**Doctor Still, the Miracle Man**

By Earle Willard, D.O., New York City

R.

Every worth while osteopath, no doubt, would like to be as great a technician as Doctor Still. Every truly great osteopath, in fact, strives to improve his technique. And yet there are many osteopaths fully satisfied with their success, believing sincerely that their own technical methods could not be improved upon. Their names, however, will not be linked with the name of Doctor Still when future generations write the history of osteopathy, for the worth-while osteopath is always eager to learn.

Doctor Still himself constantly strove to make his anatomical corrections more specific. He worked, as a matter of fact, for nearly a quarter of a century before he became absolutely convinced that the logical method of overcoming the vast array of diseases and disabilities that flesh is heir to, can be nothing more than the simplest, safest, and surest method.

When, therefore, he finally mastered the art of realigning or repositioning the complex body mechanism—a mechanism whose most complex parts are thrown centrally around the nervous system at the very citadel of life itself—fame and fortune came to him inevitably. When that time arrived, he had fully established the fact that he was an expert technician, for he wasted neither time nor money in getting his patients well. And throughout the most active period of his spectacular career, he practiced specific adjustment or correction—calling it by that—and he did his work always in the easiest, safest way.

Sometimes he stood the patient against the wall, extending the spine backward against the contact hand. Again he would place the patient face down, across a low stool, couch, bench, box, or whatever object of proper height happened to be at hand. Often I have seen him make adjustments with the patient prone on the floor. Seldom did he place the patient on a high table—the high table that today is looked upon by osteopaths fully satisfied with their methods could not be improved upon.

Doctor Still's Therapeutic Couch

Later in life, after his marvelous muscular control began to fail, he resorted to mechanical aid in adjusting the spine. He devised a reclining support for his patients. For many years my father used Doctor Still's device in making adjustments. Very few osteopaths, however, know that the founder of osteopathy ever resorted to mechanical assistance in correcting vertebral lesions. But such is the fact. The patient reclined in the adjustment support while having the vertebrae adjusted.

Principle Underlying His Method

The principle he employed in the very large majority of cases, whether adjusted on a high or a low table, whether he stood the patient upright or placed him on the floor, is the same. The principle may be termed Direct Leverage With Speed, or force transmitted suddenly and directly to the jostled vertebra, rib or other misplaced bony structure.

By persistently and consistently putting this principle into practice, Doctor Still reached the pinnacle of fame, where he stands as an exemplar of therapeutic efficiency.

And to be clearly understood, he ranks head and shoulders above every other man who ever practiced spinal adjustment, partly because he discovered how to re-align or readjust anatomical slips and warped without either manipulating or manhandling and hurting the patient.

Also let us remember that he had perfected his system of spinal adjustment long before he

Dr. John B. Buehler, New York City

(See Page 15.)

founded the osteopathic profession. This is a fact easily established today. Authentic records are being collected and preserved so that the next generation will have no difficulty in proving Doctor Still's priority in the field of vertebral therapy or his discovery of the osteopathic lesion.

Doctor Still's Priority

I myself distinctly remember having him adjust a vertebra in my neck when I was a very small boy. After a dexterous, painless movement of my head, with one hand pressed against the bones of the neck, he realigned the misaligned atlas with a resounding noise.

The startled onlookers, my parents, saw him take the glasses I was wearing—glasses that an eminent St. Louis specialist insisted upon saddling to my nose for life—and with a vigorous fling land them across the room, saying to me:

"Little boy, never wear those blinders again."

I might add that I never did. And although the great eye doctor predicted dire happenings for me if I should neglect to wear glasses, nevertheless I passed the examination after being drawn in the September twelfth, 1917, draft, having refused exemption. And later, when applying for admission to an officer's training camp in California—Camp Fremont—I passed the rigid tests with flying colors, and eyesight normal.

Those Who Follow Dr. Still

So much for the father of osteopathy, himself. But what about those who follow him?

In answering this question I do not mean to be critical. I want merely to be helpful. For after all, osteopathy today is not a full-grown profession. It is hardly more than a great big family.

The Family Skeleton Gone

As a family, however, osteopathy stands unique, in that its neighbors have stolen the family skeleton from its closet, and the spine alone, as friend Mayo of Rochester avers, but the teeth and toe bones also are missing. The closet, in fact, is empty.

At this point perhaps some will ask to be told specifically what I am talking about. And at this point I am going to clear up the matter by citing a conversation I had recently with an osteopath prominent in the affairs of his own state—Pennsylvania. Said the osteopath:

"It seems to me you are talking nonsense in the claim you make about osteopathy being based upon bodily adjustment. Who ever heard of adjustment until the chiro came along and advertised the term in the newspapers?"

