Pasadena Upholds Osteopaths In Red Cross Discrimination

[From the Pasadena Evening Post, Feb. 20]

OVED by Commissioner W. H. Reeves, seconded and carried by a vote of four to one of the Pasadena City Commission this morning, the motion after making a report to the effect that the Red Cross influenza emergency hospital in the matter of attendance of physicians by denying them is to certify that pursuant to the provisions of findings that the letter from the city and any question relating to number of hours as the medical taken of Chairman of Chairman Hamilton said that since the Red Cross nationally does not recognize the osteopathic physician and that for this reason the osteopaths are not admitted to practice in the Red Cross emergency hospital here.

No Rancor in Debate

There was no rancor in the debate of the matter, which came up as a result of the communication of Dr. J. Strothard White, the osteopathic committee of one, sent to the commission last Tuesday. First Chairman Hamilton motioned to certify that the hospital arrangements to practice in the Red Cross emergency hospital there. Commissioner W. H. Reeves said:

"I deeply regret that a great and splendid situation like the Red Cross, which derives its support from the public at large, should throw itself open to the possible charge of unfair discrimination, or of having injured or retarded the recovery of any patients by denying them the privilege usual in a free country of selecting their own physician."

It was evident that the other commissioners did not agree with the findings of Chairman Hamilton, that the matter is one for the Red Cross to determine. Chairman Hamilton's finding reads:

"With reference to the communication of Dr. J. Strothard White, of February 17, 1920, directed to the Pasadena city commission and referred by the commission to me for investigation, I would report that the hospital arrangements in the matter of attendance of physicians upon city patients is that same as was followed last year, viz., that the city's patients are taken care of by the city physician. City patients are those who are not able to pay for hospital service. The Red Cross is accepting patients who are able to pay for the service rendered. Those patients are not under the jurisdiction of the board of examiners to practice, but the individual physicians in attendance upon said patients should be referred to the Red Cross for adjustment. This question cannot arise as to the city's patients, therefore I recommend that the letter from Dr. White be referred to the Red Cross for their attention."

Chairman's Contention

The other commissioners expressed their belief that since the city pays the bill at the Red Cross influenza emergency hospital of such patients as are unable to pay their own expenses, the city should interfere in the matter. The others so expressed themselves.

Chairman Hamilton said that since the Red Cross nationally does not recognize the osteopaths the local chapter could not be expected to deviate from the rules of the national organization. He pointed out that the Red Cross is taking a burden of expense from the shoulders of the city by conducting the emergency hospital and it was implied that the city could ill afford to conduct a hospital of its own for the patients who are not able to pay their own expenses.

After Commissioner Reeves' motion had prevailed another letter from Dr. White was received and read. It was filed without comment and reads as follows: February 20, 1920.

Pasadena City Commission,

Chairman, Dr. S. H. Seaman.

To further emphasize the importance of favorable action in the matter of osteopathic physicians practicing in the city Red Cross hospital, I want to draw to your attention to the following:

During the epidemic of influenza in 1919 the reports from osteopathic physicians in the United States census bureau and leading life insurance actuaries, at five and six per cent. The death rate under osteopaths being about ten per cent and under drug treatment thirty-three per cent.

The contentions by the drug doctors that the osteopaths are not equal in educational requirements, is false, for at the present time and since 1907 the graduates of our colleges have taken the same examination before the same board of examiners to practice in California as the drug doctors. To prior to 1901 the drug doctors were not required to take any state examination for license to practice, and about four thousand physicians of the old school, according to state board records, took less than twenty months' college training when there is not a single osteopath in California with less than a twelfth month's college study, and now the course of study is four years, taking the same number of hours as the medical course, and little difference in the subjects taught.

The state medical board has tried to prevent our graduates from taking the examination for the physicians and surgeons certificate, but have failed in their effort; for only yesterday Judge Wellborn in the superior court handed down a decision supporting the college of osteopathy, saying that the college exceeded the requirements of state medical law in the character of teaching and hours of study.

The adverse action taken by the Red Cross chapter was simply an evidence of the effort of the American Medical association to dominate over all hospitals, and illustrates their prejudice and jealousy of osteopathic success, and not because we have been guilty of misconduct or malpractice. Where one has suffered by an overdose of osteopathy, tens of thousands have suffered and died from drugs.

There are thousands of our taxpayers and citizens interested in the welfare of osteopathy and therefore are watching our fight for recognition of our rights.

Respectfully yours,

(Signed) J. STROTHARD WHITE.

Fort Wayne Hospital Fight Comes Into Court Soon

Dr. Kent L. Seaman of Ft. Wayne, Ind., expects his case up in the Allen county circuit court soon to compel St. Joseph's Hospital to admit his woman patients. The case was filed in September last and will come up in the court of Judge Wood.

This letter was the start of the discrimination:

ST. JOSEPH'S HOSPITAL
Ft. W. MAIN & BROADWAY
FORT WAYNE, INDIANA

Sept. 19, 1919.

Dr. K. L. Seaman,
312-13 Shonff Bldg.,
Ft. Wayne, Ind.

Dear Doctor: The staff of St. Joseph's Hospital has adopted the following rule: "Osteopathic and Chiropractic physicians shall not be allowed to practice medicine and surgery in this institution."

The Sisters of St. Joseph's Hospital have approved this rule. You are therefore notified that in the future it will be impossible for you to practice in the hospital.

There is nothing personal in this ruling, and the Sisters have no complaint to make of your relationship with them while you were practicing in the St. Joseph's Hospital.

Yours respectfully,

Rev. of St. Joseph's Hospital
H. O. Bruggeman, Staff Secretary.

It happens that under the Indiana law regulating reciprocity Dr. Seaman a long time ago obtained and still holds evidence under the seal of the state to prove his status as a physician and he is confident it will win osteopathy's fight to realign the AMA in this instance. It is as follows:

Certified Copy of State License or Certificate.

(A verification copy to follow here over seal of State Licensing Board, certified by the Secretary thereof.)

15-B.

This is to certify that pursuant to the provisions of
The Osteopathic Physician

Under this 6-column headline the Man-

U

chiropractor paralyzes New Hampshire Business Man

Who may be interested to appoint a representa-

Chiropractor Paralyzes New Hampshire Business Man

In witness whereof the said Board of Medical Regis-

In January of this year a business man of this city went to an unlicensed quack calling himself a chiropractor, for treatment for neural-

In spite of his horrible injury he retained full possession of his mental faculties and we thus have the full story for publication.

In a fair state of health and in full possession of his bodily powers.

In spite of his horrible injury he retained full possession of his mental faculties and we thus have the full story for publication.

In witness whereof the said Board of Medical Registration and Examination has caused this certificate to be given and signed by its chairman and secretary and attested by its official seal at Indianapolis this 12th day of June, 1904, Dr. Seaman says: "The AMA will try to get control of licensing every hospital in the United States by new legislation this fall and if we let them do it, it's good by to our privileges. What are we doing as an organization to re-

In the construction of this frame, however, it is worth mentioning that in connection that we are still getting results by osteopathic treatment, which is why I say, as we do, and offer for sale every day—Fraternally yours, Geo. M. McCole, D.O., Great Falls, Mont.

In his two weeks of inability to move he retained full possession of his mental faculties and we thus have the full story for publication.

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properly punish the man guilty of imposing it upon him. The heartless robbery of the poor, the de-serving of those afflicted with ills requiring instant attention, so that they lose their opportunity to be helped or saved, are wrongs beyond computation. The counterfeiter, the burglar and the horse thief, steal only property, the quack steals health and life and leaves sorrow and suffering in their place. When the public is aroused to what is being done here the fake "doctor" will reform or go to jail.

Dr. George M. Laughlin Breaks Records In His New Hospital

WE have been pleased to receive an interesting booklet from Kirksville on "The Laughlin Hospital," which makes one realize the wonderful achievement of Dr. George M. Laughlin in building up the institution he has in the comparatively short time in which he has been engaged in this enterprise. The building itself was only completed last July. Yet the scope of the work now done includes the following branches and specialties:

- General Surgery
- Obstetrics
- Gynecology
- Osteopathy
- X-Ray
- Orthopedics
- Laboratories
- Gastroenterology
- Neurological and Nervous Diseases
- Rectal Diseases

The hospital is a general one and has thirty-five beds. It was completed at a cost of more than $60,000 and, we understand, Dr. Laughlin did a business of nearly $100,000 in his first year. The institution is dedicated to Dr. A. T. Still.

Dr. Laughlin's specialty of course has been orthopedics for many years but in conjunction with this he has done a great deal of general surgery and his work now will have a lasting all-sue in character. He has performed a good many hundred operations since a year ago last September when he opened practice for himself, without the loss of a single case. At least half of these operations were major, including hysterectomies, cancer of the bowel and cancer of the uterus. The orthopedic work done includes congenital dislocation of the hip, congenital club foot, curvature of the spine, tuberculous joints, torticollis, deformities following infantile paralysis and deformities following injury.

There are eleven doctors, three registered nurses and an x-ray specialist on the Laughlin hospital staff.

Dr. Laughlin is keeping an accurate record of each case and hopes to be able some day to furnish the profession with a clinical volume that will be of value.

We congratulate Dr. Laughlin and his institution on the splendid success being achieved by meritorious work. We wonder if Dr. George is not the only osteopath in the country who has built and equipped a general hospital all at his own expense, without asking the aid of outside parties? We believe that his achievement is quite unique.

London Medic Confirms the Osteopathic Lesion

The New York Medical Journal of March 27th contains a very interesting 4-page illustrated article on "Two Cases of Displacement of the Ilium" by Edgar F. Cyrlax, M.D. of London. The author says "it is a curious fact that few authors who recognize the possibility of displacements of the ilium on the sacrum recommend treatment by reposi­tion." Yes, Dr. Cyrlax, we osteopaths have been remarking that curious fact for 25 years. Single copies of that journal may be had for 25 cents at 66 West Broadway, New York.

Digitalis and Heart Failure

By Charles E. Page, M.D., in "Pharmaceutical Advance" for January, issued by Park Davis & Co.

A PHILADELPHIA physician, in a lecture before the Harvard Medical School Association, a few years ago, related the story of a brilliant cure of a certain form of heart disease under his treatment, when he was a young man, by "enormous doses" of digitalis. Both patients had been taking ten-drop doses, and he increased it to forty drops. "The triumph seemed complete," said the lecturer, "and so it was for weeks; but mark the ultimate result: Mary, one morning, as she trod the doorway of the market-house, fell dead upon the threshold. The banker, stretching his arm across the desk that had been to him the pathway to riches and power, fell hushed and powerless into the eternal silence."

Digitalis is still one of the most frequently used drugs for the treatment of heart symptoms, and, after having carefully investigated many cases of deaths attributed to heart disease I have found that, in about every last one of these cases, the patient had been taking digitalis under his doctor's direction. The drug does, for a time, make the fluttering or weakly heart beat steadily, and with stronger force; but there is certain to come the time—next month, next year, or some time in the future—when it just stops beating altogether. The temporary apparent improvement, under the employment of this powerful poison, arises from the extra work put upon the heart, as a great increase in the load of a tired horse, pulling a heavy load uphill, would make him "dig his toes" into the ground and step with more force; but he would be more likely to drop dead before reaching the summit.

The man with a tobacco heart consults his doctor, and, ere long, he may acquire a "digitalis heart"—a phrase well known to the medical profession—but, sad to say, physicians, as a rule, fail to get the true lesson—poisonous drugs are not conducive to health and long life.

To Provide Osteopathic Scholarships

I ask every one in the profession to keep before his friends, patrons, civic bodies, societies, lodges, clubs, etc., the idea of our effort—a nation wide effort—to make this goal. There are many philanthropists who could provide a scholarship in our colleges, which would provide for the post graduate training of men and women capable of doing such work. Looking forward to the development of future generations, as well as the freeing fetters from the rising. It may be that the local doctor does not care to approach his acquaintance upon this subject. Possibly no objection would be made if we were advised of such willingness to cooperate; we could engage his or her attention and thus enhance the scope of work we are now able to accomplish. Am I going too far? Enroaching on the work of any other?—Fraternally, F. E. Dayton, Dib, Chairman AOA Bureau of Clinics, Escanaba, Michigan.

Have You Missed Your Chance?

We have read, and not only read, but studied, your issue of Osteopathic Health reprinting Physical Culture's article, "Osteopathy's Victory in the Flu-Pneumonia Epidemic," and believe us, it is the most convincing article as to the merits of osteopathy in not only flu and flu-pneumonia but all acute infectious diseases that we have had the pleasure of reading. It so scientifically and yet so simply states the efficaciousness of osteopathic treatment in flu and flu-pneumonia that any member of the laity could not but understand why and how, to a great degree at least, osteopathy obtains such miraculous results in such conditions as our Great Scourge, the flu epidemic. Also, it is so readable and intensely interesting that it will be read by everyone who merely glances at the first few pages. It will certainly prove remunerative to any osteopathic physician, to send out a number of copies of this issue, for it is certainly an educator, a practice builder, and a practice maintainer. As evidence of our belief in this little "winner," please accept our order for 500. We want you to address, stamp and mail the 500 copies. We are so busy just now that we can't take time to send in our list of addresses with this letter but we will send it in soon.—Drs. Wolf & Wolfe, Big Timber, Montana.
Exenses
An osteopath who is 60% efficient should be making 75c a call. If you are not making that, study to see why. Are you grubby, ill-natured? Are your clothes sloppy and untidy? Hands dirty? Face cleanly shaved? Office unhandy and unkempt? Do you keep hours, appointments? Are you lazy? Do you study? Do you use good publicity literature? Do you hustle? Are you careful? Think of an estimate of what short-comings are costing you and add it to other expenses!

-C. Reid, D. O., Denver, Colo.

Irrigation for Tonsillitis
In treatment of quinsy sore throats I find this the method par excellence. Two quart irrigations of salt and soda as hot as can be borne directly against the tonsil and surrounding tissue. Repeat in two hours. If you have a postnasal tip use that. If not, a substitute always handy is the long curved vaginal tip which come with every rubber douche bag. Your patient can always drink hot milk after the irrigation and the throat clears or can be landed accurately by the fourth day.

—Mary S. Orosswell, D. O., Farmington, Maine.

