The Passing of Michael Angelo Lane
An Appreciation

The profession was greatly shocked at the sudden death of Professor Michael Lane in March 19th. Death was probably the result of dilatation of the heart and occurred about 9:30 o'clock Saturday morning, in the office of T. I. Reynolds, which adjoins Professor Lane's private laboratory in the Odd Felows' Building at the northwest corner of the two square.

The stroke came to Professor Lane without warning after he had engaged in a heated argument over socialism and world politics with J. W. Varner, an ex-service marine, a stranger to the professor, with whom he happened to meet up in Mr. Reynolds' office. He was well known to the friends and students of Professor Lane, held very pronounced views on the theoretical rights of the proletariat and the present so-called capitalistic form of society, and upon occasion could be belted into a very strenuous and sometimes picturesque argument about present world tendencies. Mr. Varner had formed his own opinion of these matters in Europe and clashed with Professor Lane's views in toto. The discussion got so strenuous that Mr. Reynolds finally took Mr. Varner by the arm and lead him out of the office, explaining in the hallway the professor's well known love of an argument, and asked him not to pursue the talk further. He had scarcely returned to the office when Professor Lane muttered something about a "fist" that had been found in his chair, stared vacant and was gone. Lane died as he lived—a fighter for the faith that was in him.

Doctors said demise was probably due to a dilatation of the heart from emotional stress rather than to a stroke of apoplexy. Dr. Lane had been in excellent health. He had been married with Mrs. Lane at his home that morning and was in fine spirits. He was known as an inveterate worker. He had lectured to his classes as usual the day before. He held the chair of professor of biology, pathology, immunology, and diagnosis at the American School of Osteopathy, where he had been a teacher for seven years. Professor Lane was a research man of profound attainments and had an international reputation in the field of biology and pathology. His book researches conducted in the laboratories of the University of Illinois and University of Chicago resulted in discoveries of new facts about the cell composition of the Islands of Langerhans which were discussed at the meeting of the International Society of Anatomists at Budapest the year following. This achievement brought Dr. Lane membership in the American Anatomical Society, a body of research men, which meant that thereafter any work he might put out as original would have the attention of all the research men of all countries working in the biologic field.

Professor Lane got his classical training at St. Louis University and his scientific training at the University of Chicago where he obtained the degree Bachelor of Science. He was a disciple of Bensley and Keyes and was held in great respect by these research masters for the powers of his mind and the cleverness of his technique which he exhibited when working as a fellow for three years in the University of Chicago research laboratories. He had taught physiology in the University of Illinois and been an assistant research professor there. He taught histology in Loyola Medical School, Chicago, and Immunology and Infection at the Chicago College of Osteopathy.

It is not generally known among his former students that 20 years ago Dr. Lane made quite a stir in the ranks of the sociologists by contributing an original work entitled "The Level of Social Motion," published by D. Appleton. It was regarded as a noteworthy piece of research in the field of sociology and was even more highly praised in Europe than in this country. Yet Professor Lane never referred to this achievement except among his intimates. It was the present writer's privilege to have read much of this work in its early manuscript form before it found a publisher. Dr. Lane's achievement in this field was doubtless soft-pedaled by him because it was not in the field of pure science, of demonstrable science, with which he wished to be identified and by which he expected to be remembered; so after obtaining eminence in biology he came to regard his early excursions into sociology as more a flight of pure fancy than as anything which was definitely provable. Therefore he put sociology very much lower down in the hierarchy of sciences. Any devoted friend and disciple of this lamented educator would no doubt thank him for coming in touch with this little known but remarkable book which represented the workings of the Lane mind in the period of its growth between the 24th and 26th years.

Burial Was at St. Louis

Burial of the mortal remains of Michael Angelo Lane took place the following Monday at St. Louis in the burial plot of the Lane family. In the funeral party accompanying the casket were the educator's widow, Mrs. Dorothy Engelhart Lane, her mother, Mrs. George Engelhart, and the Misses Engelhart, and the Misses Lane, sisters of the deceased, all of Chicago. Dr. George A. Still represented the college and George Kahler represented the student body. There was no school on Monday. The student body paraded as an escort to the funeral cortège from the educator's late home to the Wabash depot.

The Late Michael A. Lane, Sc.B., D.O.

Dr. Lane was ideally happy in his marriage and home life. Mrs. Lane is a graduate of Bryn Mawr and being a cultured student of science and deeply interested in all her late husband's research problems afforded Professor Lane an intellectual comradeship of which he often spoke to the present writer with the greatest enthusiasm and appreciation. The blow is therefore a crushing one to the widow who will doubtless break up her home in Kirksville at once and return to her mother's home in Chicago.

The Lane Home Life Ideal

How Romance Came to Lane

Dr. Lane met Mrs. Lane while lecturing in the Chicago College of Osteopathy in which the young lady had registered for some advanced physiological chemistry and anatomy courses. He had told her about his work and the present writer's privilege to have read much of this work in its early manuscript form before it found a publisher. Dr. Lane's achievement in this field was doubtless soft-pedaled by him because it was not in the field of pure science, of demonstrable science, with which he wished to be identified and by which he expected to be remembered; so after obtaining eminence in biology he came to regard his early excursions into sociology as more a flight of pure fancy than as anything which was definitively provable. Therefore he put sociology very much lower down in the hierarchy of sciences. Any devoted friend and disciple of this lamented educator would no doubt thank him for coming in touch with this little known but remarkable book which represented the workings of the Lane mind in the period of its growth between the 24th and 26th years.

The Shift at ASO

The lecture work of the late Professor Lane is being handled for the rest of this school (Continued on Page 23)
My dear Harry:

It is delightfully good to get that piece of real "hand scratching" from you the other day. I like to hear from my old classmate, and especially because you started out by saying "dear Percival, I am not forgetting you." It always did trouble me to hear, "my dear friend, but..."

As I read that letter it seemed as if you had just dropped into my office, sat down and we chatted over the worries of the day. A long, long way back now, and we can never do it that way again.

The great idea of Rotary, the calling a fellow by his first name, is the spirit of the day, and I like it. Right here let it be said that Rotary has done more to bring men of the right sort together, and start them boosting for themselves, and everything that is good, than any other organization existent.

Well, Harry, you asked me to tell you about my new vision, that led to my success in practice.
Doctor Dear:

On the Pacific Coast, where people are as progressive as synthetic milk, as we used to say, there is a new and underdeveloped osteopathic organization which includes several states. In this association has been established a Circuit Clinic which works this way: About once each month a technician and an osteopathic doctor go to each center in each State and spend one day examining cases, outlining and demonstrating treatment, and lecturing to the public in the evening. Diagnosis, technique, publicity, and public education, the sine qua non of osteopathy, are thus brot into every community at small expense. A post graduate course is provided and baffling cases are cared for without recourse to the allopathic ranks. Such a scheme is all to the mustard, isn’t it? Why not have one right here where we live? We shall! and this is the first step.

On April 29-30th, the osteopaths of Pennsylvania, Maryland, New Jersey, and New York will meet at Hotel Pennsylvania, New York City, for the purpose of setting into permanent form such an organization. A fine two-day program has been provided under the auspices of the Osteopathic Society of the City of New York whose guest will be Dr. F. C. R. Rogers, Madison Ave., New York City.

The slogan of this new organization will be Diagnosis, Technique, Publicity, Public Education. Could there be a better one?

Diagnosis
First—Any and every case must be diagnosed and, no matter how good a diagnosis you have, there is something new to learn.
Second—Technique is the very foundation of osteopathy and once a scientific, accurate technique is learned, there will be less talk of adjuncts, less unrest, less dissatisfaction. It must be fixed, it must be learned.

Fact is, this new organization is not to be a haven, a get-out-of-jail free card for those who have never been identified with osteopathic organizations. Every practitioner’s influence is needed, and sought, for the common good. Thru this magnified influence, we can accomplish new, never before within the individual’s reach—we can make the power of the many accrue to the protection of even the weakest sister. Could you have a better weapon for the negation of the efforts of Mr. Allopath?

Remember! There are a thousand osteopaths in the four States concerned and, in a glint, we can join forces with hundreds more now in the New England and Middle Atlantic organizations. There is no limit to the possibilities unless you wish to make one.

There will be no clique running things. The humblest backwoods practitioner is eligible for the “heal Whosever is Ailing, or medical schools or colleges appear in the osteopathic ranks. This decisive, clean cut victory gives Iowa osteopaths all they wanted in about a week, if your mouth does not water to him, even in a time like that, the more closely they would stay with one when times were not so easy. Time has proven in fact that was then in my mind a theory. Times are changing, and the fact that they are considerably more optimistic in dealing (and dallying) with osteopathy is proving a factor of assistance to me in my legislative campaign—Dr. A. B. Rogers, Diplomate Orthopaedics.

Educating to Make Them Stick

Publicity
Third—if you are to demonstrate your worth as a practitioner you must first attract the attention of the public—you can neither earn a living nor have the patience of the people. The notice of the clinic circuit meetings in your community, together with the future’s work to be done, will be live news, not old stuff full of jaw-breaking Latin terms, and the papers will eat it up. This is not fancy, it has been proven.

Public Education
Fourth—Publicity and successful treatment will not necessarily make a complete success; public education is necessary for your future as well as for osteopathy. The public must be educated to the breadth and scope of osteopathy, to the fact that they will understand it as a complete system of therapy. Many times you have cured a case of lumbago and been charmed when later the same patient called an allopath when afflicted with tonsillitis. The trouble entirely was lack of knowledge as to the nature of the trouble. This should be cared for by the public lectures given in connection with the circuit in your community. More illumination of the subject.

Later we can bring to the yearly meetings the distinguished men of our profession who live at great distances; such luxuries cannot be indulged in by smaller organizations. Many phases are not mentioned here but the plan is sure an apricot for everyone. Can it be put over? Surest thing you know, and it will be some ruckus if you are a partner.

Osteopathy has been pretty well unionized, you either joined the union, by affiliating with several organizations, or you turned on it. This division is to be cared for by the public lectures given in connection with the circuit in your community. More illumination of the subject.

This organization is not a union, membership does not depend upon joining the AOA, a State Society, or a District Society. Irrespective of creed, sex, denomination, age, or race; without question as to whether you use two fingers or ten, you may join this organization if you graduated from a college recognized by the AOA and possess a license to practice in the State in which you are located.

This legislative enactment gives osteopathy in Iowa the power of guarding the profession opportunities. We extend congratulations to the profession in Iowa and trust it will now take on new vision and ambition and move forward to greater achievements than ever before.

This victory in Iowa should also give new courage and inspiration to osteopaths in other states—where new osteopathic legislation is needed. It shows that the AOA “model” bill affords a right foundation on which to work and that it gives great promise of victory when backed by the whole-hearted, united action of the profession of a state.

Once again congratulations to Iowa and may other states follow your example!

Iowa Wins Complete Legislative Victory

Iowa osteopaths are shouting Eureka! After twenty years of fighting they have secured an independent osteopathic profession which is regarded as satisfactory in every respect. The new law—based on the AOA “model” bill—passed the House on February 23rd and the Senate on April 29th. It was the only bill that had the support of the whole house and was prepared for its strength. The roll-call in the House showed 101 to 2 (the two adverse votes were both for the AOA bill) and in the Senate 33 to 1. This legislative victory gives Iowa osteopaths all they wanted and the bill is regarded as one that will stand every test.