Taking the Spine from Osteopathy

Mark you, fellow osteopaths, this man has helped direct the destinies of osteopathy in his own state for over a decade. He is looked upon as an able man. His point of view is necessarily shared by many of his associates. It spreads inevitably to institutions under osteopathic control. It is due to pernicious propaganda such as this man is spreading—not to rival schools of practice—that a situation results which is taking the backbone out of osteopathy!

Teaching System Also at Fault

To be sure, since Doctor Still ceased giving personal instruction in osteopathic technique, nearly a quarter of a century ago, spinal adjustment has not been taught properly in our colleges. Nor will it be so taught until the various schools employ a university of similarly qualified instructors—enough instructors to divide the class into small groups or sections, so that each man and woman in his or her class masters the art of adjusting each of the 102 joints that help move the vertebral column.

The Osteopathic Pretender

Before closing this chapter I feel constrained to say a word concerning those of our number who try to be believed to be osteopaths, just because they practice the technique. In writing our history, they avoid mentioning the facts of the matter. But the facts are there, and they would be better for the osteopaths to face them with basic and historic facts.

The osteopathic pretender professes to be virtuously shocked when I maintain that the sys-
THE OSTEOPATHIC PHYSICIAN

Outgrowing Their Osteopathic Clothes

But perhaps, after all, it is merely a case of the child having outgrown its clothes. Neither the child nor the clothes are at fault. But when a thoughtless osteopath boasts of having outgrown the primitive methods of the founder of the science it looks bad to the outsider. The outsider only sees that he has grown out of the clothes of humility, and stands with too much egoism and conceit exposed to view.

Is it therefore not time, fellow osteopaths, for us to get back our family skeleton? Can we afford longer to follow the will-of-the-wisp, clamor for over-simplification and in the interest of medicine, while we let others fatten upon the rich heritage Doctor Still bequeathed us? Surely a sort of natural son, so to speak of Dr. A. T. Still, being born out of scientifc and professional wedlock and therefore not bearing the hang-up of osteopathy; but being common-law heir, just the same, to the therapeutic estate of tissue-lesion diagnosis and adjustment. He is, as you say, a primitive osteopath—a one-year osteopath; and, so far as I can learn, he is nothing else. He is the Ismaelite among osteopaths.

There does not appear to have been anything new added to osteopathy by this chiro movement. I have never heard one single idea, one statement of theory or one point of technique in chiropractic practice that is not primitive osteopathy. Now it is a principle of logic that things that are alike in all their parts are the same. Therefore osteopathy and chiropractic are the same system of healing, both being variants of the same essential mechanical adjustment therapy. They are analogous and to a large extent different only in degree. Do you follow me, Feathers? the speaker queried, stopping to fill his pipe with fragrant Edgeworth.

"I do," said Dr. Feathers, "both in argument and in liking that mixture. I'll try another pipeful when yours is loaded. Go on with my speech you're making! You're doing fairly well with it."

"So the best type of chiro," resumed Carberry, not noticing the thrust, "differs from the modestly educated osteopath only in degree. Remember, I have excluded the riff-raff and correspondence course fakers and am speaking of the better sort of young men and women who go through Davenport plant today. They differ in their degree of preliminary education, in the amount of science they are taught while in school, in their knowledge or ignorance, consequent, of all the medical sciences—biology, chemistry, pathology, bacteriology, differential diagnosis, dietetics, sanitation, obstetrics, surgery, etc. The one idea of the tissue lesion is taught them very hard, but it seems to be the one idea of a lesion that was with our first graduates; it is overstressed, exaggerated, faked in consequence; the chiro erred in over-emphasizing the particular lesion excluding all other pathologic factors is the result.

The chiro, like the early osteopath, plays a harp of but one string. He is a one-ideal individual. He is the ideal osteopath. If he can heal by cracking the backbone vigorously—for, of course, he is extreme in his application of force at any supposedly lesioned area, the patient wins; and if he does not, or if he does actual damage, the patient loses. The chiro has no resources behind strong thrusts directly in the area of the graft. He is not responsible for all trouble. Of course he often hits it right, and does good; of course he sometimes does harm—sometimes tragic harm; but no doubt the primitive osteopath was in much the same dilemma.

There was this difference, however; Doctor Still enjoined caution upon his newly-disciple and taught them to know their pathology somewhat and to respect it by careful and complete physiology, pathology, psychology, osteopathy, and if he can not, or if he is muddled, the osteopath turns to the old treatises and to the old textbook. He is really a born listener, boy! Good-night."

"So long, old Cottonwood of the Plate— I'll surely give you my best attention again when, as it is more than likely, I come to visit you in the future. The osteopath is built for his work. He is a born listener, boy! Good-night."