What a Touring D. O. Learns
Here is an ad I have just copied from the margin of the hotel blotter: “Dr. R. H. Lindley, Physician and Surgeon, Practice limited to chronic and nervous diseases. Osteopathic, Chiropractic, Electro-Therapy and X-Ray Treatment. Oral surgery a specialty.” Now, if he only advertised a full line of Ford parts, Dr. Tarr and I would make him a call.


Lesion-Radiograms For Window Display
I have recently installed an osteopathic window display in my private office as an educational feature to differentiate osteopathy from “rubbing.” As there are many other osteopathic physicians interested in chronic and nervous diseases, Osteopathic, Chiropractic, Electro-Therapy and X-Ray Treatment. Oral surgery a specialty.” Now, if he only advertised a full line of Ford parts, Dr. Tarr and I would make him a call.


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Hemorrhage and Prolapse in Piles
As an immediate treatment use hot H2O at 105°—Extract of witch hazel, 1 oz. H2O, at 105°, 1 pt. Bathing with this and, after a few minutes, firm pressure with olive cotton wool steeped in this hot solution will relieve the pain of haemorrhoid; it also will enable the piles to be reduced and alleviate the pain. It is an undisputed fact that impairment of nutrition of a diseased part is either the direct cause of disease in that part or is an obstacle to its cure. It is also a well recognized fact that the primary effect of heat is to dilate the arterial vessels whereby more blood is brought to the part, the blood current is quickened and the flow in the lymphatic is accelerated. Therefore the application of hot air therapy is simply an improvement in nutrition, which enables nature to play its part and the natural method of curing disease is achieved.


Flu’s after Effects Make New Patients
I have had recently five new patients who came to me to be treated for the after-effects of the “flu,” all of them in very bad shape as the result of drug treatment. I wish to emphasize the importance of keeping on educating about the after-effects of the “flu,” not failing to make special reference to heart failure. Bright’s disease and insanity as consequence of the after-effects of the “flu” are treated with success in this clinic.


Why Dowler Quit
A patient complained of pain in his right hip from my very first visit. I treated him the first time. A medical doctor told him that it was due to pus from teeth or tonsils. We fully believe in the pus theory as the cause of rheumatism yet an innumerate lesion which caused over one-half inch difference in the length of similar bands caused me to challenge the application of the above theory here. Con­ rected innumerate and the usual subsiding of the symptoms caused the patient to return to his doctor. He was advised to take a constitutional medicine. “Did pus make a one-half inch difference in length of my legs?”

—L. N. Pennock, D. O., Amarillo, Texas.

Pus Theory Overworked
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—L. N. Pennock, D. O., Amarillo, Texas.

Nailing the Chiropractic Lie
The chiros have repeatedly charged that osteopaths never used the word “adjust” until they learned it from the osteopaths. This is the truth! The proof of which we can demonstrate. Did chiros first use the term “adjustment”? See Vol. 1, No. 2, June 1894, Journal of Osteopathy.

—“The osteopaths and their ilk have adjusted this ‘false claim’ of the osteopaths is its skeleton or framework.”

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Raising to $575 and $10 Last Year
I see by the last OP that the California celebrities are charging $5.00 and $10.00. The enclosed slips show our work, which is $5.00 per treatment and $10.00 per year. This is the second year on this basis and next year our fees will go higher. I am averaging 50 patients a day outside of my clinics, which I hold two days a week. This is the fourth year of my free clinic—the only one in Canada.—F. P. Millard, D. O., Toronto, Canada.


To Cure Winter Itch or Scratches
This is usually only a dry skin from too much bathing or too many hot baths or from some irritation by heat from too much bed covers and the damage done by the finger nails through scratching, often during sleep. All that is needed is to have the patient change his scratching habits and rub his skin with olive oil. Relief is usually instantaneous. Repeat the oil application on going to bed for several nights. You must differentiate this condition from scabies and the itchy skin due to diabetes. Many people endure torture all winter with a simple rubbing of the skin with olive oil, almond oil, vaseline or mechanical oil would relieve at once. Most doctors strangely enough do not know what to advise their patients to do in this condition.

—Frank J. Stewart, D. O., M. D., Chicago.
Gynecology, Obstetrics, Ethics and Efficiency
Medical Jurisprudence

Gynecology is thoroughly taught by lecture, recitation and demonstration in a 90 hour course during the 5th semester. In a systematic way all of the diseases peculiar to women are covered. The causes, signs, symptoms, diagnosis and the osteopathic treatment of all these conditions and diseases are carefully presented. The technique of treatment is thoroughly taught. During the 3rd and 4th years 72 hours are given to clinical and diagnostic gynecology. Clinics are attended by students in groups of eight or ten. Cases are examined, record taking is taught, diagnosis is made and treatment is outlined and demonstrated. Half of each group are permitted to personally examine each patient. The other half observe. Examination and observation are alternated at each successive clinic. During the seventh and eighth semesters private clinics are conducted. These are attended by the students in groups of three or four. The cases examined in this department are assigned to some student for regular treatment. Each such case is re-examined after not more than four weeks of treatment. The progress of the case is noted and suggestions for further treatment are given. Class clinics are conducted four hours each week throughout the fifth semester and private clinics are conducted eight to ten hours each week throughout the sixth, seventh and eighth semesters. The entire work in gynecology is under the direction of Dr. Spencer.

Obstetrics: The first course in obstetrics is during the 6th semester, and requires 90 hours, under the direction of Dr. Lillian Mackenzie Whiting. It is a lecture and recitation course supplemented by manikin exercises. It covers the general field of obstetrics and includes a systematic consideration of (a) the anatomy and physiology of the pelvic organs; (b) the development of the embryo and appendages; (c) normal pregnancy, labor and puerperium; (d) pathological pregnancy, labor and puerperium; (e) special study of the nerve supply, musculature and articulations of the pelvis and lesions which interfere with normal labor; (f) manikin exercises in all the operative procedures necessary to the delivery of normal and abnormal cases; (g) the care of the new born child; (h) surgical methods.

The second course is in the 4th year and requires 60 hours, also under Dr. Whiting. It is devoted to clinical obstetrics. Each student is required to attend at least six cases of labor. They conduct these cases under the immediate supervision and direction of the obstetric instructors. The care of the pregnant woman up to the time of delivery is entrusted to the student physician who will have charge of the patient at the time of labor. He is expected to give the necessary preparatory treatments and to make the laboratory examinations necessary from time to time. The after-care of the patient is entrusted to the student physician in attendance on the labor. A large obstetrical clinic has been developed and it is usually possible for students desiring more experience in this department to obtain it.

The third course is a clinical course. It requires 90 hours in the 4th year under Dr. Ernest George Bashor. Each student serves a two-weeks externship with the Obstetrical Division of the Health Department of Los Angeles. This includes one week of service as junior extern, in which he is required to make all assigned ante-partum and post-partum calls, urine analyses, and serve as assistant on deliveries. On the second week of service he becomes senior extern, and assumes direct responsibilities in connection with deliveries, the keeping of records, etc. The total of cases which each student personally delivers runs between six to ten. This is exclusive of all cases on which he acts as assistant. Ante-partum calls average sixty, and post-partum, about 50. The personal supervision of an expert director, available at all times, is an invaluable adjunct.

Ethics and Professional Efficiency: This course is given during the Senior year. It consists of lectures covering the general subject of professional ethics and business methods. 18 hours, in the 4th year. It consists of lectures covering the general subject of professional ethics and business methods. 18 hours, in the 4th year, under Dr. Dayton Turney, Dr. William Curtis Brigham and Dr. John Adams Comstock.

Medical Jurisprudence: The legal rights and duties of physicians are considered in this course, given during the Senior year. The laws affecting physicians and the general principles of the common law upon which they are based are carefully discussed. This includes among other topics: Malpractice, privileged communications, expert testimony, the laws of inheritance, and the drawing of wills. 18 hours, in the 4th year.

For new catalog now ready, address

The College of Osteopathic Physicians and Surgeons
Los Angeles 300 San Fernando Building
California
The Unique Baby

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

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

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

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

The Unique Baby

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All Aboard for That A.S.O Graduation Week and Alumni Post Graduate Course!

The following is a hint of what will be given between May 24th and June 5th, at the A.S.O and A.S.O. Hospitals, Kirksville:

DR. M. A. LANE will devote the first morning to a demonstration and lecture on real osteopathic research. No one has ever questioned Lane's standing as a scientist or as a research man. He has done more genuine laboratory research along purely osteopathic lines than any man in the profession. He is the only man we know doing research work for osteopathy at the expense of one of the schools or otherwise who has any international recognition as a laboratory man. He will give four hours of the best work you ever heard on this line.

DR. C. C. TEALL, Dean of the College, former president of the AOA, former school inspector of the AOA, one of the genuine old guard who has continued to practice osteopathy, joint author of the latest practice of osteopathy, will give two two-hour lectures and one evening lecture on the subject nearest his heart—Osteopathic Practice.

DR. VIRGIL HALLADAY will give five three-hour demonstrations of his dissected spines and cross section anatomy specimens, none of these latter specimens have ever been exhibited at any Convention. In the gross dissection of the spine and other joints, and in the gross dissection of anatomical material for osteopathic demonstration Halladay stands in the same position that Lane does in the microscopic work. He stands head and shoulders above anybody in the osteopathic world who has made gross research in the dissection room. Seeing these demonstrations alone will be worth the trip and will be a treat to any one who actually cares to improve his osteopathic information.

The U. S. Government has asked for Professor HALLADAY'S secret of embalming and they have asked for one of his specimens to put in the National Museum. He is working on this specimen now.

One of the best prominent teachers of technique in another school insisted that one of HALLADAY'S specimens was "artificial as it would be impossible to prepare such a specimen from a cadaver."

DR. REGINALD PLATT will alternate with Dr. Teall on Osteopathic Practice and Technique. After years of practice, and the writing of many good osteopathic articles Dr. Platt has firmly established himself as a teacher, after two years handling of Osteopathic subjects at the A. S. O. Like all the present teachers at the A. S. O. he really believes in Osteopathy, hence his value.

DR. GEORGE A. STILL will give surgical and diagnostic clinics on five different mornings, dividing the mornings in two instances with Dr. E. H. Henry on diagnosis and toxicology.

DR. E. H. HENRY and DR. GEORGE A. STILL are both personally acquainted with so many people that further description of their work is unnecessary. Both are amongst the profession's older teachers in length of service.

DR. R. E. HAMILTON has been doing some wonderful work the past year developing finer technique in the eye, ear, nose and throat. He will lecture on two different morning with clinics and demonstrations.

DR. B. D. TURMAN is to the present osteopaths what Dr. Marion Clark used to be. He is a genuine osteopath, doesn't use medicine; does use osteopathy and believes in it and is a born obstetrician. He will give two lectures and if the ladies' dates are correct will have one or two demonstrations during the two weeks—and may be more!

DR. H. B. HAIN has a number of very interesting orthopedic clinics that he will demonstrate during the convention.

DR. Q. L. DRENNAN, who served in the Walter Reed General Hospital in Washington, D. C., during the war will demonstrate very practical work with plaster casts.

"These two men can put on better plaster casts than any two men I ever saw, can make neater work of it and can impart this to their students so that the students get the main benefit," wrote Dr. Geo. A. Still in a recent article.

On Saturday morning of the first week will be the class exercises of the senior class and that afternoon will be an old-time reunion picnic, weather permitting; otherwise a program with a banquet in the evening.

Sunday will be devoted to the Baccalaureate Sermon and Memorial Exercises for our soldier dead and for the Old Doctor. This Sunday, of course, is Memorial Day.

DR. T. A. RIEGER, will give an address during the second week on history taking.—Dr. Rieger has had experience taking several thousand histories at the A. S. O. Hospital and clinics.

DR. H. A. GORRELL will give two demonstrations on the identification and treatment of intestinal parasites. We value this subject so highly that we are paying this professor more per year to handle this work than the amount one of the small osteopathic schools claimed as its year's overhead expense.

OPRA E. GOTTREU, R. N., has been giving a course to the students during the past year on practical bedside nursing. There has been no more popular or valuable course given and Miss Gottreu will give two demonstrations during the Convention on this very practical subject, and we doubt whether it will be duplicated ever in any college course in the country. Most doctors from most schools get a bit of theory on this subject but we have

In addition to all the above—which ought to be enough—we have two surprise lectures that we know are going to make a hit. These are the premiums to sweeten the whole course.

Further details will appear next month.

Any one who misses this Convention and this old-time reunion of A. S. O. graduates will miss the mental and social treat of a life time!
THE OSTEOPATHIC PHYSICIAN

He saw my point and agreed that this would be a better matters up. He also told him that I had always been ready and willing to consult and work with any doctor of the old school, but that I would not and have not been willing to come in on a case at one time of the day and the "regular" doctor another time; that I considered osteopathy in the large majority of diseased conditions $5 per cent superior in its efficiency to internal drug medication. Because of this fact I was not willing to get other than $5 per cent credits for any change and improvement in the patient. 

I know as a matter of fact there are many osteopaths in this District who treat patients without ever meeting the "regular" doctor on the case. You know that not only in our calling but in every life's work people are taken largely by the value they place upon themselves. Following this thought out you can readily see what is going to happen to the prestige, influence and dignity of osteopathy in the District of Columbia. May I suggest that you put the profession right on the stand they should take in this matter?

Here is a point that I make and maintain, that osteopathy is growing in the estimation of the people and they demand it. Why not use this clamoring for our treatment as a means of compelling the doctors of the old school to bow and submit to consulting and working with us?

Some time ago an M.D. was called in consultation on a pneumonia case I had. His attitude was one of disdain and superiority. While I was in the room of the patient he proceeded to write a prescription, whereupon I left the room. The lady of the house followed me inquiring as to whether I was leaving. This is what I said: "The doctor is writing a prescription. He naturally thinks that there is great power in that prescription. I know that there is not. If you think that that is, then follow his direction. You see his attitude toward me because I am of another school of healing; therefore it is impossible for me to work with him." After due consideration on the part of the family, the M.D. was dismissed next morning and I was called to take charge of the case, to the beautiful and final recovery of the patient.

—Carl Kettler, D.O., Washington, D.C.