The “model” bill of the AOA was modified slightly to conform with the Iowa code, but there was no change whatever in the intent of the bill. Some things were added which give Iowa osteopaths even wider privileges than the “model” bill. For instance, there is a clause in the bill giving the osteopathic physician, regular physician, medical physician or medical schools or colleges appear in the Iowa statutes it shall be read as the words “osteopathic physician, regular physician, medical physician” or osteopathic school or college, were written there in.” This clause takes away all the little discrepancies which were in the laws of the state and does it in one fell swoop.

This legislative enactment gives osteopathy in Iowa the power of guarding the profession opportunities. We extend congratulations to the profession in Iowa and trust it will now take on new vision and ambition and move forward to greater achievements than ever before. I am keeping close touch with my patients and expectants in one way and another and the fact that they are considerably more interested in my practice is proving a factor of assistance to me in my legislative campaign work.—F. A. Englehart, D.O., Oklahoma City, Oklahoma.

Don’t Dally with Suspicious Tumors

Why are some of our good brethren so optmistic in dealing (and dallying) with suspicious tumors? It seems to me this is all right coming from a radical breast operation for carcinomas—diagnosed (and treated) a year ago as a breast tumor due to menopause. This woman was treated with X-rays of the breast. Her chances for life then were 50% better than now.—O. L. McClelland, D.O., Ontario, Calif.
Diagnoses Versus Error

The Diagnosis of Gallstones and Cholelithiasis

By S. L. Taylor, A.B., M.D., D.O., Surgeon-in-Chief of the Taylor Clinic, Des Moines General Hospital.

I have emphasized the "case history" in many of my articles, but notwithstanding this fact, I do not apologize or hesitate to repeat, for of all necessary procedures in the diagnosis of a case, none is more suggestive in as many thousands of cases through this history. This, I believe, many physicians do not appreciate and they consequently fail to make the history as significant as I think that they can find out what the trouble is by physical examination and possible laboratory analysis. They may be able to do this in most cases, but it is the exceptional case that they make their lamentable mistakes and it is just for that reason that we insist on a careful taking of the case history.

In making a diagnosis of gallstones it is so necessary to get the manner in which the attack begins. We want to know the character of the pain, whether it is sharp, cutting, shooting, boring, or whether it is a dead ache producing more or less nausea and possibly vomiting. We want to know how long these attacks endure and whether or not there is a repetition.

Gallstone attacks nearly always repeat themselves and the manner of the on-set is often very suggestive of the disease. However, after the first attack the pain settles down to a steady "misery" in the right hypochondriac region. We also need to know what the condition of the patient is ordinarily before the attack and after the attack, for a gallstone patient is oftentimes very well and in perfect health following an attack and goes on with his usual duties without much inconvenience. These cases are to be studied for the history of jaundice. We also need to know to what the condition of the patient is ordinarily before the attack and after the attack, for a gallstone patient is oftentimes very well and in perfect health following an attack and goes on with his usual duties without much inconvenience. These cases are to be studied for the history of jaundice. We also need to know to what may happen to the patient if he would take the x-ray in making our diagnostic procedure.

We want to take into consideration whether the patient is male or female, for the female patient gives a history of pain under the shoulder blade.

Acute indigestion or chronic indigestion of the stomach due to such conditions as catarhal gastritis or to neurogia or hyperchlorhydria are the rarest of facts. I do not mean to exclude ordinary cases of over-eating which are frequent occurrences, but what I have in mind are real types of severe acute or chronic indigestion. The stomach is a very tough and substantial organ. Its function is to act as a reservoir and it is well prepared for that duty and is seldom therefore diseased. For if you take the multitude of instances in which it is charged as being the source of trouble I am not aware that there are many more than 0.1% of all cancers that are real types of severe acute or chronic indigestion.

The stomach gives us grief oftentimes for like diseases other than cancer or ulcer and is seldom free from some kind of reflex disturbances of other infections and innumerable other conditions in the abdominal cavity. The poor diagnosticians attributes the reflex disturbances of the stomach disease of the stomach in making all the cases of indigestion.

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We Move Bag and Baggage into Our New Plant at Waukegan This Month!!!

---Only 39 One-Hundred Dollar Bonds Left! Have You Yours?

Well, friends of osteopathy, our new absolutely fire-proof home is about finished! How do you like the looks of it from the last photo taken? We assure you it’s fine! And we are profoundly grateful to you, our bond buyers, who made this new building possible to us at this time by buying our mortgage bonds.

Just one year ago we suddenly decided to set about realizing our long-cherished dream of building our own printing plant and office building. We first announced our plans only last May. We intended then to begin building in this present month of April and hoped to be able to obtain occupancy by next Christmas. But you know how we do things, once undertaken! We began to pick up speed from the first minute and have kept on driving faster and faster from that moment until this hour. Now our new plant is really finished by the date we set a year ago to begin it. Speed, you know, is largely a matter of “stepping on the gas.” We stepped, all right, and you, generous readers, have been indulgent with us and haven’t minded, while our good bond-buyers have helped us buy the gas.

Result: We shall move our general offices from Chicago to Waukegan and take possession of our building this very month. That’s going some. We’re proud of the achievement. The publication printing plant will be installed some time later in the year.

We Almost Made It By Our “Goal Date”.

We tried to close out our bond issue of $50,000 in toto by March 31st, and almost did so. We came within $3,900 of succeeding in this ambition. We had sold $46,100 of bonds by that date. There remains, therefore, the small margin of $3,900 of these excellent 7 per cent securities to sell before our moving date which is April 26th. Have you bought yours?

Volunteers Wanted.

Now we want one osteopath with $3,900 and the eye for a good investment to take part in this remaining portion. Or—what is probably easier to find—39 osteopaths with a hundred dollars each to write the words “finis” and “100 per cent success” on this financial undertaking.

Will you take one bond of this excellent investment? Take several if you have the money. A year later, the experts say, there won’t be any such good 7 per cent bonds obtainable. Your aid will be greatly appreciated now at the finish, for along with moving and fitting up new quarters we need this last $3,900 even worse than any portion at any time since our building work began. We believe there are 39 osteopaths on earth who have the money and will take care of us. It will be a pleasure to them, we are sure, to aid our proper ambitions for osteopathic publicity and ourselves and at the same time obtain 7 per cent income with safety on their hard-earned money.

To Those Who Are Slow on Installment Payments

We also have out $4,175 on installment payments which we are anxious to collect as fast as payment dates arrive. Please let us exhort our friends who bought bonds on this plan not to delay installments as they fall due, and if any one can pay his balance earlier than he promised it will be real assistance to us to do so. You can see for yourself that this last $8,075 to be brought in is needed to pay for work already completed. The cement roof is on and paid for—now we are paying up the steam fitters, plumbers and glaziers and, oh boy! it’s some bill.

Our Acknowledgment to Our Loyal Friends

To one and all of our loyal friends, customers and co-workers in osteopathy who have bought our Bunting Building Bonds and made this glorious record possible in a rather trying year we extend this formal acknowledgment of appreciation and thanks. We have only begun to advertise osteopathy. We expect to do many fold more for you and for the profession in the new building this year than we ever were able to undertake before.

Gratefully yours for service,

THE BUNTING PUBLICATIONS, Inc.,
THE BUNTING BUILDING CORPORATION
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and BUNTING & ARNOLD, Personally.
so very similar and a temperature oftentimes very similar to the gallbladder. We had not been able to make our differential but when we finally reached the point of a thorough study of the case and some confusion exists before we operate. We continued a radiologic examination of the entire urinary tract, make analyses, do ureteral catheterizations, and make a radiograph using the ureteral catheters in position. With these facts before us, the case history, and the character of the attacks, we usually can make our diagnostic differential. Dieti's crises due to the obstruction to the urinary outlet, gives a symptom complex which bears some resemblance to gallstone attacks, but here too, a careful study of the urinary tract as outlined above will usually make the diagnosis clear.

Another condition which sometimes confuses the picture and makes it difficult to reach a diagnosis of a case of acute diverticulitis is an acute appendicitis. Here we have digestive disturbances, headaches, rigor and temperature. These attacks are very similar to gallbladder attacks with infection, it is only by the study of the periodicity of the attacks, the history of the case, location and travels of the patient and a microscopic study of the blood that we are able to come to a conclusion.

There are other conditions such as neuralgia, ulcers of the intestines, obstruction of intestinal gas, dyspepsia of various causations such as arise from tabes or tumors of the central nervous system, guinea and cancer which may have to confuse the picture and make diagnosis difficult but these are not the ordinary diseases found and usually there are accompanying symptoms which enable us to make our diagnosis clear.

We have now before us our case history and in mind the various diseases which confuse the picture we are interested in one large gallstone attacks. With these facts in mind we begin the physical examination of the patient. The nutrition of the patient with the general appearance is the first point of observation. We examine the scera, palate and skin for jaundice and the secretions and excretions for bile. In many cases we can detect bile absorption but it is by no means clearly manifested and requires careful examination to detect it. Palpation over the right hypochondriac region is necessary to detect increased temperature of the body. There is certainly not an increased rate of the heart according to the rule for increase of temperature, if anything the tendency will be for a slowing up of the heart. There is sometimes a tenderness when there is considerable absorption of bile. This symptom is denied by such men as Moynihan and De Costa, but not withstanding the rule is to some degree. This symptom is denied by such men as Moynihan and De Costa, but not withstanding the rule is to some degree.

After we have finished our physical examination, we are ready to make a careful history and complete x-ray examination. By this means in a percentage of our cases we can demonstrate the presence of a calculus by a definite shadow. If we are not able to make out clearly the presence of a stone by the x-ray we are at least enabled to determine the exact location of tenderness, whether it is associated with the gallbladder or whether there are any adhesions around or about the gallbladder and duodenum. This evidence, we get a clear picture of the pathology as it exists in a given case. Much can be learned which cannot be clearly put on paper. This is why a careful study of the x-ray and we here give the typical findings in a study of a case.

Report of Mrs. Blank

PATIENT REMEMBERED BY D.B.

PHYSICAL EXAMINATION BY DR. S. L. TAYLOR.

CASE HISTORY BY DR. JOHN J. SCHWARTZ.

FAMILY HISTORY: NEGATIVE.

HISTORY OF PRESENT DISEASE: Patient age 40. Has complained of pain for 40 years. Has never been very strong since the birth of her first child. Has had three other children; all are living, youngest is nine years old. Patient complains of much gas in the stomach and bowels and a feeling of distress in the spleen. She is on her feet a good deal and especially digestion and gas, with vaccination.

The central incisors both show considerable alveolar absorption. The alveolar process of the central incisors is absent. The left lateral and central incisors show extensive alveolar absorption. The lower right incisors and first molar show considerable alveolar absorption. There is marked evidence of alveolar infection about the lower left bicuspis and first molar.

RADIOGRAPHIC EXAMINATION OF THE GLABBLARDER REGION, showed a distinct shadow of the gallbladder, normal in size and position. There was no evidence of stones with the gallbladder.

RADIOGRAPHIC EXAMINATION OF THE URETER, and both kidneys normal in size and position. There was no evidence of calculi in the pelvis, ureters or urinary bladder. There was no evidence of an iliac lesion. The bodies rotated to the left. There was also evidence of a saccular lesion. The left innominate appeared to be normal.

FLUOROSCOPIC EXAMINATION OF THE CHEST. Thoracic contour normal. Thoracic expansion limited. Costo-phrenic angle clear. The apices were equally illuminated. There was no unusual peribronchial thickening. The mediastinal glands showed a slight increase in density. The heart was somewhat large and there was evidence of hypertrophy of the left ventricle. There was no evidence of abnormality of the great vessels.