"Carberry's a bird," mused Feathers, watching him take the elevator; "when it comes to listening anybody else get in on the conversation he's always really too busy to do it; but he generally manages to fly somewhere. I like to get him going. I wonder what he really thinks about the chiro problem anyhow. He talked a lot but he didn't really tell me." (To be continued.)

What Would "Old Broom-Face"
Say To This?

Following a discussion of chiropractic with a patient I read him the little squib on B. J. Palmer's "Pediatrics" by Dr. Settle that appeared in THE OSTEOPATHIC PHYSICIAN. I had finished it carefully and wondered what B. J.'s answer might have been, had he been questioned while in the state of mind in which I was. After all, it is of course not for publication but I thought it was quite good and offered it to you—G. V. Webster, B. O. Carthage, Mo.

Yesterday is dead—forget it. Tomorrow has no come—don't hurry. Today is here—use it.
Shall Our Colleges Give a Chiropractic Degree?

By Percy L. Woodall, M.D., D.O., Birmingham, Ala.

There are a number of professional and business reasons why they should. There are some sentimental reasons why they should not.

Osteopathy is the original, the only true therapy of adjustment, and should and must dominate this field. Chiropractic is but a limited application of the osteopathic principles, a small part of a profession, taken and perverted into a trade, by shrewd men, whose tendencies are primarily commercial. The average chiropractor is an individual pretty well imbued with the fundamental osteopathic principle, that "structure determines function." Besides this, he has a smattering of anatomy, physiology, symptomology, etc., but knows even less of pathology and the principles of hygiene, sanitation, diet and other fundamentals of disease prevention. He has a knowledge of one of the movements in osteopathic technic—the thrust. This he has elaborated and overworked. He uses it under any and all conditions, and for all subluxations, whatever kind they may be.

The graduate chiropractor is, in fact, something less than the freshman osteopathic student in all that relates to the structure and functions of the body and the cause and cure of its diseases; and yet he is something more than the freshman osteopath in his application of thrust technic. Toward him I have no personal grudge, except for his ignorance of the things he should know, if he professes to treat diseases of the human body. Nor have I any desire to be unfair to the chiropractor, for from a study of their texts, questioning their patients and seeing a general observation, I feel that I have fairly stated the qualifications of the average chiro.

It cannot be denied that through the application of a correct principle, although crudely applied, they have benefited some people. By continuous and persistent advertising, blatant and commercial though it be, they have secured a certain following. There are some states that have legalized the practice of chiropractic. There is a demand for it and this demand will continue.

Why should osteopathy relinquish a small part of its fundamentals to a cult to be counterfeited, plagiarized and misrepresented? Why should the osteopathic schools refuse to teach a limited amount of their curricula, for which there is a demand, and to give it away? The chiro schools are doing less perfectly the things for which our schools, with better teaching facilities, are much better prepared to do.

As a business proposition should we pass up the income that might be derived from this course? Then, too, our students might have the privilege of practicing before graduation as chiros in those states recognizing chiropractic.

It would not be my intention to turn out an inferior graduate chiro. Make him one of the best. The idea is to make better ones than have yet been made, to have a course equal to the best. It is our opportunity and our duty to raise the qualifications of the "adjustment practitioner."

"Adjustment" is our child and we should strive to see that all who call its name are in some degree worthy. We should strive to see that all who call its name are in some degree worthy.

In no way can we better get the true relationship of chiropractic to osteopathy before the public than by advertising that it is taught in our colleges in the first year. One year of osteopathy qualifies one as a chiro, while four years are necessary to become an osteopathic physician.

Suppose thirty years ago, the Associated Medical Colleges had adopted a plan of benevolent assimilation and had agreed, "Yes, there is something in this adjustment idea. We will secure one of their experts and add it to our course." Do you suppose there would today

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have been an independent osteopathic profession? I do not believe so. We would have been somewhat in the medical profession as respected surgeons, but as osteopaths—never! Their opposition was one of the rungs of the ladder by which we have climbed to success.

Among the objections raised is that the chiro schools would retaliate by giving a D. O. degree. Some of the correspondence schools are already doing so. But what is it worth before any examining board in the country? Or a fresh graduate can say, "I am a graduate from the Blank School of Osteopathy." This would be false as he is only a freshman from such school. His unsupported statement would carry no weight.

Again I have been asked, "Would you have two grades of Osteopaths? Why, we already have them—a 25 or less percent osteopath called a chiropractor, and another, a 100 percent osteopathic physician. Let us tell this fact to the world.

Then there is the osteopath to whom the word chiro is as a red flag before an angry bull. He believes that even to say "chiro" is almost a profanation. The self-sufficient osteopath believes in ignoring the situation altogether; but in this he is far from wise. There is a problem of vital importance to our profession confronting us. It must be met fairly to all parties concerned.