(Note: The point of Dr. Kettler is well taken. Osteopaths should stand on their prerogatives like good sticklers and the more they do, the better the public will value them. The backdooring and hypocrisy of the doctors of the old osteopathy. If an M.D. in consultation wears the old-time system of fee and either have the case for osteopathy or let him have it—Editor.)

Schedule of Minimum Fees Recommended by the Washington Osteopathic Association

Physical examination, $2.00 to $5.00.
Laboratory diagnosis, according to services.
Office treatment, $2.00.
City calls, first call $5.00; subsequent calls, $4.00.
Extra charge for office treatment and calls at night; fractures, dislocations and surgery according to case. Obstetrical cases (uncomplicated), $10.00. Extra charge for special care.

What's About Right—$4.00?

Now, concerning the discussion in The OP as to rates of board, I see that it is all up to the own language. It has ever been to me a pleasure, beyond that which the meed of praise or a material wage could give, to have been called to the sickroom of the patient the gloomy shadow of pain and of loosing its iron grip from his tortured frame. But in order to maintain our claims of our true worth, we must unite our full forces in unceasing effort. United action is the keynote of today. The voice of the individual is unnoticed. Let us have more osteopathic hospitals and specialists.


It May Not Be the Innominatus After All

Notwithstanding the fact that the innominates are often at the bottom of many pathological conditions, they are often looked on as anything from appendicitis to chilblains by medical men, there are cases where a more serious condition may be present with a posterior innominatus. The following case illustrates such a possibility.

The patient was a man of about 35 who had recently returned from overseas where he had seen strenuous service at the front as a non-combatant in Y. M. C. A. service. Previous to his departure he was a clothing merchant and had always been very nervous. After his return he resumed his occupation for a while but was compelled to give it up, supposedly on account of a nervous breakdown. He took to his bed and was treated for a month by an M. Armstrong, D. O., Cobourg, Canada, March 24.

Dr. James D. Edwards
Osteopathic Physician
and Surgeon

Originator of FINGER SURGERY in Hay Fever, Catarrhal Deafness, Glaucoma, Cataract, Tonsil and Voice Impairment. Practice Limited to Eye, Ear, Nose and Throat Diseases.

Over Five Thousand cases treated, 90 per cent of the patients responding to this new method of treatment. Write for examination chart, it will help you to diagnose your case.

Referred cases given special attention, and returned to home osteopath for follow-up treatments. Hospital Accommodations.

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The expert chemists of the Nujol Laboratories of the Standard Oil Co. (New Jersey) have been able to produce absolutely pure liquid petrolatum of every viscosity from a water-like fluid to a jelly.

The viscosity of Nujol was determined after exhaustive research and clinical test, and is in strict accord with the opinions of leading medical authorities.

Samples and authoritative literature dealing with the general and special uses of Nujol will be sent gratis. See coupon below.

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☐ “AN OSTEOPATHIC AID” (Especially prepared for the Osteopath)

The following booklets may also be of interest to the Osteopath:

☐ “In General Practice”
☐ “A Surgical Assistant”
☐ “In Women and Children”
☐ Also sample

Name: ___________________________ Address: ___________________________
THE OSTEOPATHIC PHYSICIAN

D. for nerves and stomach. His stomach got well in spite of a bad treatment but he developed a severe pain in the back and also in the rectum with spasmodic tightening of the sphincter of both rectum and bladder accompanied by nocturnal enuresis.

When I was called he was suffering constant pain which interfered with his sleep. He was under weight by not having eaten. A slight amount of blood was present in the stools which apparently came from hemorrhoids. A digital examination revealed swelling except the hemorrhoids and tight sphincter. The left innominate was posterior and the 5th lumbar slightly anterior. Deep pressure over the lower lumbar nerves after correcting the innominate gave temporary relief but apparently did not reach the source of the difficulty although the symptoms were almost entirely like many innominate cases I have seen. Feeling that further investigation would do no harm I consented to have him removed to Montreal for a complete examination of the rectum and sigmoid.

The next day after his arrival there report came back of the discovery of an inoperable cancer of the lower bowel. An operation was performed establishing a fistula through the abdominal wall. He has now survived the operation although a fatal outcome is still possible.

It would seem that in cases of that sort where correction of the apparent lesion did not solve the situation once that further investigation is demanded.

—Leon E. Page, D. O., Newport, Vt.

Physic

I wish to say that I am utterly opposed to aspirin and such drugs. I do believe from my experience, that a physic is a great aid to osteopathic treatment. Physic is about all of the drugs that I believe in. It is better to use physic to empty the bowels of accumulation of waste matter than to allow such poison to be absorbed into the blood. I find that high fever always drops and a relaxation of very tense muscles begins as soon as a dose of castor oil removes from the bowels matter that smells like a dead horse even though enemas and osteopathic manipulations had been given.


Small Pox

I do not know any one here in the south who has treated small pox by osteopathic methods. I remember some years ago some cases reported to me (in Kansas City) by some of our men out in Oklahoma. Dr. A. T. Still gave out that he had found that a fly blister—cantharidin—would neutralize the poison of small pox. He directed, if any one was called to see a case of this disease, that he should put a small piece of fly-plaster not larger than a dime on his skin somewhere and that it should stay there till the skin was thoroughly reddened—need not go so far as to make a blister necessarily—and then the doctor could proceed to treat such cases with impunity and that he would never take small pox. He also directed that if any one who had been exposed to the disease would do the same for himself before the eruption appeared he would he safe. Several reported in the Journal, if I remember correctly, in the following few months some cases that agreed with Dr. Still's idea about cantharidin. This is the extent of my knowledge of anything that osteopathic physicians may have done in small pox.

—M. C. Harlin, D.O., Atlanta, Ga.

THE OSTEOPATHIC PHYSICIAN

Bony Lesions and Diseases of the Eye, Ear, Nose and Throat

Infections and autoconvolutions have become so current in the diagnosis of diseases of the eye, ear, nose and throat that strangely bony lesions are overlooked. We must remember that osteopathic physicians are specialists in this region of the body and that osteopathy aids the body in its work of fighting Infectious Diseases generally. Bony lesions destroy the integrity of the circulation and nerve force to the eye, ear, nose and throat without any infection existing. Whether infection is present or not where there is a perversion of function or perversion of function in the eye, ear, nose and throat without any infection existing. Whether infection is present or not where there is a perversion of function or perversion of function in the eye, ear, nose and throat there should be at least five doctors of osteopathy present or can learn of any osteopath who does not have him removed to Montreal for a complete examination of the rectum and sigmoid.

In all cases of eye, ear, nose and throat trouble, therefore, a careful search should be made for the bony lesion basis and in giving treatment a thorough diagnosis and treatment of this region of the body is important in the best work on the eye, ear, nose and throat.

The diagnostic importance of this part of the body, ear, nose and throat work will be gone over in the program given by the American Osteopathic Society of Ophthalmology and Otolaryngology which meets the week of June twenty-first, 1920, at the Chicago Osteopathic Hospital. All osteopathic physicians of the United States are invited to be present. It is the week before the meeting of the American Osteopathic Association and if one comes for the two weeks he virtually gets a post graduate course lasting two whole weeks or thereabouts. Three hundred attended this convention last year. There should be at least five hundred osteopathic physicians in this convention interested in eye, ear, nose and throat troubles this coming June. Even though you are not specializing on the eye, ear, nose and throat you should be interested in the diseases and diagnosis of troubles in this region of the body.

—C. C. Reid, D. O., Denver, Colorado.

Wanted: Physical Training and Speech Cure

Among our patrons is a gentleman who has asked us to advise him where to send his 18 year-old boy for some years of instruction. The boy has a speech impediment and certain physical defects and what this man wants is to learn to cure his physical defects and speech by physical training combined. If you know of such an institute or can learn of any osteopath who does know of such a place you will do us a great favor by kindly imparting this knowledge.

—Mrs. Bovley & Bovley, El Paso, Texas.
The Easiest and Best Way is the McManis Way!

This illustrates the stretching and manipulation of the spine according to the method of Dr. A. G. French, Syracuse, N. Y., and is a quick and effective way of securing spinal traction.

This is an effective method of raising the ribs. It aids in the detection of rib lesions. This treatment is good for dyspnoea, heart trouble, asthma, intercostal neuralgia, shingles, congested liver and affections of the diaphragm.

Through this photograph is illustrated a method of treating the upper dorsal spine. This treatment is very effective and one must experience it to appreciate it. The resilient universal joint and a low table play important parts.

Spinal traction with manipulation is one of the most effective manual methods of treatment known. Possible only on a McManis Table.

Stretching the upper dorsal and cervical area of the spine by means of the McManis neck stretching device. Very effective and important treatment.

Complete information and catalog sent upon request.

McManis Table Company  
Kirksville, Missouri, U. S. A.
POLIOMYELITIS
(Infantile Paralysis)
Edited by F. P. Millard, D. O.

This remarkable book should be in the Library of every Osteopathic Physician. You should read it and keep it on hand for reference.

The first work on Infantile Paralysis in which the Applied Anatomy of the spinal cord is discussed in all its phases.

The spinal cord and nerves in situ. This illustration is typical of the unique and artesian anatomical drawings of Dr. Millard as displayed in this book.

A study of the many illustrated case reports, which compose a very important part of the book, convinces one that Osteopathy is the only treatment for poliomyelitits.

The book has 162 pages, printed on heavy high grade stock; 91 Illustrations, including 14 full page plates and 5-color frontispiece; table of contents, list of illustrations, and complete index; bound in cloth, stamped in gold. Price $2.00, postpaid.

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

Order it Now

The Bunting Publications, Inc.
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THE OSTEOPATHIC PHYSICIAN

Liability Insurance for Osteopaths

I SEE by The Op that the Aetna Insurance Company has discontinued writing liability insurance for osteopaths. I have taken this matter up with the Georgia Casualty Company—a company ten millions dollars surplus and reserves as to policy holders—and this company is willing to take on all the osteopathic business. I am enclosing a letter from the secretary of this company. I will say in passing that I have known the officers of this company for years and I am frankly notified them of my personal attitude in the matter.

I trust that the above information in regard to strong companies writing osteopathic professional liability will help some of those seeking it elsewhere. Like Dr. Louden I have been insured in the Aetna for a number of years and see no reason for their turning us down now as suggested, it is at the behest of the A.M.A.

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

Please advise your readers that the Fidelity and Casualty Company of New York will issue physicians' liability insurance to osteopaths. All interested, write Mr. Wm. J. Horan, special representative, 90 William St., New York, N. Y. I have carried my insurance in this company for several years and have found them all O. K. in every respect.

—Wm. H. O'Neill, D. O., Camden, N. J.

In the February OP I note that Drs. Louden and Dr. McCoile from Vermont and Montana respectively, have placed before the profession something for them to think about. I have been somewhat interested in the matter of liability insurance for some time past, having had one or two disagreeable experiences with insurance of this sort. A sister-in-law of mine, private secretary to the Vice President of the Massachusetts Bonding and Insurance Co., through my request went into this matter as reported in The OP. I received a report from her this morning, and I publish it herewith so that our brother D. O.'s may take it for what it is worth.

The following companies, beginning March 1st, 1920, will insure "regular" physicians, M. D.'s (Lord bless the mark), but refuse to insure osteopaths. No reasons given for this.

United States Fidelity & Guaranty Co.
Fidelity & Casualty Co.
New Amsterdam Casualty Co.
Zurich General Accident & Liability Co.

The following companies will not write any liability for physicians of any school of practice.

Massachusetts Bonding and Insurance Co.
General Accidents and Assurance Co.
Employer's Liability and Assurance Co.
Travelers Indemnity Co.
Maryland Casualty Co.

Mr. John A. Pierce, 85 State Street, Boston, General Insurance Broker, has promised to report to me more fully covering as many of the companies as possible who are discriminating against osteopaths.

We would like to hear from others quarters in regard to this matter.


AETNA'S EXPLANATION

December 29, 1919.

Dr. George M. McCoile, First National Bank Bldg., Great Falls, Montana.

Dear Doctor: I have your favor of the 20th instant which has been carefully noted, and wish to assure you in the first place that there
The Test of the Tampon

The test of the tampon lies in the action and effect of the medicament it carries upon existing local inflammatory processes. Commonly used agents of this sort act only indirectly as a rule.

DIONOL is something decidedly different. It acts efficiently because DIONOL reaches and affects local inflammation, acting in accord with the electro-pathology of this morbid process.

Use Dionol On Tampons

in the treatment of

Endometritis
Ovaritis
Salpingitis

Cervical Ulceration
Pelvic Cellulitis
Cystitis

Metritis
Leucorrhoea
Vaginitis

THE DIONOL COMPANY
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The Laughlin Hospital, Kirksville, Mo.

Dedicated to Andrew Taylor Still

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

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

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


A training school for nurses will also be maintained. A separate building for nurses' home has been secured. For further information address Dr. George M. Laughlin, Kirksville, Mo.
Busy Osteopath Gains $60,000.00 Asset

Dr. C. E. Amsden of Toronto, Canada, has increased his previous income $300.00 a month (representing 6% on a $60,000.00 investment) as a direct result of his study of our Correspondence Course in Ophthalmic Surgery.

It will pay YOU to learn Ophthalmic Therapy.

Class members enrolling now can make themselves eligible for graduation at our summer clinic.

Write us for a table of facts.

Figures don't lie.

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Incorporated
Utica Building, Des Moines, Iowa

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Des Moines General Hospital
Des Moines, Iowa

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President; Surgeon-in-chief
F. J. TEENERY, D.O.
Superintendent; Osteogenist and Anaesthetist
G. C. TAYLOR, B.S., D.O., M.D.
Genito-Urinary and Rectal Diseases
L. D. TAYLOR, M.D., D.O.
Consultant
B. L. CASH, D.O.
Clinical Laboratory and Cystoscopy.
D. D. CLARK, D.O.
Field Manager
J. P. SCHWARTZ, D.O.
House Physician
E. M. DAVIS, D.O.
Staff Physician

Continuous Post-graduate Course. Fee $100.00 per month. Certificate granted at completion of course.

THE OSTEOPATHIC PHYSICIAN

In a few stubborn cases it was found best to elevate the shoulders somewhat, thus producing a lateral curve to the right, for according to Lovett the bodies of the vertebrae tend to rotate to the convexity. This helps materially to make the correction.

