Aspirin and the Other Coal-Tar Drugs
Unmasked by Chemical Research

By Dr. Henry Fuehrer, Associate Editor, The Osteopathic Physician.

T

HE people as a whole generally seem to have a fairly good idea of what is going on in almost every field of activity except the medical field. When it comes to things medical, we see, in this country especially, the greatest ignorance displayed, although, as every medical subject matter, is the error of "modern medicine" that for the Truth which science, kind of pain, some people knowing that they exert on the body, or what is (the patient) was punished with them.

and that, anciently, all the medicinal substances (practically) were derived from the plant world in the shape of "roots" and "herbs" (bence, the antiquity of our "herbalists" and "root doctors") and were esteemed origin. It is written without malice or the desire to harm in their own minds, for poison, commonly called "medicines," i.e., substances used for the purposes of healing or alleviating some disorders of the body, diseases, and conditions from the normal or physiological condition.

Origin of the Word "Drug"
The word "drugs" has an ancient and interesting origin. It is a Scandinavian word: "Droggen" (trocken, dry). It originates from the fact that, anciently, all the medicinal substances (practically) were derived from the plant world in the shape of "roots" and "herbs" (bence, the antiquity of our "herbalists" and "root doctors") and were dried before the poor victim (the patient) was punished with them. In the drug line there are many classifications in many different ways. Thus, sometimes, the drugs are classified according to the influence they exert on the body, or what is called the "physiological effects." Thus some drugs cause sleep. They are called "hypnotics." Some cause mere dizziness and artificial exhilaration (although of short duration). They are called "narcotics." Some cause peristalsis or "motion of the bowels." They are called "laxatives" and "purgatives" (according to the amount of energy each class exerts on the in-testines). Some, however, are supposed to either alleviate, or stop, pain. They are called "analeptics" and "anodynes," respectively. Some are supposed to combat fever. They are called "antipyretics" or "febrifuges," depending upon whether the total stopping of the fever, or the mere alloying of the same, are ascribed to them.

Germany's Jack-the-Giant Pain Killer
Aspirin is one to which analgesic properties are attributed, primarily, and anti-rheumatic ones, secondarily, the rheumatism-combating feature of the same consisting mainly of the analgesic portions of the same.

Whether rheumatism is really "rheumatic fever" or not, is still under discussion, and the brainiest pathologists (students of the causes, abnormal tissue-changes, etc., in diseased condition) and, as in the country and abroad, discarded the names "rheumatism" and "rheumatic fever," and are already using more rational terms, viz: "arthritis" for "joint rheumatism," (monarthrosis, inflammation of one joint; polyarthritis, inflammation of more than one joint), "myalgia" for "muscle-rheuma-tisms," "acalculia" for "pain in the sacrum," "coccodynia" for "pain in the coccyx," etc., etc., according to both the region and the tissues involved.

Its Fabled "Rheumatic" Potency Deals with a Vanished Ill

As the fever part of "rheumatism" (rheuma in Greek means flow, probably a "flowing pain," "flow of uric acid" or "flow of some poisonous fluid," etc., etc.) is not yet settled, we can not, therefore, say that aspirin reduces the "rheumatic" fever (for how can we say it reduces a thing whose existence is still sub judice, while to say this would be bad philosophy and wrong logic?). We must, therefore, say that it is used for the analgesic effect alone.

How Aspirin Superstition Took Root in America

Aspirin was originally introduced to the medical profession in Germany and by Germans as an antipyretic, analgesic and "harmless" substitute for salicylic acid. As the confidence in the drug grew, so grew the "clinical reports" (some of them doubtless well paid for) and the "resumes" of the same kave enumerated every disease the human flesh is heir to, and, if carefully collected, all these "data" would amount to nothing short of a panacea, a cure for all ills.

Quit worrying your cerebral gray matter over therapeutics (study of healing)! Just give big doses of aspirin in most of the diseases as the treatment, and in some as a side treatment. But never forget aspirin, for it is the all-in-all of disease healing!

Its Antipyretic Claim Soon Abandoned

The antipyretic claim for this fraudulent panacea, however, was soon abandoned, as it did not furnish the results and there are others (acetanilid, antipyrin, acetphenetidin, quinine, etc.) which "bent it to a block" in this respect. I may say that progressive and honest physi-cians have shown clearly discarded its use in every other field. It made a great "hit," however, in one respect, namely as an anal-gesic (pain killer), especially in conditions called "rheumatic." Many thoughtless physi-cians have recommended and prescribed it indiscriminately, in every kind of pain, some-times by itself and sometimes in combination with some other drug (notably sodium bromide), naively believing those fraudulent "clinical data."

Became the People's Vest Pocket Headache Poison!

As pain in the head is the most common pain (being the twin sister of tooth-ache) and headache being the most insidious and the most frequent of all and people not being willing to pay for a doctor's visit every time they have a spell of the same, they naturally inquired of their druggists and physicians "what to take for the headache?" the reply to which inquiry naturally was: "Take aspirin!"

From this source springs the popular belief that aspirin is a "headache remedy" and nothing but this, very few people knowing that this drug is supposed to be a general pain-killer and killer of all sorts of "rheumatisms!"

Sufficient to say that at present aspirin is the people's headache remedy par excellence and that all the overuse and certain ailments caused by this drug cannot help undermine the health of the American people!
THE OSTEOPATHIC PHYSICIAN

Fooled the Pharmacopoeia and Dispensatory Makers

This aspirin-propaganda was so artfully and slyly conducted that it, for a long while, misled the greatest of medical celebrities, no less brilliant a crew of research-men than the writers of the U. S. Pharmacopoeia and the U. S. Dispensatory associations.

Thus does the Dispensatory recommend it not only as a salicylic acid substitute, but also as an “effective remedy” in acute rheumatism, neuralgia, influenza, neuralgia and many other human complaints, states, influenza, neuralgia and painful neuritis, and we are assured that its superiority above the salicylates and salicylic acid lies in the fact that it is not at all, or very slowly, dissolved in the stomach, and therefore, is not apt to irritate the same. Its dose is recommended as from five to twenty grains. It is also recommended as a local application in the early stages of tonsillitis. Right here let me comment on these recommendations and see how much truth there is in them.

As to the salicylic acid substitution part of it, we shall discuss that feature later on in this article.

Why Only Chest and Respiratory Canal?

The recommendation for the “flu” is absolutely misleading, and must be taken “cum grano salis” (with a grain of salt). In flu- enza, the lung is the main organ of attack, and the physician a cia as to the cause of the disease. Especially was this procedure dangerous and uncalled for, in this last epidemic. This will be explained in a later article on influenza and allied diseases. This recommendation is a relic of the “scientific,” “professional” literature that should have long since been abandoned. I have quoted many German “authorities” (most of them fabled ones) as to the clinical findings of the disease, but you must remember that literature was extended to nearly all the diseases of the chest and respiratory canal!

Its “Insolubility” in Stomach All Fake

Insolubility in the stomach is another German advertising legend. Not only was this unproven (and, as will be later shown, unprouv- able) claim hurled broadcast, but many other more absurd “hints” were hinted at, in a very skillful artful way, so called a that literature was extended to nearly all the diseases of the chest and respiratory canal!

There is a strong gas in the stomach whose name is “hydrochloric acid.” Some folks call it “muratic acid,” others call it “hydrochloric acid,” or even “muriatic acid.” It is the hydrogen chloride that we find in the stomach, and it can solve complex substances and curdle milk; hence, it can be used as an antiseptic, and, therefore, to prevent against rottting, and to dissolve some substances which we believe to be curdled.

Hydrogen chloride (hydrochloric acid) will attack anything that comes in its way and the only power that it will ever have is to come liberated from its prison and unite with any substance that contains hydrogen, pushing away its hydrogen and placing itself in its stead. Now, on these lines, that “insolubil- ity” claim is nothing but an advertising fraud.

Concerns the irritation of the stomach, this is a dangerous dogma to believe. Many fatal issues have taken place by comparing tively small doses, largely through irritation of the stomach.

God Have Mercy on Their Patients!

If optimistic assurances of this nature were to be accepted literally, mentally lazy physicians would be misled into the belief of the “harmlessness” of this dangerous drug, and be led on to giving “horse doses” of the same, and such is the case today. Many physicians who happened not to have a fatal case as yet are “pushing” this “harmless” poison to the utmost, and are running the chance of ruining their patient’s lives unconsciously.

How Its Dosage Came to Be Established

The dose recommended is also a relic of the wonderful “literature” of that German company. There, astonishingly large doses were recommended, elephant doses, so to say, not directly, but through “clinical report” hints of some German probably non-existent “sana- toria” and “professors.”

Only a horse of substantial weight should get a twenty grain dose! No human being can bear it very long, even during the most terrible pain!

More German Fraudulent Advertising

Now we come to the salicylic acid substitute part of it. Salicylic acid is a substance comparatively easy to obtain, both naturally and synthetically (i. e., artificially), as it is found in many plants, growing nearly everywhere, both as such or as its ester, methyl salicylate, even in such common plants as strawberries and cherries. The process of extracting it is not very complicated and can be and is done, in every country. Even the synthetic article is not very complicated, and comparatively easy, so that it can be produced in this country easily, as all the materials are here for it. Such a state of affairs was displeasing to the Germans and a systematic propaganda at first was begun against the synthetic article, claiming the natural to be superior, because great shiploads of it came from Germany!

Later on, a German chemist found that acetic acid forms a chemical compound with salicylic acid, and such is really the case, the new compound having been baptized in the laboratory as “acetylsalicylic acid.” Don’t be scared at the name! I shall explain it later.

Called “Aspirin” Because It “Treats ‘Em Rough”

The original German company took the hint and as the salicylic acid ( poison number one) and acetic acid ( poison number two). Here is a more dangerous acid, as an “effective remedy” in acute rheumatism, influenza, neuralgia and painful neuritis, among them.

Aspirin Splits into Acetic Acid, Carbonic Acid, Carbon Monoxide, Etc.

Aspirin, as I have said, is composed of acetic acid and salicylic acid. Both are poisons. Pure acetic acid (glacial acetic acid) is nearly colorless and odorless and is known as nitric acid. It burns human tissues with the same avidity, in medical terminology it is said to “coagulate albumin.” Salicylic acid is dangerous enough, but the new compound (acetylsalicylic acid) is even more so. It decomposes, it becomes invariably phenol (carbolic acid) and carbon dioxide, two terrible poisons. Everybody knows that carbolic acid is toxic, but few laymen know of the poisonous gas, carbon dioxide. It exists in the air in small traces and our blood produces it during every circulation act. But we exhale it as quickly as it is made, for a too-prolonged sojourn there would mean death by suffocation. It is, therefore, the “true” gas, for it is never and therefore, produces no serious effects. It becomes converted into carbon monoxide with the result that where death comes in, this gas is nearly as highly toxic as prussic acid or cyanogen gas. “Nuff ced”!

Propaganda Uses Fraudulent Chemistry

Now, if salicylic acid ever decomposes in your body (which most of the times it does), there is what you get: carbolic acid and carbon dioxide! How an acetic acid radical will “im- prove” upon the short-comings of salicylic acid is a mystery only subtle German propaganda can solve! On the contrary, a sane rational man will say that it will add fuel to the fire, heat insuln upon injury! But, of course, the acetyl makes it “harmless,” you know—not! To show you how “harmless” acetic acid is, it is first to look to it (read the short-comings of carbon dioxide and marsh gas. I had heard better mem- orization for a gas, and then I was told that in Germany when a miner is around, for he knows too much about the curse! He knows that he is strangled in the prime of their lives, how many it has put out of existence and sent to another world! How insalutary is it and how chok- ing it is to inhale. It is true that there is a disease called “diphtheria” but it soon turns into carbon monoxide, and the least said (or rather the least inhaled) of this the better.

Acetyl Renders Salicylic Acid Still More Toxic

Now, if marsh gas, (methylene) will render phonal less toxic, then salicylic acid and it is more toxic. The scientific mortal mind can understand. It takes a Nietzschean “Uebermenscher,” (superman,
The symptoms of its poisonous effect can be seen when indigo and pyrocatechin, excess of urea, and salicylic acid are found in the urine. Poisoning, it leads to respiratory paralysis. Even its anti-rheumatic properties are not specific. There are more relaxes after its administration than for any other than an anti-inflammatory and too dangerous and unreliable even in that disease.

Rheumatic readers who have taken this poison nearly as religiously as a tuberculous person takes creosote, will bear me out in this assertion.

False Claims that Contradict Each Other

Another German chemical company has contradicted this "harmlessness" myth of the acetic acid radical, indirectly in this manner. The two advertise in the market with the acetyl in them. One is acetanilid (acetic acid and aniline), the other is acetphenetidin or phenacetin (same acetylation and they get added with an ephedrine added to it.) This company claimed to "improve" by introducing a compound by the name of lactophenin, being the same formula as acetphenetidin, but with a lactic acid radical instead of the acetic acid radical. Thus one German company disproved what another claimed.

You see, this is competition, and was that man denn nicht fuer das Hebe Brot? (What does he not do for his dear breather? The truth is that lactic acid is less harmful than acetic acid, but not altogether harmless.

That "Harmlessness" Fable Induced by Suggestion

The German aspirin producing company did not claim this "harmlessness" directly. It was a conspiracy of silence, a propaganda by inference! The claims were so shrewdly put up, that the impression was engraved deeply in your mind. Sharp ducks.

Next Went Direct to the Public

During the war, when the German patents on aspirin were abrogated, the company went into Gentlemen's Agreements. Their claims became louder and louder, more and more exaggerated. It is the headche feature that they specialize on! They cater to public appetites! It can not see such a reckless advertising method in their own country. Their laws and customs militate against it. Now the drug is made such a toxic property in this country that to millions it has become a sort of indispensable food. They take it as readily as they take air, and not even children escape its effects. And their blood is being slowly poisoned by it, and they are being habituated to it. They take it for headaches and it stops that for a while, and the minute they get out of its influence, they get the headache again, in a severer form and they take aspirin again and they get headache again, and so on, in a vicious circle!

Salicylic Acid Very Corrosive

What furnished the foundation for this exhalation of aspirin? The drawbacks of salicylic acid. It is very corrosive and often causes ulceration of the mouth and may even corrode the skin if continuously applied. Even in moderate amounts it causes roaring in the ears, vertigo (dizziness), nausea, vomiting, and occasional headache. In overdoses increased sweating, complete blindness, deafness, complete paralysis or even loss of the taste may occur. Even medicinal doses depress the heart. So when you get it for rheumatism, are you not claiming its "harmlessness"? And surely physicians seized upon it with the dogma of modern drug medicine (What does one not do for his dear bread?)