A small part of osteopaths is being misbranded and sold under a false name. The public is being misled. We owe not only to ourselves, as a profession, but to them the duty of enlightenment. To my mind the resolution presented at the Cleveland meeting meet the issue fairly and squarely. It offers the only solution so far presented. Sooner or later all practitioners of adjustment therapy must get together for self-protection against a common enemy. We cannot lower our standards, so let us use every legitimate means to pull the others up!

No one as yet has presented a reason why the osteopathic colleges should not confer a chiropractic degree on their students who have completed the equivalent course. Certainly there are many reasons why they should. Think it over in the light of the best interests of the osteopathic profession. If the opinion of the profession can be crystallized, the schools will find a way.

Says the Plan Is Right

The idea of giving the chiro diploma is the greatest stunt yet. To me that will knock them cold. They would give us the greatest argument we ever had against them. Dr. Woodall is right.—Bun'ell, KirkSVille, MO.

Believes It Will Work

I wonder if Dr. Percy H. Woodall hasn't put into our mouths one of the best answers to the many inquiries as to the difference between osteopath and chiropractic? I have adopted it, all right—and it seems to make the questioner in the mind. The question than any answer I have been able to give heretofore. I would suggest that every osteopath read the article in The OP over carefully and tell the questioners that our colleges may decide to give the degree "Doctor of Chiropractic" after one year of college work, and that our course is four years; such questioners won't need a brick house to fall on them to see the difference!—W. Orrin Flory, D.O., Minneapolis, Minn.

Fears a Tack in the Chair!

I do not take kindly to Dr. Woodall's Chiropractic Chair in our schools. I fear it has a tack in the seat! In my opinion the way to neutralize most effectively the chiropractic craze is to push our adjustment feature; when we must take notice of them, show that they are only imitators, at best. Let them alone and push adjustment osteopathy. This chair of Dr. Woodall's would give them the opportunity of their life to push their campaign of advertising chiropractic adjustments.

Thinks Ideals Forbid It

A propos of your editorial remarks about a careful consideration of Woodall's resolution on chiropractic permit me to suggest that you read again Mr. Phillip Gray's address before our convention. The spiritual call to arms for osteopathy of that address, with its appeal for rededication to a great cause, certainly forbids our stooping to any such thing as Woodall's resolution suggests. Dr. Woodall is a sincere man with high ideals and I do not imply that he is purposely asking us to trample our banner in the mud, but I do think he has been frightened by an ugly spectre, and has fired wildly in the dark, without taking due aim at his target.

—Clarence V. Kerr, D.O., Cleveland, Ohio.

He's For the Chiropractic Course in Osteopathic Colleges

You may remember about three years ago I passed through Chicago on my return trip from Davenport, Iowa, where I had been taking a course in chiropractic (so-called). At that time I dictated an article for publication in The OP dealing with the chiropractic situation. One thing I recommended was the obtaining of the

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These men all say it is a very fine and very serviceable production which has the charm of being equally usable by and useful for the specialists in our ranks, and the rank and file of our general practitioners who stand behind our specialists. It will build up confidence for the whole profession by enhancing the respect due osteopathy and will work to retain within our profession multitudes of our patients who now pass over to the medics when they require specialization.

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THE OSTEOPATHIC PHYSICIAN

Why Give the Mavericks a Pedigree Not Earned?

By Cyrus N. Ray, D.O., President, Texas Osteopathic Association

I notice that there are still several osteopaths practicing in Davenport. Such incompetent practitioners and, by their false diploma, give the patient the greatest chance is to get ignorant people who have never been to a competent osteopath.

As one who has made some investigation of such "outfits" I wish to protest as strongly as possible against any such stultification of our people's judgment. Osteopathy is nothing whatever to be gained by a compromise of principle to acquire a supposed immediate advantage, which in the end would sink us also to their abysmal depths of crookedness and ignorance.

I wish that some of those who have swallowed this propaganda hook, and as a result are about to practice under the name of chiropractor or osteo-adjustor, will consider the tremendous implications involved, and, once reigning a real osteopath, will no further use for the poor counterfeits thriving on their pitifully short course diploma mill schools.

We should educate the public to the fact that the one and only reason for the existence of chiropractic is a desire to get the money and status of a doctor. I did not think with spending the time or money requisite to attain efficiency, or training enough to be safely entrusted with the lives of the sick.

I doubt that it is a feasible scheme which never has been permitted under the name osteopathy. I hope that the suggestion of amelioration with any of these creatures would be sternly rebuked by the profession, since the adoption of such a program can mean only disruption and ruin, in my opinion; and I appeal to our people to resist such sophistry, giving it neither serious consideration or toleration.