"P. Watters & Watters, Conard, Mont.

pMcManis Table Rib Technique

Raising the ribs and freeing up the adjacent circulation is important. On the McManis table the following is an excellent treatment.

Patient in the dorsal position with hips well on the footboard in the table. Do not fasten the ankles in the anklecuffs. Place the leather pillow underneath the small of the patient's back. If the patient's back is pliable do not lower the middle leaf. If his back is stiff and sore and too much extension of the spine is painful, lower the middle leaf. Have the patient extend the arms and hold on to the head of the table. If this hurts the shoulders insert the gyn crytches and let the patient hold on to them. The patient is now in the proper position. Release the friction clutch, being sure that the springs are so adjusted to support the weight of the patient. Release the lateral lock. Push the side of the patient and push the swinging leaf DOWN and AWAY from you, at the same time placing your hand underneath the leaf. You will feel the angles of the ribs being raised. This treatment followed out and judiciously applied will take care of the depressed rib conditions which are so common.

J. V. McManis, D. O., Kirkville, IA.

Power of Medical Propaganda

[From the Optometric Weekly]

The Follies of 1920," which is well advertised by Mr. Ziegfeld, and, by the way, the "Follies" always turn out to be some sort of disguised advertisement of something or other and this time it is evident that that enterprise manager has lost all pride and very likely has sold his soul for a lot of pearls. One scene represents what is supposed to be an osteopath's office, wherein the operations of the supposed professional osteopath and the resultant silly contortions of the patient not only hold the osteopath up to ridicule, but the fact that the subject is told that he can be turned out as a proficient practitioner in the space of one week far exceeds any amount that we could hope to secure for several years to come, even if we wrote a largely increased number of doctors in your profession.

Briefly, we know what we have written of this business and what our losses have been and cannot see our way to continue writing the business in view of the circumstances as they exist, and we believe you will fully appreciate our reasons for taking the action which we have found it necessary to take. You understand, of course, that we are not cancelling the insurance of any osteopaths but are permitting their policies to continue until expiration, but are not renewing them.

Trusting this will fully answer your inquiry, I am,

Yours truly,

A. M. Rogers, Superintendent, Actua Insurance Company.

--- TECHNIQUE ---

Technique for Acute Enteritis

In these days when an M. D. degree seems so alluring to many of our students the results obtained from 100% Simon-pure osteopathic treatment of a typical case prove of especial interest. In this respect I wish to report the results we obtained during the past year in acute enteritis, the catarrhal type, in twenty-five or more cases. Ages ranged from babies to adults, and all were cured, usually in one treatment, at most two. In two cases which had been under M. D. care for some time and were rapidly getting worse, passing bloody stools, three and five treatments respectively were needed, although the first gave relief. We used no chalky looking and chalky tasting mixture such as many D. O.'s keep in stock for such cases—just plain, old-fashioned osteopathy.

Lesions found were at the dorso-lumbar junction, ranging from the tenth D. to second L., but usually around the twelfth D. and first L. It was in the nature of a rotation, to the left in most cases. Correction was accomplished by placing the patient on his right side, flexing the spine slightly, and the operator's elbows were placed in front of the shoulders. Initially the hip was drawn to the operator while at the same time the shoulder and hip were separated. The point of lesion was localized by the finger of both hands. A quick movement made the correction.
THE ROLE OF THE OSTEOPATHIC PHYSICIAN

The Organ of News and Opinion for the Profession

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EDITORIAL

Painless, Freedom, Fearlessness "How to the line, let ships fall where they will."

Vol. XXXVII
April, 1920
No. 4

THE ISSUE IS "FORWARD" OR "BACKWARD!"

The net of the profession's general perplexities as revealed by the Pennsylvania turmoil is just this:

Shall the practice of osteopathy stand for its right to continue the complete independent school of therapy enjoying liberty of thought, all professional prerogatives and legal status on a par with the "regular" school, for which we pay the same price of educational preparation?

Or, Shall the practice of osteopathy surrender its ideals and adopt the practice of graduating from a complete independent school of therapy, and accept a permanent status of inferiority and subjugation to the "regular" school, having its function restricted rigidly to manipulation, for which a two-year or three-year preparation in pharmacy, is the medical department of the university of Illinois, and now physician-in-charge of the North Shore Sanitarium, Winnetka, Illinois.

North Shore Health Resort
Winnetka, Ill.
March 27th, 1920.
Dr. Henry Stanhope Bunting,
9 South Clinton Street
Chicago, Illinois.

My Dear Dr. Bunting:

I have your letter of March 17th, and have also read with great interest the article in The Osteopathic Physician "Aspirin and the Other Coal-Tar Drugs Unmasked by Chemical Research", which you wished me to read and to give my opinion of same.

The article referred to is one of the most interesting and illuminating ones on the subject of salicylates that I have ever had the pleasure of reading. I must confess, however, that I am not quite able to understand the statements made by the writer of the article are correct or not, but I assume they are true, fervently wish us to do. Such a destiny, with the limiting of osteopathy to a strictly manipulative plane? Of course that is what the medics would have us do, but it might be a hard thing for our pride, but it might be a hard thing for mankind and for the survival of osteopathy. The osteopathic physician has a right to pass at no distant day, should this race between osteopath and allopath for "equal educational preparation, without equal professional recognition" be allowed to go on to its logical finish — our phenomenon — which must not be!

We must recognize that we have only this historical situation. We must believe that much we might like to frame our destiny on some other pattern. We must go forward and get equality before the law, and the law is not demanding any more of our students in the way of preparation than the restricted practice of osteopathy (as done by many inhibitory statutes) is worth to them.

Certainly, osteopathic students will not continue to fill our schools in future if the present representative standards of our practitioners before the laws of many states is allowed to continue and, under AMA persecution, grow yearly more untenable.

Which shall it be, then, men and women of osteopathy — "Forward, to Victory!" or "Back to our Trenches" to dig in and survive, if possible? By hook or by crook? Osteopathy's plight in Pennsylvania is not merely a local experience. It is part of our national condition. It is an acute outbreak occurred in Philadelphia, it being one of the historic strongholds of "regular" medicine. Other outbreaks are appearing elsewhere. The same AMA attack is on, all over the continent.

The dogs of insidious war bite at osteopathic heels in one section where they have been happy, useful and successful as a profession in another. What shall we do? Shall we go forward or backward? Tell The OP in twenty words. We shall be glad to print the verdict of several hundred osteopathic physicians every three months after they have time to think it over.

Endorsement of a Prominent Medical Author

COMMENT on the value of Dr. Fuehrer's "Medication," a decided endorsement of the well-known standard "Text-book of Materia Medica, Therapeutics and Pharmacology," (Saunders), formerly professor of materia medica and clinical medicine at the Chicago College of Physicians and Surgeons, which is the medical department of the university of Illinois, and now physician-in-charge of the North Shore Sanitarium, Winnetka, Illinois.

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We should be less critical of others, and my only criticism of Dr. Fuehrer's excellent article is the facetious and rather undignified reference to the American Medical Association and so-called Allopathy.

We should remember the sign over the music stand—"he's doing, his damnest". Now, I take it that all earnest men, men who are sincerely trying to prevent, relieve or cure illness in hu-
Sincerely yours,
Geo. F. Butler, M.D.
Medical Director
North Shore Health Resort.

Delighted to See the Coal Tar Drugs Indicted

Francis A. Frelinghuysen, M.D.
Newark, N. J.

I am overjoyed that the OP has taken up the cudgel against the coal-tar poisons. I am with you heart and soul—hook, line and sinker—foot, hat, and artillery! The osteopathic profession who are in a position to know the inside truth as to this public and private peril cannot, with honor and fidelity to their trust in physicians and doctors (teachers), keep silence; but their very privilege of insight and knowledge regarding this drug peril puts a mandate on them to do their best, until the truth about drug giving shall have been reformed. This is a work for humanity and the OP is its highly capable champion. More than that, it is the work you and I must take up until the great work in finished, not until the poisoning of the American people is forever stopped, and the public are awakened to the accursed ignorance of its medical advisers in high places.

I am aware that some, and I suppose many, worthy persons in our profession are disposed to practice osteopathy in the easiest, pleasantest and most comfortable way possible and to wish to be of no use to their generation and mankind except to give the very best treatment of which they are capable to all their own patients; and such osteopaths regard it as their duty to refrain from making any unfavorable comment on the abuses of drug practice. They seem to regard it as a “knock” against a brother doctor to tell a brother man that drug therapy destroys human health and lessens human expectancy. Such D.O.’s urge the profession not to try to expose the viciousness of druging and thereby prove the truth of the OP’s contentions of the cancer of druging or poison. I urge you to have the courage to speak the truth about the poisoning of the American people and the accepted ignorance of the medical advisers in high places.

I cannot understand how my brother and sister osteopaths of this persuasion can avoid the, I say “can’t” the, “must” here. They must, for better or for worse, be their brother’s keeper. To my way of thinking, the giver of poisons on a mistaken idea of therapy is running the risk of manslaughter; the osteopath who well knows the nature of such error and its awful consequences to mankind and yet keeps silent about it for his job’s sake is close to deserving censure as participes criminaris. Am I not right? Think it over. Our very position of enlightenment, our privilege of knowledge, our struggle with such poisons as the coal-tar synthetics, it seems to me, carries a responsibility to tell the truth and give human beings the chance to protect themselves.

I imagine even such osteopaths who wish to “pass the buck” as this responsibility will nevertheless be glad to see the OP run this series on the subject. With the force of force of chemical fact, physiological fact and good logic, surely give you full credit for your efforts. I see him called up on the carpet for too many low marks in Anatomy. He didn’t go as you and I might have done, humbly to receive our just deserts, but rather he made of it a social function. With his best suit carefully pressed, a studiously selected collar and tie, well polished shoes and exactly brushed hair, he would enter the prof’s study and proceed to make an impression—plausible, dignified, comrade-like—and come out with another chance. Then he would come home and interrogate us caustically, whistlecostly, why he they fell not to use drugs, but no one to my knowledge has ever been able to tackle the subject and show why we should not. To me you have started the greatest epoch in the life of our science. Let us go after them! Let us meet them half way. Let us fight it out on a purely scientific basis. Let us, for one have gotten more good out of the article on “Aspirin” than any other article explaining the unscientific basis of materia medica.

Let an osteopath pray for the day when every osteopath will know more about drugs than any other path. Let us go to the bottom. Let us see whether there is any virtue in drugs. Let us carry this right to the thinking public.

I would suggest that after the more popular articles of this series are published in The OP that every interested osteopath make arrangements to have such articles reprinted in their home newspaper—in part, at least, even if it costs money to do it. Please advise under what arrangements we can do this. Can I make arrangements with my paper here to reprint same. Let me hear from you, but for God’s sake and Osteopathy’s and the people’s sake, keep it up!

Wishes To Reach the Public With It

C. C. Reid, D.O., Denver, Colo.

You say so many good things in The Osteopathic Physician and carry on so many departments that are for the good of the profession that I frequently fail to write you when I would like to because there is so much to write about. I want especially to commend you, however, for your new department, “Revelations of Pharmacoeology.” Having gone through medical college I know a good deal about the medical and professional side of this, but never thought of it from how the people in the street, the high and the low, feel about it. Please give the people a chance to read these articles. I think they would react favorably to them.

(Continued on Page 29)

My Septennial

By John Barr, D. O., III.

Stan was another one of those people who went in rather strongly for putting up a front. He was probably the best dressed in the class at school, certainly his laundry bill at the house was the largest of any, and he was nearly if not quite the best looking fellow in our bunch. He was attractive to men, women and even dogs. He had a way of his own and the way that he impressed them is hard to say. He was a little man with a big time and he never entered the prof’s study but quietly took a seat in the waiting room. He would call him in and stand behind him, give him a couple of questions and have the conversation. He was always interested in the patient and the patient was always interested in him. He was always ready to talk and for a while he could find an audience.

Now I have heard men, a good many of them, too, say that about all there was to professional life was the proper presentation of a correct “front.” Barge, you will remember, gave this impression, though he never came out in so many words about it. Stan was a great believer in this theory—in fact it used to be about the only theory of life he had.

I’ve seen him carry on the carpet for too many low marks in Anatomy. He didn’t go as you and I might have done, humbly to receive our just deserts, but rather he made of it a social function. With his best suit carefully pressed, a studiously selected collar and tie, well polished shoes and exactly brushed hair, he would enter the prof’s study and proceed to make an impression—plausible, dignified, comrade-like—and come out with another chance. Then he would come home and interrogate us caustically, whistlecostly, why he they fell not to use drugs, but no one to my knowledge has ever been able to tackle the subject and show why we should not. To me you have started the greatest epoch in the life of our science. Let us go after them! Let us meet them half way. Let us fight it out on a purely scientific basis. Let us, for one have gotten more good out of the article on “Aspirin” than any other article explaining the unscientific basis of materia medica.

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(Continued on Page 29)
Why Drug Therapy Is Irrational and Unscientific

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

Pharmacotherapy is the art and science of healing (?) diseases by means of chemicals, plant and animal extracts, etc., which are collectively called "drugs."

At present drug-therapy rests on a very unsound basis, namely, either of "time honored usefulness," "recognition by the profession," some "professional" ephemeralsixes, some book-dogmas, "by recommendation of authorities" and other such groundless foundations, or the "physiological effect" fallacy.

We shall lay aside the first ecclesiastical-looking "basic" as it is hollow mockery and sheer nonsense, the "clinical data" of those "authorities" being quite unreliable, in many cases absolutely false and valueless.

Doctors Need a Understanding of Physiological Effects of Drugs.

The "physiological effect" syllogism, however, needs some consideration. When a drug is being ingested, it either produces no symptoms at all, or produces "alerting" (malign) symptoms, or "beneficial" (benign) symptoms. Such foundation rests nearly all "rational," pharmacology today and also pharmacology tomorrow.

The fundamental principle of this modus probandi or experimental method is right, but the modus operandi of stating "it works," is wrong, for the reason that complex substances are being experimented upon and not their simple constituents.

Common Every-day Drugs Often Dangerous Poison-makers.

For illustration: Ammonium chloride, NH₄Cl, is supposed to possess some expectorant properties. Granted this to be right—but what will it do besides this? Will it be harmful otherwise?

