osteopathic treatment?
6. How frequently were patients treated?
7. Did you observe any unfavorable reactions from too long or too thorough treatment?
8. How many days were patients under treatment?
9. Did patients who had been drugged respond as well as others to osteopathic treatment?
10. What regulation of diet was prescribed for
(a) Influenza alone?
(b) Pulmonary complications?
(c) Bowel and stomach complications?
(d) Nervous complications?
11. Did you use any substances like Antispasmodics, Bismuth or other local applications?
12. How many deaths?
13. What method used to keep kidneys active?
14. Did you sweat the patient?
15. Did coughing patient?
16. Did you use cotton jacket for pulmonary complications?
17. What about ventilation, that is, much or little?
18. What was average temperature of room?
19. Were any means used to keep the bowels active?
20. Were many means used to keep the bowels open?
21. How many cases of influenza did you treat?
22. How many days did they stay in the hospital?
23. How many patients were you able to treat a day during the great rush?
24. Sign your name and address and date your report.

By D. M. Stahr, D. O., Piqua, Ohio

Statistical report not furnished.

1. Contracted muscles with resulting rotation of single vertebra, or groups of vertebra, together with their resulting effects on the ribs.
2. General contraction existed entire length of spinal muscles. Principal constant lesions were rotation of atlas and axis, sixth and seventh cervical and 1st dorsal, tenth to twelfth dorsal, and first and second lumbar, and rib lesions on both sides of these lesions. Lesions do not exist in every patient and can not be considered as specific.
3. By bedside manipulation and time, the lasting meaning that as the fever was reduced a good many of the lesions corrected themselves.
4. With patient lying, first on one side, then on the other, general manipulations were given to all the intercostals, particular attention being paid to those which we found contracted. A strong but gentle pressure was maintained all along the dorsal region until we felt relaxation. Similarly, in the erector spine mass relaxation was obtained. Usually, patient was then laid on back and neck treated. Strong, steady, but extremely careful pressure was maintained and attention was given the atlas and axis at each visit, until relaxation was secured. Frequently, the intercostals over the chest were treated direct and always the cardiodilator centers were looked after. In no case were gentle and careful manipulations used at any stage of the disease.
5. 20 minutes.
6. Usually, two to three times in first 48 hours. Afterwards, one or two times a day according to the severity of symptoms.
7. Yes, patients active at night.
8. Three to twelve days.
9. Not as a rule.
10. Diet for influenza was restricted to plenty of fruit juices, milk, milk toast and occasionally broth as long as the fever continued, with the addition of soft boiled eggs, custards, baked potato and tea after crisis was passed. Same general diet was used for pulmonary and also for bowel and stomach complications treated by starvation and by trying some combinations which would stay down. Nervous complications likewise.
11. Used no local applications except occasionally camphorated oil applied to chest and throat.
12. Some patients can take an enema and some apparently can not. For those who could take an enema, I prescribed equal parts sweet milk and water with the addition of a tablespoon of salt to a quart of the mixture, taken as hot as the patient could stand it, every 12 hours, the first 36 hours, until good results were secured. I very rarely manipulated the bowels themselves. Some patients took castor oil and various saline laxatives on their own initiative. I believe that constant and careful treatment through the spinal region area undoubtedly assisted nature in her efforts to voluntarily move the bowels. Fruit juice helped keep the bowels open.
13. Osteopathically I relied a good deal on the treatment of the lower intercostals. Particular emphasis on the tenth dorsal to keep the kidneys acting. I found that the fruit juices helped also. Never restricted the patient as to the amount of cold water they could have, advising them to drink all they could.
14. Yes. Usually, the first 12 to 18 hours.
15. No.
16. Always secured plenty of fresh air but tried to keep the temperature of the room from getting below 65 to 65 if possible.
17. Yes. Manipulations were used in the upper dorsal and cervical, with particular attention being paid to loosening up the first and second ribs and their vertebrae and holding the atlas and axis until you felt relaxation.
18. When baths were used I gave a tepid sponge bath under the cover. Did not use baths for temperature under 102.0 and only when the rising temperature and intense restlessness.
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Address.....................................
THE OSTEOPATHIC PHYSICIAN

A. T. Still, Founder of Osteopathy
By Prof. M. A. Lane

This book of popular science tells in simple language about Infection, how the body creates its own Immunity against Infection, and how Osteopathy aids the body in its work of fighting Infectious Diseases generally.

Written for the lay public, it yet contains in easily accessible form such advanced information of inestimable value to the osteopathic practitioner. Indeed it absolutely is the most advanced and scientific statement of Osteopathic Therapy that has yet been produced while as a popular statement of advanced Biology and Pathology there is nothing to touch it in the whole medical book field. Studied carefully, it will serve as a text reference book of the greatest usefulness to the doctor himself.

Make yourself familiar with the facts and theories set forth in this work. Discuss its revelations briefly with your patients. Each of your good patients should be presented with a complimentary copy. Such thoughtfulness and generosity will pay you many fold.

Thinking people who have been brought quickly and safely through a siege of Influenza or Pneumonia by Osteopathy are interested to know WHY it works so successfully. This book, "A. T. Still, Founder of Osteopathy," gives the answer. You will find it a revelation to everybody that exact osteopathy from the beginning fared much better than those starting with medicine. Experience in osteopathic practice teaches us that frequent short treatments were handled alone. I also attribute kidney lesions common to the cervical and dorsal areas.

19. Found cough very obstinate at various stages of the disease. Endeavored to reduce it by relaxation of muscles of neck, both the anterior and posterior and treatment with the recurrent laryngeal directly in the region of the anterior and of the first rib. The cough of influenza is hard to relieve as a rule. Intercostal, relaxation, raising the ribs and treating the intercostal nerves of the neck frequently modifies it to a bearable point. In addition to this I sometimes used petroleum emulsion given internally. In certain other cases I used an analgesic (half a teaspoonful in 1/2 pt of boiling water used every two or three hours).

20. I found it necessary to stimulate the heart frequently by treatment through the 2nd, 3rd, 4th and 5th ribs on both sides and through the atlas and axis and two cervical vertebrae, at which time digitaline was administered every hour until the patient got better.

By A. H. Zealy, D.O., Goldsboro, N. C.
Statistical report not furnished.

As to what lesions were found in my influenza patients, will say that no typical ones were found. There are lesions in every back and there is nothing to touch it in the whole medical book field. Studied carefully, it will serve as a text reference book of the greatest usefulness to the doctor himself.

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Listen, Children!

Ye Children of the ASO

In its more than a quarter century of history the American School of Osteopathy has never asked its graduates for one dollar to run the school on and it is probably the only college we have that has not appealed to its graduates for financial aid.

Is that satisfactory to you or otherwise?

Think it over.

The only appreciation we have ever asked of our large family of graduates is to send their proteges back to Kirksville to obtain their osteopathic educations.

Have we a right to ask this much cooperation?

If so, act on the suggestion. Help that young friend of yours to “horn in” at your Alma Mater for the new February entrance class.

ASO
Mother of Osteopathic Colleges
Kirksville
main through the rest of the night if there were cases there that promised to be stubborn and very severe.

7. One patient, I remember, would become drenched with sweat if treated 3 minutes; others would stand 30 minutes treatment and not be bothered any by it. Some who could stand a good treatment only got one a day and one every other day later on.

I visited one patient who was under the care of an excellent M.D. He gave this patient a recovery chance, as he told the relatives, of 50-50. The consultant said there was no pneumonia Saturday night. Monday night when called, I found a very bad case of broncho-pneumonia. As I entered the room where this patient lay sick the bed was pulled out into the middle of the room. The course was standing on the opposite side of the bed from me. I stood there for a few seconds viewing my patient and sizing up what I had encountered.

The nurse said out loud, "Not much hopes is there, doctor?" I shook my head and glanced at my new patient. She replied, "I can't impress it upon the doctors enough, I was called for about my boy in France and other people word that I would be back at 12 p.m. I've been afraid of 1, 1920. Special training is being given more than the application of imaginary balm to non-existent disease, but if one says so he gets into a jolly row with people who consider an open mind very severe."

The nurse asked me to come back and treat her some more. She said she felt much better after it. She told me that she wanted me to treat her so, I would try and please her and probably would ease her a little but that I could not do her any real good.

She turned over on her side with ease and without assistance. I treated her several minutes, then left the room to give her a little rest. In about 15 minutes she sent out word for me to come back and treat her some more. She said she felt much better after it. She told me she had been afraid of it, that she wanted me to treat her, so I would try and please her and probably would ease her a little but that I could not do her any real good.

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After examining the patient I left the room.

### THE OSTEOPATHIC PHYSICIAN

Under osteopathic treatment do not get dark—at least I never had one that did. This patient's lungs were full—broncho-pneumonia, but the elder of the old-time physicians in attendance would not call it pneumonia. One said "I can treat pneumonia, but can't treat this after-flu disease." Both the family physician and the consultant on the above case told the relatives that this woman did not have pneumonia. May be not, but her lungs filled up, so what was the difference?

Another case I was called to see, where the doctor said the patient had "capillary bronchitis." I told them that "capillary bronchitis" is pneumonia and that the patient would not live until morning. He died at 7:30 a.m.

An M.D. in a town near here told me that when patients turned black he was ready to sign their death certificate. He said he wrote to his professor of the college where he attended school and also to the State University and asked them what they did with their flu cases that turned black. They replied that they buried them.

The osteopath does not need to let his patient turn black. I had a patient that I was afraid of. I was afraid of and I dreaded to see the time when I would be called to see her if she got the flu. I was sure she would get it as I had seen three others at that home, one after another, contract it. One would get up and another would come down. Sure enough, I was called to see the fourth one and that was my dreaded patient. She had been afflicted with nephritis and asthma for years and when she would see me she would say, "I'm really coming to take treatment before long as I need it badly." She could not straighten up for rheumatism. She overworked continually and had had a siege of pneumonia in December, 1917. When I arrived at the home she was panting for breath—a bad case of flu, the lungs being involved. I treated her twice that day. No food, plenty of water, soft. Next day or two she began to turn dark just as I had feared she might. Her tongue was red as a steak and now it began to get dark. Pulse not good, kidneys getting slower—in fact, my patient felt very badly and I felt worse as I began to think that this would be my first loss in this epidemic.