Ablene Texas, July 29th.

COLORADO STATE BOARD REVOKES OSTEOPATH'S LICENSE

[From the Denver News.]

Boulder, Colo., July 29.—The license of Dr. L. B. Overfelt, veteran osteopathic physician and prominent resident of Boulder, has been revoked by the state board of medical examiners following charges of malpractice preferred by Mrs. Bertha Wicks of Denver and former of Kirksville, Mo.

The action was taken by the state board on July 5, but became public only today when the clerk and recorder here notified the examinees.

Mrs. Wicks is said to have brought the charges against Dr. Overfelt after he had treated her for tuberculosis. At the hearing before the board she declared that a plaster used by Dr. Overfelt had caused her great pain and failed to cure her, according to members of the board.

Dr. Overfelt testified that he had gotten the plasters which he was using for such cases, and for which he claimed remarkable cures, from a veterinary surgeon in Texas.

He is said to have maintained the case was "chiropractic" on the part of Mrs. Wicks, and is planning to fight the action of the state board.

Dr. Overfelt, who is well known, here, has been in the section for twenty-five years; one evening he was present at the Colorado State Osteopathic association, president of the Boulder Commercial club and was the organizer of the Boulder Oregonian, a graduate of the American College of Osteopathy at Kirksville.

The OP greatly regrets to hear of this misfortune which has overtaken Dr. Overfelt. His own version of the affair follows:

Another Medical Outrage!

I will give you the findings of the State Board of Medical Examiners: That I was guilty of immorality, unprofessional and dishonorable conduct and of ignorant and negligent malpractice.

I started to see a case of pulmonary tuberculosis, a woman thirty years of age who had a very slight chance of recovery. I frankly told her any treatment I could do for her was solely that I could do for her. I suggested that she wear the plaster that I had used on other cases very similar to the one I was treating.

Her husband thought he saw a chance to blackmail me out of the small fee they had paid me and he wrote me a letter saying that if I did not pay him certain sum of money he would take the matter up with the State Board of Medical Examiners, which he did. The 5th of July I was called before the Board. I appeared with my attorney and put up a good case, because we proved Mr. Wicks an attempted blackmailer and liar.

Mrs. C. E. Wicks did not file complaint against me, as the Medical Board gave out to the Associated Press. She told me repeatedly, and her husband, that if the treatment did her more good than any she had ever had.

Now, these are the facts in the case, and yet osteopaths voted with the medics to deprive me of my license. I have a home in Boulder twenty-
Sousa, Famous March Master, Can Hear Again

[From the Chicago Tribune.]
Philadelphia, Pa., Aug. 23.—(Special.)—John Philip Sousa, the famous band master, is again able to hear his own music, it is learned to-day.

The band master lately has become a patient of O. Overfelt, D.O., Boulder, Colo., although he has received only two treatments, declares he now hears much he formerly missed. In fact, he feels that in a short time to be restored to acuteness of hearing.

"As a persons grows older," the physician said, "he contracts a so-called condition of catarhal deafness, a sort of overgrowth of adi- pose tissue lining the air passages."

The physician has been subjecting Sousa to "finger surgery," which, he explains, breaks up this tissue and causes the blood to circulate, thus restoring a normal condition.

Sousa, Famous March Master, Can Hear Again

The Efficient Osteopath
By Dr. C. C. Reid, Denver, Colo.

VIII

Expenses Not Usually Considered

Equipment

(Continued)

THE OSTEOPATHIC PHYSICIAN

The Efficient Osteopath

By Dr. C. C. Reid, Denver, Colo.

VIII

Expenses Not Usually Considered

(Continued)

Equipment

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To obtain traction in the neck the head is not laid behind the spine but the head harness is applied and the patient's ankles fastened, with the patient lying on the back. A small amount of traction is applied, placing a limited amount of tension on the cervical tissues. The contracted muscles are slightly stretched out and the toxins therein partially eliminated. Further traction, applied slowly, carries the process further on, permitting of a limited separation between the lesioned vertebrae, and allowing roughened and approximated surfaces to be drawn apart. The contracted muscles are still further stretched and the "kinks" literally taken out. This procedure, carefully and slowly applied, is not painful to the patient and effectively overcomes a great part of the pathologic maintaining the lesion. When the patient has had as much traction as he can comfortably stand, it is maintained for a very few minutes and then slowly reduced. At the end of the treatment the surrounding tissues will be in a perfectly relaxed condition and if the actual bony lesion has not already been corrected during the preceding treatment, it can now usually be corrected with very little discomfort to the patient.

Although there are a few exceptions where this does not hold true, it is generally true and, once again the McManis table becomes of the utmost importance.