To answer this we must have an insight into the make-up of NH₄Cl. To make the constitution of this complex compound clearer, we shall write it thus: NHHH.HCI which equals NH₄ and HCI. The fact of its being composed of two compounds which it carries within its womb, shall write it thus: NHHH.HCI which equals NH₄ and HCI. The fact of its being composed of two compounds which it carries within its womb, viz: NH₄ and HCI. The fact of its being composed of two compounds which it carries within its womb, viz: NH₄ and HCI.

The "physiological effect" fallacy is: "Gives Three Post Graduate Courses.


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.


Address DR. C. C. REID
Eye, Ear, Nose and Throat Specialist
501 Interstate Trust Building—Denver, Colo.
lunatic asylum, hence in the eyes of the law
assumed to be "compos mentis," and they can
do as they like.

But they should be aware of the chances
they are taking! As we know very well they
are not, the hang-dog which should enact laws
to make such drug doctoring impossible be­
cause it is a deadly menace to public health.

Another instance: Acetphenetidin and its
salts. They contain the germs of death,
manifold. Here is acetanilid: C6H5.NH (CH3­
CO), it contains either of two poisons: anil­
ine and acetic acid. C6H5.NH (minus H) and
CH3.CO0H (minus the OH) minus water (with
which it is supplied when distilled water is
added to it as a "vehicle"), or C6H6 (benzene)
plus CH3 (methyl) plus OCN (or CNO, the
radical of the poisonous cyanates), in this case
three poisons; or C6H5 (OH) (phenol) plus
CH3CN (acetamide) methyl cyanate, i.e., two
most notorious poisons of poisons; or C6H5OCN
(phenol-cyanide, benzocyanate) and a CH4
(methane gas, methane,) two terrible poisons.

Acetphenetidin Offers Prussic Acid Et Al.
In the case of acethetemate di C6H5.NH­
(OC,H,)CH,CO, we have a variety of poisons
to choose from: either C6H5.OH (ethylalcohol,
that precious anti-prohibitionist) plus CH3.CO0H
(paraldehyde, acetaldehyde, a poisonous hypo­
tic) plus HCN (hydrocyanic or prussic acid,
more extended, but let it suffice for the present.
It is evidently good. Verbum sapiente sat.
Such investigations into the analytical
make-up of the compound itself is called the
"formula per se" or the "autoanalysis" or
"pharmaco-schism."

Must Write the Equation Between the Drug
and the HCI of Stomach.

After we are satisfied that the drug per se
is non-toxic and we will give it, or toxic and
we are prepared for emergencies, we must take
care of another proposition, viz: make an equa­
tion between it and the hydrochloric acid HCI,
In the stomach.

For instance, sodium bromide, NaBr, is, in
itself (per se), not so very poisonous. But
with HCl it will split up, by the process of
double decomposition into HBr (hydrobromic
acid) plus NaC (sodium chloride, table salt); while
NaCl is beneficial, HBr, nevertheless, is
extremely poisonous.

Therefore, if we give this drug, we must
prepare for hydrobromocyanosans.

Calomel, in itself, is extremely poisonous,
but not as poisonous as mercury bichloride.
Calomel is HgCl2 (mercury monochloride, mer­
curous chloride), while bichloride is HgC2Cl2
(mercuric chloride, mercury bi-(di-) chloride).
This substance is so poisonous that it will
poison through the skin. Yet calomel, HgCl2,
combined with HCI becomes converted into
HgCl2 plus H. So, when we get calomel, we
might almost as well take HgCl2.

Granted that in the stomach we have made
the equation with HCI and found it either
poisonous or non-poisonous, we are not
through yet. We shall discuss the drugs
officially.

Must Make Equations with Blood and All
Tissue Ingredients.

We must make an equation with every
blood ingredient, with fascial and urine components,
with the separate constituents of every tissue.
Only after all this is being done, we can go
ahead and give the drug with our eyes open
to effects and by-effects that we are producing.

We must heed the inscription on the wall:
"MENE, MENE; TEKEL, UPHARSIN."
This is true in the case of single drugs.
But in case of a combination of drugs, all
these processes must be gone through, and
another, besides, viz: that of an equation be­
tween drugs jointly. This is called "equa­
tio inter allos" or "reciprocal equation."

For instance: you are giving a solution of
sodium bromide, NaBr plus HOH. This equals
to sodium hydroxide, caustic soda plus
HBr (hydrobromic acid), two poisons, cor­
rrosive, escharotic poisons.

Or you are giving a capsule of NaBr and as­
prin. The equation is: C6H(OH)2COOH +
NaBr = C6H7Br + CH3COO.Na + CO2.
Three violent poisons: sodium acetate, bromo­
benzene and carbon dioxide.

The average medical practitioner is too busy
to ponder over all these matters, and the
majority of them had very little chemical train­
ing, and, will, probably, never be able to make
out all of these things. So the public needs
protection. Our laws are yet to be written
to deal safely with this peril to private life and
public health.

The manuscript of the writer’s book contains
several thousand such formulæ, all reactions
are explained as easily as possible, and when
published will be found a wonderfully useful
doxepinum for pharmacists and apothecaries.

Two Income Lesions
Two evils costing our profession thousands
every year.
First—Long, hard treatments (that is osteo­
pathy’s reputation).
Second—Unprofessional, undignified offices.
In towns where “osteopathy is slow,” this is
usually the cause.


The Prevention of Influenza and Other Infectious Diseases

The health authorities have emphasized the great importance of faithful at­
tention to the personal hygiene in preventing influenza and associated infections.
Especially do they lay stress on frequent disinfection of the nose and mouth, to­
gether with effective cleansing of the hands.

For accomplishing these all-important ends, there is probably no antiseptic or
disinfectant that is used more extensively or has been found more useful, conven­
ient or effective than

Dioxogen

Pure, non-irritating, non-toxic, tasteless, colorless, yet more effective in germ­
killing power than the usual carbolic or bichloride solutions, Dioxogen has the
great advantage of assuring safety with maximum germicidal potency.

The routine systematic use of Dioxogen in countless hospitals, homes, of­
cices and factories, as so many physicians have recommended, will unquestionably
prove of very great help in preventing the development of influenza and other
acute infectious diseases in innumerable cases.

THE OAKLAND CHEMICAL CO.
59 FOURTH AVENUE, NEW YORK
Lieutenant Farmer Gives His First Impressions on Returning

While still detailed in the Medical Department of the U. S. Army by disability following his severe attack of pneumonia last summer, he writes of osteopathic tendencies.

Fort Sheridan, Ill., Hospital 28, April 1, 1920.

Dear HS:

I received your wireless asking for a ren­
dezvous and kept the tryst, only to receive three months' copies of The OP as your part. Well, you sent a good representative, and being on my back again with a reverse, I have negotiated them from hors d'oeuvre to demi tasse.

While waiting for transportation home at Brest, about 40 white officers were in bar­
racks next to about that number of colored troops. Some designing person loaned the darkies a complete set of band instruments. They had them only a day as headquarters was deluged with complaints. Every one of them had a different instrument—each played his own tune. There was something about it that struck me familiarly. It made me homesick. It finally dawned on me as a reminiscence of the great osteopathic orchestra at home—and now The OP comes to remind me that the old orchestra is still zooming away. I see you have secured the services of Senor Conklinini for the season as baton wielder. Well, as the poet Bill Bryan says, you could go much further and do worse.

The old guard is fiddling away at first violin on their old ditti entitled “Every Little Move­ment Has a Meaning All Its Own.” Back in the good old days when our Jersey Bulls and imported osteopathy came over in the same boat (to save freightage) Charlie called them a lot of “old stiffs,” but they seem to keep sawing away on the same old tune.

Most other organizations fired their hyphen­ates but I judge you added. I see medico­

Dr. George T. Hayman
Manufacturer

DOYLESTOWN, Pennsylvania

WHEN typewriting communications or news matter for “The Osteo­

Optometry

The Measurement of Vision

Do you realize its value to you in a more com­

whether or not the law allows you to fit frames

Hildreth, W. O., Sup't.
writes on osteopathic and treatment for already good the this: you.

Our Ezyway Card Index System

We are publishing the only monthly booklet which covers the two subjects of Osteopathy and Optometry, and we will be glad to send sample and prices to those who are practicing in both fields.

Dear HS:

I received your wireless asking for a ren­
dezvous and kept the tryst, only to receive three months' copies of The OP as your part.

Whether or not the law allows you to fit frames and sell glasses you should be prepared to diagnose and direct the correction of errors which may so vitally affect the results of your efforts. Let us send you descriptive literature of our Correspondence Course in Optometry, and show you its great value to you.

The Osteopathic Envoy

We are publishing the only monthly booklet which covers the two subjects of Osteopathy and Optometry, and we will be glad to send sample and prices to those who are practicing in both fields.

F. B. Hunt & U. S.

530 World-Herald Bldg., OMAHA, NEBR.

Drs. Hunt & Hunt

OUR NEW CATALOGUE

showing cuts of many styles of tables

Western Osseopathic Sanitarium

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

THE OSTEOPATHIC PHYSICIAN

he visited wasn't making any noise or else was reading fly-specked music. This is what has occurred to me. What's the matter with inaugurating an osteopathic Pinkerton service? Call it the Gum Shoe Department. Get out the old false whiskers and when a 2.75 percentor is caught, let him be haled before the proper authorities and taught osteop­

Returning! the profession.

Dr. Broach's Model Woman Test

Elizabeth Lightfoot Broach, Atlanta, has compiled and copyrighted a score card to record the examination of women for Woman's Health conferences, etc., as Edu­

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Elizabeth Lightfoot Broach, Atlanta, has compiled and copyrighted a score card to record the examination of women and grade them on a percentage basis to show how closely they measure up with the "model woman." It is the out-growth of her special life study of Adult Hygiene, Life Extension of Research, etc. As a practical working basis for women's health conferences, etc., as Edu­

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How We Change Opinions  
A Good Thing for Dogmatists to Realize  

[From Prof. James "Pragmatism"]

The observable process which Schiller and Dewey particularly singled out for generalization is the familiar one by which any individual settles into new opinions. The process here is always the same: The individual has a stock of old opinions already, but he meets a new experience that puts them to a strain. Somebody contradicts them; or a reflective moment he discovers that they contradict each other; or he hears of facts with which they are incompatible; or desires arise in him which they cease to satisfy. The result is an inward trouble to which his mind till then had been a stranger and from which he seeks to escape by modifying his previous mass of opinions. He saves as much of it as he can, for in this matter of belief we are all extreme conservatives. So he tries to change first this opinion, and then that (for they resist change very variously), until at last some new idea comes up which he can graft upon the ancient stock with a minimum of disturbance of the latter, some idea that mediates between the stock and the new experience and expediently.

This new idea is then adopted as the true one. It preserves the older stock of truths with a minimum of modifications, stretching them just enough to make them admit the novelty, but conserving that in ways as familiar as the case leaves possible. An out-of-experience explanation, violating all our preconceptions, would never pass for a true account of a novelty. We should scratch round industriously till we found something less eccentric. The most violent revolutions in an individual's beliefs leave most of his old order standing. Time and space, cause and effect, nature and history, and one's own biography remain untouched. New truth is always a go-between, a smoother-over of transition. It marries old opinion to new fact so as ever to show a minimum of conflict, a maximum of continuity. We hold a theory true just in proportion to its success in solving this 'problem of maxims and minims.' But success in solving this problem is eminently a matter of approximation. We say this theory solves it on the whole more satisfactorily to ourselves, and individual will express points of satisfaction differently. To a certain degree, therefore, everything here is plastic.

THE OSTEOPATHIC PHYSICIAN

21

dorsed by, first, the Woman's Department of the Public Health Bureau, AOA; then presented by the Bureau Chairman to the AOA Board of Trustees at Chicago convention and was adopted by them.

Since, it has been endorsed by the Bureau Chairman, General Federation Women's Clubs, and recommended for use by Public Health Commissioners of each state by the Georgia State Federation of Women's clubs and most enthusiastically adopted by her own 5th Congressional District, Georgia Federation, and Atlanta City Federation Clubs.

A noted physical culturist is in correspondence with Dr. Broach concerning its use as a basis of course of treatment and purpose is to use it as "tests" for physical, rather, general fitness contests, women's health conferences. Prizes may be offered by individuals, firms or institutions to contestant making best improvement in periods of six or twelve months, thereby encouraging better health methods, frequent exams, etc. With help of other doctors, nurses and dentists, Dr. Broach plans the first conference of its kind to be held in Atlanta soon. Wide awake D.O.'s or institutions may do well to offer "improvement" medals thru the Public Health Committee of the Atlanta City Federation Women's Club, of which Dr. Broach is chairman.

Doctor—Here is a Helping Hand!

Why Not Use Bran-O-Lax?

GILBERT BRAN-O-LAX is used extensively by Osteopathic physicians and hospitals in treating patients for constipation, indigestion and intestinal disorders. BRAN-O-LAX contains the merits of all other wheat bran preparations. It is in the only logical form—that of a condensed tablet, sanitary and convenient. They will keep indefinitely.

BRAN-O-LAX is a light food diet for the sick and convalescing, as well as a gentle laxative. BRAN-O-LAX contains 100% whole grain wheat bran. In eating four or five tablets, you will have taken into the stomach more wheat bran than if you had eaten one half loaf Graham or Whole wheat bread. 1 Box 25c Post Paid U.S. or Canada.

2 Boxes $1.00 Post Paid. Prices in quantities on request.

GILBERT BRAN-O-LAX COMPANY

Lynchburg, Va.
Little Stories of the Clinic
By C. W. Young, D.O., Grand Junction, Colorado

STORY No. 8. Myrtle, a beautiful bride of 18 summers, on the eighth day of her honeymoon went on a buggy ride with her husband. It was a winter's day and the roads were bad, and the buggy turned turtle and Myrtle was spilled in the snow where she remained in a helpless condition for three weeks. When she began to move about she found all the joints of her back, neck and shoulders quite stiff and rigid.

For six weeks thereafter up to the time I saw her, she had a very serious time, spending three to four months each year in bed. She had times of acute pain and stiffness in her joints and the doctors said she had "rheumatism." She had tried two different osteopaths and they both seemed to make her worse. When I first came to see her she weighed only seventy-five pounds and was not able to make any use of any of the joints of the spine, shoulders or of the lower extremities.