FLUOROSCOPIC EXAMINATION OF THE GASTRO-INTESTINAL TRACT. The stomach was considerably dilated. The greater curvature dropped to the level of the anterior inferior spines. The pylorus was held markedly upward to the right. Peristalsis was somewhat sluggish. There was a little wind after about ten minutes. It took on its normal rate and appearance. The duodenum showed a sharp angulation between its first and second portions. Manipulation of the supradiaphragmatic region caused the patient in the upright position showed evidence of a transduodenal band, the "cap" was markedly defined, and the duodenum was not displaced due to the presence of adhesions, so no especial tenderness could be elicited by deep pressure over this portion. However, downward traction on the stomach produced the characteristic surface of both teeth.

THE UPPER RIGHT SECOND BICUSPID showed a developed pocket both anterior and posterior.

THE UPPER RIGHT CUSPID IS ABSENT and the left lower lateral cusp is indented. There is a radiographic examination of the right central incisors both show considerable alveolar absorption. The alveolar process surrounding the upper left lateral incisor is normal except for the absorption on its anterior surface. There is a well developed pocket on the upper left central incisor, and extensive alveolar absorption between the upper left second bicuspis and the upper left first molar.

THE UPPER LEFT FIRST AND SECOND MOLARS both show considerable alveolar absorption.

THE LOWER RIGHT THIRD MOLAR is absent. THE LOWER RIGHT SECOND MOLAR shows considerable alveolar absorption.

THE LOWER INCISORS all show extensive alveolar absorption. THE LOWER LEFT CENTRAL, FIRST AND SECOND BICUSPIES show considerable alveolar absorption. There is marked evidence of alveolar infection about the lower left bicuspis and first molar.

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THE OSTEOPATHIC PHYSICIAN

dragging pain. The third portion of the duodenum appeared to be normal.
THREE HOUR FLUOROSCOPIC EXAMINATION. The stomach was empty. The duodenum, jejunum and first portion of the ileum were well filled and appeared normal.
SIX HOUR FLUOROSCOPIC EXAMINATION. Considerable barium yet remained in the stomach, the duodenum was well filled. A small amount of barium was found in the jejunum. The ileum was well filled throughout except its terminal segment.
NINE HOUR FLUOROSCOPIC EXAMINATION. A small amount of barium yet remained in the stomach. The duodenum and jejunum were entirely empty. The terminal ileum was well filled and found to be adherent to the caecum. Caecum was somewhat bound down and extremely tender. The barium column had advanced just over the hepatic flexure.
TWELVE HOUR FLUOROSCOPIC EXAMINATION. The stomach, duodenum and jejunum were entirely empty. A small amount of barium yet remained in the terminal ileum. The barium column had not advanced in the transverse colon.
EIGHTEEN HOUR FLUOROSCOPIC EXAMINATION. A small amount of barium was yet present in the terminal ileum. The appendix could be readily demonstrated. It was located behind the caecum and terminal ileum. Its distal extremity was adherent to the terminal ileum. There was a well marked kink and considerable dilatation of the lumen with extreme tenderness on palpation. The first few inches of the transverse colon were markedly dilated and there was evidence of constriction. The transverse colon was adherent to the region of the gallbladder. A barium enema was administered at this time and the adhesions between the transverse colon and gallbladder region were readily demonstrated.
TWENTY-FOUR HOUR FLUOROSCOPIC EXAMINATION. The barium was evenly distributed throughout the colon. The constriction at the point of adhesion was readily demonstrated.
THIRTY-SIX HOUR FLUOROSCOPIC EXAMINATION. A small amount of barium remained in the colon apparently held by the constriction which was present in the first portion of the transverse colon.
ROENTGEN CONCLUSIONS. Cholecystitis with adhesions involving the duodenum and transverse colon. Pathological appendix. Pyorrhoea alveolaris.

Laboratory Examinations
By Dr. Byron L. Cash, Pathologist.

<table>
<thead>
<tr>
<th>Blood</th>
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<tbody>
<tr>
<td>Haemoglobin</td>
<td>80%</td>
<td>Erythrocytes, per c mm</td>
<td>4,100,000</td>
<td>Leucocytes, per c mm</td>
</tr>
<tr>
<td>Differential Neutral Philes</td>
<td>90%</td>
<td>Eosinophiles</td>
<td>1%</td>
<td>Basrophiles</td>
</tr>
<tr>
<td>Small Lymphocytes</td>
<td>3%</td>
<td>Large Lymphocytes</td>
<td>5%</td>
<td>Transitional</td>
</tr>
<tr>
<td>Blood Pressure Systolic</td>
<td>140mm</td>
<td>Diastolic</td>
<td>96mm</td>
<td>Blood Serum Wasserman</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Urine</th>
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<tbody>
<tr>
<td>Sp. Gr.</td>
<td>1021</td>
<td>Color</td>
<td>Amber</td>
<td>Ketones</td>
</tr>
<tr>
<td>Sediment</td>
<td>Heavy</td>
<td>Albumen</td>
<td>Trace</td>
<td>Sugar</td>
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<tr>
<td>Urea</td>
<td>Normal</td>
<td>Indian</td>
<td>Trace</td>
<td>Acetone</td>
</tr>
<tr>
<td>Hile</td>
<td>Negative</td>
<td>Diaetic Acid</td>
<td>Present</td>
<td></td>
</tr>
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School of Osteopathic Surgery Inc.
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THE OSTEOPATHIC PHYSICIAN

Coalition?

The Chiro Problem Soluble Only by Raising Their Standards

By Byron S. Peterson, D.O., Omaha, Nebr.

Referring to communications on “Coalition” in the February, 1921, OP, pages 2 and 4, may I submit the following on the question—not from an angle of personal opinion or prejudice, but as a matter of justice to all concerned! The question of coalition herein is approached from a different angle, with the idea in view of adjudicating this question not only for the present, but for the future.

Granting there are three natural laws governing the human body, Chemical, Physical and Psychological, it follows there are but three systems of healing in the world—the drug or chemical system, the mechanical or physical system, and the psychological or mental system. Any healer, irrespective of name, comes under one of the following classifications.

<table>
<thead>
<tr>
<th>SYSTEM</th>
<th>HEALER</th>
<th>EDUCATIONAL REQUIREMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug or Chemical System</td>
<td>Allopath, Homeopath, Eclectic, Physio-Medic</td>
<td>Preliminary educational requirement. College demands 4 years high school or the equivalent. All give same college training. Legal statutes alike for all. Legal recognition alike for all.</td>
</tr>
<tr>
<td>Mechanical or Physical System</td>
<td>Osteopath</td>
<td>Preliminary educational requirement. College demands 4 years high school or the equivalent. College course 4 years, 9 months each. Pioneer in mechanical healing. Raising educational standard and college training equal to medical schools.</td>
</tr>
<tr>
<td></td>
<td>Chiropractor</td>
<td>Preliminary educational requirement. Colleges demand, NONE. College course, 3 terms, 6 months each. Recognition in 11 states. Leading school graduates in 12 months with privilege of finishing other 6 months any time within 5 years.</td>
</tr>
<tr>
<td>Mental System</td>
<td>Mental Healers</td>
<td>Training or standards, NONE.</td>
</tr>
</tbody>
</table>

Inasmuch as all drug healers, irrespective of name, use the chemical law as the foundation of their practice, the question of coalition can only be settled on educational qualifications. They may differ as to method, but while they may quarrel over method, they are practically speaking united, and this has been brought about by raising their educational standards until all have equal educational qualifications.

The osteopath is the pioneer in the mechanical field and has now raised the educational qualifications equal to that of the drug or chemical system. What will you do with other mechanical healers when they are trying to gain recognition? The time is coming when the same difficulty will have to be answered for the mental system.

"You may have a medical friend but don’t expect him to work for you."

By Hank Perkins He Sez:

"By Heck, Do You Know—"

That there osteopath sold judge small two of them buntin’ bonds that speaks well for them bonds causin’ the judge is sodang shall he woulda n’t buy land grease the his specs.

9
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THE OSTEOPATHIC PHYSICIAN

"Shall We Join with the Chiros?" "No!"

By M. F. Hulet, B.S., D.O., Columbus, Ohio
Censuring the medics and their coterie of allied organizations for their present congressional attack on drugless schools, and the query, "Shall we join the chiros?" warrants the use of strong language and vigorous action. In other words, "Are we justified in groveling in the dirt?" or "Shall we climb?" We have sometimes been badly treated by the medics; no one will deny that. But would we gain by taking the poisonous chiro sap into our bosom? Is any advantage attained by combining with thieves or impostors? Is osteopathy a "limited practice" and to remain as such, or shall we continue broadening into full physician standing, competent to meet the M.D. in every field? Judging from the chiro's appeal for legislative recognition, he is willing to remain in narrow limits. See definition in bill pending in the Ohio legislature at this writing: "The art and science of the analysis and adjustment, by hand, of the spine and tissues related thereto, for the removal of the cause of disease." Are we willing to shut ourselves in like that? If I read the signs correctly, there are few who will submit to it. The general practitioner is doing well, and the osteopathic specialists are competing successfully with the M.D. in every field. All seem glad to qualify for the greatest service.

We will have opposition from M.D. political quarters, of course. But what of it? Dr. Still had he who? Not on your life! If he had, osteopathy would have died in infancy. The refusal of hospitals to admit us is a mere incident. Prove this by demonstrating our worthiness. It will take a few years probably. Build osteopathic hospitals; no better advertisements anywhere. Go to legislatures with bills compelling all hospitals, wholly or partially supported by public money, private subscriptions, or claiming any tax exemptions on account of charity work to admit all licensed physicians on equal terms (nearly all hospitals have some tax exemptions). Legislators readily see the reasonableness of such demands. We have climbed to a remarkable height in a few years. Let's "keep on a-keepin' on."

From a Mercenary View Point
By E. K. Streth, D.O., West Hoboken, N. J.
Consider the attitude of the osteopath toward the chiropractor and medical man from a purely mercenary point of view. If he studied only one year, we will have opposition from M.D. professional quarters, of course. But what of it? Dr. Still had the who? Not on your life! If he had, osteopathy would have died in infancy. The refusal of hospitals to admit us is a mere incident. Prove this by demonstrating our worthiness. It will take a few years probably. Build osteopathic hospitals; no better advertisements anywhere. Go to legislatures with bills compelling all hospitals, wholly or partially supported by public money, private subscriptions, or claiming any tax exemptions on account of charity work to admit all licensed physicians on equal terms (nearly all hospitals have some tax exemptions). Legislators readily see the reasonableness of such demands. We have climbed to a remarkable height in a few years. Let's "keep on a-keepin' on."

Quit Knocking and Pull for Medical Freedom
By F. E. Wilcox, York, Pa.
We claim that the reason we want the Pauw Bill killed is because it is taking away the individual's right to choose the physician he wishes. The M.D. doesn't care what physician the Dear Public chooses so long as he has to choose an M.D. The D.O. doesn't care what physician he chooses just so he chooses an osteopath.

But how about this Dear Public we are so solicitous about? He wants results, cures and medical freedom, and he doesn't give a damn what school gives them to him.

If we want public support let's be honest and join in with the bunch, who are honestly striving for medical freedom. After we get it, the best school will prevail and all ignorant imitators and push-punchers will fail. We have no cause to fear any school.
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if we will quit knocking, saw wood, practice osteopathy and advertise.

The chiro today is numerically and financially stronger and getting stronger every minute, very largely through our knocking.

The M.D. knocked osteopathy, made us raise our educational standards and helped osteopathy materially.

Now we are trying and succeeding quite nicely to do the same thing for our imitators. Let them alone and they will hang themselves. Let us by our own works and advertising show the public what osteopathy really is, not what the other fellow is not.

If you really want to queer the other fellow ignore him, but knocking only advertises him— you can bet on that. The chiro should pay some of you a salary for your excellent help in their advancement.