I took special pains with my treatments and left word that I would be back at 1 p. m. I was

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**No. 1—The Osteopathic Efficiency Course.** Twenty-one years of study and experience at your service to help solve all vexing and difficult problems in practice. The business side, efficiency of technique. Saves back and nerves. Intensified review over main studies in practice. One month. Next course begins Monday, August 2nd, 1920.

**No. 2—Cadaver and Clinical Course on Ear, Nose and Throat.** The anatomy, physiology, pathology, diagnosis and treatment taught. All operations are done on the cadaver by the student. A course in refraction. March 1, 1920.

**No. 3—Didactic and Surgical Eye Course.** Anatomy, diseases and treatment. Surgery done on cadaver by the student. A course in refraction. April 1, 1920.

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501 Interstate Trust Building - Denver, Colo.

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**Gifts of Healing**

ONE may believe that the "gift of healing" is nothing more than the application of imaginary balm to nonexistent disease, but if one says so he gets into a jolly row with people who consider an open mind synonymous with credulity. Our own state of mind was accurately described by Charles A. Dana: "I don't believe in ghosts," said he, "but I've been afraid of them all my life." —Chicago Tribune.
### CLINIC

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<td>Gynecology</td>
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<td>Histology, Physiology, Laboratory Diagnosis</td>
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<td>Obstetrics</td>
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### OBSTETRICS

As we are the only educational institution in Des Moines operating a clinic; our Obstetrical Department has access to a field for numerous and varied cases, giving our student body experience and practice by personal touch very seldom equaled.

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Interested and Efficient Teachers; practical work by the students; satisfied clinical patients all argue success for this department.

### ANAESTHESIA

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**Clinical Reports**

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

**Directions for Use of Dioxogen in Tonsillitis and Kindred Affections**

Dioxogen in the proportion of one part to four to six parts warm normal salt solution has been found exceptionally satisfactory and can be used as freely as desired, no matter how sensitive or inflamed the throat and nasal structures may be.
THE OSTEOPATHIC PHYSICIAN

McConnell and Teall

Fourth edition

Will have many new features as it has been entirely rewritten.

The Practice of Osteopathy

By C. C. Reid, Denver

Will be of great interest to the osteopath in general practice. Dr. Reid has contributed a section on the EYE from a strictly osteopathic viewpoint.

Another specialty published next month.

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KIRKSVILLE, MO.

The Taylor Clinic

Des Moines General Hospital

At Des Moines, Iowa

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President: Surgeon-in-chief

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best things to relieve a general cough, especially in the upper dorsal in pulmonary cases.
20. Manipulation to stimulate the heart, should always be done after the patient is over the fever, after subnormal temperature begins. I had 124 cases from the time we had to register the cases with the State Board of Health. I had 70 before the time of registering 14 pneumonia, and had no deaths.—Reported May 16, 1919.

By F. A. Parker, D.O., Champaign, Ill.
126 cases, 5 of pneumonia; no deaths.
1. Mostly muscular rigidity.
2. Practically the whole spine.
3. By manipulation mostly but used some hot applications between treatments.
4. Thoro relaxation, correcting lesions, and deep, strong pressure over kidneys.
5. Not over 30 minutes; mostly about 20.
6. Very seldom over once per 24 hours. Saw some twice per day if critical.
7. Did not notice it, for I usually did only what was necessary and quit.
8. On an average about six days.
9. They did not. They were the only ones that gave me any trouble.
10. Absolute fast until fever broke in most all cases. Used fruit juices quite extensively; no broths at all.
11. Used Antiphlogistine in all pneumonia cases.
12. Had very little trouble with bowels; had patients drink 12 to 15 glasses of water per day. No cathartica.
13. Treatments and the excessive use of water kept kidneys and bowels active.
14. Did not sweat them.
15. Yes, with Antiphlogistine.
16. Kept room well ventilated, avoided extremes in temperature.
17. About 70 degrees.
18. Nothing but treatments; no sponging except for cleansing.
19. Treatment to throat, gentle manipulation. Used lemon and sugar some.
20. Absolutely no drugs used.
21. Thirty-three treatments given in one day was my maximum number.
22. No cathartica, had 124 cases in all; five went into pneumonia; one of them had had medical treatment previously for one week; another had very serious exposure at a critical time of the month. Had no trouble with either one of them. Did not lose a single case of the 128. Had three cases of pneumonia wished on me from the medics, but saved those, just the same.—Reported May 27, 1919.

By Mary S. Croswell, D.O., Farmington, Maine
29 cases, 8 no deaths; seven pneumonia, one death.
1. General muscular contractions; upper ribs and cervical bony lesions.
2. Cervical, upper dorsal and 10th dorsal to sacrum.
3. Relaxing and inhibiting treatment, with packs and baths.
4. Deep relaxing. Manipulations to neck and upper dorsal, etc; elevating ribs, stimulating bowels, etc.
5. 10 minutes to half hour.
6. In five to six times daily; in pneumonia, 3 to 4 times daily.
7. I observed none as indicating being over treated.
8. Flu from two to ten days. Pneumonias, ten days to three weeks.
9. It is not to state.
10. Fruit, liquids, while acute.
12. Soap, salt or soda enema. Manipulation; spring lumbar for stimulation; Castor oil, if very toxic, 1 oz., repeated in hour.

[Continued to page 18]
Vol. XXXVII February, 1920 No. 2

ENLIGHTENMENT WILL STOP DRUG SLAUGHTER OF OUR EPIDEMIC SICK

One flu epidemic has gone. In its wake are death, vacant chairs, heartbreaks and incalculable losses, the victims were friends or kindred of all of us. To one adequately informed there can be no doubt that a heavy percentage of this sacrifice of life was caused by the poisonous drugs given to the defenseless sick. If there is anything that could break the heart of the world it ought to be this—that countless thousands of men, women and children lie in their graves this year who would not be there except for well intended but illogical, insane, inhuman, indefensible treatment by poisoning which is in vogue today under the guidance and sanction of the American Medical Association.

This solemn fact is easily proved by comparing epidemic fatalities under the practices of the so-called "regular" profession with those of the osteopathic profession, these being respectively the most representative schools of polypharmacy and of aphermetric healing. The statistics quoted are those secured for by the American Medical Association and the American Osteopathic Association, the latter basing its percentages on 100,000 cases.

New York city had a flu mortality of 9.8 per cent, Chicago 14.5 per cent, Boston 27 per cent. These generally averaged death rate under "regular" medical treatment being about 15 per cent.

Osteopathic doctors in 110,122 flu cases lost but 1/4 of 1 per cent—only one patient died in 400!

In New York city 15 per cent of the allopath's flu cases developed pneumonia, in Chicago 28 per cent. Only 5 1/2 per cent of osteopathic cases developed pneumonia.

Difference in results: not one-third of the flu patients who contracted pneumonia under medical care would have suffered from pneumonia if they had been treated by osteopathic doctors!

Deaths from epidemic pneumonia under medical care were 33 per cent of all cases—one in three. Osteopath lost only 16 per cent of their cases.

Difference in results: osteopathy would have saved the lives of about two-thirds of the pneumonic victims under medical supervision at the hands of the "regular" medical doctors!

Does such a comparison of results under pharmacic and aphermetric (drug and non-drug) systems of treatment mean anything to the "regular?"

Absolutely nothing. Proofs that he is fundamentally wrong in his therapy—death statistics which establish that where he is says boldly in public prints that he is fundamentally wrong in his therapy—death statistics which establish that where he is the faith of 1918-19 by losing only 1 per cent of the total combined number of influenza and pneumonia patients they treated. They could not have saved the lives of about two-thirds of the pneumonic victims.

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

THE OSTEOPATHIC PHYSICIAN


EDITORIAL

Fairness, Freedom, Fearlessness

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THE OSTEOPATHIC PHYSICIAN

ALLOPATHIC ASSIMILATION OF OSTEOPATHIC CONCEPTS

The AMA Journal of Jan. 10th has an interesting editorial on "The Production of Pressure Symptoms by Normal Ribs." The medics have been hot and bothered about the recently discovered "osteopathic" points. We are all demonstrable and the facts are now coming to light. Applied and written into medical literature with enthusiasm and ability is the assault of allopathy on osteopathy. The chief peculiarly osteopathic in pathologic recognition, of which our system was founded and for which our school has been ridiculed and discriminated against, are now enshrined as the newest "discoveries" of the pharmacotherapeutic branch of the healing art.

Already, then, has osteopathy, like homeopathy, so impressed itself upon the traditional school of medicine that it has reformed medical practice—one of the things that A. T. Still set out to do. But let us hope that osteopathy's mission will not come to an end there, with merely modifying the existing medical practice. Let us hope that, unlike homeopathy, it will be destined to continue its individual existence. It has very little chance to do this, however, unless we all exert ourselves to the utmost and follow wise counsels and pull in one direction and that the right direction. Let us not be satisfied merely with the recognition of osteopathy. Osteopathic therapy is worth perpetuating. Shall we make the personal sacrifices necessary to insure this perpetuation? It will never result from a disjointed program, where every fellow does just what he likes to do best for his own peace of mind and personal benefit. Shall we be able to evolve a higher form of class consciousness than we have yet known? And make loyalty to professional interest and concerns?

RECOGNIZED SPINAL LESIONS

We read an interesting army case of an anteriorly displaced atlas in the January 10th A.M.A. Journal. It has not been a long time since medical scoffers and vertebrae displacement theories of Still claimed that an atlas could not be appreciably displaced without killing the person. Time moves on and with it the ideas of institutions change radically. There is both strength and weakness for organized osteopathy in this widespread recognition of the truth of its principles and practices by the "regulars"—the strength of vindication, the joy of forcing its enemies to admit that it was right; the time in its fundamental lesson contention, the pleasure of having made its traducers "eat crow"; but also the weakness of not being a reality in practice. It moves on and with it the ideas of institutions change radically.

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We are reforming medicine and surgery very fast but we cannot adopt osteopathy as a concept but they have come to it systematically just the same. Were osteopathy to convene in session, disbanded and adjourned sine die there is every evidence that it would live in therapeutic history as to all its essential concepts, for all of that that are demonstrable are now being recognized, applied and written into medical literature with an enthusiasm and ability quite disconcerting to osteopathy. The chief peculiarly osteopathic in pathologic recognition, of which our system was founded and for which our school has been ridiculed and discriminated against, are now enshrined as the newest "discoveries" of the pharmacotherapeutic branch of the healing art.