I had the patient lie down on a table and use her knees and hip joints and could walk about the streets, but so bent was her spine that she could not see above the knees of a person meeting her in the street. Her head was almost down to the waist line and her face was parallel with the side walk. She said she could not use anything but her hands and fingers. But she could not touch her chin with her fingers. She then began to improve at once and no treatment has since been given to her.

The leading article is a reprint, by permission, of Dr. Bunting's article that appeared in Physical Culture 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.

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My reception room consists of a wicker suite of four pieces with tapestry upholstering, viz; davenport, library table, rocker and chair to match. On the floor I have a Wilton rug with fringe and two smaller rugs to match. Have some pictures and charts on the walls of the residence rooms, but the walls of the treating room are bare.

I have a complete system for keeping my case reports as well as laboratory analysis, and always make a report or record of every important case.

-S. B. Kiblinger, D.O., M.D., Joplin, Mo.

St. Louis Osteopaths Raise Fees; Home Visits $5

[From the St. Louis Star]

MEMBERS of the St. Louis Osteopathic Association, at a meeting held at the Marquette Hotel, decided to increase their charges for treatments to $2 for office calls and $5 for residence visits. The former charge was $2 for office treatments and $3 for residence visits. The reason given is that expenses are higher.

Dr. James D. Edwards, with offices in the Chemical Building, president of the association, said today that office rents had increased from 30 to 50 per cent. Explaining the reason for the larger increase in the charge for residence calls, Dr. Edwards said this was due to the increased cost to the doctors of the operation of their automobiles. Gasoline costs more, and so do repairs.—Issue of March 17th.

Advocates Universal Reciprocity

We should have universal reciprocity between osteopathic states. No one cares to plug up on time and money for an exam. which, after all, is no test of his qualifications as an osteopath. North Carolina had to come off its high horse or do without osteopaths (no reciprocity). New York needs 25,000 osteopaths, but osteopathy committed suicide there and put up the bars so that it's a fine open state for chiro's now. Those D.O.'s and schools that try to hamstring and humiliate osteopathy by testifying that osteopathy means internal medicine or is a branch of or any part of State Medicine should be treated rough and thrown out on their necks. Boycott 'em, and chase 'em into the Medical Camp where they belong.

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

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

1. What kind of lesions were found?
2. Where?
3. How corrected?
4. What general manipulations were given for bedside treatment?
5. What was the average time used for patient for osteopathic treatment?
6. How frequently were patients treated?
7. Did you observe any unfavorable reactions from too long or too thorough treatment?
8. How many days were patients under treatment?
9. Did patients who had been druged respond as well as others to osteopathic treatment?
10. What regulation of diet was prescribed for:
   (a) Influenza alone?
   (b) Pulmonary complications?
   (c) Bowel and stomach complications?
   (d) Nervous complications?
11. Did you use any substances like Antiphlogistine, Dionol or other local applications? If so, what?
12. What methods were used to keep the bowels active?
13. What method used to keep kidneys active?
14. Did you sweat the patient? If so, how and at what stage of disease?
15. Did you use cotton jacket for pulmonary complications?
16. What about ventilation, that is, much or little?
17. What was average temperature of room?
18. Are any means used to reduce temperature of patients?
   (a) If enemas, what kind, how much, how often?
   (b) If baths, what kind, how often?
   (c) If enemas, what kind, how much?
19. Were any means used to overcome cough? If so, what?
20. Were any means used to stimulate the heart?
   (a) How many cases of influenza did you treat?
   (b) How many deaths?
   (c) How many cases of pneumonia?
   (d) How many deaths?
21. How many patients were you able to treat a day during the great rush?
22. Cases reported herein were of the epidemic of 1918-1919.
   (Do not report both together.)
23. Sign your name and address and date your report.

By Lucius M. Bush, D.O., Jersey City, N.J.
179 cases of flu and 15 of pneumonia. No deaths
1. Muscular, ligamentous and bony specially. Bronchial and intestinal.
2. Upper dorsal and cervical mainly. Lumbar region contracted. Severe pain at sacro-illiac joint in some cases.
3. Relaxation of contraction first usually through bony correction. All done with patient lying down.
5. Twenty minutes.
6. Twice a day usually in bad cases. Some over three or four times a day. Light cases, once a day.
7. No. The oftener treated the quicker the results.
8. Average four to five days. Shortest cases two days. Longest two weeks in bed. No treatment over seven days.
9. No. The case was prolonged.
10. Liquid diet and fruit juices in influenza; the same only less in pulmonary complications; the same in bowel or stomach complications if no distress was indicated; nothing but water if a severe case. In nervous complications, the same.
11. Antiphlogistine in pulmonary cases.
12. Occasional enemas; abdominal manipulation. Every treatment was to free gases and lift intestines and colon. Work on sides of abdomen, mostly toward center.
14. Yes, at first. Water and hot lemonade and plenty of covers. Also if strong enough a hot bath and glass of cold water drunk in it.
15. Occasionally.
16. As much as possible, without draft, keeping temperature about 60 degrees F.
17. 60 degrees F.
18. Cold packs where fever was above 103 degrees.
19. Cough drops in some cases. Inhibition 1st to 3rd dorsal.
20. No drugs. Osteopathic treatment only.

By Asa Willard, D.O., Missoula, Mont.
1. Lower cervical, first and second. Sometimes worked down about the eighth dorsal.
2. Patient on back or face. Always gave a stiff stimulating soft-tissue looseing treatment to upper dorsal area with patient on face. Good vigorous manipulation. Then corrected specific lesions, if possible.
3. Just general spine springing for relaxation. As a rule didn't do this. Did nine-tenths of the work on the upper dorsal, mid dorsal and lower cervical.
4. About 10 minutes.
5. Twice a day if very bad. Once, otherwise, until fever stopped. That is, I tried to do this when I could get around.
6. I am so convinced that it can be done and is too often done that I seldom take the chance.
7. Average about 7 or 8 days. I never assumed anything but kept them under treatment until I was sure everything was going right. This is part to forestall sequeles.
8. I should say not!
9. Food but mutton broth, butter milk or orange, lemon, grapefruit juice. Absolute quiet. Nobody in the room but attendant until fever is gone a couple of days.
10. Used captnol and old-fashioned mustard poultice, 1 part mustard, 1 part flour, 3 corn meal. Grease sheet before applying.
11. Normal salt, hot every day. Splanchnic and direct liver manipulation.
12. Lots of water, lemonade, orange and grapefruit juice ordered.
13. Sweat with hot drinks and hot water bags at first. No baths. Started that but quit it.
15. A whole lot.
THE OSTEOPATHIC PHYSICIAN

Special Information for Osteopaths

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345 W. Broadway, New York, N. Y.

By A. E. Archer, D.O., Pullman, Wash.

14. Muscular contractions of more or less severity, with consequent rotations and dis­placements of vertebrae in cervical and lumbar areas particularly. Ordinarily, every-day methods of corrective work employed for re­duction.

15. About fifteen or twenty minutes twice per day in most cases, some but once, depend­ing on how ill they were and my ability to get around to all.

6. Usually two or three. Occasionally four or longer in bad cases.

9. No. Much harder to get the body func­tions going properly.

10. Cut out ALL food during fever and for two or three days after temperature was nor­mal, except a glass of milk three times a day, or thick broth if milk was not well borne.

11. NO! Why should one mask and mix up the very best therapeutic system in the world with a lot of drugs, of unproved or dis­proved value? Even though patients get well under the care of doctors who use these things, is it any wonder that adjuncts were of any value. Other D. O.'s can match an equal or greater number of cases of cures where dope was left out wholly, I believe.

12. In some cases a dose of castor oil was employed to open the entire alimentary tract up. In others an enema was depended on enti­tily, reinforced by manipulations as a matter of course.

13. Lots of water or milk; manipulations to these organs directly.

14. Usually, as early as possible.

15. Plenty of ventilation, windows wide open in many cases.

16. Fairly warm if possible but this point was always subject to good air in the room.

17. No other than general manipulations, with more attention to the vasomotor area of the next in bad cases. Baths would have been used had manipulations failed to keep tem­perature within the bounds of safety.

18. Special attention to occipito-atlantal and atlanto-axial joints.

20. NO DRUGS! Usually the heart action needed inhibition rather than stimulation. Had no trouble handling that organ and keeping it functioning.

By J. W. Riley, D. O., Norwich, N. Y.

20 cases of flu, no deaths

1. Muscles contracted in cervical and dor­sal regions and nerves to heart irritated.

2. Can not say about bony lesions as most of the patients were young and in good health.


4. Raise the ribs, especially on the left side to relieve the heart and cervical muscles. Treated the entire spine gently.

5. About ½ hour.

6. Each day—some twice for 2 to 4 days.


8. From 4 to 7 days.

9. No. Fever would disappear for a day or two and then return. Very weak.

10. Plenty of water, orange juice, hot milk, prunes, milk.

11. No.

12. Water enema for about half of the pa­tients. Treated lower colon and sigmoid.

13. Plenty of orange juice, lemonade and manipulation.


15. No.

16. Plenty of air.

17. 70 degrees.

18. Cold cloth on head and neck.

19. Yes, raised ribs commenced at first and worked down. Good results.


NOTE: 20 cases of flu. A.M. temperature, 102, a few 104. All recovered. Watched heart very closely and if found heart running 112 to 120, would raise all the ribs in dorsal region. The heart would then ease up, also cough disappear.

By Marcus E. Brown, D.O.,

Sioux City, Iowa.

From 15 to 20 cases, no deaths

1. Osseous and muscular.

2. Mostly cervical and dorsal in those cases that bordered on typhoid lumbar.

3. Extension, flexion and inhibition.

4. A thorough relaxation in the cervical and dorsal region.

5. Ten minutes.

6. From five to times in 24 hours.

7. Experience has taught me to give such cases through extension of spine. Spine stretched by my taking hold of patient's head having assistants hold feet and stretching pa­tient until I felt the spine relax; then I inhibit the cervical and dorsal regions (dorsol mostly) until I felt patient relax. I have a piece of heavy webbing (saddle girt) 4 inches wide and 13 feet long that I put on the patient's head and wrap around the bed post and I take hold of the feet when there is no one to assist me.

8. From three to thirty. When they came or called me in the early stages and had no drugs, one treatment reduced temperatures of 104 and 106 degrees.

9. Most emphatically no.

10. Rhubarb sauce, pineapple, pears, peach­es, baked apple; Mellen's food. Three hours between any two kinds of food. A glass of water every hour, Colfax preferred.

11. Hot water bottles, hot sand and salt bags.

12. In very high fever cold saline enema. One was usually enough; if not, another, in 24 hours, 4 quarts. Reduced in­hibition of splanchic nerves. No laxatives used.

13. Abundance of water.

14. Hot water bottles, hot sand and hot salt bags.

15. No; put a strip 7 or 8 inches wide, 4-ply down the spine.

16. Abundance of fresh air. Clothe cloth over window when necessary.

17. 60 degrees.

18. Thorough relaxation over the kidney area. Inhibition cervical and splanchic areas. Cold enema. No baths.

19. Heat, upper dorsal. Thorough stretch­ing of intercostal muscles anterior and posterior.

20. Stimulation to cardiac nerves. Stimula­tion of ganglia impar in severe cases. As I am an osteopathic physician, no drugs were needed.

By J. T. Hook, D.O., Loveland, Colo.

1. Subluxation of cervical and upper dorsal and six upper ribs.

2. . . .

3. By manipulation.

4. General relaxation, stimulation and in­hibition.

5. Fifteen to thirty minutes, the latter due to inflammatory conditions.

17. No more than 60 degrees, except when I was there. Before that I had them warm it up to give me a better chance at the patient.

18. Treatment and sweats. No sponging.

Mid-dorsal, strong springing, relaxing.

19. Correct lower cervical and first dorsal lesions or relax these if correction is not pos­sible.

20. Ribs on left side raised firmly and steadily and tissues relaxed about third, fourth and fifth dorsal at head of ribs. Get heads of these ribs well freed up at articulations. 

7. I think it could have happened, had no thought been given the matter.

8. Usually two or three. Occasionally four or longer in bad cases.

9. No. Much harder to get the body func­tions going properly.
THE OSTEOPATHIC PHYSICIAN

6. From one to four times per day.
7. Yes, but always due to nerve conditions.
8. From three to twenty.
9. Flu cases did—pneumonia cases did not.
10. No regular diet, due to catarhal and high altitude conditions. Received best results from milk and fruit.
11. Yes, with good results. Antiphlogistine, mustard and raw radish. Passed better results from flu and heart symptoms developed a week or so later. Too weak to treat. Very nervous. Had to stop frequenting the place.
12. Antiphlogistine, mustard and radish. Passed better results from flu and heart symptoms developed a week or so later. Too weak to treat. Very nervous. Had to stop frequenting the place.
13. Stimulation to renal ganglion.
14. Yes, in beginning, hot water and electric pads.
15. Yes, with success.
16. Much ventilation, but no draft upon patient.
17. 70 degrees.
18. Yes. Stimulate the vagi, also inhibit the cervical and splanchic. No baths.

By W. L. Burnard, D.O., York, Nebr.

312 cases of flu, no deaths
2. Second and fourth cervical, fifth dorsal.
3. Osteopathically.
4. Relaxation and inhibition.
5. Fifteen minutes.
6. Only time for one treatment per day.
7. Sometimes.
8. Four days.
10. During fever, mostly water. Used liquid diet entirely.
11. No.
12. Saline solution only.
13. Stimulation over the tenth dorsal.
14. Yes, very much during fever.
15. Yes.
16. Lots.
17. 65 degrees.
18. Used manipulation and sponge baths.
19. Used cold compresses to break up congestion.

By Howard R. Juvenal, D.O., Maryville, Mo.

1. ____________________________
2. ____________________________
3. ____________________________
5. Thirty minutes.
6. Two to three times daily.
7. No.
8. 5 to 7 days.
9. ____________________________
10. Liquid diet.
11. Antiphlogistine in lung condition.
12. Soap sudsa enema once daily, also castor oil at night.
14. ____________________________
15. Yes.
16. Plenty of fresh warm air.
17. About 70 degrees.
18. Upper dorsal manipulation.
19. Tepid baths with soda water.
20. One case used ½ gr. strychnine every 4 hours. This case recovered from flu and heart symptoms developed a week or so later. Too weak to treat. Very nervous. Had to stop the clock and lock all doors. Perfectly quiet.