You might even be thankful that there are chiros to get the people out of shape, they will then have to come to us real osteopaths to be put right!

Join any one who is working for real medical freedom and the cause of humanity; and after we have real honest-to-goodness medical freedom, merit will win out and it won’t be the other fellow, if you leave him alone and stop knocking.

Proper Advertising of Osteopathy

Will End Our Main Trouble


As the big bugs of our profession from time to time have expressed their opinion relative to the chiro, I thought perhaps you would like to have a little bug’s opinion, especially from this neck of the woods.

What’s the matter with osteopathy? Why have we as a profession been asleep? What can we do with the chiropractics? Why are the chiropractors climbing ahead? Coalition could do a score other things I could mention, seems to me can be answered in just three words “Failed to Advertise”. We as a profession have been trying to sell the public something they didn’t know was on the market for sale, that is our services for this disease and that disease. They don’t know we treat any thing except nervous troubles, rheumatism and constipation. Have we as a combined profession told them from year to year that we treat any disease that is curable, with the exception of a few I could name but the profession knows them with out naming? How much have we told them?

One of the main things that the chiropractors are taught is to advertise and tell the public what they have and what they can do, and you can rest assured they do it, especially down here. Why, if a chiropractor tried to live on ethics as we osteopaths do, they would turn him out of their associations for failure to advertise “the science of chiropractic”.

“Coalition? Shall we Hang Together—or Hang Separately?” That is the easiest question I ever had in my life to answer; and that is, hang separately! Never combine with the chiro for any thing, that is, in a professional way. If there is any combining to do, let them come up to our standards; then ask them to join us in the drugless healers’ fight for suffering humanity. If we joined them at the present, we would be stooping mighty low, and that would be hard for a tall fellow like myself.

We as a profession have been sleeping for 28 or 20 years; but it is not too late to wake up, wash our faces, clean our hearts, burn old man Ethics, roll up our sleeves and fight. By fighting I mean ADVERTISE, and when I say that I mean every osteopath that is in actual practice in the bounds of these United States of America.

We as a profession are so full of what we call Ethics, that we are mummified to the core. The laity has been taught to believe that the M.D. has some thing to give them for every pain...

---

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No. 34—How a Case of Sleeping Sickness Found a Cure.
No. 36—Most Diseases Are of Spinal Origin.
No. 37—Osteopathy as a Science.
No. 48—Philosophy of Osteopathy.

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THE OSTEOPATHIC PHYSICIAN

Ach or allment, which they have, but how many specifics have they? You can count them on one hand. But, any way, just something to "take" and their minds are satisfied. We as osteopaths could satisfy both mind and body, but the laity as a whole don't know that, and it is because we have failed to instruct or educate them; but the chiropractors saw their opportunity, grasped it and are now swimming on top, and in some communities fast ahead of the osteopath.

When I came here eight years ago, there were two lady osteopaths and one chiropractor; since then one other chiro has cast his net among us, and we are all making a living. Personally, I have made more than a living, for practice last year ran over the $7,000 mark. I have advertised osteopathy ever since I have been here and expect to continue as long as I am in the practice and have to mingle with what I would term "trust people". One born every minute, so get busy and educate him! Several years ago our people down here got so excited I began to get nervous thinking I would be turned out of my own and national associations, for being too unethical. I have always thought and still believe that ethics don't buy clothes and put bread and butter on your table; so I have been a vigorous advertiser of osteopathy and have had both food and clothes since locating here, if I didn't while in A.O.

Every state should have a publicity or advertising man to advertise osteopathy in that state, and every such one should donate so much towards that fund and be eligible to membership in our associations unless he works in the harness.

If there is a D.O. in the profession who has a specific treatment for a combination of people suffering with Ethics, or Yellow Atrophy of the Pep gland, apply to Dr. Waldo our President, and perhaps he may be able to give you a job.

It's Dream Stuff
By Robert W. Rogers, Somerville, N.J.

The birds that are advocating joining forces with the chiro's had better stop drinking Glover's Mange Cure and other prohibition likker. This is a question that can be met in only one way. Under no circumstances should osteopathy cooperate with the chiro's. It's a measly shame that osteopaths who are supposed to know better should suggest such an impossibility.

There's been an underground movement along this line for a long time. Officials of different eastern state associations have advocated cooperation with the chiro-quacks and a lot of nincompoops have fallen for their line of chatter. B. J. Palmer has already lined up a bunch of suckers for his "Post-Graduate Course for Osteopaths". When osteopathy reaches the point where it's necessary to fall in line with the chiro it's not only going to hell in a handbasket but it's already gone.

The Wonders of Chiropractic
[Testimonial in the Michigan State Journal.]
A letter received a few days ago reads as follows: "Dear Doctor—Before taking your Chiropractic and Electric Treatments I was so nervous that NOBODY could sleep with me. But after taking six treatments ANYBODY can sleep with me."—B. L. T. Chicago Tribune.

WHERE PEGASSUS BROWSES

A Patient's Point of View
Blessings on thee, Osteopath, Object of the Druggist's wrath, With thy mighty slaps and whacks, With thy sudden turns and twists On our poor disjointed wrists, With thy healthful, healing punch On our half digested lunch, With thy quick spasmodic jerks On our poor internal works, With thy rubs that feel so fine Up and down our aching spine. I am yours to thrash at will, I am here because I'm ill. Tug away at all my toes Knock the "Roman" from my nose. Put your thumbs in both my ears, Pry a little on my thighs, Then the climax of all, Charge five dollars for the call. How one of my patients describes a treatment.—Clarence B. Utterbach, D.O., Tacoma, Washington.
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Our Ideal—The true osteopath is the true physician. He must be fitted to do the best thing possible under every conceivable circumstance of human suffering.

The Keynote of Instruction—“All organisms contain within themselves the inherent power to recover from disease,” but it must always be remembered that integrity of structure is essential to normality of function.

Scientific Fundamental Training Assured — Over half the time in such subjects as anatomy, physiology, bacteriology, chemistry, and pathology spent in the laboratories. Laboratory space, over 10,000 square feet; laboratory apparatus, adequate for students themselves to do their own experimental work.

Abundant Practical Experience is provided to Senior and Junior students — Obstetrical cases, 30 a month delivered by students; Emergency Hospital cases, 300 a month handled while students are on duty; general osteopathic cases, 1500 treatments a month given by fifty students in the clinics.

Plans are being completed for the purchase of property and the erection of buildings which will provide the College with an attractive, carefully planned equipment desirably located for the carrying on of the educational and clinical work of the institution. Temporary Quarters now occupied—Administrative Offices, Clinics, library, recitation rooms, entire third floor, San Fernando Building. Laboratories, 121 East Fourth Street.

The College aims to build its student body from among those who have had some college training in science in addition to a high school course. It solicits the profession to refer to it their young friends who have had these better educational advantages.

For full information address

The College of Osteopathic Physicians and Surgeons
300 San Fernando Building, Los Angeles, California
THE OSTEOPATHIC PHYSICIAN

The Organ of News and Opinion for the Profession

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24, 1879.

EDITORIAL

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

Vol XXXIX
April, 1921
No. 4

BOOST THAT NEW EASTERN OSTEO­
PATHIC ASSOCIATION

Elsewhere we are glad for a second time to
print news about the proposed new Four State (or
Many State) Osteopathic Association, which
will be formed April 29th and 30th at Hotel
Pennsylvania, New York City. This is a splen­
did enterprise, and we heartily con­
gratulate the advocates with the
recommendations of the AOA at Chicago last
summer to build up district associations, and we have no doubt that the new inter­
state organization will most probably to reach much of the same useful and brillant work now being done for the west coast and Rocky Moun­
tain country by the Western Osteopathic Asso­
ciation.

The Western Association has given a wonder­
ful impetus to the cause by the institution of
such original features as its "Clinic Circuit," "the Associated Osteopathic Press Service," etc., and if only a part of these benefits were to be brought upon the practitioners of the east by the new eastern interstate group it would have justified itself many times over. There is no question we can say why the new associa­
tion cannot do just as big things for osteopathy, east, as has been done west by the now famous Sun God of the Pacific, as the enthusiasts call their western organization. On the contrary, however, it has touched it has vivified and fructified. That
surely can be done on the east coast, too, by pursuing the same fertile methods of organiza­
tion and propaganda.

You can see, friends, this show is well worth attending at New York City the last of April.
The OP strongly advises all its readers who
can get there to go to this organizing meeting.
Sit in the game and let's see what a good live
district association for the eastern states can
hatch. We have as good brains and energy in the
east as our western domain has exhibited. This
new activity will register how well the osteopaths work for the advancement of the osteopath in
practice east and the solution of his biggest
practitioner problems.

Come to this opening meeting. See the first
gun fired. You'll never regret it.

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We are always in the market to buy accept­
able manuscript suitable for "Osteopathic Health" and would like correspondence with
writers who have original Ideas and are inter­
ested in the problem of "selling" osteopathy to the public through the print language.

We buy two kinds of help in this line, both
finished manuscripts, ready for the printer, and
also good Ideas only partially worked up that

require polishing and finishing. We buy
for each proportional to its value.

If you feel the appeal of this invitation, sup­
pose you get in touch with us and see if we
cannot arrange to use some of your writings.

JUST WEIGHTS AND MEASURES

Seemingly this is a common place thing. We have expressed the opinion that if, instead of trying to bring about a return to pre-war price levels, a level 79 per cent higher than that before the war would prove better for all concerned.—
Washington dispatch in the Chicago Tribune
March 13, 1921.

Let's have a $2.00 treatment of 1914, com­
muted into present day currency, should cost
$3.40 to preserve the parities.

Would you accept cloth measured out to you
on a 21-inch yard stick?

Where's the difference?

Abdominal Work in Heart Failure

The importance of thorough abdominal treat­
ment in cases of advanced heart failure, insur­
ing easy return circulation taking a load of
the tired heart.—A. B. Twadell, D.O., Iola, Kan.

Higher Educational Standards

What we must have if osteopathy is to live;
A good number of honest and efficient sci­
centific workers; well equipped laboratories; and
high grade hospital.—Lester R. Whitaker, D.O.,
Boston, Mass.
The Osteopathic Physician

Some Doctors' Offices

IV. Personality.

John Barr, D.O.

Whatever I enter an office furnished in an Oriental rug on the floor, two or three severely simple pictures on the wall and a single flower artistically posed upon the reading table, I know that I am about to encounter a Personality. The above formula has been developed from many meetings and missings. As a matter of practice, it is very near perfect as it stands. Any one of the items listed may indicate nothing but a haphazard arrangement. Any group of two may well arouse suspicion which, however, may easily be mistaken, but all three taken together almost invariably point to Personality with a large P.

I will never forget the first personality I met in the osteopathic profession. I still remember him clearly as he do his office. In addition to the classical three already enumerated, his office boasted long, rich silk curtains or drapes at the windows. He is very successful, professionally and financially. He cures people without number but some of them are very odd specimens.

There is another friend of mine. He looks like a distinguished doctor; he has the social connections of a distinguished doctor; he has the reputation of being a distinguished doctor and he has withal even eyes of a distinguished doctor. Still, as a matter of personal opinion, he gives a very worthless treatment.

Not so many miles from Chicago, is an exquisitely furnished office. Reed furniture throughout, with the exception of the treating table. Pink and white drapes, Fuchsia and many, many books. A little dark little office furnished in yester-year walnut and many, many books. A little personality and so let it get in his way, his plans time and time again and criticize continually driving it until he has carried it out until they become a métier. One must not only have knowledge of his profession, and about all they practice is their surgery or medicine or some other special line of expertise. The third is enthusiasm. I have met many enthusiastic doctors, but they were as cold a mediocrity. With all their ability, they make only a mediocre success.