Explodes Salicylic Acid Substitute Claim

This explodes the "salicylic acid substitute" claim of aspirin; the misrepresentation and danger thereof is laid bare. Still, in order to prove more conclusively, the danger of the aspirin, we shall consider the formula and consider the formula of it. Its formula is: C6H4(OH) .COOH. COOH. The C stands for carbon, the H for hydrogen, the O for oxygen and the OH for hydroxy (like hydroxy benzoic acid). Again in respiratory paralysis there is hydroxy benzoic acid. There is COOH at the end of every organic acid. It means a close combination of one atom of carbon with two atoms of oxygen and one atom of hydrogen. It is an ion, i. e., electrically held together like one atom, or in one binding. It consists of one atom of oxygen, two molecules of carbon dioxide and one atom of hydrogen, or into CO2 (carbon dioxide) and one atom of hydrogen.

Organic Acids All Poisonous

This feature of the organic acids makes them all poisonous and great caution must be exercised in their administration.

The formula for acetic acid is CH3COOH. CH3 is part of the formula for methane (marsh gas) which is CH4. It means that methane consists of one atom of carbon and four atoms of hydrogen. It is marsh gas in which the COOH ion has displaced (substituted) an atom of hydrogen. This could be turned around and written thus: CH4+CO2 i. e. methane and carbon dioxide.

Mysticism Supplents Chemistry

The U. S. Dispensatory cautions against the external use of even dilute acetic acid (which is used to burn out warts). But we are told that it is "harmless." German mysticism—who can fathom it? Salicylic acid is CH3C6H4(OH).COOH. This is phenol. CH3C6H4OH is substituted by COOH. But it can be inverted and read thus: C6H5OH plus CO2, i. e. phenol and carbon dioxide. This is all that salicylic acid is, and acetic acid which is marsh gas and carbon dioxide will make matters worse. It will make this: CH2OH+CO2+CH4 \[ \rightarrow \text{CH}3\text{C}6\text{H}4\text{OH}+2\text{CO}2 \] (general exchange more dangerous than carbonic acid) and two molecules of carbon dioxide and two free hydrogen.

Reactions Between Salicylic Acid and Stomach's Hydrochloric Acid

When the HCl (hydrochloric acid) of the stomach acts upon salicylic acid it forms either C6H5OH+H2O+CO2 i. e. carbon dioxide and water and chlorobenzene (a terrible poison) or CH3C6H4COOCH3, another poison, another C6H5OH+H2O (hydrogen peroxide).

Salicylic acid is a derivative of benzene, C6H5(OH), and acetic acid which is CH3COOH, it is therefore in common factor and it can be written: C6H5O+CO2 i. e., benzene and carbon dioxide and free oxygen. Benzene is extremely poisonous. It kills the wounding. A fairy tale under the blood helpless against the invasion of bacteria and other poisonous foreign substances.

Now let us get at the formula of aspirin (it has a number of names including salicylic acid in it) into C6H5(OH)+CH3COOH (resorcin + acetic acid). This contains within itself two poisons that will burn your vitals, choke you and smother you, but aspirin is "harmless!" German advertising says so.

It also contains within its womb the following: 2C6H5O+H2O+CO2 (benzene and carbon dioxide and oxygen, or C6H5OHCOOCH3 (methane alcohol) +CH3COOH+2C6H5O (toluene extremely poisonous) or toulinc acid or benzoic acid and olefiant gas and other such "harmless" stuffs.

Destroys Hemoglobin

When it gets into the blood it forms compounds which rob it of its main stronghold (hemoglobin) and thus "stamulates" (so to speak, in the dogma of modern drug medicine) for some aspirin, and thus the aspirin habit is formed and this continued false stimulation might well finally cause death by salicylic acid poisoning. But still it is "harmless!" You have it on the honor of German propaganda! It contains CH3C6H4(OH)COOH +H2O+C6H5O i. e., acetic anhydride (a violent poison) and water and five atoms of carbon—still it is "harmless!" It really may be thus according to Fichter's philosophy or that of Hegel?

How Prepared Commercially

It is prepared commercially, in either of these two ways (1) by treating acetic acid and salicylic acid with salicylic acid to 302 degrees C according to formula: 2C6H5OH+CO2=C6H5OHC6H5-COC6H5. With the purest, best heating with pure chemistry, cannot be surpassed.

Not only is it not "harmless" but does this ethereal body and render the blood helpless against the invasion of bacteria and other poisonous foreign substances. And their blood is being slowly poisoned by it, and they are becoming habituated to it. They take one aspirin again and they get headache again, and so on, in a vicious circle!

The Law of Probabilities in Pharmacotherapy

I illustrate these facts chemically in my manuscript, "The Law of Probabilities in Pharmacotherapy," which will be published shortly, dealing with pure chemistry, cannot be surpassed.

Not only is it not "harmless" but does this ethereal body and render the blood helpless against the invasion of bacteria and other poisonous foreign substances. And their blood is being slowly poisoned by it, and they are becoming habituated to it. They take one aspirin again and they get headache again, and so on, in a vicious circle!

Acetic acid is called methylene formic acid. CH3.HCOOH. This is a terrible corrosive, and no sane human being without suicidal inclina-
A Thirty Day Opportunity that May Never Recur in Your Lifetime

Now that the Flu has come back for a second visitation and all but receded, yet not without again taking its much grudged toll of human victims, you have a wonderful opportunity to utilize the present state of sustained public interest in this subject for winning proper credit to osteopathy as the best protection against this scourge.

I would be incompetent as Publicity Counsellor of the profession did I not point out this opportunity to you before it has passed, perhaps—happily for our brother man—not to return again during the rest of your period of practice. Statisticians tell us that Epidemic Flu returns in cycles of 33 years following its second visitation. Let us hope for a 33 year respite!

But Sporadic Non-epidemic Flu, like the poor, we have always with us. It will probably continue to be one of winter's commonest infections and people have now learned that Flu is never an ill to neglect or try to weather through without a physician's attentions. The question is, then, are you—in the face of our profession's astounding achievement in both the great and lesser epidemics—going to let M.D's, through sheer monopoly of public prints, teach the people to put their trust in so-called but mis-called prophylactic vaccines and serums, deadly coal tar synthetics, nerve poisons, heart poisons, purges, alcohol and all the other injurious drugs which by their very employment confess the utter want of any general therapy in the hands of the "regular" profession? Could you ask for a better chance to serve your own and your profession's interests? Absolutely, no. We must all recognize the strategic value of this moment for submitting our case to the public. But will you personally act upon it—now, before it is too late?

The people are eager for light. They are reading. They are talking. They are interested. They will gladly give osteopathy a hearing. Let us quit talking platitudes about spending a million dollars to give the world osteopathic conviction and begin now to work as individuals—the only way that any great thing is ever put over.

Will you spend $25 within three weeks to help realize this opportunity for osteopathy in your home community? Will you do it in view of the fact that your own slight effort will be worth $1,000 to your practice? There is a 40-to-1 shot in your favor—will you take it?

I have made the way easy for you. I have prepared your campaign, written or had written for you the three documents so perfectly adapted to perform your three-weeks' follow-up educative work. I have printed them in attractive form, have them on my shelves ready to send out for you. You put the $25 in my hands and give me one hundred and fifty names of your former patients and other conspicuous persons you would like to reach and I will send out the following three messages, 150 at each mailing, one week apart, each bearing your professional card, with clerical work of addressing, mailing and postage all included for the $25. This offer is subject only to exhaustion of present printed stocks on hand.

Here is what I would send out for you:
1st Mailing

“Physical Culture’s” wonderful boost article and editorial on “Osteopathy’s Victory in the Flu-Pneumonia Epidemic.” (I say “wonderful article” and it is, not because I wrote it but because the truth it tells about what osteopathy did to save life is wonderful. It’s the historic fact that I call wonderful, not the mere words of the historian, although they too, are good.)

2nd Week’s Follow-Up

Professor Lane’s very lucid, scholarly and readable treatise on the futility of expecting protection against or cure of Influenza, Pneumonia and similar Infections by either Vaccines or Serums. He permits pure science to reveal the actual truth to laymen, who are being so generally faked today by charlatan claims of cures put out by commercial laboratories. He also tells the grand facts how and why Osteopathy does prevent, abort and cure these and other General Infections because it possesses a soundly scientific General Therapy which is endorsed by every known fact of Biology.

3rd Week’s Follow-Up

That excellent case report on the osteopathic cure of Sleeping Sickness following the Flu—the actual report, largely taken from Chicago Newspapers, of a hospital case that had been totally paralyzed for forty days under drugging and Allopathic skill and which became the topic of a learned discussion before the Chicago Medical Society—given up to die—cured by an Osteopath in a few weeks!

The first mailing proves the merits by statistics and facts, the second by theory and pure science, the third by a nationally famous competitive test of therapies on a well established case. Osteopathy always won by either form of test, theory or practice, reason or result.

For humanity’s sake, Osteopaths—quit apologizing, tell the whole truth about Osteopathy in the Epidemic, and come into your own!

Let me do $25 worth of truth-telling for you this month! Will you?

—Henry Stanhope Bunting

Dr. Barger’s Office Sent Out 2,100 Copies of “Osteopathic Health”—Read What He Says

Out here in Sidney we had some flu this winter and I have had about fifty or sixty cases without a loss. Practically all of these cases were new patients who had heard or read about the success of osteopathy in the epidemic last year. Very few of the influenza cases this year were people who had it last year and the disease this year is of milder form. Altogether I have had about 225 cases of flu without a single loss and I am here to say that osteopathy has come to the front out in this neck of the woods as the result of the influenza-pneumonia pandemic as doubtless it has done elsewhere.—Frank A. Barger, D.O.,

Sidney, Nebraska, February 23, 1920.
The Unique Baby

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

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

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

TO THIS END WE PREPARE
MEAD'S DEXTRI-MALT OSE

IN 3 FORMS

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

No. 1 With Sodium Chloride, 2½%
No. 2 Unsalted
No. 3 With Potassium Carbonate, 2½%

WHY DIFFERENT SALTS IN THE DIET OF INFANTS?

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

Potassium Carbonate is valuable generally as a corrective in constipation of infants.

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

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

MEAD JOHNSON & CO.
EVANSVILLE, IND.

THE OSTEOPATHIC PHYSICIAN

If this case came to you, what would you do?

Would you wrap this little body into a torturous plaster cast? Would you put it in unyielding leather? Would you attempt to straighten it in a jacket of steel?

If you have investigated the modern treatment of such cases, you would resort to none of these antiquated appliances—things of torture and of questionable benefit. You would fit this child's deformed back a

Philo Burt Spinal Appliance

Made to Order after Your Own Measurements

The Philo Burt Appliance is made of steel, where rigidity is required and as flexible as whalebone where flexibility is desirable—has been used with success in over thirty thousand cases of spinal curvature, weakness and irritation. Physicians in all parts of America know its merits (changes its atomotaxis, i.e. arrangement of the atoms in the molecule). The body is the best equipped laboratory. It contains every reagent imaginable. It contains lime and a distilling apparatus. It is quite capable of breaking up carbon dioxide into phenol, calcium carbonate and carbon dioxide, and aspirin into marsh gas and phenol and carbon dioxide, and it does so, as the symptoms of aspirin poisoning show. But Germany advertises it as "harmless" and recommends a large surplus dosage!

And They Fed It to Our Soldiers!

After assimilating all these facts and knowing that aspirin is a combination of marsh gas, carbon dioxide and phenol, that it was batched and made in Germany before and during the war, was advertised to the American public as "perfectly harmless," then ponder on the fact that during the war tons of it were fed to our fighting men at home and on European battlefields by our allopathic army doctors!

FOOT NOTE 1

Aspirin Known to Chemistry a Half Century

Aspirin has been exploited and vociferously and full-mouthedly hailed as a "new" chemical. Well, maybe it is new to "medical" chemistry, but not to organic chemistry. On p. 639 of Wislicenus' "Organic Chemistry," lines 20-21, you find this short allusion to acetylsalicylic acid:

"By action of chloracetyl on salicylic acid, salicylic acid acetate, C₆H₆(OCH₂CO)₂COOH, is formed, which crystallizes in fine needles."

The English translation of the book was printed by Appleton in 1882, the original having been published somewhere between 1860-65. How do you like this "newness"? The only innovation here must be its introduction in "medicine." Well, thanks to the "medical chemists" for acetyl chloride (chloracetyl) and salicylic acid. Wislicenus called acetylsalicylic acid "acetylsalicylic acid acetate." His formula is

C₆H₆(OCH₂CO)₂COOH, while the present formula is:

C₆H₅(OH)CO₂H. It is all the same. The acetyl (acetic acid radical) can be written...
Dear OP:

Kirksville, Mo., March 1, 1920

You wish to know my ideas about our four-year schedule. I have thought much on the subject. While it is the instructor who counts most, the ideal curriculum, it seems to me, is one that blends its subjects in such a manner that the student is unconsciously prepared in each subject for the one to follow. Unknowingly he thus begins to absorb the principles of osteopathy from the first lecture, as a freshman, whatever the subject may be.

Teaching is a progressive art and teachers are born as well as made. In the past it was often necessary in our colleges to put inexperienced men in charge of a department because of their availability who, no matter how capable in their special lines, lacked the practical experience to give, step by step, points that could and should be noted in the application of the principles involved.

Begin with anatomy, the basic subject of osteopathy. A less experienced teacher than Dr. S. S. Still would pass over much of interest but he quaintly unfolds it at a formative period of the freshman mind. From him, the student goes to Dr. Halladay who by rapid fire still further develops this subject in applied anatomy, and as the student is now further advanced, gives practical application of it in each region of the body. You know how, in the past, this was often neglected simply because the instructor did not make use of his opportunity.

You know Lane, M. A. Lane, pathologist, immunologist, biologist—well, he is an osteopath simply because he can not, as a scientist, be anything else, and he points the osteopathic moral in every subject from the moment the timid freshman sets foot within his classroom. This truth has science behind it, not mere speculation, and it is poured out over the whole four years.

Then there is Dr. Henry—why, he can tell more osteopathy from a drop of urine on a slide than many less expert could after a family and personal history for generations backed by a complete examination. Then he can go on and give an hour's talk about differential diagnosis if the centrifuge crank is turned three extra times.

Dr. Hamilton has had so many subjects that he can no more help applying the principles of osteopathy to the one in hand than he could help eating his dinner. No one-string fiddle for Emmet!

Dr. Platt begins to think how to adjust the spine at the moment he begins to teach histology and he trains his students to get the same viewpoint by developing their reasoning powers as to the formation of structures they will later handle in practice.

Dr. George Still complained to me lately, "They would not let me be an osteopath but made me be a surgeon." Sure, they did, but it gave us a great surgeon who is a still greater osteopath, and there is absolutely no question as to that statement for he is as loyal to the subject as any man living.

As the right hand man of George Still, Dr. B. D. Tuftman could not be anything but osteopathic in his subjects, so he delivers the babies osteopathically that, as they grow up, they may be kept well by osteopathy.

If Andrew Taylor Still was the father of osteopathy, surely Dr. Ella D. Still should be considered the mother of her specialty, gynecology. She got it first hand and has developed it continuously and osteopathically.