Dr. H. M. Fouty, D.O., Mountain Grove, Mo.

80 cases, 1 fatality
1. Anterior.
2. Lower dorsal.
3. Osteopathic methods.
4. Reduction of lesions and balancing circulations.
5. Fifteen to twenty-five minutes.
6. Once or twice daily.
7. Just rare cases.
8. One to ten days.
9. No.
10. Whatever looked good to them.
11. No. The flu was principally circulatory troubles in most of my experience.
12. Osteopathic, pure and simple.
14. Some would at first to third clinic.
15. No.
16. Enough to freshen the room.
17. 60 to 70 degrees.
18. Osteopathic.
19. The chin movement.

Flu Pandemic of 1920
By Ellen H. Brooks, D.O., Wichita, Kansas

1. Muscular contractions, ribs, cervical and upper dorsal.
2. Whole spine in some cases; others 6 and 7 cervical, upper dorsal; also atlantal-axial.
3. Usual way by manipulations.
4. Specific work to area most affected, raising ribs, relaxing all contracted muscles, especially in the neck and dorsal.
5. Fifteen to twenty minutes.
6. Twice a day first day or two, then once.
7. No.
8. Three to seven days, one patient two weeks owing to infection settling in eyes and face.
9. They DID NOT; took longer to reduce fever, and convalescence was slower.
10. (a) Nothing but water till fever was down, then fruit juice; (b) then broth; later poached egg, toast, milk puddings, etc; (c and d) same diet modified or adjusted to the condition.
11. Dional once, Antiphlogistine once (history given below) Vapo rub usually because patients wanted it.
12. Thorough treatment of splanchic area, also to bowel directly. Allowed patients to take their usual cathartic if such was their habit when first called, but after that allowed none. If bowels did not move daily, then used salt enema, but had no trouble. Those patients that persisted in taking cathartics against my orders (and I had several) were longer in getting better, and I told them why, too. 2 tablespoon castor oil usually.
13. Treatment to kidney area, and plenty of water, had no trouble.
14. No need to, they sweat; some at beginning, some later, at night.
15. Yes, once (case history below).
16. (a) 37 influenza ..
19. and 17. Much, about 65.
31. Epidemic of 1920, January to February.

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Museum of Osteopathic Medicine, Kirksville, MO
Eating Sickness Another New One
By S. B. Grissio, D. O., Hannibal, Mo.

I am enclosing a letter from a patient from Quincy, Illinois, Carson McNutt, a clerk. Two weeks after the flu he developed diplopia, went out in the country to his uncle for a while, his uncle brought him to me saying, "Doctor, Carson will get up in the morning and eat a hearty breakfast (about 6 A.M.); at 9 A.M. he is ready for another square meal; also at 12, 3 and 6 o'clock he can eat just as much more as at any other meal and he wants an extra lunch at 9 P.M. also."

When I saw him first he had a temperature of 101°, pulse 117, would eat his breakfast and immediately go to sleep. His uncle said he would sit down and go to sleep. He couldn't open his eyes but about half way. Tongue was heavily coated, voice had a nasal tone, no special lesions were found but contracted muscles in cervical and mid-dorsal regions. Somewhat constipated. His uncle said he would eat as much at each meal as any two men.

After treating him three weeks his hunger began to less; in about four weeks he was able to go on three meals; in eight weeks he gained 21 pounds, now weights 177 and is well. I consider this a near kin to sleeping sickness and perhaps it might be so classed.

The young man's own statement follows:

"I took the influenza about the 11th of December, 1918. Was sick two weeks. January 26th, 1919, took sick at my stomach and was that way two days. The third day my eyes were blurry and I saw two objects instead of one. Was troubled that way over a week before I got my glasses. Got my glasses on February 2nd. Started to work February 10th. On February 27th took sick again. My eyes got worse and I took sleepy spells. Went to two doctors a day until Monday, March 3rd. Went to my uncle's in the country and he convinced me to go to Hannibal to Dr. S. B. Grissio. Started to get better after my first treatment. Had an awful appetite and wanted to eat all the time. Made my first call on Dr. Grissio on March 5th. Was able to start to work Monday, March 24th. At present time I weigh twenty pounds more than I ever did before. Am able at present time to go without my glasses. Am feeling fine at present. Doctor ordered me to quit smoking.

—Carson McNutt, Quincy, Illinois.

Cured 9 Cases of Sleeping Sickness
J. M. Fraser, D. O., Evanston, Ill.

Do not overlook the cases of so-called "Sleeping Sickness" which follow influenza. You will find in most cases that the real cause of the aspirin and general toxic condition of these patients is due to over-drugging on the part of some M. D. I treated nine cases of this so-called disease and in every case the patient showed some marked symptoms of certain drug poisoning, strychnine and atropine being the ones marked. In these cases special attention to elimination and stopping of all drugs and good general osteopathic treatment gave my cases excellent results.

Extreme Soreness over Trachea
I have run across a condition in the 1920's that is seemingly in epidemic form as several cases have developed in the last two days. Our epidemic is on the decline, but this condition has developed in people who do not seem to have had flu. It is this, an extreme soreness in the trachea; it is too low for laryngitis, too high for bronchitis; no other symptom, just extreme soreness upon coughing, and the pain is described as if being "cut with a knife." Most of the patients are bed. No tenderness to touch or swallowing.
no temperature, voice a little husky, appetite good.

All treatment in the way of applications, have no effect, and osteopathic treatment, such as I have given, has had absolutely no effect. Can any one advise me?—Hewes O. Harris, D. O., Poplar, Mont.

Aborted a Case of Pneumonia

There is a good deal of acute work being done in this city just now, and I am so glad of training which permits me to be counted as one of the osteopathic profession. My spec- tacular case was aborting a case of pneumonia with a man 65 years old. His wife is a trained nurse (with medical training only) and as she said, had always had hard luck with her pneumonia patients. They were not entirely won over to our science until this happened, but osteopathy has at least two more ardent friends now. I gave the first treatment within an hour and a half of the initial chill, when the patient was blue all over and his head was retracted. That was Friday noon. In all I gave seven treatments. The highest temperature following the chill was 102 degrees. Monday morning temperature was normal, and has remained so. The patient has had pneumonitis once or twice before and was somewhat skeptical of the fact that it did not mature this time.


Comments on Flu

I have had 48 cases of flu this year and no deaths. 5 cases of pneumonia and no deaths.


It might be of service to you to state that during the “flu” of nearly 100 cases I never lost a case nor did pneumonia develop in any cases although some started very rapidly. Three cases of pneumonia developed under drug treatment and were placed in my hands which I was successful in handling, all of them were double pneumonia.

-O. B. Dockery, D. O., Beaver Dam, Ky.

In fifteen years of practice I have never lost a case of pneumonia, not even from flu-pneumonia.

S. L. Wyland, D. O., Santa Rosa, Cal.

We have still continued our previous record. No fatalities from flu or pneumonia up to date and flu appears nearly over for this year here. We were fortunate but the poor M. D.'s—enough of them, fed and drugged some poor souls into eternity. Poor devils, will they never learn common sense?

—Dr. Newlin & Curry, Farmer City, Illinois, March 9th.

We were forcibly struck with the number of patients who came in for treatment for flu complications who had been under care of medical doctors, and especially those who had so-called “light attacks.” A large number of children developed coughs of flu type some weeks after they were supposed to have recovered from the 1918-19 flu. Have also found about all the complications you refer to in April Osteopathic Health. We had 74 cases of flu and 4 cases of pneumonia, two developed before we got to them, and two afterwards, all recovered. We used straight osteopathy, with proper nursing, diet, etc.

—Dr. Buckmaster & Brundage, Orlando, Fla.

I treated 250 cases of flu with but 2 deaths, one a 77-year-old patient, the other complicated with cerebral meningitis. I had 15 cases of pneumonia with no deaths. No doctors were all strictly beside cases the number I was able to treat any one day depending of course upon the ease of getting over the ground. The largest number treated daily would range from 20 to 30 cases as all of these were treated 1 to 3 times in a day.

THE OSTEOPATHIC PHYSICIAN

Wishes to Reach the Public with It.

(Continued from Page 17)

deeds of drug medication and every doctor who has gone through medical college, who has kept his eyes open, knows that also. However, there are a lot of doctors who seem to go through medical college who seem to have their eyes closed when it comes to free thinking and find no fault with the fallacious methods along drug giving lines.

Your articles in The Osteopathic Physician exposing the unscientific basis of drug therapeutics should be given a vote of thanks from all the osteopathic profession.

The more I study scientific natural methods of drug therapeutics I am convinced that the general run of drug methods and their measures are wrong. I believe inside of a generation many things that are used now under the name of allopathic medicine will be looked back upon, somewhat as we look back at the medication of the Dark Ages.

Your department of "Pharmacoesophia" ought to be read, not only by all osteopathic physicians, but by all true drug physicians and also the general public at large. These articles might be written under conditions for the technicalities to be simplified and be given to the public in pamphlet form.

Your energetic Osteopathic Physician is a great asset to the osteopathic profession in the battle against state medicine. Keep the good work going.

Constructive Aid to Our Profession

By Dahn L. Tasker, D.O., Los Angeles, Calif.

Please accept a word of thanks from me for the article on Aspirin, in the March OP, written by Dr. Fuehrer. I enjoyed this article very much because it presented the subject clearly and logically. Such an article ought to be greatly appreciated by anyone interested in scientific medicine. I don't think that article on Aspirin, in the March OP, written by Dr. Fuehrer. I enjoyed this article very much because it presented the subject clearly and logically. Such an article ought to be greatly appreciated by anyone interested in scientific medicine. I don't think The OP ever contained anything better or more constructive for our profession than that article. I hope Dr. Fuehrer will take up some of the other popular remedies and give our folks a little "inside dope."

IN THE DOCTOR'S LIBRARY

My 6 Best Books for Osteopaths to Read

By W. F. Link, D.O., Knoxville, Tenn.

Assuming that the young practitioner keeps in touch with the progress of his profession by means of texts, periodicals and post-graduate courses and that he is on fairly familiar terms with his Bible and Shakespeare, let him consider or reconsider:

2. Emerson's Essays.
4. Eastman's The Enjoyment of Poetry.
5. Hearn's Literature and Life.

If, after trying out his mind on these works, he finds it doesn't work or that his horizon is no wider, his judgment no surer, his taste no more discriminating, his sympathies no quicker, his mental and moral fiber no stronger—well, you know that you can't make a silk purse out of—

By Tom Ashlock, D.O., Lewiston, Mont.

2. A. T. Still, Founder of Osteopathy, M. A. Lane.
3. Practice of Osteopathy, McConnell & Teall.
5. Modern Medicine, Ooler & McCrae.
6. Diet in Health and Disease, Friedenwald & Rugrah.

By Lamar K. Tuttle, M.D., D.O., New York City.

1. Peace, Power and Plenty by O. S. Marden.
5. Differential Diagnosis by Cabot.
6. Clinical Osteopathy by Educational Department, Research Institute.

J ust received a line from Dr. Swope naming me chairman of the Bureau of Clinics for AOA. I want to get each member of the profession to write me a few things the I have no blank arranged.

Questionnaire—Clinics

1. What is to prevent your giving 3 hours a week to advancing the knowledge of osteopathy thru a clinic?
2. Can you arrange hours for (a)—1. For children under 12? (b)—1. For working girls? (c)—1. For working boys?
4. Are there any other civic activities in your town? Play grounds? Community Centers? Free dental or medical Clinics?
5. Are you doing anything under the Osteopathic Service League?
6. Are you alone in practice? I.e. only osteopath in town?
7. Do you belong to a city or district association or society?
8. Do they hold clinics at their meetings or at any other time?
9. Do you believe it will help you to begin the use of Academy Blanks in Clinic Records? Possibly in selected cases.
10. Would you prefer to use some simpler form of record cards with "follow up" improvement cards?
11. I trust The OP will find it possible in your busy life to have some of the experts send me a few lines, with some suggestions. If any one has a typewriting machine and a duplicating device he wants to loan for the good of the cause I sure could put same to good use on this work. He is going to be some extra job. May the executive council can furnish them or make allowance for rental—F. E. Dayton, D.O., Escanada, Mich.
"What Is Osteopathy 'Good' For?"

Nineteen Human Beings Make Answer—Are You, Too, Interested?

SUCH is the title of Osteopathic Health, the magazine for May, and under this question a group of much simpler readable discussion of osteopathic cases as will make your heart glad if you are strong for the popular, plain way of telling the people our story of healing.

There is a little editorial talk by Ralph Arnzen, page and a half introducing this discussion. Ralph sticks to his text, "What Is Osteopathy 'Good' For?" by making his readers understand that it is good, as a general proposition, for almost everything people are bothered with in the way of sickness. He drives the point home that it is equally good for the general run of things, as well as for the individual case.

There are nine of these separate stories—each the story of a human life, full of the hopes and fears that flesh is heir to when compelled to face the problem of real sickness or disability, and the joy of relief that comes through correct diagnosis and osteopathic adjustment.

There is the story of the boy who dived into shallow water. And another lad who was rescued from chronic invalidism which found relief or cure through osteopathy.

And then the story of one who was ill whom osteopathy made well. And last comes a man invalidated for fifteen years by chronic lumbago—unable to work—cured by an osteopath in twelve treatments—does it pay to be sick? How much money would this man have saved by employing an osteopath fifteen years earlier? It does not pay to be sick.

Thus the story endeth. What will your order be?

Henry Stanhope Bunting, Editor.

Praise for The OP from Everywhere

We send money herewith to renew subscription to The Osteopathic Physician as we find we can't get along without its monthly visit to our home. It certainly sets the pace for any other osteopathic journal in the field.

—Dr. R. W. Bell, Independence, Kansas.

I feel I cannot do without The OP so send it right along continuously and don't dare to stop it any time.

—H. H. Christensen, D.O., Pender, Nebraska.