The emotional side of one's nature should enter into all of his work if he is going to reach the highest success worthy of note. He should enter so enthusiastically into whatever he does as a matter of course, to make it his own and not a mere task. As I have said before, one of the fundamental principles underlying salesmanship as applied to osteopathy is as follows:

The daily work should be planned. Every season should be planned, and each year should be planned. When once a plan is made, the first thing to do is to reduce it to writing, then he can bring his mind to bear on it more definitely.

He should compare his plan with the methods of the most successful men. He should go over his plans, and time again and criticize them to see where their weak points are. Then he should start in to put his plan in operation, continually driving it until he has carried it through with such a plan that are of a daily nature or yearly nature should be carried out until they become almost automatic, after which a more complete structure in organization may be worked out and completed. Every plan, of course, should be subject to revision.

Selling Osteopathy

Every man who has goods or service to sell should study the principles of salesmanship as applied to his particular goods or service. Some of the fundamental principles of salesmanship as applied to osteopathy are as follows:

The first is knowledge. Osteopathy is a service to be rendered to people. A man who is ignorant of the principles of osteopathy naturally cannot make a very good application in selling this service to the public. Native ability may carry him along to some extent, but the more he knows about osteopathy and all the allied branches his ability for selling his service to the public will be greatly enhanced and the value of that service which he renders will likewise be greater and more definite.

The second is confidence. Reference has been made to the large number of medical graduates working on street cars and in stores in New York City because of lack of ability to sell themselves to the public along with their service. The fear in their hearts had a lot to do with this. They had that state of lack of confidence which contributed largely to their failure.

One must not only have knowledge of his science, but he must have confidence in osteopathy as well. It is not necessary because of the nerve exhausting as it is in many of the other professions, however, the nerve wrecking responsibility produces trying situation so much that the trial of one's vitality is just as nerve exhausting as it is in many of the other lines. One who does not want to work hard need not expect much success in the osteopathic profession or any of its allied specialties.

The third is enthusiasm. I have met many able physicians who were letter perfect in their orthodoxy and who had much confidence in their methods, but they were as cold as an iceberg. With all their ability, they make only a mediocre success.

The emotional side of one's nature should enter into all of his work if he is going to reach any heights of success worthy of note. He must be enthusiastic. You will not find many, who have mediocre ability, will enter so enthusiastically into whatever they undertake that they are most always successful. I have seen young physicians of very average ability always bubbling over with enthusiasm and interest in their work making a tremendous success.

The fourth is work. One who enters osteopathy and expects to succeed must not be afraid of hard work. There is much in efficiency that can create enthusiasm and a tremendous amount of work after he knows how to give the treatments in the best, easiest and quickest way, but there is no way mapped out by efficiency to give osteopathy to the people without work. I have heard your osteopathic physicians say that they wanted to get into surgery or medicine or some other special line of practice there they could make lots of money and get away from the overshadowing publicity of his own profession. Nevertheless, with the exception of the one who couldn't help himself and so let it get in his way, all these have one common characteristic. They never heard of ten-finger Osteopathy and about all they practice is their Personalities.

To be continued.
I notice in the latest OP the article by Dr. Ounm relative to Hospital Legislation in Wisconsin, which strives to remedy the situation in which osteopaths find themselves relative to the medical hospitals of the country and of the state. The osteopaths are determined to put an end to the present discrimination and to prevent any future discrimination.


The hospitals of the country are infiltrated with medical patients and the osteopaths are increasingly more upset over the attitude of the public, which is growing日益强烈的．They have a right to expect to give their patients proper and efficient treatment, which is the basis of osteopathic practice.

If we attempt to undo and condemn all the good in standardization and put the hospitals of the country in a position, where it seems to me these amendments would put them, we are only placing ourselves among the knuckledumber. We are not only placing ourselves in this position, but we are also placing ourselves outside of the legal practice of osteopathic medicine.

By Hubert Pocock, D.O., Toronto, Canada.

I found that they were open-minded on osteopathy, I found that they were interested in knowing the impressions of an Osteopath in an institution of that kind.

The thing that struck me most forcibly was the fact that they had so many natural methods which would be of assistance in an Osteopathic Sanitarium. Their method of diagnosis is so thorough and after going through it, you wonder how it is that the average practitioner in private practice meets with the unique success that he does and has such splendid results, in spite of the fact that he has none of the advantage of getting his patient through a general examination, such as the following:

7 A.M.—Special Blood Chemical, Serological
8:30-10—Colon (Men)
11:30—Regular Blood Count and Blood Pressure
11:30—Alveolar CO2 Tension Test (Acidosis)
11:30-12:30—X-Ray Fluoroscopic of Heart and Lungs
12-1—Tonsil, Nose and Throat
12-1—Vision and Accommodation (Eye Test)
11-1—Mouth and Teeth
Examination—Strength, Weight, Anthropometric
Urine—Save specimen 7 A.M. to 7 A.M.
Stool—Save specimen
After you get through this the reports go into the institution and a copy of same is given to the patient if so desired. As you possibly will observe, after going over this, there is one type of a physician which I believe he be of great and lasting value to the institution; that is, an Osteopath.

While in the institution I had opportunity of addressing 100 of the patients at a banquet. Sir Horace Plunketts' physician had advised him not to speak on account of his health and that I had been asked to speak in his place. As I did not know anything about the conditions in Ireland, I declined. If I had known about the work, particularly the children's work in the infirmaries, I would have advised that I speak.

I had the pleasure of an interview with Dr. Kellogg, the man who made his dream come true. The splendid Social Service rendered by him to the town people as president of the Young Men's Christian Association, which is the institution. He admitted it and said that if we would change our name, the medical profession had such a prejudice against it, that he would be the only one who would go in to the institution.
Osteopathy and Research

By Leon E. Page, D.O., Newport, Vermont.

It is generally conceded that osteopathy as a profession is in a precarious state. The medical profession by raising educational standards excessively, assuming absolute control of public health, and promoting a plan for state medicine, is bringing great pressure to bear on the profession. The imitators who already outnumber the osteopaths have become a menace. The question has arisen as to the best and surest method of forestalling these dangers. Among the remedies suggested are more publicity, better organization, institutions and the removal of legal restrictions. These measures are all necessary but none of them is directed primarily at the cause of the present situation.

In the effort to establish osteopathy as a profession, osteopathy as a science has been forgotten. The word osteopathy should stand for a body of proven scientific facts instead of merely meaning a method of treatment. Before osteopathy can become established it must be scientifically demonstrated. This must be done by research. Newton did not establish the law of gravitation by collecting objects to let them fall to the ground. He had to prove by known mathematical rules why an object will seek a lower level. In like manner osteopathy is an established science will materialize only when we can demonstrate why osteopathic treatment will cure disease.

The object of research should be to collect all possible data of a strictly scientific nature that will prove the osteopathic assertions. At present there is no large amount of strictly scientific proof of osteopathy. If a scientist were having heard of osteopathy should decide to look into the matter, to ascertain its worth, he would ask for proof. We have no end of evidence. Every successful physician is evidence that osteopathy is an efficient method of treatment, but where would the scientist go to get the scientific explanation and proof of the evidence offered by successful physicians? He would go to the research institutes where the principles of osteopathy could be demonstrated by accurate measured experiment with every element of chance and error eliminated. A given case, no matter how spectacular, means nothing to him, nor do statistics gathered promiscuously have much weight. He must be presented with proven facts.

It is a fact that while osteopathy is gaining ground among the people in general who have received benefit, it has received almost no notice from the leaders of scientific thought. It is also a fact that before osteopathy can assume its rightful place that it must receive the sanction of the scientific world. The problem is difficult because science is under the influence of medical theories. But no body of scientists worthy of the name will disregard a proven fact. If we tell them that spinal lesions will cause a certain disease, they may smile tolerantly, but if we offer them proof they will give attention.

In half a century the revolutionary idea of evolution has become permanently established and is no longer contested from any scientific source. But it is likely that among the general run of people more will be found who believe in osteopathy than who accept evolution in its entirety. Evolution with all its implications is an accepted fact in all scientific circles of the day. 60 years after it was proclaimed by its originator, Darwin. Osteopathy from a scientific standpoint is practically unknown. It is generally conceded that osteopathy as a profession, osteopathy as a science has been forgotten. The word osteopathy should stand for a body of proven scientific facts instead of merely meaning a method of treatment. Before osteopathy can become established it must be scientifically demonstrated. This must be done by research. Newton did not establish the law of gravitation by collecting objects to let them fall to the ground. He had to prove by known mathematical rules why an object will seek a lower level. In like manner osteopathy is an established science will materialize only when we can demonstrate why osteopathic treatment will cure disease.

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The reason is that, because if its theoretical nature, the doctrine of evolution was brought immediately for trial before the court of science. It was opposed more strongly than osteopathy could be, yet it survived because it possessed the qualifications demanded of a scientific theorem, viz, it formulated and depended upon known and demonstrable laws of nature and the evidence was conclusive. Facts must be accepted wherever found; theories may be disregarded.

On the other hand the practical side of osteopathy has been emphasized and an imposing array of evidence has been accumulated, but osteopathy stands today crush between the discarded theories of the medical profession and the pseudo-science of the imitators. If osteopathy stands for facts and truth as we all know it does why is it embarrassed by these forces of empiricism and guesswork? Why does not this same scientific court sanction osteopathy as a revolutionary movement in medicine which has scientific warrant and which must, in the face of things, compel all healing to conform to its principles?

The answer is that we have failed to fulfill the other requirement. We have not shown the connection between the observed results of osteopathic treatment and the laws of physiology, pathology and immunity. We have ample evidence but the proof and explanation has not yet been sufficiently presented.

If we say that the mortality of pneumonia as shown by statistics is 10% under osteopathic treatment and 20% under medical treatment the general public may be impressed and our business increased. But osteopathy as a science has

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D. O.

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G. V. Webster, D. O.
Carthage, N. Y.

THE OSTEOPATHIC PHYSICIAN

hardly advanced at all. As a system of healing it has progressed in popular favor. But what of its standing as a scientific proposition? The imaginary court will say that if we can demonstrate through the laws of physiology, pathology, and immunity the proof that osteopathic treatment will reduce the mortality of pneumonia the evidence will be accepted; otherwise it will be dismissed.

If we would settle our problems as a profession, once for all, we must make every effort possible to prepare in definite form a proof for our claims that shall challenge the attention of the scientific world. We may then convert the multitude at our leisure and fear nothing from medical prejudice or imitative endeavors.

If a body of scientific men should decide to investigate osteopathy would they consult the Spanish prince or any of the others who have received benefit at the hands of osteopathy? No. They would go to the research institutes and ask for the data which upholds the claims of osteopathy scientifically. This is a publicity which is of more vital importance than the forms which we are preparing to carry forward. The problem which confronts the profession is how to go about this scientific recognition of osteopathy. Any problem which confronts the profession also confronts every possessor of the D.O. degree. What we must have is knowledge; theories and evidence there are a plenty.

Naturally every physician cannot forthwith forsake the treating table and rush to the laboratory. But every physician can do his share in furthering the endeavors of our research workers. The work to be done consists in establishing the relation between physiology, pathology, immunity and osteopathic treatment. Until this is accomplished and we know the ultimate why of osteopathic treatment we shall remain a weak, buffeted profession, casting envious eyes toward the great medical research. But when we can produce in concrete and accurate terms the reason why osteopathic principles of treatment are scientific and therefore true, we shall assume our rightful place and confidently expect that certain large donations now given for medical research will be proffered to us. It is not meant that the evidence of case reports, statistics and successful institutions is useless. The good work must go on with more energy than heretofore but in addition we must get behind our research workers with moral and financial support. Every dollar the profession can devote to research will be an insurance against future extinction.