And as for me, whom you facetiously call "Father Teall," well, I have always known that the Old Doctor knew the right way when he taught osteopathy by word of mouth and by touch of finger.

"Feel that," he would say, "well, that is the angle of the third rib, feel of it and never forget."

So I am telling them of all the minutia of osteopathic practice and in clinics I place their fingers on the lesion and tell them in the words of the old Master, "there is the trouble." It's the only way, fellow osteopaths.

And then the youngsters who are coming into prominence, Browne, Hain, Schmidt, McCollum, Gorrell, Rieger and the Misses Heising and Gottreu, they are all winning their spurs and all are osteopathic.

Here is the idea, it is not the spectacular events of every day life that count for most; it is the minutia, the small things well done that, in the end, make a reputation.

And so, my dear OP, the ideal curriculum is based on a system that will begin the study of osteopathy the moment the student enters school, but teaching must be done in a subtle manner so that the student must not actually realize how much he really is getting. In this manner a foundation is laid and step by step he is prepared to begin actual practical work. This procedure is absolutely necessary so that bad methods and faulty technique do not get foothold. There you are, doctor; do you think it appeals to the discerning ones?

Yours fraternally,

Chas. C. Teall, D.O., Dean, ASO.
either CH₃CO or CH₂O. The former is graphic, while the latter is empirical. So, here we have even its "modernness" and "newness" unmasked!

FOOT NOTE 2
American Medical Association
Abrasacabra
In "New and Non-official Remedies" for 1917, issued by the Council on Pharmacy and Chemistry of the A. M. A., there is a discussion on Salicylic Acid and its derivatives.

It gives the raison d'être for the introduction of these "new" preparations "into medicine" as "to avoid the disagreeable taste and gastric symptoms of salicylates."

So salicylates cause gastric symptoms! Thanks for the admission! Multas gratias, dominii! (Many thanks, gentlemen.)

The esters are supposed to be "more or less insoluble," so that "the salicyl is liberated in the intestine or in the blood."

No one can "prove" that they are insoluble enough to escape the "baneful effects" of that "nasty thing" called the HCl of the stomach! Listen to this logomachy and chain of contradictions! Dissect it with the scalpel of logics! These compounds, the venerable council (composed of three German chemists) assures us, exert little or no action on the stomach. Still, it continues, Hanslik and Leblan reported nausea and vomiting! Multithese contradictions to the observations of Hans and Lach! Does theistro-synedrion (medical council) believe Hans and Lach or not? How does it stand on the proposition?

But the Council has no faith in these innovations, as in practice they are not superior to sodium salicylate which, allegedly, does not produce gastric symptoms.

But under what conditions? Guard it by a pharmacopeia (i.e. NaOH+CO₂, etc., etc.) - Medical duplicity! It does produce and it does not! Now you see it and now you don't!

Well, Council, old boy! All "medicines," especially those wonderful "new synthetics," cost less! The taste is better, the poor Council bewails it.

The acyl derivatives, we are assured by the Council which is afflicted with the dementia pharmacica (insanity of attributing all cures to drugs), are blessed with a higher antipyretic and analgesic action which surpasses that of sodium salicylate, with less danger of local irritation!

Those poor squirming worms! They jump, acrobat-like from one local rope to another; like the proverbial frog, from the frying pan into the fire!

Now sodium salicylate irritates, and now it doesn't!

O, di Romani! Who can get sense out of this? Now sodium salicylate is superior to the acyl (notably aspirin) and now the acyls are superior to the salicylates! This salto morale (death jump) on the logical circus stage is a nerve-racking fright, a brain-benumbing sight!

Salicylic acid is sometimes made out of methyl salicylate, boiling it with KOH (potassium hydroxide, caustic potash; an impurity of salicylic acid), making potassium salicylate and wood alcohol, (methyl alcohol), according to these equations:

1. C₆H₅(OH)COOCH₃ + KOH \rightarrow C₆H₅(OH)COOK + CH₃OH
2. C₆H₅(OH)COOK + HOH\rightarrow C₆H₅(OH)COOH + KOH

When taking methyl salicylate internally, is there not danger about its union with water in the body and liberating salicylic acid and causing potash, because the potassium salicylate which arises out of its manufacture, very often remains there in great quantities, as an impurity!

Ponder over the probability!

We know that salicylic acid turns into trichlor quinone by means of chemicals. This is a phenolic property. This also happens in the body where there are phenolases, i.e., enzymes whose specialty it is to turn phenols into quinones! Do you think it is to have quinones circulating in your poor old cytoplasm (blood stream)!

Aspirin is salicylic acid, and, therefore, turns readily into quinone! Sapienti sat!

The Council deplores the promiscuous use of aspirin by the laity. (Ha! ha! why not by the "prescribers"?) as it leads to the following toxic symptoms:

(1) Edema of the lips, (2) swelling of the tongue, (3) swelling of the eyelids, (4) swelling of the nose, (5) urticarial rash, (6) vertigo, (7) nausea, (8) cyanosis.

It tells us also that most persons have an insincerity to the "harmless" drug that causes all those good things!

One thing is sure, viz., that, aside of its esoteric virtues (which is no better than that of the Egyptian chartoum (Pharaoh's magician)) the Council has little faith in aspirin and its congeners!

One must recognize the Council's four types of salicylic acid compounds "introduced in medicine"-

1. Those in which H of OH has been replaced by acetyl (acid radicals): aspirin, novaspirin, dispirin, diprosan.

2. Those in which H of the carboxyl group has been replaced (by radicals of phenol, the most dangerous radicals) phenyl salicylate (salol), C₆H₅(OH)COOCH₃ (beta-naphthyl salicylate (gaul salol), acetylphenyl salicylate (salo-phen).

3. Those in which the salicyl action is subordinated: salipyrine, mercuric salicylate, phenolyl salicylate, salicornin, salaquinoine, salicine salicylate and salandyl.

They all will be taken up in succeeding articles in their rotation. A studious perusal of the same will lead the Council to my conclusion.

FOOT NOTE 3
Allopathy's "Now You See It, Gents! — And Now You Don't!"

In "Pharmacology of Useful Drugs," issued by the A.M.A., a book in which the A.M.A. is committing suicide, you find, under the subject, bold assertions as to the phemonic nature of salicylic acid. Its reaction to ferric chloride (deep bluish-white color) resembles that of phenol. Like phenol, it is converted into choramin (tetrachloroguine), C₆Cl₄(OH), COOCH₃ + 4HCl = C₆Cl₄(OH)COOH + 4H₂O. It is changed into chloramin by means of chemicals.

Acetanilid: Analgesic, antipyretic, and in large doses, a cardiac depressant, probably due to paranomophthol, into which it is converted in the body.

Acetophenetidin (phenacetin), C₆H₅(OH)CH₃COO, 

NH(CH₂CO)
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The Osteopathic Physician

The analgesic, antipyretic and cardiac depressant effects, like those of acetanilid, C₆H₅.NH-CH₂.COOH or salicylic acid, C₆H₅.OH, are probably due to the formation of paraminophenol, C₆H₅(ONa).OH (a substance which converts hemoglobin, i.e., living blood, into methemoglobin, i.e., dead blood).

Asidum salicylicum: Antiseptic, irritant to mucous membranes, corrosive internally, to be employed in the form of sodium salicylate.

Antipyrine: Antipyretic, analgesic, no reference to cardiovascular depression! How about it, Osler?

It is incompatible with nearly every chemical used in medicine, but look at prescriptions—"antipyrine and acetanilid"—they are mixed with nearly everything!

Methyl salicylate: The external application feature is urgent, internal not mentioned.

Sodium salicylate: Irritant to mucous membranes, corrosive, may cause pain and vomiting, ringing in the ears, nausea, increase of uric acid, increase of nitrogenous metabolism, depression of nervous system, convulsions, slowing and depression of respiration, collapse from depression of circulation, abortion in pregnancy. What do you think of this Schikutz w'habomah (abomination of desolations)? And this is supposed to be "less harmful than salicylic acid"! If this is so, what might salicylic acid be? Suppont! Nuf ced!

Now scan the "Epitome to the U. S. Pharmacopeia," another A. M. A. publication.

Acetanilid: Analgesic, antipyretic, cardiae depressant.

Acetophenetidin: Analgesic, antipyretic, cardiae depressant.

Antipyrine: Similar to acetanilid.

Antipyrin? 'Nuf ced!

Antipyrine is the least depressant and acetanilid most depressant. How about it? For what purpose use more acetanilid than antipyrin? Nuf ced!

Impurity Dangers in Aspirin's Use

In addition we must calculate the dangers lurking behind the impurities in aspirin. They are twofold: 1. Those resulting from the residues in the manufacture thereof; 2. Possible impurities. Consider that in the first instance we get acetyl chloride, acetic anhydride, phenol, metallic sodium, chloroform, hydrochloric acid and other "harmless" materials; while in the second class belong those drugs that simulate its color; 2nd, that resemble it in odor; 3rd, resemble it in taste; 4th, effect; e.g., quinine, morphine (before the Harriss); 5th, these, acetanilid, acetic acid, methylcarbonate, milk sugar (galactose), sodium bicarbonate (NaHCO₃=NaOH+CO₂) starch, etc., etc. (1. A void cost; 2. In case of shortage to fill orders.)

The monosodium salicylate, C₆H₅(OH).COONa, (the species given in medicine), the official "sodium salicylas" (with apologies to Caesar and Cicero!), can be decomposed by HCl in vitro (that is, in glass, in test tubes), why not in the stomach? Here is the equation:

\[ \text{C}_6\text{H}_5(\text{OH}).\text{COONa} + \text{HCl} \rightarrow \text{NaCl} + \text{C}_6\text{H}_5(\text{OH}).\text{COOH} \]

viz., sodium salicylate (the commonly known salt, not necessarily) and salicylic acid. Is the HCl in the stomach so kindly to it as not to attack it? That is a typical cosmographic (drug-philosophical) "Law of Probabilities" that it is being done, all the lipse dixis et dogmatica etherahedra assertions to the contrary notwithstanding.

Dry sodium carbonate (sodium phenolate), C₆H₅(OH)(ONa), under pressure in the cold, will share the fate of aspirin mentioned above, which polymerizes (enzymes that split phenols into isomers and polymers into one another). This will be perfectly illustrated in this article, dealing with enzymes and their action on drugs.

The pepsin, gastrinolipid and rennin of the stomach produce other functions, and other enzymes, are also isomerases and polymerases and are aiding in the performance of most of its functions. Eulzer tells us that, and proves it, and I shall show how he proves it, in "Eulzer On Some Well-Known Drugs to follow."

By the way, he also proves salicylic acid and all salicylates and quinones, etc., to be, not merely enzyme paralyzers, but enzyme poisons! Some substances help the activity of enzymes, they stop enzyme activators; some stop their activity for a while, they are enzyme paralyzers; some stop them forever, they are enzyme poisons.

FOOT NOTE 4

How Medics Somersault Over Common Sense

Acetic acid will, under the influence of certain enzymes in the body, called polymerases, i.e., enzymes causing polymerization (change in the atomic arrangement, e.g., urea, CO.NH₂ will, under the catalytic influence of a polymeroid enzyme called urease, be converted into 2NH₃+CO₂ [ammonia and carbon dioxide], but by hydrolysis, i.e., by absorption of a molecule of water, H₂O, as follows:

\[ \text{CO.NH}_2 + \text{H}_2\text{O} \rightarrow 2\text{NH}_3 + \text{CO}_2 \]

The hydrolytic action, i.e., the absorption of a molecule of water from the air or fluids of the body [as the case may be], being caused by the urease or urea-splitting enzyme, which also accounts for its being called "polymeroid," on account of its causing imperfect polymerization, i.e., hydrolytic polymerization) split into either parahydroxy, CH₃.COOH and free oxygen,

\[ \text{CH}_3\text{COOH} + \text{O} \rightarrow \text{CH}_3\text{COOOH} \]

There are a host of polymerases in the body which "medical" physiology does not teach, e.g., isomerases, starch-lipases, polymerases, etc., etc. The average "physician" knows of these, he knows of acetanilid, acetic acid, antipyrin, paraminophenol, C₆H₅(NH₂).OH (a substance like those of acetanilid, C₆H₅.NH-CH₂.COOH, which is also an isomer of salicylacetate, C₆H₅.OH.COOCH₂.CO which is again a polymer of CH₃.H.OH.COOCH₂.HO (methyl-salicylate) + CO (carbon monoxide). Under the influence of polymerases, aspirin will polymerize, i.e., become converted by atomic migration, first into acetyl salicylate, that into methyl salicylate + CO. It is also an isomer of salicylaceate, C₆H₅.COOCH₂.HO.COOOH (methylene salicylic acid) which, under the catalytic influence of the butyrate enzymes (enzymes that split phenols into acids and alcohols) in the body, absorbs a molecule of dihydrogen monoxide, H₂O, and becomes acetic acid, CO₂ and salicylic acid, C₆H₅.OH.COOH, according to the following equation:

\[ \text{C}_6\text{H}_5\text{COOCH}_2\text{H(OH)}\text{CO} + \text{H}_2\text{O} \rightarrow \text{CH}_3\text{COOH} + \text{C}_6\text{H}_5\text{OH} \]

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on this variety of alcohol) and become C\textsubscript{6}H\textsubscript{5}O\textsubscript{2} as: 
\[ \text{C}_4\text{H}_4\text{O} + \text{H}_2\text{O} \rightarrow \text{C}_6\text{H}_5\text{O}_2 + \text{H}_2 \] 
and become quinone, then 
\[ \text{C}_6\text{H}_5\text{O}_2 + \text{O}_2 \rightarrow \text{C}_6\text{H}_5\text{O}_4 + 2\text{H}_2\text{O} \].

Here is a sound of warning against taking the many salicylates, acetates and sulphocarbolates (phenolsulphonates, compounds of a phenol and sulphone, SO\textsubscript{2} side-chain). These, under the influence of the esterases, butyrases, catalases, phenolases, alcoholdehydrases, aldehydeases, isomerases, polymerases and many other enzymes which the "medical" physiologists do not tell you a thing about (cause: "ignorance or dishonesty") will split into acetic acid and some alcohols or metallic hydroxides, respectively; salicylic acids and dithio, and in case of the sulphocarbolates (a Chicago firm writes bibles on this subject), into phenol, alcohols or metallic hydroxides and pure unde¬
filed sulphuric acid, H\textsubscript{2}SO\textsubscript{4}. My next article: "Euler on Some Well-known Drugs," will elucidate this.

An example of an official acetate is "plumbi acetat" of U. S. P. (with apologies to the Latin of Cicero and Caesar; "medical" Latin is of the hog-dog variety, to use a literal translation of the German "Scheidwund") which the Dis¬
penatory recommends in chronic diarrhoea and dysentery in full-form combined with opium, "sugar of lead and opium pill!" A favorite phrase of a host of "doctors" and pharmacists! The formula is Pb(CH\textsubscript{3}COO). Upon heating this salt in the flame of the blowpipe upon charcoal, it is decomposed into metallic lead and acetic acid. There is plenty of heat in the body for this reaction, and, coupled with the activity of the enzymes, the presumption for plum¬
bism (lead poisoning) and acetic acid poisoning is not merely a cause probatibus vel non, but a fact so well established that the judge may safely instruct the jury to issue a verdict of "guilty!"