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THE OSTEOPATHIC PHYSICIAN

THE PENNSYLVANIA SITUATION

An important department covering the Pennsylvania situation was crowded out of this issue, much to our regret, but will not grow stale awaiting for its appearance next month. Next month, if you are a bit sagacious, you should have no difficulty in figuring out the influence of our "Revelations in Pharmacosophy" to determine the right settlement of this Pennsylvania controversy. Many a problem disappears when merely restated in a new and true way.

What Is Business?

[From the Illinois Osteopathic Association Bulletin]

SOME believe that business is making money. Well, so it is; but the money is only incidental. Business is performing a use in the world, being of service to the world in general or to some group of individuals in particular. If your service is good your business will be successful; people will be willing to pay you for the service you render them. A lasting business must be built on honesty as the cornerstone. A bargain that is bad for the buyer is a rotten seller. And the buyer who fails to see that the product he is buying is not a good one for the seller will never result from a disjointed program.

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THE OSTEOPATHIC PHYSICIAN

Flu-Pneumonia Reports
(Continued from page 15)

13. Plenty water, fruit and relaxing packs. Saltine crackers.
14. Not as a rule. If at all, early; bath and work upper cervicals and fourth dorsal. 15. Yes, at times.
16. All air possible.
17. Probably 60 to 65 degrees.
18. Manipulation: Inhibition to subcostal area and fourth dorsal. Baths, soda sponges, cold packs to chest.
19. Kept chest muscles free, also anterior neck muscles; used vibration over chest wall to dislodge secretions.
20. Hot drinks, aromatic spirits ammonia, nothing else.
21. Probably 30 treatments a day was my maximum capacity.

By J. Henry Hook, D. O., Grand Junction, Colo.

135 cases of flu, no deaths; 10 cases of pneumonia, 3 deaths.
1. All kinds.
2. Everywhere.
3. Gently and gradually.
4. Light spinal, including all areas.
5. About 15 minutes.
6. Most of them twice daily.
7. Sometimes.
8. 3 to 15.
9. I should say not.
10. Fruit juices and broth till temperature was gone.
11. Both of the above and onion and cornmeal bland foods.
12. (a) Normal salt. (b) Spinal and abdominal. (c) Castor oil.
14. Yes. First stages in bath tub; then in bed with hot drinks and bottles.
15. Once or twice.
16. MUCH.
17. Tried to keep it around 68 degrees.
18. When too high, cervical and upper dor­sal, together with sponge bath of tepid water three hours apart.
19. Cervical, upper dorsal, with honey and lemon.
20. No. Drugs used but once. NEVER AGAIN! Patient died. Stryc 1/30 gr.

The three cases of pneumonia I had that died were very bad cases.—Reported June 10, 1919.

By W. E. Abegglen, D. O., Tekoa, Wash.

76 Cases, no deaths; no hospital cases or trained nurse assistance; while three local M.D.'s who enjoyed both advantages lost 26 cases.

1. Mostly muscular.
2. Cervical, upper dorsal and lumbar.
4. The whole of the back and abdomen.
5. 20 to 25 minutes.
6. Some twice daily; some once a day; and others every other day.
7. Yes.
8. 4 to 12 days.
9. No.
10. Liquid and semi-liquid.
11. Nothing but cold packs.
12. In some cases I had to use all these methods. Usually thorough manipulation of the bowels was sufficient.
13. Osteopathic treatments only.
14. No.
15. No.
16. I insisted on a very generous amount of fresh air.
17. 55 to 60 degrees.
18. Manipulation of upper dorsal; lifted the upper ribs; worked over the front of chest. Absolutely none.
19. Maximum number of treatments in one day, 25.

Note: I had a dozen cases this winter. No deaths.—Reported June, 29, 1919.


379 Cases; statistical report incomplete.
1. Axis and lumbo-sacral.
3. No.
4. Thoracic and intercostal. I made certain I got full relaxation of all intercostal muscles and motion in all upper dorsal and lumbar, especially 4th and 5th. Also atlas-axis articulation.
5. 20 minutes of relaxation-motion and the regulation of future treatment is sufficient.
6. I treated my flu cases but once a day, as I handled 279 cases in all and could not give more time to any one case.
7. Yes, always in acute cases. Personally I think it is very easy to over-treat any case, acute or chronic, especially acute cases where seldom is a general treatment indicated. It tires the patient; and over-stimulation, to my notion, may be as harmful as the primary con­gestion. It is also my idea that to treat three times a day lowers the vitality temporarily (unless it be pneumonia) where twice a day

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

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

STILL-HILDRETH OSTEOPATHIC SANATORIUM
MACON, MISSOURI


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

Write for Information
is sufficient under the proper thorough treatment.
8. Three to five days, average.
9. No, decidedly not.
10. Diet was a most important part of the treatment. (a) Flu diet—milk, milk toast, and orange or grape fruit juice. (b) Pneumonia diet—milk and grape fruit juice. The idea being that the latter would stimulate the kidney activity. (c) Bowel complications—the use of all acid foods is strictly contraindicated, as I soon found out, even apple sauce exerting a harmful effect, causing gas, and a semi-coma. (d) Nervous complications—warm milk and warm water.

11. No.
12. Enemas—olive oil or Mazola oil. I never use soap, but oftentimes citrate of magnesia, as I found out, even apple sauce exerting a harmful effect, causing gas, and a semi-coma.

13. Treatment of lumbar area—and plenty of water and orange and grape juice.

14. Only as an emergency in uremic complications.

15. No—absolutely not.

16. I believe and practiced giving the patient plenty of fresh air, but in a well heated room.

17. 60 to 70 degrees.

18. Baths—sponge until temperature was reduced.

19. 1st to 5th dorsal, pressure at 1st, if case be had.

20. Black coffee in only 2 cases of pneumonia.

By Drs. J. M. and Lucy Rouse and Drs. J. A. and Emily Price, Oklahoma City, Okla.

About 1,500 cases with but two deaths.

In compliance with your request, we herein submit a brief on the flu epidemic of 1918-19 in our city, and a few facts relative to our experience and work. It struck our city the last week in Sept., 1918. The State Fair was in full swing at the time, and we think that the crowding of people and study heated atmosphere was largely responsible for the rapid spread of the epidemic. It swept the city like a great contagion. Hurry calls came from every direction. The city was swamped and business almost paralyzed in a night. Every physician in the city was taxed to the utmost, and nurses were impossible to secure. The epidemic raged with fearful fury for about six weeks, then it somewhat subsided for about three weeks only to reappear with renewed virulence, which continued with more or less vigor up to about the first of May, with a few scattered cases on to about June the first. Many of our citizens succumbed to this dreadful plague.

We took care of something like fifteen hundred cases. Many of these were completely prostrated from the start, while other cases were more or less mild, but all were bad. We used strictly osteopathic treatment, which varied according to the conditions found. The toxic condition, the great prostration, the fearful aching soreness, aggravating cough and high fever were controlled by treatment. Pneumonia jackets were used as a rule and frequently hot applications of turpentine, coal oil, camphor gum and grease. This seemed to give great relief at times. Used lots of water for drinking and irritating bowels.

We found no specific bony lesion that we felt warranted in saddling the blame on to. In every case there was great spinal rigidity due to the irritated contracted condition of the muscles and soft tissue. Relaxation and elimination were the things indicated, and this we looked after. As a rule treatment lasted from five to fifteen minutes, and from one to three daily, as the condition indicated. The diet was strictly liquid during the fever period and for two or three days after it had subsided or become normal. We used no adjuncts save in a few patients objecting seriously to enemas, then we advised syrup of figs if the treatments failed to give results desired.

Absolute quiet was demanded in every case, not only during the acute stage but for several days after all bad symptoms had subsided. When our instructions were followed there were no after complications and our people were well.

Many of the cases we were called to see were suffering from some type of bronchial pneumonia. There were extremely bad and mild forms in this complication.

We lost two cases and they lived in the country where it was most impossible to get to them. Had only one case of meningitis; this we had developed before we were called. This case made a complete recovery.

The battle here was fierce and we were taxed to the limit and we feel much like the boys seem to feel who have returned from the heat of battle in France, that while we gained a great victory, yet it was too serious to talk about.—Reported July 3, 1919.
13. Treatment at 10th, 11th and 12th dorsal and lots of hot lemonade and water.
14. Yes, after thorough physical, sweat the patient about three hours, gradually.
15. Yes.
17. 70 degrees.
19. Relax tissues of neck and dorsal region.
20. No drugs used for heart. Raised ribs and worked at sub-cervical region, etc.

By J. F. Clark, D.O., Greenville, Texas
Statistical report incomplete.
1. Old lesions plus severe rigidity.
2. Dorsal and cervical regions.
3. No set time for treatment. Always fit treatment to patient, and not patient to treatment. Some fatigue from five minutes of treatment, and others feel better after ten to twelve minutes of treatment.
4. Number of treatments per day depends on age, nervous condition, possible complications and general strength of patient. Illustration: Man, wife and grandson; ages 80, 75 and 19 respectively. Old people very nervous; after treatment would sleep two or three hours and feel very much refreshed, and were treated morning, noon and evening for three days and once a day for three days. The son once a day in evening three days, and the fifth day. The old people treated very light, lying on back. Sprunging the dorsal spines and lifting ribs. Cervical very light, usually took about five minutes, and if signs of fatigue showed up stop at once. So I have come to the conclusion to under-treat is laziness, but over-do is criminal, not only to patient, but to your profession.
9. Drugged patients ordinarily respond very slowly, due to gastric disturbances and general nervous condition.
10. The first few days I ordered absolute rest from all food, as I found that any gastric disturbance meant a rise and prolongation of temperature, and after the patient began to improve, or about the third day, begin feeding small amounts of liquid or fruit juices, and if gas showed up, rest from food for a day and then use foods with alkali reaction.
11. I used chest protectors in all cases. Can't say that one was much better than the other—the main point is to see that the patient was well protected and kept good and warm, to keep down pulmonary complications, and shorten duration of flu.
12. Activity of Bowels. Copious amounts of water plus treatment usually had desired effect, and if not, I used the pure old C. H., while water is fine for the kidneys. I had no set rules other than rest in bed, no food at start, followed by light diet, bowels and kidneys kept well flushed.