The truth of necessity will conquer. At present we are the possessors of the truth. But if the Rockefeller Institute, for instance, should "discover" the principles of osteopathy, what would become of our profession? Shall the name of A. T. Still become forgotten while we prosper on his discovery and allow the medical profession to prove his theories and claim them for their own? True, we have not been altogether idle but the realization must come that our future as an independent profession depends upon the work of our research institutes. The medical research workers with their vast resources are hot on the trail. Drugs are largely a thing of the past; vaccines and sera as a class are disappointments. How soon will they "discover" the body cannot be used to produce its own cure? Here is the knife that dangles by a thread over our head. "Hospital exclusions," poor legislation, imitation of method are but trifles compared to this very imminent danger.

Osteopathic research must be pushed to its uttermost limit. A scientific proof of Dr. Still's theories will be the key to the doors of the medical world in the near future. Is it not our right as his immediate successors to be the bearers of such knowledge? The people in general can have but little weight in the decision. It lies with the scientific thinkers of the day and they must not only have evidence but they demand proof.

Shall we survive or perish?

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The M. C. Kimono Box is for keeping your patient's kimono clean and out of the dust; sanitary and convenient; a separate box for each patient. Each box has a brass card holder to insert patient's name. Boxes are made of extra heavy Chip Board covered with water proof brown paper. Size of box is 181/2 x 51/4 inches. Prices:

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|-----------------|-----------------|
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| 2 Doz. Lots    | $13.50          |
| 5 Doz. Lots    | $30.00          |
| 100 Lots       | -               |
| 100 Lots       | -               |

The M. C. Kimono Cabinet, including base, is 21 inches high, 19 inches wide, 13 1/2 inches deep. It holds 12 kimono boxes. Cabinets are carried in stock in Golden Oak finish only. Prices on other finishes furnished upon request.

Price of M. C. Kimono Cabinet, Golden Oak finish:

<table>
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<tr>
<th>Price</th>
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<tr>
<td>With base and one dozen kimono boxes</td>
</tr>
<tr>
<td>Cabinet and one dozen kimono boxes, without base</td>
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<td>Cabinet without base or boxes</td>
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Michigan City, - - Indiana
HOW I TREATED MY OWN CHILD

(Name to doctors on request)

The Dionol Company,
Detroit, Michigan.

My 4-year-old boy, Frederick, pulled the cord of our electric heater and tipped a pan of boiling hot water on his arm and hand. My wife used the best dressings she had but the poor boy found no relief. She could no longer endure to see him suffer so frantically with the pain, and phoned for me. I applied Dionol and in about ten minutes the pain stopped, and there has not been any pain since.

This burn was very deep, and of course we thought it would leave a big scar, but do you know there will not be a sign of one? It is all healed up and one would never know that he had been burned at all. We obtained all these results in less than three weeks. I never saw such results in all my practice. Me for Dionol every time. I am surely grateful that such a remedy is on the market. Dr. .........................

Another Case

Philadelphia, Pa., Feb. 8th, 1921.

The Dionol Company:

Within the past week I have had an opportunity to test Dionol in an aggravated x-ray burn case which was referred to me by a brother physician who had stopped his treatments owing to skin sensibility. I wish to compliment you on your splendid preparation. I have the burns under control and am now continuing treatment without fear of further inconvenience to the patient.

Dr. .........................

DOCTOR: Don't forget that Dionol gives equally positive results in local infections, wounds, leg ulcers and ulceration generally, and wherever local pyrexia is present. Try Dionol also for tampon treatments, piles, etc. It is exceptionally effective.

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Little Stories of the Clinic

By C. W. Young, D.O.,
Grand Junction, Colo.

Story No. 26

Mr. H. G., seventeen, injured his lower jaw eight years ago, rooster fighting. During all this period he experienced a feeling of pain or discomfort any time his attention was directed to the jaw. Very frequently it would "catch" while masticating so that he could not move it, and it required considerable time and effort to get it to going again. His conversational ability was not impaired, though he was unable to open his mouth to a normal extent.

Physical examination revealed the right ramus projecting outwardly, while the left ramus extended inwardly. The teeth on the right side extended outwardly beyond the upper teeth, while those on the left side extended inwardly. I began using the technique described in the A.O.A. Journal, December, 1920, and in addition thereto placed my right thumb firmly against the inner side of the left molars and pushed strongly outwardly and forwardly, while the left hand on the right side around the angle of the jaw cooperated in the movement. In a few moments there was a distinct clicking sound and the jaw was placed in normal position, and the patient was able to open his mouth to normal width, and he had a distinct sense of relief from discomfort and the condition of displaced joints. Dr. Clark's idea is correct, and yet I believe too many of the profession are relying too much on this "passive motion" to restore alignment. Dr. Harry Still is quoted as saying, "Just loosen the joint." This case shows permanent alignment after only three treatments, though severe trauma caused the displacement eight years ago.

Comment No. 2

In A.O.A. Journal, February, 1921, page 355. Dr. M. E. Clark emphasizes the importance of "repeated passive motion to assist in absorption of exudates" in capsular ligaments of displaced joints. Dr. Clark's idea is correct, and yet I believe too many of the profession are relying too much on this "passive motion" to restore alignment. Dr. Still is quoted as saying, "Just loosen the joint.

Little Stories of the Clinic

Osteopathic Surgeon Saves a War Victim Abandoned by Medics

Just how well our profession is progressing in developing surgeons, specialists, hospitals and sanitoria is indicated from time to time by the news reports of the severe and clever operations that are being performed. The story that follows is one of several that illustrates the nature of the cooperation that is developing surgeons.

Ensign William E. Gibson of Livingston, operated on by Dr. G. A. Townsend at Chico Hot Springs Thursday for a fracture of the skull, tumor and a blood clot, is doing well and has gained steadily since the operation. Local relatives were informed yesterday.

The Chico physician discovered the nature of the injury suffered by the naval officer during the war when a big gun exploded, after some of the most prominent surgeons in the country had declared they could do nothing for the injured man. An X-ray showed the injury and Dr. Townsend removed the clot and the tumor and fixed the fracture in an operation so delicate that only the finest work of the three men are doing. From the Livingston (Montana) Enterprise of Feb. 25th we glean this gratifying victory of an osteopathic surgeon over navy and civilian "regular" surgeons.

Ensign William E. Gibson of Livingston, operated on by Dr. G. A. Townsend at Chico Hot Springs Thursday for a fracture of the skull, tumor and a blood clot, is doing well and has gained steadily since the operation. Local relatives were informed yesterday.

Dr. M. E. Clark emphasizes the importance of "repeated passive motion to assist in absorption of exudates" in capsular ligaments of displaced joints. Dr. Clark's idea is correct, and yet I believe too many of the profession are relying too much on this "passive motion" to restore alignment.

Dr. Harry Still is quoted as saying, "Just loosen the joint." This case shows permanent alignment after only three treatments, though severe trauma caused the displacement eight years ago.

Comment No. 2

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Little Stories of the Clinic

A Few Waldottes as Scattered Over the Western Circuit

"Look at your dirty office, ragged rug, 10-cent gas and your profession. "

"If there is something you don't know, take a postgraduate course in an Osteopathic College. If you know everything, go home—rest is what you need."

"Get 'nuts' on your profession."

"Keep your brain clean, office clean, and you will have patients to send the new man."

"Cut the 'T' out of 'I g'mn' and 'we can't'.—That's not good for anyone."

"Don't simply 'hang on' and jump up the works."

"You may never know that only three neurotic old ladies attended your funeral—what could you expect?"

"Don't be misled by your own opinion of yourself—it may be bad."

"Change your destructive mood to a receptive mood—what you want now is a goat, not a leader."

"Hang up a 'Cash in Advance' sign, but don't run and take it down when you hear someone coming."

"Let your fee tell your patient that all has been done that can be done."

"Tell the big fellow about your sacrifice for charity and he will pay for it."

"We want more and better students, not few or better."

"Do you stay away from meetings to get the old fellow's patients, who goes regularly?"

"The public lecture is the most powerful vehicle in public education."

"Some who are 'called' to be surgeons merely heard of it and tried to start."

"The medical doctors are afraid to tell anyone he is going to die, he might call in an Osteopath and his patient lives."

"If you have nothing to sell, sell it to yourself first."

"The several schools of Therapy are a fake on one another."

"Be big among big people."

"Knock your profession and you will go out bad words."

"Get Osteopathy right and slate to what you know and intend to live and show some of the physicians who had examined him that he could pull through. Doctors in the navy, at Portland, at Rochelle and at the government hospital at Miles City held out all hope for the injured man after examining him, according to his relatives.

"This is the 8th day after the operation."

"This 8th day after the operation."

"Congratulations, Dr. Townsend, and also congratulations, osteopaths of Montana, at having such good surgical backing within your own profession in your home state.

What would it mean to osteopathy to have such an institution and such surgical assistance available in every state of this Union and in every dominion of Canada.

The Original Malted Milk

Always Reliable

For the feeding of infants, invalids and convalescents.

Very Useful

For patients requiring a prescribed diet, as in the treatment of nervous, anaemic and digestive disorders. Refreshes and invigorates the operator after tedious treatments.

Avoid Imitations

"Horlick’s"
The Original Malted Milk

Always Reliable

For the feeding of infants, invalids and convalescents.

Very Useful

For patients requiring a prescribed diet, as in the treatment of nervous, anaemic and digestive disorders. Refreshes and invigorates the operator after tedious treatments.

Avoid Imitations
An Appreciation

...to discover new facts which somehow would aid us in diagnosis and treatment. These two steps we conceived of as "proving osteopathy" and being already a going and workable system of medicine, of course, we surpassed even more than the second. We needed the service of a profound, impartial man of science who would examine, test, and criticize our system and adjudicate between our tenets and claims and those of drug medicine. We wanted to prove that we were scientific. The stage was thus set for one who could formulate our ideas for us, rationalize them as might be needed and thus make of himself a leader indeed in the osteopathic profession.

Enter Lane. That was about ten years ago. Lane came prepared. We already had dreamed for a dozen years of "a research man of international reputation." Lane filled the bill. He was it. He had no illusions about drug therapeuticians to handicap him. On the contrary his mind was clear and his heart and mind and body in "regular" medicine who would attempt to prove that we were scientific. The stage was set for one who could formulate our ideas for us, rationalize them as might be needed and thus make of himself a leader indeed in the osteopathic profession.

Doctor Still in his prime shared this same contemptuous feeling but only now and then we gave him credit. We were quite certain that the pseudo-scientific limitations the Christian era had imposed upon us were consumed with their own theories. Many this matchless invective of his had done much better progress in the practical work of the osteopathic profession. "Even so ye also outwardly appear righteous unto men, but within ye are full of hypocrisy and iniquity.

"Even so ye also outwardly appear righteous unto men, but within ye are full of hypocrisy and iniquity. Ye serpents, ye generation of vipers, how can ye escape the damnation of hell?"

As the present writer recalls the very words he found inscribed in the pages of the Drug Demon by the Master of the Temple of Science, he, too, was moved to such sentiments as are recorded in the passage here. Lane was easily the most vehement, invincible and ever-militant body in "regular" medicine who would attempt to prove that we were scientific. The stage was thus set for one who could formulate our ideas for us, rationalize them as might be needed and thus make of himself a leader indeed in the osteopathic profession.