The Dispensatory recommends lead acetate as an injection in gonorrhoea and also inter¬
nally, but it also says that a solution of lead acetate upon the mucous membranes of or¬
upon a broken surface of the skin con¬
stringes and blanches the area and forms a white coating of lead albuminate upon it. It forms poisonous lead albuminate, but give it in doses of 1-3 grains every 3 to 6 hours! Can any gymnosophist or Hindu fakir beat this sophism and sin against logics as does this sommersaultism with common sense?

Now let us take another "official" prepara¬
tion, zinc sulphocarbolate, zicid phenolsul¬
phonas (wonderful Latin!), (C\textsubscript{6}H\textsubscript{5}OH)\textsubscript{2}Zn. It is recommended as an intestinal astrin¬
gent and antiseptic, but it splits, under heat
and enzymes, into metallic zinc, H\textsubscript{2}SO\textsubscript{4} and phenol. It's not poison, is it?

Methyl salicylate, C\textsubscript{6}H\textsubscript{5}OH\textsubscript{2}COOCH\textsubscript{3}, splits into salicylic acid and wood alcohol C\textsubscript{6}H\textsubscript{5}(OH)\textsubscript{2}COOH + CH\textsubscript{3}OH, but give it! The Dispensatory gives you all the symptoms of poisoning by it typical of the two poisons. Why not put it under the ban of the Federal Prohibition Law?

The "synthetic" salicylic acid is made out of phenol; aspirin is finely made out of the synthetic article, hence aspirin IS phenol.

This can really not be called "salicylic acid," for the same comes from salicin, C\textsubscript{6}H\textsubscript{4}O\textsubscript{2}C\textsubscript{6}H\textsubscript{5}CH\textsubscript{3}OH, a glucose which has been isolated in the bark of most species of salix and populus with the same "therapeutic value" as salicylic acid and the salicylates.

This acid, which has later been found in the same species, derived its name from salicin.

The synthetic salicylic acid, however, not being derived from salix species, should not be called "salicylic," but ortho-hydroxy-benzoic acid.

It is the poisonous benzoic acid, C\textsubscript{6}H\textsubscript{5}COOH, with OH in it, a derivative of poisonous benzene.

Here is the benzene ring:

It is a hexagon, at every angle of which is placed a methenyl, CH. The positions are numbered thus:

A substitution 1:3 or 1:6 is an ortho substitution; 1:3 or 1:5 is a meta substitution; 1:4 is a para substitution. There are 3 hydroxy¬
benzoic acids: para, meta, and ortho.

Salicylic acid is the ortho compound, the most dangerous (a later article).

Phenol ring

Benzoic acid ring

Salicylic acid ring

Hydroxybenzoic acid rings:

1. Ortho

2. Meta

3. Para

Salicylic acid is the first variety. The other two isomers are, probably, instantly killing ones; otherwise they would have been "intro¬
duced into medicine."

Aspirin (acetylsalicylic acid, acetohydroxy¬
benzoic acid) ring:

Salicylic acid ring

C(OH\textsubscript{3}CO)

C(COOH)

Observe position 1: a CH\textsubscript{3}CO (acetyl) sub¬
stitutes an H.

Consider aspirin's allies: benzene, phenol, benzoic acid, the 3 hydroxybenzoic acid acetyl acid, acetates.

FOOT NOTE 5

Medical "Blavatskyism"

William R. Jack, B. Sc., M. D., F. R. F. P. S. G. (with all those handles to his name) wrote
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Los Angeles 300 San Fernando Building California
The Osteopathic Physician

The Organ of News and Opinion for the Profession

Volume XXXVII
March, 1920
No. 3

CARRYING WAR INTO THE ENEMY'S COUNTRY

Instead of allowing osteopathy as organized by the American Medical Association to assume the role of prosecutor and persecutor of osteopathy and to exercise the function of determining what osteopaths shall and shall not practice, The OP is of opinion that things ought to be just reversed. The osteopaths are the boys who are poisoning the life out of the people; osteopaths ought to be haling them up before the bar of enlightened public opinion and enacting extensions of the Harrison Narcotic Act and individual states to prevent their time-honored vocation of poisoning people being wholesale in the name of therapeutics.

It is time there was stripped from the face of "state" medicine the medical mask of professed knowledge and competency which hides sheer chemical ignorance of the nature of medicines used and the consequences of administering diabolical poisons to human beings.

Our position is that any physician who gives poisons such as salicylic acid and aspirin for human consumption ought to be indicted for manslaughter. We believe the time will come when common sense and public conscience will make such practice impossible.

Instead, then, of allowing the supercilious and self-righteous allopath to go after the allopath for his day, no doubt, as a result of throwing the facts of such a course in our entire medical colleges, occasionally we propose that the profession of poisoning people by wholesale in the name of therapeutics is not a profession any longer, but a crime requiring prohibition (and criminal prosecution) and making it a crime to give away any drug medicine and make the M.D.'s good candidates to accept a potent general poison-vending allopath with his trail of human bodies behind him.

We begin these Drug Studies by a consideration of the importunity of aspirin and other salicylates so extensively, ignorantly and factually used by the medical profession throughout the late influenza-pneumonia epidemic. In our profession we will not fail to notice that the complications kill by respiratory paralysis, and to recall that that was the identical phenomenon attendant upon the great ventilatory abnormal death rate achieved by "regular" medicine in the pandemic.

By making these all-important drug facts we daub the noses of osteopaths in practice and make "mixers" out of them, the sooner we find them out and deprive them of their osteopathic licenses, the better.

We call this new feature our "Department of Pharmacosophy," the word being coined by our associate editor, Dr. Franklin, a profound researcher into the chemistry of pharmacy, whom we are proud to introduce this month to our readers. The term "pharmacosophy" is borrowed from the title of the Third Series, "Medical, pharmacy and prescription writing," and as its derivation indicates, has special concern with the philosophy of drugs in their chemical reactions upon human tissues and upon each other when put into the body.

This is a subject not heeded at all in practice by M.D.'s graduated from the boastful Class A medical colleges. But it will be emphasized one day, no doubt, as a result of throwing the Rockefeller millions behind the science departments of the medical colleges of America—those which, we predict, within another decade or two will stifle most of the present-day superstitious and "regular" medicine. We would have every M.D. good candidates to accept a potent general therapy of such value as osteopathic possesses. Till then we will wait.

Meanwhile we believe—as we have always believed and have advocated—that instead of closing the osteopathic mind to such light, our colleges ought to give strong courses in pharmacosophy and fit our physicians to combat these Drug Crimes of "modern" medicine with better understanding than arises from ignorance and hysteria.

The OP will welcome the day when every osteopathic college is teaching this subject as vital as anatomy is, on account of the fact that each one of those of our schools which have long ago made good beginnings in this direction we extend our approval and encouragement to persist in their good endeavors, even though some of our well meaning doctors misunderstand the scope, purpose and results of such sincere work. We fancy that a few months of "Pharmacosophy" in the third year of osteopathic college will give the student a proper appreciation as to the wisdom of such a course in our entire profession. Tell us what you think of "Pharmacosophy" as its moving story of the crimes committed against private life and public health by "modern" medicine generally unfolds.

Would that the osteopathic profession were ambitious enough and general enough to provide messages before the world as we shall prepare and put it before the narrow audience of our own profession to bring on the therapeutic revolution against drugs if the six thousand osteopaths in practice can furnish the proper backing to put it over. What do you think of it? It is known that properly presented in book form it would not be a difficult task, we think, to fully abolish the odious practice herein pilloried, and enact stringent laws making it a crime to give such stuff to human beings.

Instead of osteopaths praying for restrictive laws to be passed by the medical politicians to put out the eyes of osteopaths so they cannot acquire such scientific knowledge (as some few would argue), we propose that the knowledge of drugs. Pharmacosophy to enact such laws as would bind these M.D.'s poisoners hand and foot and deny them such "academic freedom" as carries the discretion to poison human beings in the abused name of therapeutics. Let our fighting all be exerted against the common enemy—not among ourselves.

DRUG KNOWLEDGE VS. DRUG SUPERSTITION

The well educated osteopath who knows a lot fundamentally about drugs is not afraid of drug competition in practice or of the seductive influences of the drug companies with him. He is the boy osteopaths don't count. He fears drug effects on the body, though, as he well realizes that every single bit that he may be hoped to be learned. He fears that a drug, and all drugs are drugs, will be appealed to is and always must be at the cost of definite damage to the living tissues. He actually uses fewer drugs in his work than the majority of the other stripe of osteopaths who are always decrying drugs and who argue that the value of an osteopath is in inverse proportion to his knowledge of drugs. Pharmacosophy, pharmaceutical, materia medica, prescription writing and the practice of drug medicine are all one to the latter type practitioner.

This osteopath whose education is deficient in comparative therapeutics and pharmacosophy is really deadly afraid that drugs will kill osteopaths, yet he does not believe that the average osteopath could be true to the osteopathic faith who knows all about materia medica. He would have his drug bill go by faith alone. He fears what he does not understand—that is the explanation of his drugphobia. He is so afraid of drugs that he doesn't want anything to do with them. The older osteopath will lose his present faith in the omnipresence, universality and omnipotence of his therapeutic dogma. He has but one. For the same reason he wants to remove what he is sure is "temptation" to all other osteopaths. He would make therapeutic anchorities and keep them penned in the cage of ignorance, far removed from sight and sounds of the beautiful enchantresses, the sweet lumps that he alone can use. He himself insisted that this stuff be blacked out and buried down in the ground so they wouldn't be found by the malicious profiteer and be turned into this gospel of the barren. He would enact statutes to make osteopaths keep the faith whether they know it or not. They would never be denied the road to his own office door and by statutory inhibition with penalties forever prevent any other phase of knowledge than that which is scientifically demonstrated.

The first osteopath is a scientist: the second is—what?
Is Your Practice Being Misrepresented by Chiro?

Do you feel the unfair competition of chiropractors in your locality who advertise their system as the "originator of spinal diagnosis and adjustment," or "nothing of the common everyday proofs of osteopathy's priority and originality, showing unmistakably chiropractor's gull in systematically stealing our philosophy and technique and palming "imitation osteopathy" off on the public under another trade-mark? This dignified editorial has been called a real masterpiece of art so far as tracing the main indisputable facts of the chiro fraud is concerned and proving the case for osteopathy so that any reasonable mind will accept it as conclusive.

It is truly a valiant retifier of osteopathy's boundaries, and we recommend you to make use of it if your answer to our opening question is in the affirmative. This pamphlet bears the name "Chiropractic Kleptomania" and is inexpensively printed and priced to make it easy to flood any locality with it where our science is being unfairly robbed of its just laurels as the originator and best exponent of adjutant therapy.

Osteopathy in California Saved by Superior Court Decree!!!

Los Angeles, California, March 3rd—(Special) — Judge Wellborn in the Superior Court of Los Angeles County today handed down a decision which is a sweeping victory for osteopathy over the "regular" medical machine which had sought to deny our College of Osteopathic Physicians and Surgeons state recognition.

The court found that the college had complied with the law in every respect. The court declared that the action of the State Board of Examiners in withdrawing state approval of the college was arbitrary and capricious as the law plainly states that any college which has complied with the specified requirements must be approved by the board, and MUST does not mean MAY be approved. The verdict has the effect of giving osteopathy complete, final and equal status with allopathy in the state of California.—C. B. Rockingston, D. O., Los Angeles.

In Court and Legislature

Time for a Treatment

By C. C. Reid, D.O., M.D., Denver, Colorado.

A MAN the other day told me he took some treatments from an osteopath who gave him two hour treatments. From another place one said he got hour treatments. Some time ago a lady came into the office saying that a doctor gave her four treatments and another eight. Another lady recently said that she took treatments from an osteopath who gave her two minutes or three minutes. As I found out, none of these doctors understood the treatments they had. The mistake is in talking time treatments to any patient. One who pays he gives a ten minute, twenty minute, forty minute or sixty minute treatment has a wrong vision of osteopathy.

One who winds his watch, puts up a fence, shuts the gate, cracks an automobile, fixes the furnace or adjusts his clock does not think of time but does the work in the most expedients way.

Giving a treatment is a little on the same order except there are some other features entering in. The patient's psychology, the variety of pathology and the natural forces which must respond to the treatment all must be considered but, in considering these things in connection with the treatment, forget time.

By saying nothing about time but go about the normalization of the patient as far as possible at that time. If one is slow and inefficient in his methods of adjusting, even giving a fifteen minute treatment. If his personality is strong, he understands human nature well, he knows his technique and goes directly to the thing that he is after, both with his physical body and the mental body. Understanding the patient's psychology, he will not require much time at each meeting with his patient.

Any one who is taking a good deal of time for his treatments should study efficient methods and he will find that he can do the work much better and more expeditiously and do it even better. The average time of the most efficient osteopath from one end of the country to the other which they require for giving a treatment is from three to eight minutes.

D.O's giving more than that, except in special cases, should study their own personality, their methods and their science. They are bound to enter into greater satisfaction, more remuneration and, on the average, better results.

More About Uterine Adjustment

In a foot note to my assertion in the November issue that osteopaths are neglecting manual adjustment of the uterus the editor remarks that Byron Robinson said the uterus could be normal in various positions. This is true. But it is also true that that kind of an assertion is one of the things that Summer relies and sooner or later will be found not to be the case. When the possibilities of abnormal positions are not emphasized and explained.

In the AOA Journal, October, 1918, Dr. Betsy Hicks rightly urges the profession to greater readiness to examine the pelvic cavity. But I wish to make a strong protest to her assumption that, "prolonged courses of local treatment" are properly discouraged in the profession. Here is a case where Dr. Vastine and Dr. Turner could say something worth while, as I am convinced that much suffering of women and much resort to surgery, that is often disappointing, is a lack of possible application of the fundamentals of osteopathy.

Very few osteopaths appreciate how often the uterus needs adjusting, how the adjustment can be made, and how much benefit can be secured by such adjustment. —W. Young, D.O., Grand Junction, Colorado.

Dr. W. Orrin Flory Advances Office Fee to $5.00

I want to tell you that my practice is in better condition, this year, than after having advanced my rates beginning March 1st, 1918, from $2.00 to $5.00 for office treatment and from $5.00 to $8.00 for house calls. I wish more of my osteopathic physicians could understand the great benefit that is derived from advancing fees in accordance with present necessities. It really adds to our reputation as physicians when we charge a dignified fee for our services.—W. Orrin Flory, D.O., Minneapolis, Minnesota.

Should We Advertise?

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

I will answer my text in the affirmative.

Why? Because we have only scratched the surface in telling the people the merits of osteopathy.