By Myrtabel Bland, D. O., Pasadena, Calif.
87 cases, no deaths.
1. Muscular and bony, according to type of flu, cervical and splanchnic.
2. Abdominal muscles and limbs, atlas, axis, 6th cervical.
3. Relaxation and osteopathic methods only.
4. General relaxation of all contracted muscles and bony replacement where necessary.
5. About 25 minutes—some longer, some less.
6. Average once a day; bad cases twice, at m. and p. m.
7. No. I used heavy deep but quiet movements to avoid sudden shock.
8. Regular treatment, 8 to 10 days usually; 2 to 3 weeks under my care and observation, 3 to 8 weeks.
9. I had 3 cases of pneumonia that had been under M. D.'s care, 2 had been given up as lost; these all responded slowly and suffered more.
10. 2 quarts of water daily for first two or four days. Cream of bran and celery, onion, raw grated carrot and sauerkraut, pineapple, gelatin.
11. Antiphlogistine in all pulmonary cases.

In three pneumonia cases I used wormwood and vinegar poultices for Antiphlogistine packs.
12. Enema, salt and soda, one teaspoon of each to 2 quarts water, two times daily. Osteopathic work over splanchnic and abdominal regions. In contrary cases licoriceria powder at bed time.
13. With kidneys I had very little trouble. Flaxseed tea where necessary.
14. No, only in two cases where fever persisted.
16. All possible ventilation. Got most cases out on open screen porches.
17. I had no case where artificial heat was used.

All of my work was in private homes, except the girls in one boarding school. Trained help was out of the question, so I had no experience with sweat baths, and could use only hot foot baths, etc.

To say that I mastered the flu I can't, but my idea is that it is a general systemic infection, and each cell of the body is bathed in its toxins, and more especially the nerve centers and through it the circulation, elimination, thermogenic centers; and general body resistance is so weakened that nature can't manufacture antitoxins fast enough; so here is where the osteopath comes to nature's rescue and helps the nervous system to function properly, and normalize all of the body, secretion and excretion, return of health being the result.—Reported June 10, 1919.

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Emphasizes Diagnosis, believing that a condition accurately diagnosed is half cured.
All modern facilities for diagnosis, as well as treatment, are found in our equipment.
Our institution has been inspected and endorsed by many of the best men in our profession.
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Delaware, Ohio

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Send remittance with order.

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For sick and convalescent adults. Used in HOMES, SANITARIUMS, and HOSPITALS.

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Dennos Products Co.
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Dedicated to Andrew Taylor Still

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

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

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

1. Osteopathic.
2. Orthopedic.
3. General Surgical.
4. Obstetrics.
5. Gynecology.
6. Nose and Throat.
7. Proctology and Urology.
8. X-Ray and Laboratory Diagnosis.

A training school for nurses will also be maintained. A separate building for nurses’ home has been secured.

For further information address Dr. George M. Laughlin, Kirksville, Mo.

TWO INTERESTING LETTERS
(Name of doctor to physicians on request)

THE DIONOL COMPANY.

If you are so cock sure about the potency of Dionol Treatment, I suggest that you may send me 1½ dozen Dionol preparations assorted, but let me tell you that the price will not be sent to you until I have tried it to my entire satisfaction.

(Signed) M.D.

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THE DIONOL COMPANY.

I have used both Dionol preparations you sent me in varieties of cases with excellent results, and I consider that Dionol is all that you claim and more. It is remarkable in reducing pain, fever and inflammation in a hurry. I am entirely satisfied with its use and results, and I will not be without it in the future.

I am enclosing herewith a money order for $10.90 for the last consignment of Dionol with the request to please send one dozen more of Emulsified and half a dozen Ointment Dionol, through.................Druggist, and oblige.

(Signed) M.D.

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SOUTHWESTERN OSTEOPATHIC SANITARIUM
BLACKWELL, OKLA.

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The hospital stands for only the best in hospital care and treatment. Purely Osteopathic. Chartered on "non Profit" basis.

The future of osteopathy demands that the profession shall have creditable institutions. Are you doing your part to make such institutions possible?

This hospital is classed A-I by Oklahoma Department of Charities.


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Smoking Jackets, Dressing Gowns, Bath-Robe and Hospital Uniforms especially

WEISSFELD BROS., Mfrs. of Clothing & Uniform of every description.

36-38 White St., New York, N. Y.

Jack Stuart Changes Hotels on Lake George

Dr. and Mrs. J. Sutherland Stuart (ASO, 1900) have sold Pearl Point House at Lake George, N. Y., which they have maintained as a summer hotel for fifteen or more years and it will no longer be used as a hotel.

Fennwood Inn on the northern outskirts of Lake George has been purchased by Dr. and Mrs. Stuart, remodeled and will cater especially to motoring trade. Osteopaths always welcomed.

DIGESTIBLE NUTRITIOUS

SOUTH WESTERN OSTEOPATHIC SANITARY SQUIRE'S

Best Course of Study. Registered by State Nursing Board.

THE OSTEOPATHIC PHYSICIAN

Huge Case of head, neck and spine, with marked tenderness over the kidneys. Pupil was a very severe hemorrhage from her rectum, lost a pint of blood from hemorrhoids, which have since been removed by an osteopathic surgeon.—May 25, 1919.

By J. Merrill Wright, D. O., Rockford, Ill.

Statistical report not included.

1. The lesions found were in muscles of the back of head, neck and all along the spine, with marked tenderness over the kidneys. Used in the dwelling. Hot bottles and bricks used where needed.

2. These were found in the greater and less splanchine nerve centers from the eighth to tenth and from tenth to twelfth dorsal vertebras. There were also lesions found in upper cervical and upper dorsal regions.

3. These were corrected by gentle relaxation of muscles and mild articulation of the vertebrae—all along the spine.

4. The first was to relax all contracted muscles all over the whole body. Second was to equalize the circulation in general. As the disease itself produces an overstimulation to the nervous system, I gave inhibitory treatment to stop the achin along the spine. Beginning at the upper cervical and working downward to sacrum. This is given by gentle pressure on each side of the spinous processes with the tips of the fingers and I find it controls the achin in general.

5. Average time of treatment was thirty minutes.
The science of reading internal conditions of Health and Disease from Nature's records in the Iris of the Eye. Profusely illustrated with Charts, Drawings from Life, and a Color Plate displaying color signs of drug poisons, psora spots, nerve rings, lympathic rosary, scurf rim, radii solari., etc.

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Chicago, Ill.
THE OSTEOPATHIC PHYSICIAN

By W. H. Thompson, D.O., Riverside, Cal.

50 cases of influenza, no pneumonias; no deaths.

1. Cervical usually.
3. Cold.
4. Very active to special lesions; also general treatment.
5. Average time; 20 minutes.
6. Due to three times a day.
7. No unfavorable reactions noticed.
8. From 3 to 10 days under treatment.
9. No.
10. Restricted liquid diet in both influenza and pulmonary complications. In bowel complications no food for a day or two.
11. Camphorated oil, external, on throat.
12. Enema and castor oil.
13. Increased water drinking with lemon juice at times.
14. Yes. As soon as possible and continuously.
15. No cotton jackets used.
16. Increased ventilation.
17. 70 degrees.
18. No means used to reduce temperature but manipulation.
19. To overcome cough; manipulation to throat direct and attention to lesions in cervical.
20. No drugs used to stimulate heart.
21. Cases of back trouble for treatment at the office.
22. Twenty.—Reported July 14, 1919.

Treating Flu Brought Spinal Cases to Office Later

By Dr. R. C. Wallace, Brockport, N. Y.

1. Mrs. W., age 48. Taken at the onset, fever broken on 5th day; uneventful.
2. Mr. W., age 35. Taken at the first appearance, aborted. I might add that daughter and sister both died. I did not have charge of them, in fact did not see them.
3. Mrs. Hay, age 45. Taken at the beginning, aborted.
4. Mr. Shaffer, age 30. Typical case, no complication.
5. Mr. H., age 24. Severe case, followed another physician, relieved by same physician, complications developed pneumonia, I am not informed as to outcome.
6. Mrs. Maloney, age 45. Confined 5 days with fever, uneventful.
8. Wilmer M., age 10. Severe but recovered.

Infection Psychosis Following Influenza

By E. C. Braun, D. O., Coffeyville, Kansas

March 13, 1919, I was called to see Mrs. X, age 54 years, about eleven o'clock P. M., and found her very insane with the delusion that her husband was trying to do away with her.

I had influenza for about two weeks under medical treatment, temperature was normal for three days then the sudden insanity. Was in the hospital three days and found M.D. in charge. Was giving her hypodermics to try to quiet her but to no effect. I found her in bed with feet tied to foot of bed, and tied about the waist to each corner of head of bed.

Syrup of Ipecac 10 grains; Magnesia 10 grains; rest as before.

Patients are usually crowded too long or too thorough treatment.

Dr. Bancroft Wishes It Stated

Permit me to say through The OP that while I made the comment quoted by Dr. O. J. Snyder in approval of his course while straightening out the tangle with those anyhow irregular, severe cases of influenza, I did not write it at this time—as the quotation now may make it appear—or make such comment in connection with the Daily controversy, as might be inferred. I made the comment, however, in Dr. Snyder's column, just prior to October, 1919, and have made no comment on the Daily trouble and am withholding my opinion for more complete information. Please state this for me in The OP.—C. M. Bancroft, D.O., Canandaigua, New York.

D. Bancroft Wishes It Stated

How Did You Treat Your Flu Cases?

In not the value of this department to you and to your profession great enough to make it worthwhile for you to write to The OP.

By O. D. O., Riverside, Cal.

1. Mrs. W., age 48. Taken at the onset, fever broken on 5th day; uneventful.
2. Mr. W., age 35. Taken at the first appearance, aborted. I might add that daughter and sister both died. I did not have charge of them, in fact did not see them.
3. Mrs. Hay, age 45. Taken at the beginning, aborted.
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5. Mr. H., age 24. Severe case, followed another physician, relieved by same physician, complications developed pneumonia, I am not informed as to outcome.
6. Mrs. Maloney, age 45. Confined 5 days with fever, uneventful.
8. Wilmer M., age 10. Severe but recovered.

Country Physician, however, has to carry more than that as the people want to take something, so I had to try to do some.
Dr. Bancroft's Diphtheria Patient Denied Hospital by the M. D.'s

[From The N. Y. S.O.S Blotter, Feb. 1st.]