A. W. McManis, D. O., Kirksville, Mo.

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The element of traction, specifically and scientifically applied, has proven to be excellent in the correction of many spinal lesions. Even in the osteopathic treatments given on the straight table the element of traction is employed. Since the advent of the McManis table this feature of manipulative treatment has been enlarged upon and the benefits from the same are far reaching.

Acute torticollis, or what is commonly known to the patient as "a crick in the neck," has always been a source of annoyance to the doctor and a condition causing much pain and discomfort to the patient. The etiology or cause of acute torticollis is primarily due to exposure or strain when tired. The extra expense and effort are worth all they cost and more to the doctor who expects to be more than a medico-physician.

So much for equipment and its bearing on expenses that are not usually considered. This department of work is where so many doctors fail. They think they will be economical, hence they do not properly equip themselves nor their office. This lack of equipment instead of being expensive by acquiring it, is many times more expensive by not acquiring it. One who does not properly equip is failing to see the dollar behind the dime.

(Technique Continued.)

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THE WESTERN OSTEOPATH

809 First National Bank Bldg., Oakland, Calif. C. J. Gaddis, D. O., Editor
HELPFUL HINTS IN DIAGNOSIS REVEALED BY ADVANCED DENTISTRY

By M. D. K. Bremner, D.D.S., formerly Editor of The American Dentist

General speaking, the words “non-vital” and “dead” are synonymous since anything that is not vital, that has no life, is quite obviously dead. However, in dentistry, when applied to pulpless teeth (teeth from which the nerve has been removed), these terms have a decidedly different meaning; indeed there is a great deal of controversy going on just now within the dental profession as to which of these two adjectives is most correctly descriptive. Some authorities insist upon calling them “dead teeth” while others think that “non-vital” is more appropriate.

This controversy, of course, does not arise from a disagreement upon a question of etymology, but upon a very radical difference of opinion regarding the sequelae of pulp extirpation, the effect of that operation upon the tissue in the pulpless tooth and the relation of such teeth to the human anatomy. Some claim that when the pulp (nerve) is removed, infection will sooner or later develop at the root and, in fact, they insist that almost all such teeth harbor infection, even though a radiograph may fail to show any rarified area, and therefore they call such pulpless teeth to a sequestrum of dead bone; consequently, they call them dead teeth.

And yet, if one considers teeth without pulps do not necessarily become infected, particularly if strict asepsis has been observed when the root canals were filled and the abcesses discharged. There should be in the X-ray film ample proof that conditions about the roots are normal. They think that sequestrum analogy is wrong altogether because, while it is true that the dentine of the tooth is nourished from the arteries within the canal and this nourishment is cut off when the pulp is removed, nevertheless, the tooth still maintains its connection with the circulation because the blood does enter and circulate in the cementum (outer covering of root from the gum margins to the tip) and for this reason they say that these teeth are merely “non vital,” but not “dead.”

This divergence of opinion has, naturally, a great bearing on the methods of practice. The Non-Vitalist, if I may be permitted to use that term, is naturally much more conservative about the extraction of teeth than the other fellow who is of course, extremely radical. The proper position is somewhere between these two camps. The question whether certain teeth should be extracted or left in, cannot be done according to any theoretical rule. Each case must be considered individually. It depends largely upon the general condition of the patient and the condition of the tooth, and consultation between the osteopathic physician and the dentist will prove most valuable.

Hank Perkins He Sez: By Heck, Do You Know

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

STORY No. 31

At the Cleveland convention Dr. X came to my room, complaining of hoarseness and a bronchial wheeze that had disturbed his sleep every night for two and one half years. I began giving the laryngeal technic as described in June 1910 OP. He was an expert singer, and was able to keep the epithelium well relaxed so that penetration into the pharynx was easy. He had a deep throat so it was necessary for the fingers of the left hand and she said she felt as easy and comfortable as at any time in her life.

Comment No. 1. We expect no one with confidence of pulp extirpation, the effect of that operation upon the tissue in the pulpless tooth and the relation of such teeth to the human anatomy. Some claim that when the pulp (nerve) is removed, infection will sooner or later develop at the root and, in fact, they insist that almost all such teeth harbor infection, even though a radiograph may fail to show any rarified area, and therefore they call such pulpless teeth to a sequestrum of dead bone; consequently, they call them dead teeth.

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Don't Chat Idly With Patients

A patient comes to you sick. He is not interested in your politics, religion, business, love affairs or anything about you except what you can do for him. What about that gallbladder? Can you cure him varicosely? Will his indigestion stay put? Will he outgrow that neuritis under treatment? He is interested in his own condition and what you can do for him. He is paying your fee for your skill and what you can do for him. If you have to talk about anything else it shows scant interest in his business, which is to get well, and it convinces him that your limit of knowledge, interest and usefulness is soon reached. Talk but little to patients and what you do say let it relate to the patient's interests, not your own affairs.—H. Fryette, D.O., Chicago.
Dr. and Mrs. James S. Logue Return from International Rotarian Convention

Dr. James S. Logue of Atlantic City, New Jersey, recently returned home after attending the International Rotarian Convention at Edinburgh, Scotland. While away he enjoyed making an extensive tour of Europe.