Innumerable until our own faith was made distinct, Lane was it. He had no illusions about drug therapeuticians to handicap him. On the contrary his mind was clear and his heart and mind and body were consumed with their own theories. Many this matchless invective of his had done much better progress in the practical work of the osteopathic profession. "Even so ye also outwardly appear righteous unto men, but within ye are full of hypocrisy and iniquity.

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Real Service
Last night at 9 p.m. I relieved a man of hiccough of 14 days duration after 7 medics had failed. He has now been sleeping for 21 hours continuously. As I skipped out through the door a member of the family said: "That's real service."—E. S. Bendix, D.O., St. Peter, Minnesota.

Hiccough Cured
Saw patient seventh day. He had hiccoughed for six days for periods of one hour, with a cessation of about twenty minutes between attacks. Had three medics who administered chloroform, ether and nitro-alcohol. Stopped entirely by correction of lesion at 9th and 10th dorsal.—E. E. Wickler, D.O., Virginia, Minn.

The Diagnostic Duty
In disease, to know what the lesion is, and that which is not the lesion. To discriminate between the real cause and that which appears to be the cause. To pass by the apparent cause, often due to inherited deficiencies in composition of structure, which permits deviation of structure without corresponding interference of function. To seek the less apparent cause of disease—that is our duty.—Frederick W. Treskahan, D.O., Brooklyn, N. Y.

Osteopathic Horizon Widening
The parapatetic Post-Graduate Lectures we are getting through the Western Osteopathic Association are purely fine. Dr. Waldo's lecture made me feel about ten years younger, and gave me new courage, inspiration and vision for success-building in practice. I wish every osteopath in the world might share this feast.—W. S. Maddux, D.O., Pueblo, Colorado.

Why Fear Medical Boards?
I stood the regular medical examination in Virginia at the age of 20 and have just received my license. This makes three regular medical board examinations I have taken and have had no trouble in passing any of the three, and can see no reason why any osteopath should be afraid of the medical examination if they are permitted to take it. Out of a class of more than one hundred taking the Florida board, I got the honor of making the highest general average. While I favor the separate examining board as we have in North Carolina, I see no reason why the osteopathic graduate should hesitate to go to a state that has the composite board, or only the regular board if he is permitted to stand the examination.

Application Psychology Also
Remember that the human being is a psychic as well as a nervous animal. Failure to get the desired results follows too often because we fail to recognize and apply this fundamental fact. Mechanical adjustment is the fundamental of osteopathy, but without it, our one therapeutic principle of cure, is universal and this fact should be kept in mind at all times and our nervous nerves will mount higher.—Geo. W. Reid, D.O., Worcester, Mass.

Insurance for Osteopaths
There is an Accident and Health Insurance Company which recognizes Osteopaths, says so right on the face of their policies. They have written a lot of insurance in this territory and they settle their claims promptly and fairly. Osteopaths should be more insurable than any other profession. The insurance companies are supporting it. It is the Mutual Benefit Health and Accident Association, Omaha, Nebraska. Lets hope they are like them.—Dr. Watters and Watters, Conrad, Mont.

Selling Osteopathy to Osteopaths
The thing we need most is to make osteopaths aware of their own profession more. We can't cure everything or everybody, but the thing we forget is that the other fellow can't either! Where osteopathy falls down is on that last point; too many give the M.D. credit that he is not entitled to. We can't get away from the touchstone of the years. Too many of us don't call in another osteopath when only loved ones are sick; the first man we call is an M.D. It's wrong!—C. W. Mayhugh, D.O., Archburs, Kansas.

Only Team Work Wins
The greatest thing osteopathy is up against today is lack of cooperation of the profession. There is a democracy of purpose, and the majority should rule. If the plans of the association do not suit them, they take themselves to their own little back yard and sulking, holler about how things are going, instead of pulling off their coats and working to further the interests of all. They do not realize that they owe anything to any one but themselves.—C. B. Root, D.O., Green ville, Michigan.

One Board Advocated
In my opinion it will be a great mistake to have two examinations. Why limit the teaching such as are planned in our outlines for future legislation. Our college courses are thorough enough to enable the ordinary graduate to pass the examination given by the "medical" boards of any state. Demand for a separate board would lead to the inference that they are not. If we have an osteopathic board we will next have a chiropractic board, then napropathic, etc., until a license will be worthless. One board for all is our safety.—Henry C. Sands, D.O., Chicago, Illinois.

This Letter Was Not for Publication
"The idea may be worth discussing" writes a practitioner. "Often times we have a little controversy, wife and I. I contend that any doctor of any school should not tell his wife anything about his cases. She contends wife like, that she has a right to know all about my professional as well as private affairs. I contend that if my clientele knew that I or any other doctor told any one about his cases, his practice would last as long as a snowball would in—H. I think that the office girl or the nurse ever should know as little about his personal aspects of the case as possible to do their work. Please advise me. Get the opinion of some of the others if you think best. I think that I am right, though."—Frederick W. Treskahan, D.O., Brooklyn, N. Y.

Use the Word "Physician"
One thing that grinds my nerves is the words "Osteopath" and "Osteopaths" instead of osteo pathy and osteopathic physician. That "physician" belongs there.—Clayton C. Gray, D.O., Horton, Kansas.

Why Always on the Defensive?
Maybe I am a bolshevist, but why should we always fight a defensive battle? Every little while there is an urgent call for funds to defend our state law. Of course we have to do it. It's a sort of utmost importance. But why worry until the other fellow has a strangle hold on us? Let's put a few toe-holds on him. Maybe he won't be as keen to come back. I'm for attacking the state-supported medical schools and hit 'em hard in every state in the union. Why should the public support sectarian medical schools if they can't stand alone? Let them fall! Probably the best move would be to get information on the present costs per graduate and let the public know how dear it is.—H. E. Eustice, D.O., Beloit, Kansas.

Advanced Fees at Idaho Falls
The following rates went into effect in my office January 1st, 1921: Single treatment $3.00; three treatments $9.00; single treatment on Sundays and holidays $4.00; house calls $3.50; house calls after 9 p.m. $5.00; normal labor cases $25.00. I am the only osteopath out of five here that charges more than $2.50 for office treatment or extra fees for treatments on holidays and Sundays. I will let you know if I starve to death. Practice was slow through December but is now very much better.—George A. Aupperle, D.O., Idaho Falls, Idaho.

Good Work at Macon
At the Still-Hildreh Summer Sanitarium, Macon, Mo. osteopathy is again measuring up to the full in producing a record that our profession has always made in such fields when it had a fair chance throughout its entire existence. It is proving the correctness in this most needed field of usefulness of the principles that Dr. Andrew Taylor Still gave to the world. The deeper we go into this work here in the study and treatment of mental disturbances the greater brain gave to the world our splendid science. This work here simply proves the yearly only adds to our knowledge of the great brain gave to the world our splendid science. This work here simply proves the yearly only adds to our knowledge of this work. This wonderful usefulness through osteopathy.—A. G. Hildreh, D.O., Macon, Missouri.

An Osteopathic Camp for Boys
In reading over The OP, I notice that the Dr. Wood have an Osteopathic Summer Camp for Girls. I am in this field myself with an Osteopathic Camp for Boys, and am very glad that some others are at work along this line. Our camp is located in the south central part of Michigan and is called Algonquin Camp. Last year we had 40 boys in camp and am looking for more this year, as each year the camp increases due to boys getting others to come and share the good time at outdoor sports. Algonquin Camp is located on 25 acres of land. Ten acres are woods, where the tents are situated, and the rest open field, which is made into a good base ball field, tennis courts, basketball court, volley ball courts. Running tracks are also used in track meets among the boys. All this besides corrective gym work an others I surely will enjoy. Any Doctor having a son or patient that would be helped by this camp's work, can get full information from the Camps at the addresses below. Yours truly, M. A. Prudden, D.O., Fostoria, Ohio.
Hard on Country Mothers!

Recently there appeared in a daily paper in this county an article from an M.D. explaining why he and his fellows would not agree to attend confinement cases more than 10 miles out of their village in the winter time! The country people had criticized the medics very severely, and in explaining their position on the subject the M.D.'s made some statements which seemed to leave openings for osteopathic publicity, so we proceeded to take advantage of it in the local newspapers.—June B. W. Hall, D.O., Carlotta, Maine.

Should Study Throughout Pratice

How many of our problems as osteopaths could all be solved by constant and painstaking study! So many doctors after they finish college just seem to take it for granted that all is finished when in reality they have just learned how to study well. Another thing: How many of the old two-year graduates have ever taken any further work? Entirely too few of them, I believe. However, if these who have taken no more school work would only study Dr. A. T. Stills works and standard textbooks on all phases of our science they would keep within the field.

Now I have not been asked to say this additional thing, but I believe it, and so will give vent to it. Too few of our doctors of osteopathy go taking osteopathic publications. Why, it seems to me that a preacher had just as well try to eat along without the Holy Bible as to go on practicing medicine but think the four publications put out by members of our profession. At present I take nearly if not quite all osteopathic periodicals, but those magazines are as welcome to me as the sun is after a night of rain and anguish.—Theodore Paul, D.O., Turlock, Mo.

In response to repeated inquiries from the "fraternity", for my special

Alkaline Germicidal Tablets

I have decided to put them up in one pound packages containing approximately 450 tablets. A sound will be heard, which is similar to putting up a typewriter, upon receipt of $2.50, check or money order. If not satisfied, return the tablets and your money will be cheerfully refunded. This preparation is made from standard ingredients to my own formula—

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One Alkaline Germicidal Tablet dissolved in 2 shots of warm water makes an excellent spray or wash for nasal troubles and gargle for the throat. It is also used to charges the aqueous alkaline solutions generally used—as its constituents seem to retain water longer on the mucous surface—thus better results from its remedial qualities.

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Eye, Ear, Nose and Throat
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THE OSTEOPATHIC PHYSICIAN

Advocates "M.D.O." Degree

There are so many questions put to the profession through The OP that I thought you would be the proper one to ask this one, why does the osteopath with the title "M.D.O." M.D.O. signifies Doctor of Osteopathic Medicine.

We are doctors of a system of medicine but the public is thrown off the track by our title, and osteopathic and chiropractic are often seen as all one thing to them. There are really so many ways that the standard of the osteopath would be raised that it would take up too much of valuable time to go over them. As a member of the medical board I would be glad to sign M.D.O.—A. L. Vincent, D.O., Ball Lake City, Idaho.

AOA Bid to Philadelphia in A. D. 1926

Whereas, the preliminary steps have been taken to hold in Philadelphia in 1926 a "World's Fair" to commemorate the 150th Anniversary of American Independence, and

Whereas, Philadelphia distinguished in colonial history—The cradle of Liberty—The first Capitol of the (Nation) with its innumerable places of historic interest will be the MECCA to which not only the United States, but the whole world would come, in 1926.

RESOLVED, THEREFORE, in Executive session of the Philadelphia County Osteopathic Society to extend the Executive Board of the American Osteopathic Association, to the profession at large, the invitation to hold the annual Convention of the Association in 1926 in Philadelphia.

ALL ROADS LEAD TO PHILADELPHIA IN 1926!


FREE An Instructive Lecture Course


A limited number will be furnished gratis with the ULTIMA No. 4 SINUSTAT as long as the supply lasts.

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A complete galvanic and infra-red apparatus with more generators for operation on A. C. or D. C. A wonderful value for the money, still at 1919 price. Mail today for full details. 

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All modern facilities for diagnosis, as well as treatment, are found in our equipment.