I October 1919, I applied to the Memorial Hospital of Canandaigua, N. Y., for admission of a patient having diphtheria. The Superintendent of the Hospital was away at the time and I was referred to the Chief of the Staff. After some conversation with him I said, "Let me get this clear, Doctor, you refuse admission to this patient because she is under the care of an osteopath and not because she has diphtheria?" and his answer was "Yes." This despite the fact that a separate building is maintained for the care of such cases and it was opened and used the next day for a case of diphtheria under the care of another physician.

I understood that the question was to come before the Executive Board of the Hospital as to whether any osteopath should be allowed to enter a case of any description. At once I wrote a letter protesting against such action until a hearing had been given the osteopathic profession. This hearing was granted and the following letter was submitted in addition to the remarks made by Dr. Ralph H. Williams. At this time an answer has not been forthcoming.

The chief point to consider is this: can an institution pose as being public and charitable and thereby be entitled to exemption from taxation and still say that any certain school of licensed physicians shall be shut out without reason from its public and charitable position if we are barred thereof because of our beliefs and not following sustained charges of incompetence? Does that not nullify a listing as a tax-free institution? This is the point which does not seem to have appealed to others placed in this position and it is one which should be determined for all time through a test case. Our attorney believes that we have a clear case against any hospital deriving free taxation from its public and charitable position if we are barred therefrom because of our beliefs and not following sustained charges of incompetence, etc. We do take a stand and fight such things will occur all through the State, if a determined fight is put up it may be the end of such attempted actions. What do you think about it?—C. M. Bancroft, D.O.

Just Plea Falls on Deaf Ears, Stony Heart and Atrophied Conscience of AMA Highbinders

Canandaigua, N. Y.
November 10, 1919.

To the Executive Board of the P. F. Thompson Memorial Hospital, Canandaigua, N. Y.

Mr. Chairman and Members of the Board:

As I understand the communication of your secretary, I am granted the privilege of appearing before you as President of the New York Osteopathic Society so that I may advance, on behalf of my profession in this State, reasons and arguments against a motion to deny osteopathic physicians the usual privileges of this hospital.

It is unusual for a body of men to be denied the right to follow their profession within its natural precincts unless some untoward incident has occurred, unless something specific is wrong, and consequent charges are made. In this instance I know of no charges having been preferred and it is rather difficult to advance arguments when the subject is broad and motherhood would be said in a short space of time.

It will be necessary for me to speak in a general sense and deal with principle rather than incident.

First, I wish to point out that an osteopath is required to spend four years in a high school and four years in a college of osteopathy registered and inspected by the Board of Regents before he is even allowed to take the licensing examination in this State. He puts in the same number of hours as the allopath and the same number as does the allopath, and his college must reach the same standard as those for the allopath. You have before you a table which gives in detail the studies in the allopathic and the osteopathic colleges and the hours devoted to each subject. Upon graduation from the allopathic, the homopath, and the eclectic must pass the SAME examination in every subject before the same board and in the same room before being granted a license to practice medicine in this State. A little later I will ask Dr. Williams, the osteopathic representative on the Board of Medical Examiners, to tell you more about these particular points.

An additional point is, that the highest court in our State, the Court of Appeals, has declared that osteopaths are practitioners of medicine and they are so licensed by the State.

The right to practice any branch of the healing art is based upon education and legal license granted after the enactment of laws by the Legislature of the State representing the majority of the people. The Department of Education and the Department of Health have carried out the laws after their enactment. Having been granted a license to practice by the State the osteopath is possessed of the proper degree of learning, care and skill required to adequately treat the sick in his own way.

I want to emphasize that point particularly because it is the usual start of misconception, and it is true that, after a certain length of time the beliefs of people become so strong that unconsciously they retire behind a wall of convention, etc. Unless we do take a stand and still say that any certain school of medicine—and they are so licensed by the State—does not follow sustained charges of incompetence the public the treatment they may desire,' 'to the end of such attempted actions. What do you think about the right of his admission to practice within a hospital? Surely presupposes an ability to render adequate and competent treatment, otherwise the whole medical practice act would be a farce.

Special Information for Osteopaths

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

Dionol and Emulsified Dionol have no drug contents whatever and hence do not come under these restrictions. Their action is in strict consonance with osteopathic principles, being entirely mechanical, hence no drug re-actions are possible.

Osteopaths, throughout America, are using large quantities of these preparations, and there has never been a legal objection taken to their use, excepting in one case, and when the authorities learned the above facts the case went by default and they never even appeared against the doctor in question.

Dionol treatment is the only remedial agent that we are aware of that acts strictly in a mechanical sense and without drug reaction and which may be safely employed, internally or externally by drugless physicians generally.—The Dionol Co., Detroit, Mich.
The law says an osteopath must not use drugs yet a license to treat the sick is granted and it must be the privilege of each doctor to prescribe the treatment other than the employment of drugs.

Osteopaths read the same books as do allopaths, all the basic subjects are taught the same way in the two schools. Osteopathic colleges teach the use of serums and antitoxins, the use of drugs in cases of poisoning, the use of antiseptics and germicides, surgery must be studied thoroughly and an examination in it passed under the State Medical Examination Board the same as for the allopath, the chief and only difference is in the treatment of disease. The allopath emphasizes particularly chemical stimulation and inhibition without the body and gets what he believes to be good results by his methods, the osteopath particularly emphasizes mechanical stimulation and inhibition without the body and gets what he believes to be good results by his methods. Are they not both a benefit to the public? Isn't the chief and higher function of a true physician the relief of suffering by whatever method he may deem best? At no time does an osteopath refuse to use any other form of treatment—how could he? Such action would be impossible because the individual seeks a physician of his own free will and stays with him of his own free will. If it is the will of a certain portion of the people of any community to employ the physician of their own free will, he should not be denied the extra care and asylum afforded by a hospital because they happen to choose an osteopath? Why should the right of choice and preference be fettered or their chances of recovery through lack of hospital care be handicapped?

The only tangible objection to the admission of osteopaths as practitioners in this hospital which I have heard, and that came to me in a rather direct manner, was: "You may use drugs." Such an objection presupposes the fact that there is no other way to treat disease than by the use of drugs and that drug giving is the only weapon in a physician's armamentarium. If that is the objection it is one which is natural to those who practice drug giving or drug taking, to those who inhabit the belief in the practice. But to say that clinical results can be brought about in no other way than by drugs is to sit as judge and jury with habit, custom, and inheritance as the only evidence, and entirely neglecting the obvious and pertinent fact that millions of sick and afflicted are getting relief and recovering health without the use of drugs. Had the world always been satisfied with the things that had been in existence, the things that had gone before, there would be nothing new in commerce, in art, in science, or in the treatment of disease.

The osteopath being broadly educated knows when drugs must be used, when their introduction into the body is imperative, and at such a time he follows but one course: He calls upon a drug giving physician to administer his remedies, he calls upon him as a specialist and collaborator—not as a superior. The treatment of disease today is too broad a field for any one man to cover adequately, hence the specialist. And, the osteopath may, and does, use the specialist in drug giving just as he uses the specialist in any other line of work, the surgeon, the laboratory man, the diagnostician and consultant, the X-ray expert, or the nose and throat specialist. He is in practice for the purpose of benefiting his clientele, not to exploit a theory at the expense of human life or comfort, and if that end is being served by another he is happy to help along in that service. How else could he maintain a standing in any community? Those who use drugs and those who do not are separate and distinct schools. An osteopath is in the medical field to treat the sick, to make any further statement in the matter and refer all inquiry to Dr. F. G. Connell, who, unless the patient were first "turned over to a medical man" and said it was against the rules of the hospital to permit persons to practice at the hospital who were not regular members of the medical profession." She declined to make any further statement in the matter and referred all inquiry to Dr. F. G. Connell, who, unless the patient were first "turned over to a medical man" and said it was against the rules of the hospital to permit persons to practice at the hospital who were not regular members of the medical profession.

The following communication was given to The Northwestern today by Dr. F. Gregory Connell, head of the medical staff of St. Mary's hospital.

"Editor Daily Northwestern:—Will you kindly publish the enclosed statement in your paper so that the public at large may be enlightened as to what was used in your article of yesterday's mention of the hospital.

"Hospitals, like other institutions, must have rules and regulations.

The rule in all Class A hospitals is that every patient must be under the care of a trained and competent graduate in medicine.—Management St. Mary's and Mercy Hospitals.

"Why Cry 'Peace!' 'Peace!' when there is no Peace?

If you did not read the editorial of that title last month refer back to it and read it.

Dr. Harris Loses His Suit to Prevent Hospital Boycott of Osteopathy

I AM obliged to The OP for the suggestion that the American Osteopathic Association should send Mr. Perry S. Patterson, their attorney to look into and assist in these suits the D.O.'s are bringing to break up the "hospital standardization" scheme of the M.D.'s now sweeping the country, or rather that part of the country. The D.O.'s are bringing to break up the "hospital standardization" that is going to take surgery sweeping the country, or rather that part of the country. I sincerely hope that the AOA will see the necessity and opportunity of this right soon and help out in these suits, as few individuals can win against the medical machine and the host of M.D.'s pitted against them.
DO YOU WANT NATIONAL DEFENSE?

Our comment on the foregoing iniquity is, “where, oh where is the American Osteopathic Association in this nation-wide crisis?”

Is our national organization fit and willing to function as the brain of the profession—to organize the professional and financial resources of defense against this hitenzleman-like medical conspiring in restraint of human rights?

We should, in all seriousness, consider how to organize another agency to save the liberty and the institutional life of osteopathy, and to defend our patients against these inhuman out- agents from the medical profession. The idea is as yet realized by any organization.

For several months we have been patiently urging this great impending crisis for the osteopathic profession to call a meeting of the AOA in connection with the case of Dr. Harris at Amarillo, Texas. Dr. Harris is but an incident; the court decision involved may be of monumental consequences. We do not see much reason to believe that our national organization as yet realizes what we were driving at. The AOA does not find itself interested in the court case of any man who has not been paying dues into its treasury; and we observe passing the time of day discussing osteopathic rights. The case went back to the Texas Osteopathic Association, yet doing nothing, so far as we learn, to urge the Texas forces to act. This is simply assumed in the courts; if it is not, we would simply assume that the case was of such consequence as we pointed out the Texas profession would succor Dr. Harris. Evidently the Texas Association has been assuming that if the case was really of importance the AOA would be in the saddle. Between both combinations the menace defeated Dr. Harris.

The case has been lost by us—osteopathy was defeated, and a court precedent in far off Amarillo may be quoted against the freedom of their human right from Portland, Maine, to Portland, Oregon.