Dr. Logue is one of the founders of the Atlantic City Rotary Club. He of course made a report to the local organization and was literally quoted in the papers. The Atlantic City Gazette-Review of July 6th gave him a two column interview. Dr. Logue accompanied by Mrs. Logue left for Europe far in advance of other delegates from the United States to the convention. The first stop was at Vigo, Spain. Other cities visited were Palermo, Sicily, Naples, Capri, Rome, Florence, Venice, Monte Carlo, Paris, London, Belfast, Glasgow and Edinburgh.

Dr. Logue gave a very interesting description of his visit to the battlefield in Europe and of present conditions in Italy, France, England, Scotland and Ireland.

Rotarian Spirit Won

There were 1,500 American delegates in attendance at the convention, which opened June 12, with the Lord Mayor and his Council and the Lord Provost of Edinburgh University in attendance. Briton had wondered, said Dr. Logue, what manner of men would be the American delegates to the Rotary convention, and for that reason some of the leading hotels were loaths to grant them reservations. They were quartered in smaller hotels and private homes on the outskirts, as a consequence. But their attitude soon changed when the convention assembled, and they were only too willing to take the visitors in as guests. Satisfied with the quarters originally assigned them, the Rotarians remained for the most part where they were, and the hotels lost heavily as a consequence.

Pilgrimage to County Antrim

Two days were spent in London by Dr. and Mrs. Logue, after which they left for Belfast and thence proceeded to the doctor's old home in the County Antrim, Ireland. They remained ten days, sailing at the end of that time from Belfast to Glasgow. So slow was the ship because of the poor grade of coal used that the tourists landed at New Glasgow, boarded a trolley car and belet the ship into port.

Hopes for Irish Unity

Dr. Logue sees hope for Ireland in Rotaritarianism. A high light of the great convention in Scotland, at which 36 nations were represented by more than 5,000 delegates, he said, was a dinner given by the combined clubs of Belfast and Dublin, representing the contention factions in that strife-ridden island. "They assured each other," said Dr. Logue, "of their mutual esteem and promised each other that they would direct all their efforts towards bringing order and good will out of the bloody chaos that now reigns in that unhappy land."

were the Guests of Sir Harry Lander

Sir Harry Lander was host to a party of 500 American Rotarians on a steamer which he chartered to sail up the Clyde. Landor was at his best and kept the visitors in an uprear of merriment during the trip. Lady Lander attended the ball given later in the week. The convention closed with a pageant, in which all 36 nations participated. One lone delegate represented Burmah, India. Dr. and Mrs. Logue were, and Mrs. Logue, after which they left for Belfast and continued on through France, England, Ireland. They visited St. Mark's Cathedral, "the sweetest of their music."

Florence, Venice and Genoa

From Florence Dr. and Mrs. Logue proceeded to Venice where they were met by the railway station by a gondola which conveyed them to the front door of their hotel. There is a thrill at the first sight of Venice, which wears off, however, once the scenery is reveled, said Dr. Logue. "We visited St. Mark's Cathedral," he said, "and saw and fed the famous St. Mark's pigeons. There are thousands of them, and they are wise beyond their ken. Actually, they alight on your head, shoulders and wherever else they are able to secure a foothold. They wisely wish as you purchase cornmeal to feed them, and pull at your ears if you are at all slow in providing them with food." Dr. Logue praised enthusiastically the serenades given nightly on the Grand Canal declaring the Italians fairly transported their hearers by the sweetness of their music.

Genoa was next visited, and then came Milan, with its famed Cathedral. Outside this huge structure are 3,000 statues, he said, all complete and artistic in the extreme. There is a refreshment room on the roof, high above the street. Nice was the next stopping place, and from that city Dr. and Mrs. Logue paid a visit to Monte Carlo. The visitors were permitted to go through the palace of Prince Monaco at that place for the modest charge of a franc, exacted by one of the wealthiest men in the world.

Flew From London to Paris

The trip from Paris to London was made by Dr. and Mrs. Logue in a Handley-Page aeroplane. On their return to Nice the tourists
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found reservations could not be booked from Paris to London because of the coal strike, so they booked accommodations for two in a Handley-Page aeroplane, which carried eight passengers, exclusive of the two pilots. The trip, covering a distance of about 300 miles, was made in two and a half hours, the airship landing in Croydon, outside of London. They were met by customs officials, the first positive proof they had received that transportation by air in Europe is now an established fact.