There are thousands of persons who do not understand what osteopathy is and what it can do properly applied, in many diseases. The reason for this is, we have failed to educate, except sporadically.

We have not been consistent along the lines of publicity. We have not sown the seeds of publicity. We have not been consistent along the lines of advertising campaign. We have not been consistent along the lines of advertising campaign.

Some of us send out literature expecting to be worth more than a million dollars is never heard of. Why? Because, the man who made it thought he didn't need to advertise any further. Other men with perhaps no better soap, but better brains displaced the million dollar name to the point of disappearance.

A tooth powder that forty years ago was literally in everybody's mouth followed the same course of atrophy for the same reason. Atrophy means to wither away.

Scores of good products have failed of the lack of publicity.

Real advertising never failed to get business, if the thing advertised was worth buying twice. Truth is the foundation of all good advertising.

Osteopathy is the Truth.

Then, why not tell the Truth, the Whole Truth and Nothing but the Truth?

Let us unite on an advertising mission and build up its value until we win as therapeutic agents in the healing art.

It takes a master to handle publicity and why not leave such matters to men who make a business of it.

Let the AOA organize in fact a publicity bureau with a live experienced man in charge, properly paid to do the work.

Chicago should be the headquarters.

The opportunity is at hand. Let us seize it. Multum in Parvo.
Efficacy of Drugs

[Rotche ster Post-Express]

A n eminent physician of Boston, Doctor Cabot, exhibits in a book just published a sombre catalogue of results arising from the efficacy of drugs. Of one hundred and fifty diseases known to medical science, drugs will, when circumstances favor, cure six to eight; and he will not say that he is wholly hopeless that cures for the other hundred and forty-two may yet be found. But he admits that medicine is a richly reed to lean on and that the most important thing for physicians to recognize and patients to remember is that the vast majority of diseases get well and will get well, without any help. If they did not get well without drugs they would not get well at all. For nature is the curative agent, though druggers are perfectly willing to take credit for her work.

More or less has been heard of late about what are called industrial diseases, ailments produced by certain lines of work. But aside from lead poisoning, Doctor Cabot knows of no disease which is clearly attributable to any industrial pursuit. Neither in his conviction that overwork or exposure to changing temperatures produce any single ailment though they often do reduce the resistance the system offers to it, is he wavering. Most of the ill that flesh is the unhappy heir to are due, in this wise and candid practitioner’s opinion, to improbably condition of fleshly rest, love affairs, and other worries and the strain of psychic life.

There is comfort in these conclusions, for if a sound mind and rational habits do so much to keep the body sound, and if nature unaided can cure most of our curable ills, life is a far safer journey for women than it has sometimes seemed. Of course it is not so easy as it sounds to put fear and worry, narrowing love affairs and destructive emotions-hatred and envy-aside, and sell drugs they would not get well at all. For nature is the curative agent, though druggers are perfectly willing to take credit for her work.

Drug Slaughter Exceeds War—Famine—Pestilence

QUESTION: In June, 1919, “Osteopathic Health,” page 15, you have the statement: “Another great medical leader of his time wrote: ‘Drugs are more human beings in the quiet of the sick chamber than war, famine and pestilence combined.’”

Please advise me who made this statement and where can I find it—the name of the book and the author. I have been crippled by drugs and want all the information I can get as to their effects for use against the M. D. I enclosed stamped envelope for reply.—Respectfully, A. C. Holm, 889 East 15th Street, Denver, Colorado.

Answer: From Osteopathic Health of February, 1902, page 27, we quote: "Another great medical leader of his time wrote: ‘Drugs are more human beings in the quiet of the sick chamber than war, famine and pestilence combined.’"

The science of medicine is a barbarous jargon. My experience with Materia Medica has proved to me the uselessness of any education in its theory pernicious. The effects of our drugs on the human system are in the highest degree uncertain. Indeed, they have destroyed more lives than war, pestilence and famine combined. *

In a large proportion of cases treated by allopathic physicians, the disease is cured by Nature and not by them. In a lesser, but still not a small proportion, the disease is cured by Nature in spite of them; in other words, their interference opposing the cure, not aiding the cure.

The editor doesn’t know the books in which these statements were made and has not the time to look them up, but would be thankful to any studious reader who will send us that information. Both are frequently quoted in medical literature.

From the issue of June, 1902, page 111, we also quote Dr. Marshall Hall, F. R. S.: "Thousands are annually slaughtered in the quiet sickroom.

Does Advertising Pay?


SEVERAL years ago a pseudo-osteopath located in my town. He mailed out folders in which he claimed to give away a dozen different kinds of treatment. He advertised in the daily paper quite extensively, sometimes using half a page. Results; three fakirs kept busy for a while. Later, he left town head over heels in debt.

An advertising M. D. comes to my town three or four times a year. The town is over-run with M. D.'s, but this man reaps a harvest every time he comes.

Another advertising M. D. decided he would try out the field. A two week's stay was so profitable that he returned in about a month for another two week's stay.

A correspondence school chiro landed in town too poor to make a down payment on a phono­graph. He chased up a few patients and used the coin to send out folders. He mailed one to everybody in town as fast as he got the post­age. Then he did it over again. He claimed he got to taking in $200 a month but we discount that considerable and then some. At any rate he bought a medium priced car and the town is over-run and sell glasses you should be prepared to diagnose the errors of refraction, cannot be done by you?

The Osteopathic Envoy

Our New Catalogue

Our New Catalogue showing cuts of many styles of tables stools, vibrators and the best folding table on the market, sent on request. A postal will do.

Dr. George T. Hayman
Manufacturer

Doylestown, Pennsylvania

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

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
Neuro-Retinitis Due to Whiskey

By R. R. Keiningham, D. O., Baltimore, Md.

In the latter part of February 1918 I was asked to examine Harry L. Fuller of this city who was suffering from total blindness. He gave the following history:

About eight weeks previous he had noticed a slight "weakness" in his sight and had consulted an oculist regarding them. He was given a preliminary examination and since there was no inflammation of the conjunctiva told him to hold on his line of treatment and was re­warded by seeing this gradually clear up.

At the end of six months he was able to distin­guish any headline in a large newspaper and could distinguish the fine print but could not read it.

That appearance of lime on all objects had become practically nil. At the time I last saw him he was still unable to read. Unfortunately he could discover no disease of the heart, lungs, or kidneys. That the man was totally blind there was no doubt as he could not read it.

Owing to the fact that this man's sight had been practically abandoned by "eminent specialists" it should only increase our faith in trying to do what we are able to do for this sort of cases. I have treated a number of cases of blindness of various sorts and have found that nearly all of them have been amenable to improvement. Some I have seen have been hopeless as was apparent from a glance. My diagnosis was neuro-retinitis due to whiskey.

I thought this case might prove of some inter­est to our OP family and if anyone can explain why objects appeared to this man to be covered with lime I would appreciate it.

At the end of six months he was able to distinguish any headline in a large newspaper and could distinguish the fine print but could not read it. At this point he pointed out to me a peculiar form of blindness of which I have never been able to ex­plain, nor have I met anyone that could explain it.

One of the Mistakes of Med cine

By Fannie Gooden, D. O., Farley, Iowa.

Patient, a girl of nearly three years. A man came to me and with tears rolling down his cheeks begged me to go home with him to try and save his baby. Two medical doctors had been in attendance and the parents, heart­broken, had been watching for her death for twenty-four hours. One of the doctors in trying to do what was impossible, told him that his sight had improved somewhat since dis­continuing treatment and he was hoping to regain it completely.

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

Dionol treatment is the only remedial agent that we are aware of that acts strictly in a mechanical sense and without drug reaction and which may be safely employed, internally or externally by drugless physicians generally. — The Dionol Co., Detroit, Mich.

The Denver Polyclinic and Post Graduate College

Gives Three Post Graduate Courses

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. We aid you in selection of best instruments.

One month. Next course begins March 1, 1920.

No. 3 — Didactic and Surgical Eye Course and treatment. Surgery done on cadaver by the student. A course in refraction.

One month. Next course begins April 1, 1920.

Address DR. C. C. REID
Eye, Ear, Nose and Throat Specialist
501 Interstate Trust Building - Denver, Colo.
M., when I saw her. Her head was drawn back­ward, her knees were flexed upon her chest. One eye was completely closed by swelling of the lid and the pupil of the other eye was un­con­tracted. There was fever, rapid respiration and a rapid, irregular pulse. The muscles of the pretibial and peroneal regions, and the extensor tendons of the fingers, were hypertrophied and tense, and the entire extremity was red and cold. There was a general cutaneous hyperesthesia.

The most pronounced spinal lesion was a rota­tion of the seventh cervical. The mother said that she had been feeling the worst in this area. When she was examined, there was a severe twitching of the muscles of the neck and spine, and the child was driven to the floor by violent spasms. The muscles of the neck and spine were contracted and tense. There was a general cutaneous hyperesthesia.

As a seventh cervical lesion affects the cir­culation of the blood in the cord and brain, by interfering with the circulation of the internal plexus of nerves, I loosened up the tissues around it as much as possible, but there was too much congestion to expect much relief. I worked with her until I could see that she felt fairly comfortable. Then we gave her some milk and she soon dropped off into a quiet sleep. Seven hours later she was awakened by an unusual noise, was rational and quiet and asked for bread and milk, ate it, and slept for six hours more. When she awoke she knew every one and talked to those around her and although she was irritable at times there were no convulsions, nor stupor, and her recovery was rapid. We paid close attention to her diet and had her drink plenty of water to aid in keeping the bowels and kidneys active. Also we had her lie on a pillow on her stomach as much as possible and, as soon as she could bear it, treated her in this position, using gentle steady pressure and holding it for thirty seconds. This treatment relieves congestion by opening up the gateways of the spine thus securing better drainage.

I gave my patient six treatments in the home and then at the office and urged the parents to have her take mind and muscular exercises. She is still tender and muscles too tense, but they were busy and thought she would be all right. I saw the mother a year later, and the child's mind was bright and that she had been well. Three years later the sister told me that she was well but did not grow as fast as they thought she should. I again urged more treatments but she has not shown up. I gave them osteopathic booklets but they returned them, saying that they could not read English.

Tisnus

Reported by A. S. Dowler, D. O., Panora, Iowa.

Miss J. W., Linden, Iowa, High School student, American, age 18, 5 ft. 4 in., weight, 110 lbs., fair, blue eyes, regular, temperature 98.6. Heredity: Father died 55, splenic tumor. Mother, 58, living, health poor. Previous diseases: Whooping cough, 10; measles, 15; chicken pox, 14; tonsillitis, 13; appendicitis, 17. Operations: Tonsillectomy, 15; appendectomy, 17. Lesions: Atlas, right and left; cervical, right and left; 4-5-8 D. L. Back arch. Masseter and external pyrigoed muscles felt like hard ridges. Extremities clammy and cold. Patient's jaws tightly closed, articulate very imperfectly and she lives on soup sucked thru her teeth. Duration of present affection, 11 mos.

Mode of onset. Opened mouth to bite into sandwich when jaws closed rigidly; X-ray showed no fracture. Previous treatment, medi­cal. Diagnosed by them as hysteria and tetanus and she was given a variety of treatments on their hypothesis; anti-tetanus serum was ad­ministered in very large doses intraperitoneal injection of skin; fly blistered used; morphined; mouth gags applied, hypodermic emetics given (patient had vomited through her nose); hypnotism resorted to by a "Specialist," and a change of climate advised. None of these measures afforded any relief, and she had been in a bed from the beginnings of the disease. I diagnosed it as trismus, due to an impinge­ment of the muscles of mastication, and treated it con­sisted of straight osteopathic adjustment and after seven adjustments, muscles completely relaxed, jaw set naturally and she has had no trouble with them since. First treatment given October 12, 1915, and last December 18th. 25 treatments in all. She has gained 15 pounds in weight, color has returned and she is in better health and spirits than for a number of years. Several teeth were in bad condition from my first examination but they were treated with gold and now show no trouble.

Anasarca, Milk Leg, Bowel Ulcerations, Hemorrhoids and Indigestion

By A. S. Dowler, D. 0., Panora, Iowa.

Mrs. C. W. W., Linden, Iowa, age 23, farmer's wife, 5 feet 6 inches, weight 100 pounds, mother of two children, one and four. Married five years. Mother, age 47, has Bright's Disease. Father, aged 50, rheumatic. Previous diseases: Mumps, 6; chicken pox, 9; whooping cough, 16; measles, 19. Previous treatment, no relief.

Case diagnosed by M. D.'s as ulceration of intestines, phlegmasia alba dolens and anasarca. She had been treated with gold, D.DS and an operation refused by the Mayos, Rochester, Minn. Medical treatment included "fly" blisters,serums, British oil, morphine in large and constant doses and an array of dopes that would have outclassed a drug store.

I took the case under protest, promised nothing, prognosis grave. Found patient badly emaciated, skin harsh and dry, extremeties cold and legs enormously enlarged and swollen, eyes week, pulse 110 and irregular, appetite good, much discomfort after eating, kidneys had not functioned properly for fifteen years, and patient was having 50 painful bowel operations daily, passing pus and blood. Snows of the bowels of daily occurrence. Had sick headaches, vomiting bile, and was very weak and depressed. "Milk-leg" appeared, bowels stopped, mother of second child one year previous. At time of marriage, five years previous, patient weighed 100 pounds. In addition to Anasarca, "milk-leg" and bowel ulceration I found badly inflamed ovaries, hemorrhoids and indigestion. Lesions as follows: Atlas, Right, A. X., 6-7-8-88. D. L. and very tight. All lumbar vertebrae tight and spine generally rigid.

Treatment: Osteopathic adjustments, plus hydrotherapy and thermotherapy. First treatment Nov. 14th, 1915; last April 22nd, 1916—67 treatments in all.

Results: Normal kidney action, anasarca and "milkleg" disappeared, bowel actions reduced to 10 or 12 daily, no more tenesmus, normal gall bladder, nausea reduced to a minimum, improved color and sleep. During the period that patient was under my control she developed a number of complications which were all successfully relieved, such as fingers snapping together and locking, left eye swelling shut and dis­colored, a general toxemia with adema and boils. The patient had made such favorable progress that she could take care of her house and cooked for four people. There was a marked gain in weight and she was able to go for a drive 6 mos. after her first visit and the sutures were removed to an adjoining county in May when I lost track of her.
New Osteopathic Sanatorium at Asheville

Dr. Elizabeth Smith of Asheville, North Carolina, has announced that she has leased an estate known as Reynolds Heights which she will operate as the Asheville Osteopathic Sanatorium as soon as the buildings on the grounds can be remodeled and put in thoroughly first-class condition for sanatorium purposes. The property is well located; the building is situated on a high hill among beautiful pines and cedars and is within a short distance of a paved highway. The building has 15 rooms and additions will be made as necessary. Dr. Smith plans to spend several thousand dollars in remodeling, furnishing and equipping the building. A trained superintendent and a full corps of nurses will be installed, but Dr. Smith will have full executive direction of the institution. 