For the love of life and osteopathic survival, men and women of the same faith as they who are here in The OP office—Arnold and HS—may well acquaint themselves with the real issue of osteopathy. The case has been lost.

Perhaps some of you think we in The OP sanctum give most of our time to selling our pamphlets in competition with the AOA’s activities—as we would have a perfect right to do, being “merely a private business house.” But the truth is, the case can be figured out, and the Orange office seems to be trying to disbar the osteopathic profession—simply to try and discharge thrills! Believe us, friends, we would gladly see the AOA official machine take on a new conception of its dignity, responsibilities and communal obligations to the profession, and be allowed ourselves to give more time to our own private business. We have done our best to help the big association find itself in this matter.

We are still in hopes that the AOA will take up—yes, this very month—and get the vision necessary to act in actual national leadership in defense of osteopathic legal rights.

The busy chiro—be it observed by way of comparison—has no such national association as ours, and seems to need none: but he has a national defense bureau which will rush to the defense of any long chiro in any state of the Union. And we are all besieged by the acumen of a centrally directed able staff of well paid attorneys.

Is it not obvious that this is exactly what the osteopathic physician needs? And that none but the blind would have overlooked so great a need through so many years!

Perhaps we do not have all the machinery created, fed with ample power, oiled with plenty of money and ready to operate in osteopathic defense in our national machine—except that the great central coordinating and functional brain of leadership is lacking! It is not, we believe, that President Conklin could not, and would not, furtunately if permitted to, but that a dead system of precedents will not let him.

The machine is sick—sick above its eye-brows.

When the AOA added $5 a year to its dues for national legal defense, it did not have a national defense. When it picked a national attorney in Mr. Perry S. Patterson more than a year ago and then let him go, it picked for us an attorney to fight all our great legal battles, and not merely to advise the trustees when they could legally expect a member and such other petty considerations. When the AOA put itself before the profession at the last meeting as the central functioning head of all state societies we supposed it would realize that such a course definitely and irrevocably committed it to assume and direct national legislative and judicial defense. This is not a job that ought to be left by mere accident to private volunteer initiative—which seems to be the profession’s plight.

However, this is not saying that private initiative of the right kind, if nationally supported, could not make a success of it, for we believe it could and would. Unquestionably it could.

In fact, if the AOA wishes to abdicate in this peril and give itself to the auxiliary con­cerns of the Orange office—the gathering in of more ample and still more ample revenues, etc.—The OP will make bold and say that we know perfectly well how to direct this fight and would endeavor to save the day for osteopathy if given the chance. We would be willing to furnish it; but you must furnish it; but you probably will not receive your demand. Your war is over and we have lost by default.

Less than the collection for one year would win this fight permanently in all probability.

If you care to come in with us you could simply phone Mr. Patterson within five minutes and say “The case of national osteopathic defense, sir, is in your hands. Help us and the rest of the profession in order is wanted—and provisions to pay the bill.”

And thereafter another AMA hospital boycott be launched from Portland, Maine, to any city north of the Rio Grande but Mr. Patterson or his aids would be there to pull the fangs of the intolerant allopathic monster. We would not let adverse court decisions be piling up precedents against osteopathic interests without at least a very stiff legal fight.

It is now or never, osteopaths! Do you want such defense—or not? You can get it if you furnish it; but you probably will not receive it waiting for our present committee-form of government to supply it. Until the war is over and we have lost by default.

Why not pay the back to some one willing and able to assume it?”

The Half Was Never Told

Let me say frankly that at first I wondered whether or not Osteopathic Health was the greatest medical gift to the profession. Osteopathic Health is the biggest patient puller in existence. We are not the only ones. I had quite a mailing list of former dental patients. The result has been more and more beyond my dreams. I am going to try and save the $15.00 I can possibly afford to the American Osteopathic Health, from this day on. Any osteopathic physician or dentist who can possibly afford the half of $15.00 in cost. The public is “asleep at the switch.”—J. B. Ellis, D.M.D., B.A.; Morristown, Neb.
Cholelithiasis or Gallstones

By S. L. Taylor, M. D., D. O., Surgeon-in-Chief, The Taylor Clinic, Des Moines General Hospital, Des Moines, Iowa

There are probably no field of medicine in which greater care and accuracy are required in diagnosis than in the disease of the gall-bladder. First, because the case history is not carefully taken, and second, because the symptoms are so closely associated with stomach disturbance.

The case history carefully taken will nearly always throw some light on the real condition. The patient often complains of heaviness in the stomach after eating, some gas rising and distention, but no special pain. Occasionally this distress becomes so annoying that vomiting occurs; this is very rare. Ofttimes the heart beats and thumps unusually hard and the patient thinks she has heart trouble.

The doctor so often takes this diagnosis and treats the patient accordingly. The stomach improves under pills, calomel, salts, osteopathy or whatever the treatment happens to be. Sooner or later the attack of indigestion and gas returns and the patient has another long siege of the same treatment, again improving. This process of going on interminably, the doctor all the while foiling himself as well as the patient, and believing that he has "cured" the patient, is continued for trouble several different times. The "stomach trouble" has now become chronic and the patient and doctor agree that the disease is quite incurable. All stomach remedies have failed, and broadly speaking, nothing might have been expected except, in the first place, the stomach disturbance was only symptomatic of a gall-bladder disturbance. This is very directly what occurs in literally thousands of instances. I have a patient now under my care who has exactly such a history. She had gas on the stomach, rifted, belched some, and was so much agitated by the heart condition that she considered two competent heart specialists, and they both told her she had some heart trouble and treated her for it. She had stomach (?) trouble so badly for three long years that she at times almost starved herself to death. She became almost a skeleton. She would not eat for fear she would have a reocurrence of her stomach trouble, which had often been "cured." Finally some doctor who had a grain of diagnostic ability got hold of her case and made the diagnosis of gallstones, or gall bladder disease, and removed them. One week's time this patient was allowed to eat solid food and she suffered no stomach symptoms whatever. I have seen the same thing happen in the case for a long time after the operation. The history of this case shows that she never had typical gall-bladder pains but showed only to the casual observer that the stomach was the offender.

Real stomach symptoms have definite ear marks which can be recognized by the careful observer. The intelligent searching history will elicit the difference. In many of these cases, if the doctor would put one-half hour in getting a careful history and ten minutes in making his physical examination, I am sure not so many mistakes would be made in diagnosis.

In the light of all the facts brought out by surgery and allied fields of investigation, no single fact stands out more convincingly than the thoroughgoing infection of the gall-bladder. Closely akin to the truth of the foregoing statement is the fact that no one has begun to understand the symptoms of gall stones until he has mastered the subject of gall-bladder infection. In most cases the "curers" go on indefinitely and are so closely associated that in fact the symptom complex is in general the symptoms of gall stones.

By careful observation and detailed comparison of the symptoms of the two conditions, infection of gall-bladder and gall stones, no distinction can be made. The two conditions are coexistent for the presence of the one leads to the other and infection probably never clears up so long as the gall-bladder remains in situ. This explains why the history of gall stones is so frequently recurrent. The infection subsides and lights up—subsidies and lights up, and this, as it oftentimes does, go on for years. The patient has bilious spells, nausea and vomiting of much bile; he is sallow, depressed and has "liver trouble." Fullness after meals is complained of, also of distress in the right side and of all kinds of stomach symptoms. There is no wonder that the careless doctor has been puzzled and led into foolish statements that the patient had both stomach and liver trouble with this hazy, careless, superficial and wholly unjustifiable diagnosis, he first gave pills for the liver and then tablets for the stomach. It would be interesting to know how many barrels of medicine have been given in just this way, to know how many people have been treated in this way and even more interesting to know how many doctors are doing this very same thing today.

It is not of little interest to contrast the points showing the similarity of the symptoms in cholecystitis or ordinary infection of the gall-bladder and those occurring in cholelithiasis or gallstones. The same bacteria cause both conditions among which are the typhoid bacillus and bacteria causing the acute infectious diseases. The pus-producing cocci are also described as predisposing and actual causes of both affections.

Cholecystis is often latent, or if not entirely so, it does not manifest itself distinctly and solely as a liver disturbance. Patients will often appear to be and express themselves as "all dragged out." They have an exhausted feeling; their work becomes a burden, and they have to force themselves to their daily tasks. They don't know what ails them and the doctor oftentimes is just as much in a quandary.

Gallstones are also ofttimes latent. The same obscure symptoms are manifest and the patient will fail to give gall-bladder expression. In most cases the "curers" go on indefinitely and are so closely associated that in fact the symptom complex is in general the symptoms of gall stones.

Cholecystitis or gallstones. It is true physicians frequently, and I think generally, make a clear-cut distinction between the two, but while the shrewd diagnostician can do so with a fair degree of certainty, cholecystitis makes its presence felt so suddenly, be very sharp and cutting, and frequently to cease just as suddenly as it came on. The same is often true with cholelithiasis, without stones. Spasmodic pains of any kind, of any duration, are always sharp, cutting and colicky. The spasm of the gall-bladder is no exception to the rule. A gall-bladder inflamed and probably adherent to the stomach, omentum or colon will doubtless be thrown into spasms at times, and as a rule short; they come on suddenly and they cease suddenly, but like so-called typical gallstone attacks, they may last for hours.

Pain in cholecystitis may come on at any time; so may gall stone attacks. Both are more frequent after meals, both may be a dull ache or may be so badly for three long years that she at times almost starved herself to death. She became almost a skeleton. She would not eat for fear she would have a reocurrence of her stomach trouble, which had often been "cured." Finally some doctor who had a grain of diagnostic ability got hold of her case and made the diagnosis of gallstones, or gall bladder disease, and removed them. One week's time this patient was allowed to eat solid food and she suffered no stomach symptoms whatever. I have seen the same thing happen in the case for a long time after the operation. The history of this case shows that she never had typical gall-bladder pains but showed only to the casual observer that the stomach was the offender.

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AIA Reinstates Dr. Edwards

Dr. J. D. Edwards who was suspended by the AIA trustees for holding paid classes at the last national convention in opposition to the wishes of the organization, has been reinstated in membership. The following official notification was sent to him:

Dayton, Ohio
January 14, 1920.

Dear Doctor Edwards:

The Board of Directors of the American Osteopathic Association, desiring always to deal generously with the members of the Association has voted to raise the suspension which was enforced in your case at the Chicago convention.