Herewith check for renewal of my subscription to The Osteopathic Physician. I would as soon attempt to continue ponies without a treatment table as to be without The OP.—N. Gaylord Husk, D.O., Bradford, Pennsylvania.

Herewith check for $2.00 for renewal of my subscription to The Osteopathic Physician. I would rather do without my dinner a week than be without The OP. That would make the subscription price $2.50 instead of $2.00.—O. O. Barker, D.O., Shedville, Illinois.

Herewith $2.00 for my subscription to The OP. The paper is certainly great. Your columns devoted to Shop Talk are very interesting.—M. F. Stedman, D.O., Le Sueur, Minnesota.

Enclosed you will find $2.00 for your valuable paper.

The OP has proven its worth to me many times over during the past year, so I look forward with pleasure for what you will give us for the coming year.

—C. A. Nordell, D.O., Ogden, Iowa.

I must congratulate you, Dr. Bunting, upon the masterly piece of publicity you gave the osteopathic profession through your article in Physical Culture magazine. It will do the entire profession untold good.

—H. S. Dean, D.O., Denver, Colorado.

Of course, I want The OP. Every real osteopath must have The Osteopathic Physician. One might just as well try to practice without patients as to attempt to get along without this life periodical.—R. M. Forrister, D.O., Fort Wayne, Indiana.

I have had your "old sheet" regularly since I started practice. Therefore, I cannot keep shop without The OP.—John M. Treble, D.O., Bath, New York.

Renew my subscription for The Osteopathic Physician for two years. The OP suits me fine and I cannot do without it.—Dayton Turner, D.O., Los Angeles, California.

Herewith a lone two spot for renewal of my subscription to The OP. You can't imagine the help it is to me. I wish it was as big again.—C. H. Clark, D.O., Brownwood, Texas.

Comments from OH Boosters

Osteopathic Health is improving much of late. I am especially pleased that in nearly all numbers mentioned is now made in some form of the fact that osteopathy is a general system. I would be pleased if this idea were brought out even more emphatically. I hope the paper shortage will let up soon but whether it does or not I will stand by you on both publications unless prices go too far out of reach.—A. B. Cole, D.O., Bowling Green, Ohio.

Osteopathic Health continues to go forth as to war and certainly "hurts" the enemy—if the M.D.'s can be called such—for I have reason to believe that questions are asked them which are prompted by this little magazine and which are found difficult to answer. Yours for common sense osteopathy.—Roy Kerr Eldridge, D.O., Philadelphia, Pennsylvania.

What a Layman Thinks of Non-Educating Osteopaths

The Osteopathic Physician, Chicago: Thanks for your letter of July 16th. I am enclosing 20 cents for the new "Osteopathic Catechism." I have had an osteopathic physician for only two and a half years but he has done so much for me and my two little ones that I now do not have any other doctor, feeling quite confident that our osteopath can take care of us thru any illness and can prevent many. However, you know how people are against osteopathy when they know nothing of it and have never tried it. Therefore, I read a great deal on the subject and I think the "Osteopathic

STANDARD DIET FOR

Infants, Invalids and Convalescents

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Horlick's Malted Milk

DIGESTIBLE

NUTRITIOUS

CONVENIENT

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Has the quality and flavor imitations lack.

Samples prepaid upon request.

HORLICK'S Malted Milk CO.,

Racine, Wis.
Spanish Prince Cured of Deafness by Osteopath

[From Toronto News-of-the-World.]

The Queen of Spain had a pleasant surprise recently when she found that her little boy, Don Jaime, who had been deaft from infancy as the result of an accident which happened to his mother at a hotel in Londen, was now able to hear.

Dr. Clifford, a British osteopath, who, by his wonderful skill, discovered what was wrong with the boy, is credited with being the first to apply osteopathy to a case of deafness.

The osteopath, who is a member of the British Osteopathic Association, said that he had been able to cure several cases of deafness by using osteopathic methods.

Outlook for the Future

The osteopath predicts that in the future more cases of deafness will be cured by osteopathy, as the method is becoming more widely known.

The case of Don Jaime is only the latest in a series of successful treatments for deafness by osteopathy, and it is hoped that more cases will be cured in the future.

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The Osteopathic Physician

[From the Chicago Osteopathic Journal]

Dr. S. B. Kibinger becomes physician for the Denver Poly clinic and Post Graduate College has successful winter efficiency course.

The Denver Poly clinics and Post Graduate College, whose director is Dr. S. B. Kibinger, closed its winter efficiency course after a month full of good work. The course was a very enjoyable one, and it is hoped that the graduates will carry on with the same enthusiasm in their future work.

Efficiency Course Successful

The College of Osteopathy, which is located in Denver, is one of the leading osteopathic institutions in the country, and it is hoped that the graduates will carry on the same work in their future practice.

The efficiency course was held in the month of February, and it is hoped that the graduates will carry on the same work in their future practice.

The courses are open to all osteopathic physicians, and it is hoped that they will take advantage of the opportunity to further their education.

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In Review

[From the Chicago Osteopathic Journal]

The Chicago Osteopathic Association held its regular monthly meeting on March 4th at Hotel Sherman. The meeting was well attended, and the program included a lecture on osteopathic technique by Dr. Herbert Bernard of Detroit, followed by a demonstration by Dr. Tasker.

Montgomery County, Kansas Meeting

The Montgomery County, Kansas, Association held a special meeting on March 5th at Carthage, and Dr. Brian was elected president of the association for the year.

The meeting was well attended, and the program included a lecture on osteopathic technique by Dr. Robert Bell of Independence, who is the president of the Kansas Osteopathic Association.

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In Summary

[From the Chicago Osteopathic Journal]

The osteopathic physician can hardly avoid the kind of practice he likes most, which is one that is not only profitable, but also one that is rewarding.

The osteopathic physician should take pride in his work, and should be proud of the fact that he is doing a service to the community.

In the case of the osteopathic physician, it is important to keep up with the latest developments in the field, and to be able to apply them in practice.

The osteopathic physician should be able to take care of some of the "old chronic" patients, and to give them the care they need.

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In Conclusion

[From the Chicago Osteopathic Journal]

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In the case of the osteopathic physician, it is important to keep up with the latest developments in the field, and to be able to apply them in practice.
Dr. R. P. Buckmaster, of Orlando, Florida, has been elected as Trustee of the Orlando School district.

Dr. James E. Sheppard, graduate of the A.O. 1915 and former member of the faculty of the Philadelphia College of Osteopathy is now associated with Dr. Harry Goehring of Pittsburgh, Pennsylvania.

Dr. A. S. McConnell has taken over the practice of Dr. R. G. B. Bunting of 102 E. Oak Park Avenue, Oak Park, Illinois, but he will retain a residence office at Wheaton, Illinois, where he has been practicing for some months past.

Dr. Ernest C. Bond, of Milwaukee, Wisconsin, sailed from New Orleans March 2nd for a cruise of several weeks in the West Indies and Caribbean waters, in search of cases from the rank of prolonged overwork.

Dr. S. B. Kibbinger, of Joplin, Missouri, has received appointment as Medical Examiner for the local lodge of the Tribe of Ben-Hur. This is the second lodge in Joplin of which Dr. Kibbinger has been made Medical Examiner.

Dr. Fred W. Gaze of the Gazzell Building, Chicago, has announced that owing to ill health he is obliged to take a temporary vacation and will be away from his practice for several months. In his absence his clientele will continue to be attended by Dr. B. E. Ehrick.

Dr. Harry M. Goehring, of Pittsburgh, Pennsylvania, while on his way homeward from a three weeks' visit on the Pacific Coast, dropped off at Chicago and spent the afternoon of March 11th with Dr. F. E. Stawrite of the osteopathic specialist in skin and venereal diseases.

Dr. L. H. Wheaton, of Allentown, Pennsylvania, was married February 28th to Miss Henrietta Maxwell, daughter of Dr. T. H. Maxwell, one of the enthusiastic practitioners of Reading, Pennsylvania. Dr. Heard was called away on another case in 1916 but he is now back in active practice of osteopathy and located in Allentown.

Dr. T. F. Engstrom, of Marysville, California, spent two years in the service. He was in the Medical Department, Army and Navy, medical detachment No. 316, as a military surgeon, in the division. In this capacity he took part in the battles in the Philippines and in France and therefore he is very deeply interested in the new department of Pharmacology appearing in The Osteopathic Physician.

Dr. Jerome M. Watters, who has just completed nine months special work with Dr. J. D. Deason, has opened offices in the City National Bank Building, 2 Lombardy Street, corner of Broad Street, Newark, New Jersey, for the practice of, x-ray, moist, heat, and eye diseases.

Dr. R. E. Utley, of Oak Park, Illinois, has been asked by his patient to continue his osteopathic practice in the home, and he has accepted the offer.

Dr. L. L. Ingle is now located for practice at LatGrande, Oregon. Dr. Ingle, during the war, enlisted in the air service and was stationed at Camp Bisney, Oregon, and was discharged July 8th, 1919 at New York City. He was a pilot with the rank of lieutenant. He flew the "liberty" type of plane and with this efficient plane and many others he has had the chance to go to Maine and New York City, and to fly across the country and in France and therefore he is very deeply interested in the new department of Pharmacology appearing in The Osteopathic Physician.

Dr. J. L. Oxley is now practicing at Marquette National Bank Building, Marquette, Michigan.

Dr. James P. Whitson, from 119 Savings Bank Building, Bay City, Michigan, has closed his practice.

You will be pleased with this entirely new "talk" about Osteopathy. The case stories are highly interesting and by their variety make plain that Osteopathy is a "good" help in nearly all the ailments known to mankind.

The Bunting Publications, Inc.

Osteopathic Health for MAY

What Is Osteopathy "Good" For?

A brief statement giving a complete answer to this common question, with some short case stories showing the wide variety of ailments successfully treated by Osteopathy.

You will be pleased with this entirely new "talk" about Osteopathy. The case stories are highly interesting and by their variety make plain that Osteopathy is a "good" help in nearly all the ailments known to mankind.

The Bunting Publications, Inc.

Osteopathic Health for APRIL, 1920

The Body's Four Grand Systems of Elimination

1. Jaundice, Gall Stones, Uremia, Nephritis, Kidney Complaints
2. Auto-intoxication, Lung Diseases
3. Skin Diseases, Constipation
4. "Rheumatism"

A Brochure that is timely every day of the year. Entire edition likely to be disposed of in thirty days. Buy now, your supply for twelve months.

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Chicago

Dr. Harry V. Roberts, from Ennis, Montana, to Monticello, Missouri.

Dr. L. I. Reid, from Tribull Block to Suite 9 West Block, Superior, Wisconsin.

Dr. P. H. Yung, from Sanford, Maine, to 743 Congress St., Portland, Maine.

Dr. W. P. Kibbinger from 19 Sagadahoc Block, to Dunton Building, Bath, Maine.

Dr. R. N. H. Van dans, from Bryant, Texas, to 435 Wilson Building, Dallas, Texas.

Dr. E. D. Campbell, from 948 18th street, to 729 18th street, Des Moines, Iowa.

Dr. C. R. Miket, from U. S. Army to McAllister building, Great Island, Des Moines, Iowa.

Dr. M. S. Mendenhall, from Mitchell, South Dakota, to Rapid City, South Dakota.

Dr. J. F. Modine, from 1021 High Street, to 1621 High Street, Des Moines, Iowa.

Dr. Walter J. Ott, from 2508 Green Street, Philadelphia, to 2504 Green Street, Philadelphia.

Dr. C. B. Walshworth from Tankershlim building, Los Angeles, California, to B. F. D. No. 2, Orange, California.

Dr. James P. Whitmore, from 311 Savings Bank building, Bay City, Michigan, to Marquette National Bank building, Marquette, Michigan.

Dr. J. R. Honnold, from U. S. Army to 226 Joshua Green building, Seattle, Washington, with Dr. W. A.,

MARRIED

Dr. Charles Richard Heard, of Allenton, Pennsylvania, and Miss Henrietta Maxwell, daughter of Dr. and Mrs. Herman Maxwell, of Allenton, Pennsylvania, at Reading, February 23rd.

Dr. Charlotte Holland Morris, of Pottstown, Pennsylvania, and Mr. Lawrence R. Weikel of Shamona Pennsylvania, at Farmington, Conn., and at Pottstown, Dr. Charles R. Merriek of room 627, Union Club building, Philadelphia, will continue his osteopathic practice at Pottstown. Dr. Weikel is the representative of the Citizens Wholesale Supply Company of Columbus, Ohio.

MARRIED

Mrs. L. H. Wheaton, of Hilldale, Michigan, wife of Dr. L. H. Wheaton, February 16th as result of pregnancy.

EXCHANGE AND MARKETS

FOR SALE.--An Alforth table for $25. Buhlman Hospital, Address No. 269, c/o The O.P., 8 So. Clinton St., Chicago.

FOR SALE.—Practice, well established in third largest city in state of Connecticut. Has full time practice taken over by man or woman or both. Address No. 297, c/o The O.P., 9 So. Clinton St., Chicago, III.

FOR SALE.—Partnership, with the following equipment for physican's office. Good substantial treatment table, adjustable head and foot; Fogoun electric light, five hundred candle power; Chattagninian of alternate current; Merriek's pneumomanometer. All equipment in good condition. For prices and further information Address No. 292, c/o The O.P. Co., 9 So. Clinton St., Chicago, III.


WANTED—An osteopath at Corpus Christi, Texas. Have a well established practice of four years. A man wanting to locate in a good healthy resort in the south can have this practice for the small sum of $100 per month, including all living expenses. Address No. 299, c/o The O.P., 9 So. Clinton St., Chicago.

POSITION WANTED.—Senior student, (P.C.O.) wants position as assistant during the summer months. Proficient in urinalysis and Laboratory work. Good personalty. No experience, but willing to work and learn the techniques of the art. Reasonable compensation. Address No. 300, c/o The O.P., 9 So. Clinton St., Chicago.

A city and practice to be let or sold in a Missouri city of a population of 18,000. No other osteopath. I did a business of $15,000 last year. I want to get away because I am over-worked, need a rest and attend school. Will sell half or whole interest. I am located on the north side of the town and I have both osteopaths. Will only consult through The O.P. Address No. 296, c/o The O.P., 9 So. Clinton St., Chicago.