Dr. Smith is a native of Asheville. She obtained her osteopathic education at the American School of Osteopathy, graduating in 1913. For some time she was associated with Dr. Evelyn K. Bush at the Bush Osteopathic Sanatorium in Louisville. Later she located in Portland, Oregon, where she practiced for some months. She returned to Asheville in 1915 where she has been in active practice continuously since that time.

Texas Association Endorses Dr. Harris

Dr. Harris

Dear Bunting: I notice in the last issue of the good OP our Secretary's letter in regard to Dr. Morris Harris of Amarillo. I also had read the first article published. I am very glad to see that you are so quick to correct mistakes that have been made. It was a mistake to say that the Texas Association did not endorse Dr. Harris, because we do. Personally I know that Dr. Harris is a very fine osteopathic physician and a good man, and he has given a great deal of time toward the advancement of osteopathy in this state. Again thanking you for the publicity you gave our Secretary's letter as an expression from the State Association, I am—


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-1 by Oklahoma Department of Charities. Training School for Nurses. Best Course of Study. Registered by State Nursing Board. Pupils wanted. Expense allowance given.

SOUTHWESTERN OSTEOPATHIC SANITARIUM . . . . Blackwell, Oklahoma

Dr. Geo. J. Conley, Chief Surgeon; Dr. H. C. Wallace, Surgery, Orthopedics, Diagnoses; Dr. L. S. Larimore, Eye, Ear, Nose and Throat and X-Ray; Dr. C. D. Hall, Obstetrician; Dr. S. T. Anderson, Staff Physician; Dr. C. G. Tillman, Laboratory and X-Ray Diagnoses; Dr. W. W. Palmer, Staff Physician; Dr. M. M. Estlack, Staff Physician; Dr. L. V. Cradit, Eye, Ear, Nose and Throat; Dr. Mary Quisenbery, Staff Physician; Miss Bessie M. Hutchison, R. N., Superintendent of Nurses.

SOUTHWESTERN OSTEOPATHIC SANITARIUM
BLACKWELL, OKLA.

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Victim
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THE OSTEOPATHIC PHYSICIAN

IN THE DOCTOR'S LIBRARY

My 6 Best Books for Osteopaths to Read
By Riley D. Moore, LL.D., D. O., Washington, D. C.

It is difficult to say what are the best six books. There are many that have had a great influence on me, in and out of my practice. My reading has been decidedly omnivorous. No profession is really narrow today. You can not know your own science in the broader sense unless you know a lot about a lot of things.

However I might say among the books that have been the most helpful to me are: (1) Cunningham's Anatomy, because I think it more readable, not so heavy in style as most-anatomical works; (2) Clark's Applied Anatomy, really a good work on practice in many ways—what I believe is the most useful osteopathic book ever published in spite of a few short coming; (3) Physiology by Landolt; (4) Massage in Diseases of Women by Zelgenspeck (Betz, Pub.) did much to clarify many obscure points; (5) Rulett's Principles contained passages that I think were not altogether accurate but on the whole it was very helpful to me.

Now I think that a doctor needs a well balanced philosophy of life, both for his own good and to hold his patients in line. Before he can have this he must know something of sociology and why things are as they are. He must also have read and thought a bit with the great philosophers. More than any other two works that have helped to strengthen my philosophical underpinning do I value (6) Lydston's "Diseases of Society" and "Degeneracy" and likewise (for an extra) the Manual of Epicte"-tus. In this latter will be found the meat of a lot of our so-called modern movements. "New Thought" for example.

You asked for six books and you have them. There are so many good books one should read, so many which one could get pointers from in practice, that are not strictly medical works. For those already having some knowledge of comparative anatomy Wilder's History of the Human Body is a gold mine. But don't start mining unless you are prepared to dig! Sincerely yours.—Riley D. Moore, LL.D., D. O.

By Geo. M. McCole, D. O., Great Falls, Mont.

1. For Inspiration: "A. T. Still Founder of Osteopathy Lane."
2. For Diagnosis: "A T. Still Founder of Osteopathy Lane."
3. For Keeping Up-to-date and Interesting Study. "The Medical Clinics of North America" — W. B. Saunders

5. For New Points and Up-to-date Stuff "Shop Talks on Osteopathic Affairs" The OP.

By Arthur Still Craig, D.O., Kansas City, Mo.

Your request for opinions as to the six most valuable books rec'd. You might know I can't give you that without getting into deep water. If I should mention Craig's anatomy and physiology, for instance, you would cut that out at once as biased opinion. If I should say the Bible and Omar Kayam the friends would say I am not original. If I should by any chance put in Spontylotherapy or White's lectures or if I should mention Tousey on Medical Electricity and X-rays, (in which I am quite interested at the present,) I fear that I should meet the scalpers as I did once before after venturing into print in The OP.

The books that I should like to recommend as the Bible of the osteopath, and likewise concerning the important subject of dietetics, do not seem to be yet off the press. Such being the case, instead of recommending one book we must recommend five or ten, and with a list of fifty instead of five we might cover some of the essentials.

To be sure the Reference Hand book has been a constant companion, in its different editions, thru the years, for it seems to me that it fails to obscure or omit the very point we are looking for as successfully as do most of the others, but then, this is nine books to start on instead of one.

Suppose then we narrow the list down to two and call them the English dictionary and the Medical dictionary.

As to the little shop note stories, I have been thinking of getting a few things off of my chest and perhaps I can get around to that soon.

By Edythe F. Ashmore, Pasadena, Calif.

Experience changes our outlook and needs. I agree emphatically with Drs. George W. Reid and Asa Willard that the recent graduate needs above all to study the osteopathic books, not forgetting the periodicals, for he has practically no contact with these books in college, our present system running entirely toward preparation for state board examinations. At the end of ten years, he should have a fair knowledge of the best osteopathic literature. He would

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then need to spend more time with a standard anatomy, Hilton's Rest and Pain, a standard text-book on nervous diseases, Mallory's Pathology, and a book on physical diagnosis. After twenty years, he should have assimilated osteopathy, so that he has the right aura for a specialty. My favorite shelf contains Ernest Fraud's Anatomy of the Human Skeleton, Cabot's Differential Diagnosis, Volumes I and II, Church and Peterson's Nervous and Mental Diseases, Hilton, and Clinical Osteopathy.

By Chas. S. Green, D. O., New York City. Here they are:

1. Dr. Still's writings.
2. Gray's Anatomy.
3. Landolfs' Physiology.
4. MacCallum's Pathology.
5. Hulett's Principles.

By Jennette Hubbard Bolles, A. B., D. O., Denver.

1. Research and Practice - Dr. A. T. Still
2. Principles of Osteopathy - Hulett
5. Standard Work on Diagnosis.


1. Applied Anatomy by E. E. Clark, D. O.
2. Diseases of Women by M. E. Clark, D. O.
4. Osteopathic Research and Practice, Dr. A. T. Still.
5. Practice of Osteopathy, McConnell & Teall.

Master these and you will be a success in the practice of osteopathy.

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**By Leslie S. Keyes, D. O., Minneapolis, Minn.**

1. Pierson's Anatomy.
2. Ring's Theory of Osteopathy.
5. Diagnosis, Greene.
6. Osteopathy, Research & Practice.

By Frank J. Stewart, D. O., M. D., Chicago

The six books that have been most helpful to me in the order of their helpfulness are as follows:

2. Posture's Physiology.
5. Pusey's Dermatology.

No doubt many other books would be just as helpful as some or all of the above, but these are the books I have studied most.

By Ernest C. Boud, D. O., Milwaukee, Wis.

2. Gray or some other standard descriptive Anatomy.
3. Clinical Osteopathy (Research Institute).
5. Unconscious Therapeutics or The Personality of the Physician (Schofield).

By C. E. Ameden, D. O., Toronto, Canada.

1. Abdominal Brain, by E. H. Pratt, M. D.
2. The Composite Man, by E. H. Pratt, M. D.
4. Physical Diagnosis by Cabot.
5. Practice of Osteopathy, by McConnell and Teall.
6. Medical Diagnosis, by Greene.

By T. M. King, D. O., Springfield, Mo.

3. Writings of Dr. A. T. Still.
6. Differential Diagnosis by Cabot.

By Samuel Linn Grossman, D. O., Williamsport, Pennsylvania

Here they are:

2. Practice of Osteopathy, McConnell and Teall.
3. Differential Diagnosis, Cabot.
4. Physical Diagnosis, Cabot.

By J. O. Sartwell, M. D., D. O., Deon, Massachusetts School of Osteopathy, Boston.

1. Hulett's or Tasker's Principles of Osteopathy.
3. McConnell's Clinical Osteopathy.
4. Abram's Spondylo-Therapy.

I think every D. O. should possess these books.

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**THE OSTEOPATHIC PHYSICIAN**

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**By Jeanette Hubbard Bolles, A. B., D. O., Denver.**

1. Dr. Still's writings.
2. Gray's Anatomy.
3. Landolfs' Physiology.
4. MacCallum's Pathology.
5. Hulett's Principles.
The Osteopathic Post-Graduate College on Wheels

By George F. Whitehouse, D. O.

The plan is to give a complete post-graduate course in diagnosis and treatment that will supply practically the material for the average practitioner. Under the plan of the Western Association any number of the societies will close the year with from $50 to $100 more in the treasury than they had at the beginning of the year, and with no expense to the members beyond the regular dues, the allotment of which to the local society is $2.50 per member.

When I saw Dr. Bunting in Chicago during the holidays, I asked him what he thought of the possibility of sending the leading osteopathic physicians in the country over a month's trip, pay him $10 a day and his expenses, and not have it cost the societies he visited a cent — in fact, have it net them a neat little surplus for their treasury. His answer was, that if he did not know me so well he would think I was crazy. This nevertheless is what has been done. In fact, on Dr. Huddy's trip east of the first nine societies visited did not pay a cent for expenses and earned a surplus of over $300 besides.

Dr. Edmiston who followed Dr. Ruddy covered his expenses in the most of the societies and a good share of his expense in every society. His work was also highly appreciated, and many times this expression was heard, "I am surprised to know that that kind of osteopathy is being taught in the Los Angeles College. Additional speaker would be welcome," and calibre will follow during succeeding months.

In connection with the expense, a very significant fact is that the total distance of this western post-graduate circuit is almost 5,000 miles, or a distance equal to the distance from Chicago to New York City, from New York to Atlanta, Ga., from Atlanta, Ga., to Dallas, Texas, from Dallas to Kansas City, from Kansas City to Minneapolis and from Minneapolis back to Chicago.

Instead of sending a speaker over the territory to simply deliver a lecture, as has been the custom in the past, the entire day is utilized for the Western Post-Graduate Circuit. The speaker spends from 9:00 until 12:00 A.M. in consulting with local physicians on private cases; the entire meeting for the week in the case of the Post-Graduate Clinic was as conducted by the California Association last year, where the leading educators of the profession in the West gave one hour each day for an entire week, and the profession was given their choice of several speakers each hour, the post-graduate work for the year can be rounded out as a tremendous gain to the individual physician.

Seven state societies and twenty-four local societies are co-operating, and the Western Post-Graduate Clinic is destined to set a pace in professional education never before equalled by any profession.

Colorado, New Mexico, Arizona, and El Paso, Texas, Join Western Association

By George F. Whitehouse, D. O.

The Colorado Osteopathic Association has reorganized on the western plan and voted to affiliate with the Western Osteopathic Association of the three local societies, Northern Colorado, Denver and Southern Colorado, each voted to become a part of the state association, and to hold their meetings regularly in conjunction with the Western Post-Graduate Circuit. The constitution and by-laws governing state and local societies was adopted and everything is in running-order, right up to the minute with the other western states. Colorado was fortunate in that most of the preliminary organization detail had been worked out and tried out by the local societies. However, the spirit with which its members voted to affiliate would indicate that Colorado will put in its share of work and enthusiasm from now on.

New Mexico Takes Similar Action

New Mexico revived its state association, elected new officers, affiliated with the Western Association and will be there with bolls on when the next speaker arrives. There is a tendency in the west will it be necessary for the osteopaths to travel as far to attend a local meeting as in New Mexico. Yet the plan of pro-rating car fare was the most popular project ever low during succeeding months.

Arizona Organizes State Association

The osteopathic physicians of Arizona met and organized the Arizona Osteopathic Association, the first organization in the history of this state. The following officers were elected: Dr. D. L. Conner, Phoenix, President.

Dr. Paul R. Collins, Douglas, Vice-President.

Dr. Maud Callison, Safford, Secretary-Treasurer.

Conner, Collins, and Callison, the three "C's" from whom much may be learned in getting Arizona safety on its feet and feeling perfectly at home in State Association circles.

A subsequent meeting of the local societies organized the Central Arizona Osteopathic Society, forming a part of the state association. The following officers were elected: Dr. Geo. F. Blair, Phoenix, President.

Dr. M. A. Brooks, Phoenix, Vice-President.

Dr. A. C. Graves, Phoenix, Secretary-Treasurer.

H. G. Safford, Secretary of the osteopaths of eastern Arizona meet and organize an eastern Arizona local society, so as to give Arizona two local societies in the circuit, if possible.

El Paso Joins 100 Per Cent

The El Paso physicians met and organized the El Paso Osteopathic Society, and as a result of Dr. Edmiston's splendid message, and the active interest of the local physicians attending the meeting, 100% of the osteopaths of El Paso joined the society.

The Western Osteopathic Association is an organization, not of individuals, but of states, being impossible for any individual to become a member of the Association through his state society. The only objects of the Association are the advancement of osteopathy in the case of local societies, so situated as to make it impracticable to join elsewhere and unreasonable for the Western Association to bar them from membership, and in such instance membership is secured through membership in the local society. The El Paso society forms a good example of such an instance. Located in the most western part of Texas, El Paso is twenty miles nearer to Los Angeles than it is to Houston, Texas, and 80 miles nearer to Los Angeles than it is to Galveston. It would, therefore, be next to impossible for the State of Texas to ever offer to the El Paso Society anything like the privileges now open to her through the Western Association.

Furthermore, there is but one local society between Houston and El Paso, the San Antonio Society, while between El Paso and Los Angeles there are six local societies. This will reduce the expense to El Paso less than one-fifth of what it would cost to join in the federation of El Paso with the West, for the Western Association requires membership in a State Association of all members of a state society affiliating, as a prerequisite to membership in the Western Association, and even in a state as alive as Texas, I doubt if any other community in Texas will equal the El Paso membership of 100%.
An Ideal Realized

By Jenette H. Bolles, D.O., Denver, Colo.

The plan of the Western Osteopathic Association appeals to me because it is truly democratic and is based upon the community as the unit. Grouping the members of the profession into societies and subdivisions according to location is certainly very practical.

The plan which will permit the realization of the dreams and ideals I have had ever since the meeting of the National Association in Den­ver in 1902.

Then I saw the need for regularly organized groups, and lecturers, educators and technicians is travel over the country to enthuse and bind more closely together the members of our profession.