I am instructed by President Conklin to notify you of your reinstatement in the American Osteopathic Association, effective January 15, 1920.

Yours faithfully,

W. H. Gruett, Secy. AOA.

YMCA Official Praises Your Light Bearer

R. H. Lidy received the following praise from T. Carson Hanna, secretary of the YMCA, in regard to the value and interest found in osteopathic health: "I want to thank you for including me in the mailing list for the brochures on osteopathy. I read them even when other reading matter has to be passed up, finding the scientific matter in such readable form useful and interesting. "I believe there is a real contribution to the public good in giving wide circulation to the doctrines which are but the application of generally accepted theories. I always pass on the brochures for the information of others. And still some osteopaths do not use this magazine or any other literature for spreading the light of knowledge among men. Well, what is to be said of such osteopaths, anyhow? Are they not slackers? It looks so from our point of view.
PUBLISHER'S DEPARTMENT

The "Physical Culture" Article Reprinted in March "OH"

You will have a chance to circulate Physical Culture's boost article about Osteopathy's Victory in the Flu-Pneumonia Epidemic since it is reprinted by special permission of Mr. Bernard McFadden, in full in the March issue of Osteopathic Health. It indicates, of course, that editor's "Challenge to the Medical Profession" for keeping osteopaths out of war medical service—a challenge that the regulars will never answer. Along with this superlatively good article (which has been called "a $100,000 boost for osteopathy") there are four more pages of data telling of the availability of osteopathy to cure the many lingering after-effects of flu which so often appear after medical treatment—types of cases that have helped to keep osteopaths busy ever since the first visitation of influenza. These chronicles include:

- Heart weakness
- Digestive troubles
- Bright's disease
- Neuralgia
- Insomnia
- "Sleeping sickness"—Insomnia

There are convincing articles on "Sleeping sickness" (which is declared to be the clear result of strong drugging) and the "Infectious Neuritis" including insanity.

The Doctor of Osteopath" page panel is included. Also the page panel on "Comparative Courses of Study of Osteopathy and Medicine.

We offer you this as a 100-per cent efficient piece of campaign literature—the strongest, clearest, most convincing and best piece of campaign literature ever compiled for the osteopathic profession.

If this is true, what is the obligation of the osteopathic profession to circulate it? What would you say? 1,000,000 copies? We think so, too.

Well, if the osteopathic profession wanted to give that good an account of itself we both would have to order four-tenths of any such order would have to come from second and subsequent editions. We will be frank and say we only print 80,000 copies this month; and we can't! We are paying the price of paper as high as it is we can't! We are paying the paper mills tell us it may not at this price. The paper mills tell us it may not satisfy our minimum requirements even at that price. The paper mills tell us it may not go to 20 cents! Be prepared, friends, for an early and radical raise of rates in supplying OH—say, a jump of 50 to 75 per cent, which would only restore parity between it and all else bought with our present-day depreciated dollar. Also a raise of the OP subscription either to $3 or $5, we don't know which, without increasing the size of the paper.

It promises to come to that or else doing without both these media. If the profession were not willing to support both Osteopathic Health and The Osteopathic Physician adequately in the present squeeze, the logical thing to do would be to get along without them.

What is your wish, friends and customers? We want your advice. This is a frank feeder. We are beginning to wince under squeezing and we fear there may be more of it coming. We wish to be prepared. Write us your ideas and wishes.

Meanwhile, we will be glad to receive one dollar orders for the receipt of a single copy of Osteopathic Health by the year, to enable you to receive it regularly in lieu of samples.

We will no longer send free OP sample, either. Single copies, 25 cents to any address.

IS YOUR CONFERENCE AN OP SUBSCRIBER?

We would like your help to get any friends you have in the profession on our OP subscription list who are not now on it. Possibly we may take our own work too seriously but candidly we feel sorry for any practitioner of osteopathy who is not getting The OP—we feel that it is not a square deal to him—not unless he is an awful tight one and then it only serves him right!

Are we right or wrong? Just look at this current issue, or any issue, for that matter—is any osteopath justified in doing without it at any reasonable cost?

Present "outsiders" will be welcome into The OP family of readers at the present rate of $2 for a year. We still have this matter of a raise in subscription price under advisement. Will you pass the word along? Please make it a point to find out if your confreres get OP and if they don't—well—you know—go after them!—B.H.

What They Think of Chiro-Kleptomania Pamphlet

"Chiropractic Kleptomania" is rightly named and deserves to be placed in the hands of every reader of English in the U. S.—Eugene Pitts, D.O., Bloomington, Illinois.

"Chiropractic Kleptomania" is very good. Am going to use hundreds of them.—Barret Russell, D.O., New Philadelphia, Ohio.

"Chiropractic Kleptomania" has some clinical signs of killing off some bunk imposters of osteopathy. Here's hoping for a big funeral.—H. W. Christensen, D.O., Pender, Nebraska.

I have read with interest your "Chiropractic Kleptomania" and there is much about it to commend. A short statement will sometimes do the work better than a long one.—M. F. Hultel, D.O., Columbus, Ohio.

Use this 6-page folder to correct the fraudulent claims of chiropractors et al. and genera is in your community. Price, $9.50 by the thousand—price changed for you will buy in that quantity. Your professional card imprinted on the back without extra charge if order it in thousands lots.

We want to tell you a little of our appreciation of The OP. It is surely great and the Shop Talk is fine. Wish they came every week. This is a great food, real experience.—Dr. Stewart and Stewart, Clinton, Iowa.

Herewith $2.00 for renewal of subscription. The OP is O.K. I enjoy it more than any of the other osteopathic literature. Every osteopathic physician should take The OP because of the publicity details it gives that he would know about.—C. G. Nett, D.O., Fortville, Indiana.

No. 37

OSTEOPATHY & SCIENCE
Gastralgia Caused by a Fall
Mercy for Appendicitis Victims
Deafness Following Influenza
The Osteopathic Physician

Geo. A. Also Known "As the Husband of"

Mrs. George A. Still of Kirkville is president of the Missouri Federation of Women's Clubs. This great honor is observed by Mrs. Still's activity in promoting the welfare of the woman's club movement for many years.

January Meeting Chicago Osteopathic Association

The regular monthly meeting of the Chicago Osteopathic Association was held on the 15th. Clinical demonstrations were given by Dr. W. Glassinger, of Anamosa, Iowa. This demonstration has been of the greatest help to the members of the Association for the advancement of the profession. A number of reports are now in hand and will be published at a later date in the Chicago College of Osteopathy.

Illinois Osteopathic Association Annual Convention at Champaign in April

The Illinois Osteopathic Association is to be held this year at Champaign, April 25th, 27th and 28th. The central committees are busy with themselves in all the details necessarily involved in putting on a convention of this magnitude and a great profession in every way. They are urged to get their meet- ing published and in osteopathic surgery. The course can be well recommended to any D.O. who wants to learn something.

Dr. H. H. Christensen Taking Special Work at Taylor Clinic

Dr. H. H. Christensen of Pender, Nebraska, is at Des Moines, Iowa, taking special work at the Taylor Clinic. He is very much interested in the Taylor Clinic. The Taylor Clinic is up to date and progressive in every way and is one of the most successful clinics in the country. Dr. Christensen is taking classes in surgery and in osteopathic surgery. The course can be well recommended to any D.O. who wants to learn something.

Dr. A. B. Read OP on Way to Florida

Big 6, 1/2, 3/30, 1921. Here we are Bunting! Wife and I are on our way to Florida to visit the greatest of our osteopathic centers. We have been married since last year and are now on our honeymoon in common, 700-706 Chemical Bldg., St. Louis, Mo.

Hubert F. Leonard, D.O., M.D.
Consultation and Surgery
Eye, Ear, Nose & Throat Surgery a Specialty
706-708 Morgan Bldg., Portland, Oregon

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

Dr. J. C. Howell
Osteopathy, Orbital and Facial Surgery
3 N. Orange Ave., Orlando, Florida

Dr. Preston R. Hubbell
Osteopathic Physician
504 Fine Arts Bldg., Detroit, Mich.

Dr. C. C. Reid
Eye, Ear, Nose & Throat
Dr. C. L. Draper
Dr. J. E. Ramsey
Adjoining Suites with tied and specifically equipt "surgery" in common
501-10 Interstate Trust Bldg., Denver

Dr. Benoni A. Bullock
Consultation and Surgery
Specialist in Orbital Surgery
Daytona, Florida

Dr. W. F. Rossman
Surgery: Eye, Ear, Nose & Throat
Referral cases solicited

Professional Cards

Dr. Perry Evan Rosee
Osteopathy and Minor Surgery
601 Guardian Bldg., Cleveland, Ohio

Dr. J. Deason, Osteopathic Physician
Specializing in Ear, Nose and Throat
27 East Monroe St., Chicago

Wm. Otis Galbreath, D. O.
Adenectomy, Tonsillectomy
Ear and Nasal Surgery
321 Land Title Bldg., Philadelphia

Dr. James D. Edwards
Practice limited to Ear, Nose, and Throat Diseases. Referred cases given special attention, and returned to home Osteopath for follow up treatment. 407-08-09. Chemical Bldg. St. Louis, Mo.

Hubert F. Leonard, D.O., M.D.
Consultation and Surgery
Eye, Ear, Nose & Throat Surgery a Specialty
706-708 Morgan Bldg., Portland, Oregon

Riley D. Moore, LL.B., Oph., D. O.
Osteopathic Physician
1410 H. St., N. W., Washington, D. C.

Larry F. Leonard, D.O., M. D.
Careful attention to referred cases.

Dr. T. J. Ruddy
Eye, Ear, Nose and Throat
Originator (Bowling) of "Finger Surgery in Cataract, Deafness, Hay Fever, Cataract, Glaucoma, Optic Nerve Atrophy, Tonsil and Voice Impairments.
Practice limited to Ear, Nose, and Throat Diseases. Referred cases given special attention, and returned to home Osteopath for follow up treatment. 407-08-09. Chemical Bldg. St. Louis, Mo.