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Don't Complain of Unfair Competition

Unless you are doing your part to smoke the imitation out. You can use "Chiropractic Kleptomania" in hundred lots at % cents apiece. It pays.
Drum-Head Resection in Advanced Stages of Catarrhal Deafness

Recent investigation has very clearly demonstrated that in advanced stages of catarrhal deafness, which have failed to respond to Pustichian dilatation, the use of osteopathic treatment, with the following symptoms:

1. Autoptonomy.
2. Paracusis Williams.
3. Vertigo at intervals.
4. Abnormal membranous tympanum.
5. Catarrhal history.
7. Schwanzlach test positive.
8. Rinne’s test negative can be materially benefited by partial or complete resection of the drum-head.

In many instances as much as 75 per cent of the auditory function has been restored by this surgical interference.

Drum-head resection of the bad ear, with the above symptoms, often improves the opposite and untouched ear. This is the choice procedure in these conditions.

S. V. Read, D.O., Spring Valley, Minn.

High School Lecturing

Have just been asked by the superintendent of schools to give a talk before the high school students on the subject, “Why I studied Osteopathy.” These talks are given by professional men so as to give our students an idea of what they may want to do in life. Seems to me this is a good way to get osteopathy before the high school graduates and interest them so they will enter an osteopathic school. The superintendent has also asked me to give some practical talks on physiology. He is in a booster for osteopathy and the kind we like to see at the head of a school. If this course were followed generally our schools would not be up against it so badly for want of students.—Prof. W. Wells, D.O., Sedan, Kansas.

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Complete equipment for every kind of Diagnosis and Treatment. Osteopathy—Surgery—X-ray—Radium—Clinical Laboratories.

Continuing Post-graduate Course. Fee $100.00 per month. Certificate granted at completion of course.
"Blackwell, Oklahoma, Talking!"

I note in The OP that the D.O.'s are quite numerous in Delaware, Ohio. We do not wish to detract from honors due them but Blackwell, Oklahoma, claims, in their statement as to being the most populous place on earth, osteo-

pathically. We have an average of more than one osteopathic physician to each 1,000 popula-

tion.

These facts should show to the profession the immense influence of osteopathic institu-
tions. If we had a thousand Kirksvilles, Delawares and Blackwells where osteopathy is the domi-
nant school of practice. No city without an institute has ever become such an osteopathic

city, and a good osteopathic institution has invariably proven the greatest asset of oste-

opathy in the community and enabled several times the usual number of D.O.'s, to find it

prudent to locate within the influence of such institution.

A creditable hospital, however, is more than a building with a few beds and a sign on it! Honeys will buy these but the hard thing to get, and the thing we as a profession lack, is the hospital men and women to manage and do the necessary special work. Such training requires years. We could organize hundreds of hospitals now but they would be failures with

out properly trained staffs. More men will train for such work whenever the profession demand and support them and not until then.—Yours truly, H. C. Wallace, D.O., Southwestern Osteo-

pathic Sanitarium, Blackwell, Oklahoma.

"Out of the Mouths of Babes"

Dear Doctor Bunting: — As editor of the little magazine "Osteopathic Health" I know that

you will appreciate this contribution and testi-

mony to the wonderful healing powers of your

writings.

Arth, the 11-year-old daughter of a patient of mine, has a collection of "Osteopathic Health"—about a dozen or so. She keeps these together with a rubber band and at night puts them under her pillow.

She was sick for a few days last week and a order to make her more comfortable her mother wanted to take them from under the pillow.

"What do you want to have all those little magazines in bed with you for anyhow? Let me take them out," said her mother.

"Please, mother, let me have them with me. You know, when you're sick, they're so comforting; cause all the people tell about, no matter what ails them, how they always get well."

Dr. Chas. J. Muttart

Specialising in Diseases of Gastro-Intestinal Tract

Consultation and Referred Cases given special attention

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

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DISEASES of the HEAD and NECK
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Giving the Author's original methods in diagnosis and Osteopathic treatment of—
1. Catarrhal Deafness.
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A forerunner to Edwards' text on Finger Surgery, watch THE OSTEOPATH for first information concerning this epoch-making book.

The fifteen articles listed below will be published in THE OSTEOPATH, single numbers will not be sold during the period this series is being published; annual subscription $3.00 a year, until further notice.

No. 1. Finger Surgery in the Treatment of Exophthalmic Goitre.
No. 2. Finger Surgery in the Treatment of Immobilized Drums.
No. 3. Finger Surgery in the Treatment of Post-operative Glaucoma.
No. 4. Finger Surgery in the Treatment of Acute and Chronic Glaucoma.
No. 5. Finger Surgery in the Treatment of Pocket Handkerchief Deafness.
No. 6. Finger Surgery in the Treatment of Acute and Chronic Tonsilitis.
No. 7. Finger Surgery in the Treatment of Myopia.
No. 10. Finger Surgery in the Treatment of Catarrhal Deafness (New Technic.)
No. 11. Finger Surgery in the Treatment of Hay Fever (New Technic.)
No. 12. Finger Surgery or Osteopathic Ophthalmology.
No. 13. Finger Surgery or Osteopathic Laryngology.
No. 15. Finger Surgery or Osteopathic Rhinology.

Every article invaluable not only to specialists, but also general practitioners.

We congratulate every osteopath who reads this unusual series — you will be given the best thought of one of our foremost scientists.

THE OSTEOPATH — Kansas City, Mo.
MOUTH CLEANLINESS is no longer merely a matter of personal inclination or desire; medical men now recognize it as an essential detail in the prevention of disease.

THE MOUTH offers an ideal dwelling place for germs; it is of just the right temperature and moisture, and unless regularly cleansed, there are always enough decomposing food particles in the deep tissue folds and around the teeth to attract and favor the retention of all sorts of pathogenic bacteria.

NEGLECT OF THE MOUTH means a constant invitation to many of the acute diseases.

A CLEAN MOUTH is, therefore, the first consideration in the modern scheme of personal hygiene.

DIOXOGEN—the best and purest peroxide of hydrogen—is an invaluable mouth-cleanser. Owing its antiseptic qualities to pure oxygen—the same agent—that makes sunshine and good air the most efficient of germ-destroyers, Dioxogen penetrates to the deepest recesses of the mouth, where it softens and detaches all accumulated material, and cleanses and purifies everything it touches.

DIOXOGEN is not a mixture containing aromatic flavors or other substances to convey the idea of great antiseptic power. It is, instead, colorless, odorless and almost tasteless, with a germicidal efficiency superior to the solutions of carbolic or bichloride ordinarily used, but without the slightest toxic or irritating effect.

DIOXOGEN, in consequence, can be used as freely as necessary or desired, in even the youngest patients, with absolute certainty not only that it will keep the mouth and teeth in a clean and wholesome condition, but that it will always do its work in a pleasant and agreeable manner.

Wonderful Year for the Laughlin Hospital, Kirksville

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Our institution is entirely out of debt and paid for from the receipts of our practice. It is one of the best equipped small hospitals in the state. We maintain a fine home adjoining for nurses. We are prepared to handle successfully all classes of surgical cases and invite the co-operation of osteopaths.


For further information address Dr. George M. Laughlin, Kirksville, Mo.
A New Way to Cure Diseases of the Stomach and Digestive System

Since ills of the digestive system are probably the commonest form of sickness, the May issue of "Osteopathic Health," the popular magazine, will have an intriguing interest for vast numbers of people. It discusses from the new osteopathic point of view the absorbing subject, "Why Diseases of the Stomach and Digestive Organs Develop." Briefly the new view is that lesions in the spine (which usually show up as "sore spots" under finger pressure of the osteopath) are one of the commonplace causes. You will find this new light of science on the whole range of stomach and digestive ills very understandable and satisfying.

Broadly speaking, this writer says, diseases of digestion, assimilation and excretion are commonly caused in two ways: (1) by abuse of function (such as improper food or overwork of the stomach), and (2) by these abnormalities of the body tissues called "lesions" (which ordinarily means vertebras or ribs slipped a little out of correct position, or congested muscles, and such things). A third factor which may cooperate with either of these causes is the disease germ. It makes no difference whether diseases of the digestive system originate from the first, second or third of these causes, says the author, osteopathic diagnosis is the best way known to modern science to get at the facts of the case, and offers the most practical way to correct or cure the mischief. Now it stands to reason, if there is any mechanical disorder in the body such a lesion which is causing the trouble, that the only way to reach and correct it is by an osteopathic adjustment. Once the human machine has its parts all restored to normal position and relationship, says the writer, the common ordinary every-day ills of the stomach, bowels, liver, pancreas and other organs usually get well promptly and without taking any medicine.

So it seems that anybody who is troubled with any sort of digestive ill ought to seek competent osteopathic examination and try to have the fundamental mechanical cause located and, if once located, then to get it adjusted by an osteopath as the simplest and most logical way to overcome the trouble.

So much for theory. But the most interesting part of this article by far is the recital of eight different cases which were successfully diagnosed and cured by osteopathy—most of them after other systems had failed to give aid. These cases included nervous dyspepsia, chronic constipation, bad livers, gastritis, pyloric obstruction, atony of the stomach and bowels, gall stones and acute atrophy of the liver. Each of these cases was completely cured—most of them by the osteopathic making adjustments of the back and neck.

Read this article in entirety. It will interest and instruct you if you are a sufferer from any curable digestive ill it may open the door of relief for you. You may obtain a free copy of "Osteopathic Health," the little magazine, containing this article by applying to either the osteopathic association, or the osteopathic trade paper. Address the osteopathic association, or to the publishers, The Bunting Publications, Inc., 1 South Clinton St., Chicago. A post card will bring it. The knowledge it gives ought to prove very valuable to any family.
THE OSTEOPATHIC PHYSICIAN

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THE EDITING PUBLISHING CO., Inc., 9 S. Clinton St., Chicago
Committee studying the needs of ex-soldiers, stated that the Legion's efforts on the part of the disabled was inadequate. The committee, Dr. Achorn said, asked the support of the Sweet Bill, advocating continued War Risk Insurance, Federal Board for Vocational Education, and Public Health Service into one agency under one department of the Government. This bill will be brought before the next session of the Legislature. Dr. Achorn further stated that it was his opinion, and in this he thought he was voicing the opinion of the other members of the Committee, that the Legion ought to devote its entire attention toward legislation for the disabled soldier instead of spending so much time in agitating for bonus legislation.

Chiro Convicted in Wyoming

I took the state board examination in February and was successful. Two other osteopaths were examined at the same time and passed. I understand that we are the first successful applicants in two years. The head of the state chiropractic association was glad to see that practicing medicine without license in the District Court March 25th, and in this he

Uleceration

In considering the proper constitutional treatment of the pathological condition described as ulceration, it should never be forgotten that the underlying factor both in the production of the lesion as well as its persistence, is local inflammation. Perforated ulceration is a direct result of local inflammation, and is in turn followed by disturbances of nutrition and impaired vitality of the tissue in all of which is of abnormal effort to repair, leads to a reverse condition, and the result is that many surgeons and a few local inflammations will continue, with perhaps some permanent result, but without ever reaching a normal condition, or at least very little likelihood, of permanent relief and cure. Therefore, in considering the condition we are not well understood by many medical men. Nevertheless, it is thru a study of this phenomenon that this most practical agent for the treatment of local inflammation, /DIONOL/, was developed. Dionol is composed of hydrocarbons carefully selected and combined for use in all cases, which are then denominated by the Dionol method. Dionol is supplied in the form of ointment for local (external) use, and as Emulsified Dionol for internal administration.

Osteopathic Health for May

You will be pleased with this popular discussion on this group of common diseases in which Osteopathy does so much permanent good. The rational, humanitarian osteopathic therapy in these cases is ready, very plain. The issue is ready for shipment. Send your order.

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