The great lack has always been the financing of such a scheme. Now we have the plan of the Western Osteopathic Association with practical ways and means of carrying out these ideals. I believe it will prove the solution of many of our problems.

The Best Ever

By J. E. Ramsey, D.O., Denver, Colo.

I certainly feel that the Western Association is doing a great work in getting Osteopathy recognized far and wide before the people of the entire country.

To my notion the Post-Graduate Circuit is the finest thing ever virtually bringing the college to your own door!

I feel that as we get the other fellow's views we broaden our own, and none of us are so wise that we cannot learn a little from others.

I learned a great deal from Dr. Ruddy and Ed­miston while they were here and I hesitate to say from whom I learned the most. Both gave many times more than I could digest.

A Forward Step In the Right Direction

By L. B. Overfelt, D.O., Boulder, Colo.

The Western Osteopathic Association is, in my judgment, one of the best forward steps that the profession has ever made. In the advance­ment of osteopathy. The organization perfected, as planned, will give every practicing D.O. the rare privilege of taking a monthly post-graduate course under some of our most experienced and efficient leaders. I witnessed Dr. Ruddy operate on nose and throat. He is one of the best of his age.

I feel that we must stand together or one by one as we do our bit—they did their best!

Highly Endorses Western Plan

By C. C. Reed, D.O., Denver, Colo.

Colorado has affiliated with the Western Oste­pathic Association. We have already had two speakers who have proved very satisfactory. Dr. Overfelt and Dr. Edmiston gave a wonderful program, and in January Dr. Ed­miston on Technique, gave some excellent work, and everybody attended expressed themselves as greatly pleased.

The Western Association has some very de­finite plans for all of the states and subdivisions in the states that are affiliated with it. Eight committees are active in each subdivision tak­ing care of the various needs of the osteopathic profession in every locality. The organization is so set up that the post graduate circuit, is covered by some leader in professional thought every month, and the meetings are conducted in such a wise way, that the services and treatments, his expenses are paid, and instead of drawing on the treasury he leaves. I think that the dues of $5.00 to join and $1.00 per year for the privilege of being a member of the association is doing a great work in getting osteopathy in the states that are affiliated with it.

We must stand together or one by one as we do our bit—they did their best!

THE OSTEOPATHIC PHYSICIAN

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THE OSTEOPATHIC PHYSICIAN

25

The President of the Idaho Osteopathic As­sociation was in Los Angeles at the birth of the Western Osteopathic Association and as soon as it was delivered Dr. Chan. Spencer, its new President, arranged to be with us at our state meeting in the fall. This annual convention was a treat such as Idaho had not enjoyed in a decade. Also, it was followed immediately by the establishment of Boise of the first osteopathic clinic on the Coast.

Why should Idaho be interested in the West­ern Association? Can you realize our mag­nitude of distances? With fifty D.O.'s in the state, it takes 30 hours continuous train travel from Couer d'Alenes to Pocatello. It is much more practical to bring a speaker to our dis­tricts than for us to attempt traveling that distance.

Goodness, just think! Idaho alone is almost as large as all our doors—almost as large as Texas!

Now with our district meetings arranged de­finitely we find our members entertained, in­structed and inspired by this P.G. work given by Dr. Whitehouse.

I know of no science, art or profession that has such a program. Yes, and to enrich this there is no outlay! Fees for work done by the visiting physician have paid expenses, have paid the lecturer, and left cash in the treasury of the local society! I am proud to belong to the Western Association.

There is still some $300 said to be due Dr. Whitehouse from the tri-state campaign which the Western Association did. Since the money being paid for their Congressional Campaign, at least in part, from our AOA dues while we attempted to finance our own.

I am now in the very fortunate position of Dr. W. A. Gravett, per E.E., who wrote to me under date of February 3rd, "Dr. Whitehouse was paid for his services in full and does not expect any more."

If the foregoing is correct who in the AOA is responsible for the misappropriation of funds?

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If you also hold in affection and respect the fair name of our beloved science and want to see it enjoy the reputation it has so justly won we give you a plan which will permit the realization of the dreams and ideals I have had ever since the meeting of the National Association in Den­ver in 1902. Grouping the members of the profession into societies and subdivisions according to location is certainly very practical.

The plan which will permit the realization of the dreams and ideals I have had ever since the meeting of the National Association in Den­ver in 1902.

The plan was a plan that will permit the realization of the dreams and ideals I have had ever since the meeting of the National Association in Den­ver in 1902. Grouping the members of the profession into societies and subdivisions according to location is certainly very practical.

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The plan which will permit the realization of the dreams and ideals I have had ever since the meeting of the National Association in Den­ver in 1902.
THE OSTEOPATHIC PHYSICIAN

Prophylactic Osteopathic Clinic Proposed for London

By Harvey R. Foote, D.O., Harewood House, Hanover, Square, London, W.

A & President of the British Osteopathic Association, I have made it my policy to inaugurate a League for the prevention of Spinal Curvature and I hope to have it affiliated with the National League and it will be the prevention of Spinal Curvature in America. The plan has been under consideration for several years past having to do with the war it could not be made operable.

The League for the Prevention of Spinal Curvature will be incorporated under British law and the Articles of Association will give the right to have a clinic under the auspices of the League where and when required.

The first clinic will be started in London. We have the support of many influential people and the cash in the bank to guarantee the working costs and expenses for the first year.

Suitable premises will be secured in London in which to carry on the clinic and be the headquarters for the League. A competent nurse will be in charge and a secretary will be appointed to look after the League's interests.

The majority of the osteopaths practicing in London will attend the clinic for free. In addition to the professional assistance we are able to give, it is our plan to invite an osteopath to come over from the States or Canada to be in attendance at the clinic during the usual office hours. Under his contract he will have the privilege of starting a practice for himself at the end of twelve months or two years; the support given him during this time should be of inestimable value. After the expiration of his contract he will be free to start practice in London he would be required to continue supporting the League by giving up a couple of hours per week treating at the clinic the same as other practitioners here in London are doing, or pay in cash what would be equivalent to the two hours' work, if he so preferred.

I am prepared to receive applications from osteopaths who may desire to come over under this scheme. A fair living wage will be paid and the privilege of a few private patients.

The applicant chosen by the League Directors must be a good operator and possess a spirit of cooperation. Confidence and gain additional support for the League.

The majority of the osteopaths practicing in London he would be required to continue supporting the League by giving up a couple of hours per week treating at the clinic the same as other practitioners here in London are doing, or pay in cash what would be equivalent to the two hours' work, if he so preferred.

Dr. Bancroft Wins Welcomes to Canada in 1919.

We rejoice to be able to tell the news first that our penal co-worked, Dr. C. M. Bancroft, president of the New York Osteopathic Society, whose bitter experience in having his home hospital at Canandaigua shut its doors to one of his very sick patients, has won out against AMA hospital standardization! That Mr. Bancroft and eloquent plea which he made and we printed last issue was so well received the hospital resented its action and notified "Bunny" his patients would be welcome in future. Hooray! If we fight hard and intelligently we get somewhere!

Make Every Chiropractic Boost a Bigger Boost.

The news coming to me from many localities which is doing some actual damage to human spines by rough work is fully explained and its true nature are revealed. It is a bare-faced steal from osteopaths which is doing some actual damage to human spines. The new copy of the manual for the manipulation the boy was given is not a success of the osteopathic manipulation which is doing some actual damage to human spines by rough work is fully explained and its true nature are revealed. It is a bare-faced steal from osteopathic manipulation which is doing some actual damage to human spines. The new copy of the manual for the manipulation the boy was given is not a success of the osteopathic manipulation.

THE CALF PATH

By Sam Walter Foss, in "Whiffs From Wild Meadows." Published by Longfellow, Lee & Shepard Co., (First Publishing June 1, 1919).

One day through the prairie wood
A calf walked homeward, good calves should;
But made a trail all bent awry;
Path made in all as cows do.

Since then three hundred years have fled,
And I infer the calf is dead.

But still he left behind his trail,
And thereby hangs my moral tale.

The trail was taken up next day.
By a lone dog that passed that way.
And then a wise holler-sheep
Pursued the trail o'er vale and steep,
And drew the flock behind him, too,
As good bell-workers always do.

And from that day, o'er hill and glade,
Through those old woods a path was made.

And many men wound in and out,
And dodged and turned and bent about,
And many a brave hunter's foot
That hent and turned and turned again;
This crooked lane became a Road.
This forest path became a Lane,
And many men wound in and out,
And dodged and turned and bent about,
And many a brave hunter's foot
That hent and turned and turned again;
This crooked lane became a Road.
This forest path became a Lane,
And many men wound in and out,
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And many men wound in and out,
And dodged and turned and bent about,
And many a brave hunter's foot
That hent and turned and turned again;
This crooked lane became a Road.
This forest path became a Lane,
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In a large majority of children who have cerebral adenitis, either acute or chronic, you will find the liver needs attention. Lymphatic engorgement demands active liver for relief.

Dr. Roy M. Wolf Makes Big Success—Takes Partner in Practice

Dr. Roy M. Wolf, of Big Timber, Montana, has sold a half interest in his practice to Dr. J. Meek Wolfe, of Ronoake, Virginia. Alto of the same name. Both doctors are in way related. The practice of Dr. Roy Wolf has been as large as any osteopathic practice in the state of Montana. For the past four years, he says, although Big Timber has a population of only 1,300 and the entire population of the county is only about 6,000. Also a year there were but two M.D.'s in Big Timber and a little later a third located there. Dr. Wolf's practice has grown from $2,800 his first year in practice to $18,000 the year past—an increase of over 600% in seven years. Bear in mind that Dr. Wolf located in Big Timber just after he graduated and that he has never practiced outside.

He attributes his success to his having always exercised extreme precaution in handling his cases, to have served as many parties and handle any and all kinds of cases. For instance, the most difficult obstetric cases, with only a practical nurse to assist; the most difficult fracture cases when only a practical nurse could be obtained for assistance without calling in an M.D.—for this he would not do. He further attributes his success to his having studied his cases and to his having believed in osteopathy; to his having taught his clientele by simply and briefly explaining osteopathy to them when the opportunity presented itself; to his sending out Osteopathic Health, and to his inserting occasionally a brief and sensible article on osteopathy in the county newspaper, and lastly to spending enough to have a first-class office, as regards location, size, arrangement, furnishings and equipment.

The office records of Dr. Wolf show that he has had 120 cases of pneumonia, including 44 of flu-pneumonia, only four cases were lost, all of them flu-pneumonia; and over 175 obstetrical cases, all delivered at the homes of the patient's, no hospital cases. With exception of about six cases all were handled without a trained nurse. Dr. Roy M. Wolf graduated in January, 1912, being a member of the "Cayenne Pepper Class," which derived its name from the fact that the members were a most ardent bunch of scrapers who were never satisfied with the special. He then became convinced of the merits of osteopathy, so he went to Kirksville, took the course and graduated. Both Dr. Roy M. Wolf and Dr. J. Meek Wolfe have an abundance of experience and have been successful in practice, and they will no doubt make Big Timber a solid osteopathic stronghold.

No president of the AOA was ever inducted into office with cleaner hands that Dr. Hugh W. Conklin. He had no friends to reward or enemies to punish. He had done nothing in AOA politics to warrant the wrath of the stand-patters, mixers or go-betweens. He belongs to no particular wing of the AOA, neither could he be charged with playing favorites to win the election.

He seemed to be the popular choice on the floor of the convention, notwithstanding the house rode over the choice of the nominating body.

In view of the fact that he owes his election to no faction of the AOA, he has the opportunity given no other president of the AOA in the recent past, of shaping the future of the AOA as he will do some time will tell. He is a born fighter and a natural leader.

Is it up to him to change the policies of the AOA and so shape our destiny that we will be a factor to be reckoned with by the drug doctors.

We have been altogether too conservative in our way of doing things, and much of the fighting spirit of former years has been lost.

AOA On "Dead Center"


The president should have more executive power vested in him so that he could act on important matters immediately without having to write all over the country for the opinions of others. It causes delay, and much valuable time is lost.

The geographical idea of electing officers and trustees should be thrown into the discard and men and women of ability elected to support the president when quick action is necessary on important matters.

If the headquarters of the AOA were establishe in Chicago, which is a central point, as everyone knows, we could meet the enemy in their own country.

The president should be surrounded with men who could act quickly as the occasion required, and a natural leader. Ottimines these objections are not forthcoming, for the one addressed puts of sending his answer.

It is up to the new president to clean the slate and point out the way for a progressive and up-to-the-minute AOA.

Says P. G. Lecturers Are Too Keen After the Money

By Herman F. Goetz, B.S., D.O., St. Louis, Mo.

I READ the last OP from cover to cover last night—even voted for myself by re-reading my own article: but what I was really vitally interested in and the thing that made me think was your editorials, or whose ever they were who wrote them. I unreservedly endorse what you say or whose ever you ask—by simply re-reading the last OP from cover to cover last night—doesn't it? Be that as it may, the point is that paid classes are every where the vogue. Why? It's an easy way to get some easy money. We here in St. Louis recently held a so-called "post graduate convention"—every one who wanted to attend the morning sessions where this p. g. work was being given was asked to pay $20.00 for the privilege of having their knowledge of osteopathy increased by attending. Those who gave the p. g. lectures examined such patients as referred themselves, for a fee, the fee to go to the visiting osteopath and p. g. lecturer. Some of them were so keen about this fee for examination that they would not leave it to the discretion of the local osteopath, but sent out letters to the local osteopaths telling them "that they were ready to examine our patients, for which they would charge a fee." Do you get my point? Here was a p. g. convention, that could do a lot for osteopathy, but no, the great good to osteopathy was forgotten in the grasping desire to get the dollars. The money that was collected for this p. g. work is to be used for the forward movement of osteopathy in this state, but anybody can judge what a poor way this is. The doctors who paid for this work were so keen about this fee for examination that they would not leave it to the discretion of the local osteopath, but sent out letters to the local osteopaths telling them "that they were ready to examine our patients, for which they would charge a fee." Do you get my point? Here was a p. g. convention, that could do a lot for osteopathy, but no, the great good to osteopathy was forgotten in the grasping desire to get the dollars. The money that was collected for this p. g. work is to be used for the forward movement of osteopathy in this state, but anybody can judge what a poor way this is.

Neither your time nor mine will permit an exhaustive analysis of this phase of our development, but that such commercialism in all of our departments is preventing us from growing as we should can be readily proven.

Now what should be done? I say, let the AOA make an appeal to all of those in the osteopathic profession who are able to give paid work to establish classes just as these men did and are doing and prevail upon them to give this work to the profession, not for money, but for the advancement of osteopathy. If one belonging to the medical school discovers some-
How Osteopathy Promotes Elimination Is Our April Message

SURELY there is no one viewpoint of the body's work more understandable to all the people than life's processes of elimination. Everybody knows what it means to move the bowels or not to move them, and how easy it is under some circumstances to get constive. Everybody, almost, knows what happens when the kidneys stop functioning. Talk about a sick liver is the first thought of one who gets bilious. It is common knowledge that when the organs of elimination "lie down on their job" health gets upset and death may result if the deadlock be not lifted.