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Surgery: Eye, Ear, Nose & Throat
Referral cases solicited

The Prophylaxis of Industrial Infection

While "Safety-First" has occurred the incidence of many preventable industrial accidents, the incidence of infectious diseases following the same. Mills, factories, offices and stores is still one of the greatest problems which the physicians of this country are confronted with. Industrial first-aid and surgery make many special demands on the meeting place. Of the results of this disease is efficient, non-toxic and cleanly antiseptic is one of the most essential. The physician and surgeon must be on the alert in this direction, for he has learned to appreciate its unique advantages as a thoroughly reliable antiseptic in the routine prophylaxis of industrial infection.—A. D. V.
The Osteopathic Physician

Chiropractic Kleptomania

We announce this publication on a 6-page folder under the above title that gives chiropractic its correct historic setting and proves it to be a barefaced steal from osteopathy. It's a Bunting-product—up to the usual Bunting art and logic standards. If you want a long time for seeing 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 Osteopathic in faking the terms osteopathy as he has done and trying to falsify history of his tracks is so brazenly monumental as to reach to the limb 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 mail order (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 $.50 per thousand, and no extra charge for imprinting your professional card on the bottom of the sixth page, in thousands by hundreds, if you want it done. This is providing we have your electro used in imprinting OH. If not—oh, 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 "Osteo in Health" orders for you—why not?

If you are interested, write us so that we shall gladly submit a copy of this folder, "Chiropractic Kleptomania."

The Osteopathic Physician
9 South Clinton Street
Chicago
Osteopathic Health for MARCH, 1920

Physical Culture's Acknowledgment of Osteopathy's Success In the Great Scourge.

"Osteopathy's Victory In the Flu-Pneumonia Epidemic"

How "Bad" Mechanism In Our "Joints" Makes Sickness

THE OSTEOPATHIC PHYSICIAN

Dr. Gertrude Gaylord from 11122 So. Michigan Ave., to 1115 So. Michigan Ave., Chicago, Ill.

Dr. L. B. Medal, from Hartville, Missouri, to 1019 Division street, Fort Madison, Iowa.

Dr. Lydia C. Huddleston, from 23rd and Madison building, to 123 Wirthman building, Kansas City, Missouri.

Dr. H. Leffingwell, and Dr. R. E. King, at 204-6 Pennsylvania building, Riverside, California.

Dr. G. E. J. Leffingwell, from Muscatine, Iowa, to 625 West 21st street, Chicago, Illinois.

Dr. L. L. Margreiter at Flat River, Missouri.

Dr. O. P. Alhquist and Dr. H. H. Campbell, from 644 Congress street, Boston and 615 Massachusetts Avenue, Boston.

Dr. Albert Victor Kalt, from Los Angeles, California to 46th street, Chicago, Illinois.

Dr. F. H. Healy and Dr. Stella, from 508 Eugene Field Avements, to 408 Victoria building, St. Louis, Missouri.

Dr. Leon Lovell, formerly American Bank building, now First National Bank building, Cleveland, Ohio.


Dr. James H. Moore and Dr. Margaret L. Moore, from Freewater, Washington, to Seattle, Washington, with offices 1101-13 Sea board building.

Dr. C. F. Stoel, temporarily at Hotel Wentworth, 59 West 46th street, New York, pending preparations of her new quarters at Hotel Schofield, 57 W. 45th street.

Dr. H. Pentz, Boston. Fifteen new members were elected to the Society. It was voted that the Massachusetts Osteopathic Society become an auxiliary of the AOA.

The leading article is a reprint, by permission, of Dr. J. B. Judd's article that appeared in Physical Culture and which attracted such wide attention in its discussions.

At the Woman's Hospital in Kirksville, a daughter, Ruth Irene Rossman, January 25th, 1919.

A daughter, Ruth Irene Rossman, January 25th, 1919.

Dr. and Mrs. N. H. Rankin, of Cleveland, Tennessee.

Dr. Helen G. Downing and Dr. Winslow M. Kingham, of Chicago College of Osteopathy.

Dr. W. C. Reid, at Denver, Colorado. Dr. C. C. Reid at Denver, Colorado.

Dr. J. L. Margreiter at Flat River, Missouri. Dr. J. B. Judd at St. Louis, Missouri.

Dr. W. F. Wright, from Mason building, to Bradbury Apartments, Pasarlena, California.

Dr. W. E. Scott, from Greenville, South Carolina, to Paducah, Kentucky.

Dr. F. V. DeVinney, at Downing, Missouri. Dr. W. E. Scott, from Greenville, South Carolina, to Paducah, Kentucky.

Dr. J. L. Schwartz, from Valley Junction, Iowa, to Cascade, Iowa.

Dr. J. M. Koens, of Herrington, Kansas, is at Kirksville for a special course in anesthesia at AOS hospital.

Dr. Mark E. Shoemaker, at 408 Lydia C. Huddleston, Kansas City, Missouri.

Dr. J. E. D. Nelson, of Seneca, Missouri, has been appointed medical examiner for the Brotherhood of American Ycman of Joplin.

Dr. Alberl buB1dmg, Kansas 40th building, son, former.

Victor Robert, January 8th, weight nine and one and which attracted such wide attention in its discussions.

Dr. M. Koons, of Herrington, Kansas, is at 46th street, New York City, pending his return to Rockford to resume his practice.

Dr. Adella Moyer, from Payette, Idaho, to Ontario, Washington.

Dr. Nellia M. Cramer, formerly of Grover City, Missouri.

Dr. O. R. Crain, from Bloomfield, Iowa, to Leon, Iowa.

Dr. R. B. Crain, from Bloomfield, Iowa, to Leon, Iowa.

Dr. F. J. C. Reid, of Seneca, Missouri, while Dr. Dayton is away attending special post-graduate course with Dr. C. C. Reid, at Denver, Colorado. Dr. J. H. Spencer, at Chelsea, Vermont.

Dr. D. M. A. Boddy, from Stockton, Illinois, to 5240 Brooklyn avenue, Seattle, Washington.

Dr. Dale H. Craig from 514 Empire Bldg., to 710 Interstate Press Bldg., Denver, Colorado.

Ohio. Dr. J. E. D. Nelson, of Seneca, Missouri, has been appointed medical examiner for the Brotherhood of American Yeoman of Joplin.

Dr. Mark E. Shoemaker, at 408 Lydia C. Huddleston, Kansas City, Missouri.

Dr. J. L. Schwartz, from Valley Junction, Iowa, to Cascade, Iowa.

Dr. Mary Guisenbery, from Lyons, Kansas to Blackwell, Oklahoma.

Dr. James E. Koss, from Bancrook, Missouri, to Grand Junction, Colorado.

Dr. Howard C. Atwood, at 210 Loring building, Riverside, California.

Dr. H. E. Mansfield, and Dr. Henry C. Shreck, at DeKalb, Illinois.

Dr. J. M. Koens, of Herrington, Kansas, is at Kirksville for a special course in anesthesia at AOS hospital.

Dr. J. G. Gersen, at 408 Lydia C. Huddleston, Kansas City, Missouri.

Dr. W. E. Scott, from Greenville, South Carolina, to Paducah, Kentucky.

Dr. C. D. Sawyer, from Billings, Montana, to Spokane, Washington.

Dr. Hoyt Taylor, from Mt. Pleasant, Michigan, to Kirksville, Missouri.

Dr. A. V. Kalb, at Chamber of Commerce building, Pennsylvania, California.

Dr. W. L. Shepherdson, at 257 McCoy-Tanner building, Shifton, Missouri.

Dr. J. H. McDowell, from 102 3rd street, to 123 2nd street, Troy, New York.

Dr. Herman Nevin, at Loyal Mystic Legion building, Hastings, Nebraska.

Dr. Charles A. Campbell, from Reilley, California, to Forest Grove, Oregon.

Dr. Joseph A. Pecock, at 1839 King street, West Toronto, Ontario, Canada.

Dr. C. A. Porter, at Watertown, Washington, to Pima Angeleno, West Long Beach, California.

Dr. Herbert Lipman, from Mexio, Missouri, to Inez Hotel, Kansas City, Missouri.

Dr. Lihgur Parchit, from Downing, Missouri, to R. T. J. Building, Altoona, Iowa, to Richmond, Iowa.

Dr. W. F. Wright, from Mason building, to Bradbury building, Los Angeles, California.

Dr. Benoni A. Bullock, from 211 Stevens building, to Gardiner block, Dayton, Florida.

Dr. George A. Rubin of Rockford, Illinois, has been turned to Rockford to resume his practice.

Dr. Charles C. Reid, at Denver, Colorado. Dr. C. C. Reid at Denver, Colorado.

Dr. J. L. Schwartz, from Valley Junction, Iowa, to Cascade, Iowa.

Dr. Mary Guisenbery, from Lyons, Kansas to Blackwell, Oklahoma.

Dr. James E. Koss, from Bancrook, Missouri, to Grand Junction, Colorado.

Dr. Howard C. Atwood, at 210 Loring building, Riverside, California.

Dr. H. E. Mansfield, and Dr. Henry C. Shreck, at DeKalb, Illinois.

Dr. J. Mock Wolfe, from Rivonle, Virginia, to Big Timber, Virginia.

Dr. W. E. Scott, from Greenville, South Carolina, to Rogers, Arkansas.

Dr. C. D. Sawyer, from Billings, Montana, to Spokane, Washington.

Dr. Hoyt Taylor, from Mt. Pleasant, Michigan, to Kirksville, Missouri.

Dr. A. V. Kalb, at Chamber of Commerce building, Pennsylvania, California.

Dr. W. L. Shepherdson, at 257 McCoy-Tanner building, Shifton, Missouri.

Dr. J. H. McDowell, from 102 3rd street, to 123 2nd street, Troy, New York.

Dr. Herman Nevin, at Loyal Mystic Legion building, Hastings, Nebraska.

Dr. Charles A. Campbell, from Reilley, California, to Forest Grove, Oregon.

Dr. Joseph A. Pecock, at 1839 King street, West Toronto, Ontario, Canada.

Dr. C. A. Porter, at Watertown, Washington, to Pima Angeleno, West Long Beach, California.

Dr. Herbert Lipman, from Mexio, Missouri, to Inez Hotel, Kansas City, Missouri.

Dr. Lihgur Parchit, from Downing, Missouri, to R. T. J. Building, Altoona, Iowa, to Richmond, Iowa.

Dr. W. F. Wright, from Mason building, to Bradbury building, Los Angeles, California.

Dr. Benoni A. Bullock, from 211 Stevens building, to Gardiner block, Dayton, Florida.

Dr. George A. Rubin of Rockford, Illinois, has been turned to Rockford to resume his practice.

Dr. Charles C. Reid, at Denver, Colorado. Dr. C. C. Reid at Denver, Colorado.