But the mind of man, following the grooves worn by long custom, turns as naturally to drugs to promote elimination as it does to food to satisfy hunger. Who, except the well drilled physician, does not think at once of laxatives, cathartics and purgatives as the first and most natural thing to "cure" constipation?

Well, just because this is the natural habit of the mind, due to human enslavement to drugs from time immemorial, this subject of body elimination and how osteopathy regulates secretion and excretion by its own peculiar methods, without relying upon drugs, is a very fruitful text for preaching the brand newness and superiority of osteopathic therapeutics.

When an osteopath can cure either constipation or diarrhea without drugs by manipulation of the back-bone, the average mind will exceed that he can likewise do many other things to promote health that look equally mysterious—until the way of doing it is made plain.

When an osteopath can lower the temperature of fever and make the sweat glands act so as to relieve a burning skin and can stimulate the kidneys to action and do things without using antisyretics and other damaging drugs, then the average man and woman who learns of this fact will be ready to believe that osteopathy is superior to drug practice, once you teach the bad effects that drugs have on the whole organism.

This is in line with the important truth taught in the April issue of Osteopathic Health. It is one of Bunting's standard brochure's entitled "The Body's Four Grand Systems of Elimination." The article is full of popular physiology and is very readable. Any average reader of it will derive a better conception of the workings of his body, as well as a more wholesome understanding of osteopathy: likewise respect for its power to regulate the glands of secretion and excretion and thereby to promote health.

These facts are considered as failures of elimination in the course of the general discussion: jaundice, gallstones, uremia, nephritis, autointoxication, skin diseases, lung diseases, constipation and "rheumatism." It is a valiant number to proselyte with as well as for the education of present and former patients. What will your order be?

The OP Sanctum
9 South Clinton Street, Chicago.

Why Subsidize One Field, Magazine?

[From the Florida Osteopath.]

I FAIL to see why the profession should be called upon to finance a monthly publication of the patient-pulling type. Why subsidize one publication to the exclusion of Bunting and Williams publications, Herald of Osteopathy, etc? Why not vote each of the other publications $2,000 or so a year so that every member of the AOA could receive copies of the other publications each month to compare with the Osteopathic Magazine? Then each publication would rise or fall by its own merits. Of course, this method might be hard on the O. M. but this is the day of efficiency and the AOA officials should not object to efficiency methods in the AOA. They should be broad-minded enough to eliminate wasteful measures wherever found. The next paragraph gives a suggestion as to the disposal of the O. M.

Education

A great deal has been said about educating the public in things osteopathic, but how about educating the osteopaths in things osteopathic? A state examining board recently announced that applicants for licensure showed a lamentable ignorance of osteopathic principles and practice. Over 75% of the practicing osteopaths could stand more osteopathic light, which would do fully as much good in their respective fields as a corresponding monetary value in public education.

I suggest that the AOA "can" the Osteopathic Magazine and take the money it costs the profession and give a two week P. G. review course to AOA members at the time of the next AOA convention. Get the best instructors in the profession and make it worth while. This would do more good and give a greater impulse to things osteopathic than any single action the AOA could take. To arouse enthusiasm in osteopaths they must be shown how to do things in an osteopathic manner, for if they are not shown they will steer as close to medical treatment as they can in order to get some results. No amount of educating the public will do any good unless the osteopaths are educated up to handling the cases that the literature says they can handle. While conventions are in a sense P. G. courses, still the work lacks the continuity and scope that a regular review course would give.
Osteopathic Health will increase your practice. It will keep your name and profession fresh in the mind of a cured patient or prospective patient.

Western Osteopathic Association

If you say, "Such and such a thing can't be done," and a man comes back at you with "I have done it!"—well it's your next move, isn't it?—American Magazine.

Praise for The OP from Everywhere

"That was some editorial in The OP on "Peace-Peace." Hit us again!"—C. A. Porter, D.O., Fort Angeles, Washington.

I cannot get along without The OP so find herewith check for $2.00 for another year.—M. Hibbett, D.O., Grinnell, Iowa.

The OP is different from all other osteopathic publications and is indispensable to me.—L. E. O'Keefe, D.O., Toulon, Illinois.

I could do without The OP but I am not going to do so, at least as long as I have $2.00.—J. J. Kaufman, D.O., Grafton, West Virginia.

I am enjoying Osteopathic Health more and more and my patients like it very much. Let the good work go on. —H. H. Christiansen, D.O., Fender, Nebraska.

I don't feel that I care to get along without The OP. I am glad to send check for another year's subscription.—Walter E. Spill, D.O., Pittsburg, Pennsylvania.

The OP is the bread of osteopathic life so I am handing you herewith my check for $2.00 to renew for another year.—S. T. Cannon, D. O., Dexter, Missouri.

Enclosed herewith please find check in payment for January Osteopathic Health. I find that my patients enjoy the publication very much.—G. O. Shurhammer, D.O., Wichita, Kansas.

You win. Enclosed find check for $2.00 for renewal of subscription to The Osteopathic Physician. I really could not get along without it.—M. Elizabeth Stapult, D.O., Brookfield, Illinois.

I am glad to send check for $2.00 for renewal of my subscription to The Osteopathic Physician as I am very fond of this publication.—Emma R. Cobb, D.O., Kalamazoo, Michigan.

Enclosed herewith please find check for renewal of my subscription to The OP. It is a great publication for the profession and I cannot keep off without it.—Inez T. Pettit, D.O., Texarkana, Arkansas-Texas.

The cover design on the October issue of Osteopathic Health is the best you have put out so far. It is very artistic—do some more.—Dr. C. M. Banerick, Canandaigua, New York.

The check $2.00 herewith tells you not to stop The OP from coming to my office. It belongs in my office. It is just as necessary as any other equipment.—P. A. Gudzicki, D. O., Napoleon, Ohio, December 15th.

Please put Dr. Turner and myself on the list again for The OP and don't let us fall off the wagon again. We intend taking it for the next fifty years or thereabouts.—Howard T. Crawford, D. O., Boston, Massachusetts.

Enclosed find check for renewal of my subscription to The Osteopathic Physician. I cannot afford to miss a single issue. Will try and send some case reports but am very busy in practice just now.—Ree C. Aten, D.O., Bozeman, Wyoming.

I find that some times through oversight, I let my subscription to The Osteopathic Physician run past due. I do not intend to do this as it is my full intention not to be without The Osteopathic Physician as long as I am practicing. —Dr. J. C. Ashford, Chillicothe, Pella, Iowa.

Well, here is your check for The Osteopathic Physician so keep me on the subscription list. I can't do without. The OP and the game it is playing, I want to be on the side lines if I can't get in the scrimmage all the time.—W. D. Dobson, D. O., St. Louis, Missouri.

Haven't received my last number of The OP yet. For fear that I am in arrears, I am enclosing the price of a year's ride. Please don't fail to send me the January number as I feel that it is a distinct loss to me to miss even one issue.—Carvin H. Graupner, D.O., Hackettburg, Mississippi.

Enclosed herewith for renewal of my subscription to The Osteopathic Physician. It is a wonderful magazine. Please let me compliment Dr. Hunting upon his article in the Physited Culture magazine last November. It was a great boost for osteopathic.—E. W. McWilliams, D.O., Columbus Junction, Iowa.

It is with profound delight that I read The OP thus days. It heads the list of osteopathic professional literature. I would say it is like a "two-year-old on a fast track." Keep up the good work and we will all be better osteopaths for your efforts.—H. L. Turley, D. O., Arcadia, Florida, October 18th.

I would not want to ever do without The Osteopathic Physician. I find it the greatest inspiration of all osteopathic professional literature. I recently returned to practice in Broken Bow after an absence of three years and had to entirely re-equip my office but practice is growing rapidly. I shall soon be ready for some good supplies of Osteopathic Health.—O. T. Trapp, D.O., Broken Bow, Nebraska.
The Osteopathic Physician

Chiropractic Kleptomania

We announce publication this month of a 6-page folder under the above title that gives chiropractic its correct historical 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 have wanted for a long time to see some one do this subject justice you will be gratified by this powerful historic document.

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

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

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

We have made the price so low that you can send out a copy of them at a time. Price $9.50 per thousand, and no extra charge for imprinting your professional card on the bottom of the sixth page, in thousand lot orders, if you want it done. This is providing we have your electro 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 "Osteopathic Health" orders for you—why not?

If you are interested, write us so and we will gladly submit a copy of this folder, "Chiropractic Kleptomania."
Osteopathic Health for APRIL, 1920

The leading article is a reprint, by permission, of a woman's article that appeared in Phoebe's Health and which attracted such wide attention throughout the country. Supplementary articles of high importance and interest deal with the after-care of the patient and what osteopathy is able to do in such conditions. An exceedingly valuable and timely issue; obtained with attractive art cover design.

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"

Serious Ills That Follow Upon the Flu.

The leading article is a reprint, by permission, of a woman's article that appeared in Phoebe's Health and which attracted such wide attention throughout the country. Supplementary articles of high importance and interest deal with the after-effects of flu and what osteopathy is able to do in such conditions. An exceedingly valuable and timely issue; obtained with attractive art cover design.


Dr. Duffield, of Knoxville, Tennessee, January 20th.

Dr. Albert T. Finley, of Hempstead, Texas, has offices in suite 203 Stites Bldg.

Dr. Arthur W. Winch has received an honorable discharge as captain in the Medical Corps. U. S. Army and has recently purchased the practice of Dr. Philip H. Yang at Los Angeles, and will remain in practice.

Dr. George A. Townsend, of the Chico Hot Springs Sanitarium, Emigrant, Montana, recently returned to his practice after spending two months at Los Angeles, Chicago, Rochester and Kirksville where he attended various clinics.

Dr. L. L. Wade, formerly of Altoona, Iowa, has removed to Casper, Wyoming, where he is temporarily out of practice as he is looking after some ranch land. His real purpose in making the change, however, was to get into a larger town and when he gets things properly straightened out it is his intention to open an office for practice.

Dr. Nettie M. Hurd, Goddard Building, Chicago, who has specialized in surgical surgery, is moving into a larger suite of offices in the Goddard Building which is fully equipped to handle all office surgical cases as well as obstetrical cases. For the past three years, Dr. Hurd has been devoting much time to study along lines of diagnostic conditions, and original philosophy. Dr. W. F. Poulos will be associated with Dr. Hurd in assisting her practice and will also handle the acute practice.

A new baby has joined the family of Dr. Warren L. Stievick and Dr. Margaret Stievick, of Nowata, Oklahoma. She was born February 20th. Both Dr. Margaret and the little daughter are doing nicely. Dr. Warren L. Stievick reports that the first baby in the family was born in an osteopathic institution, the Des Moines General Hospital. The last little girl was born in his big musical family at St. Francis, Wichita, Kansas. Dr. Stievick says there was absolutely no comparison as to the efficiency of the nurses and the general conduct of the institution. He says he will take an osteopathic institution for all and in all purposes in the future whenever it is in any way possible.

Dr. Charles R. Palmer and Dr. Mary King Palmer, of Pasadena, California, have been having a very busy time of it since last September. The building in which they had their office was leased for reconstruction and so the Drs. Palmer received notice to move in ten days. Then a little sister, Dr. William A. King fell and broke her ankle and it was necessary for the Drs. Palmer to look after her practice as well as their own. And then the latter part of December their son, a dentist from North Dakota, came out to visit them and to look over Southern California and of course they did not want him to go back to North Dakota without having seen the beauty of California and so they motored him around every day that they could get away from practice.

The Bunting Publications, Inc. 9 So. Clinton St. Chicago

Dr. Milman Peace, from 13 Queesnberry St., Boston, Massachusetts; to 25 Pleasant St., Gloucester, Massachusetts.

Dr. Rolla Henry Cowger of Hastings, Nebraska and Miss Catherine Coombs of Carthage, Missouri, December 27th, 1919.

Dr. James E. Whitmore, from 211 Savings Bank Building, to Suite 11, Marquette National Bank Building, Marquette, Michigan.

Dr. George F. Long, of Conesus, Kansas, and Miss Lydia Blough, former Student, New York, January 15th, 1920.

Dr. Herbert S. Powell, of College City, California, and Dr. Frank T. Truesdale, of San Jacinto, California, December 22nd, 1919.

Dr. Caroline B. Chance, of Lake Charles, Louisiana, and Mr. Harrison Davis, of St. Louis, Missouri, December 7th, 1919.

Dr. Daniel James Clark of Delphos, Ohio, and Miss Lillian Kathleen Holdgreve, of Delphos, Ohio, to Delphos, January 20th.

To Dr. and Mrs. W. B. Lamb, a girl, January 16th.

To Dr. and Mrs. A. M. Brown, a daughter, weight of 8 lbs. 14 oz., Fort Worth, Texas, January 28th.

To Dr. and Mrs. Frank K. Saunders, of Miami, Florida, January 4th, a son, weight 7 pounds. Mother and boy doing nicely.

To Dr. Warren L. Stievick and Margaret Stievick, of Nowata, Oklahoma, a daughter, weight 7 lbs. 12 oz., January 28th.

To Dr. and Mrs. Frank A. Bagby, of Sidney, Nebraska, February 12th, a son, Richard Douglas, weight 7 pounds. Mother and son doing well.

To Dr. and Mrs. V. C. Hoehner, of Waukegan, Illinois, February 11th, at the Chicago Osteopathic Hospital, a son, Weight 9 lbs. 9 oz. Mother and child doing nicely.

TO RENT—Space in well equipped suite in Goddard Building.—Address No. 201, c/o The Osteopath, 9 So. Clinton St., Chicago.

FOR SALE—In city of 20,000 in heart of Texas oil fields, office fixtures and practice. Receipts for January 31st treatments; for February 545 treatments at minimum price. Office $25.66; residence $23.50. Address No. 32, The Osteopath, 9 So. Clinton St., Chicago.

FOR SALE—Osteopathic office equipment as follows: 1 old style MeManus table; 2 folding tables; writing desk and chair; leather Levermore; 2 ironing room rocking chairs; 1 dressing room table and chair. For further information and prices address No. 31, c/o The Osteopath, 9 So. Clinton St., Chicago.

FOR RENT—Furnished loop office. Hours 9:00 to 1:00. Suite 506—6 N. Wabash Ave., Chicago.

Woman Osteopath Wanted.—We have a desirable position in the city of Detroit, Michigan, for varied experience in a woman osteopath with personality, tact, and osteopathic ability. The successful candidate will have had some qualification as hydrotherapist, medical gymnastics, etc. Must be a woman of good character and of the best of all qualities. Position is permanent and affords attractive remuneration. We shall particularly interest yourself and your experience when writing. Address No. 196, c/o The Osteopath, 9 So. Clinton St., Chicago.

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