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Proof of the Historic Precedence of Osteopathy

Read the article on page 27 quoting a 90-year old copyrighted document which proves the fact that osteopathy is the pioneer science and art of justive therapy, and shows the meadnity of chiropractic claims.
An Announcement

Every mail brings requests for information concerning our graduate work. These requests indicate that the members of the Osteopathic Profession are looking to the colleges for graduate work with which to refresh and strengthen their professional work. It is the definite purpose of the College of Osteopathic Physicians and Surgeons to meet this need by offering at an early date, strong, attractive graduate courses. At the present time, however, this institution is devoting itself to the task of re-organizing its undergraduate work and of moving the College to a new location where new college and clinic buildings are to be erected. This work requires the time and energy of the officers and members of the faculty to such an extent that it will not be possible for us, this year, to develop the new graduate courses which it is our purpose to offer as soon as possible. During the present year we are prepared to offer the following courses which have been established for some time and which we believe will be of interest to those members of the profession who plan to spend all or part of the next year in California.

Graduate Courses

1. Eye, Ear, Nose and Throat. A year course open to D. O's who have had two or more years of general practice. September 12th to June 10th. Tuition $300.00.

2. General Osteopathy. Short graduate courses. January 16th to February 11th. Tuition $50.00.


4. Surgical Technique. January 16th to February 11th. Tuition $50.00. Cost of materials to be divided among members of the class.

5. Graduate summer courses. Announcements will be made later.

Undergraduate Courses

In addition to the foregoing, members of the profession are cordially invited to take advantage at any time of the undergraduate courses of the institution. Those who wish to enroll in these courses and to receive credit for the work will be charged a registration fee. There will be no charge to members of the profession who attend as “auditors.”

College of Osteopathic Physicians and Surgeons

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THE OSTEOPATHIC PHYSICIAN

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EDITORIAL

Fairness, Freedom, Foresight

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

Vol. XL September, 1921 No. 3

GROUP SOLIDARITY

Editorial by John Martin Hine, B.S., D.O., McKinley Hospital, Columbus, Ohio

Sociologists use the term "Group Solidarity" freely to designate a unity of thought among people thrown together for a common purpose. Psychologists call it "like-mindedness." Both terms are descriptive of a state of well being among a crowd of individuals that can produce only success as a secondary result. It is merely a sowing of constructive seeds that are bound to reap prepotentive reward—the law of compensation in another form.

Now that the National Convention has come and gone, we reexamine our respective communities with new thoughts and augmented enthusiasm for osteopathy. There seemed to be a spirit felt by everyone at Cleveland that the truths set forth by Dr. Still would penetrate and linger in human intellects than ever before.

Mr. Philip H. Gray, of Detroit, sounded the keynote of the future success of osteopathy in his masterful talk "Osteopathic Conscience." Coming at this time, and from a layman, whose words should act as cementing substance that will bind us together as nothing else could. I believe that Mr. Gray's thoughts will be even too true, that his pronouncement that "Osteopathic Conscience" is published and every one has the chance to absorb it and get its fullest construction.

We must act as an Osteopathic Unit, like the ancient Roman Cohorts, moving steadily, unitedly, against lamentable misunderstanding and prejudice.

All this requires unity. Osteopathy must fight for a common cause, that of advancing the scientific principle of spinal adjustment and placing it before the world in its fullest light. This requires more effort for the aggregate and less for the individual. Selfishness can play no part. We must support national movements, educational campaigns, both public and professional, also clinics and hospitals. We must have sufficient group solidarity and like-mindedness to prove a great dynamic force.

Our attention and energy should be spent in developing osteopathy with less attention paid to our imitators and enemies. Dr. A. T. Still has the Old Doctor, in the meantime keeping abreast of the times in the healing art; if we keep abreast of the times and quantity of advertisements of osteopathy can get public opinion behind them. And with public opinion supporting them it is only a matter of time before the want of osteopathy. They need us and we need them. Alarmed at our part will place us in the forefront before the people and then they will know where to obtain relief. A favorable public sentiment, greater than ever before, might develop Solidarity and like-mindedness will do it. It is up to us.

LOOKING AHEAD CHIROPRACTICALLY


As much as we deplore the rapid increase in the number of chiros and are often offended by their blantant and unscrupulous advertising, we cannot help admittng, laying all prejudice aside, that they are an important factor in advancing the science of osteopathy.

The Old Doctor was the Martin Luther of the medical "Reformation" and his followers began their fight, a little over a quarter of a century ago, against medical dogma that were useless and unnecessary in the treatment of disease. Then, in the course of years, the chiropractors, the physiotherapists, the osteopaths, and other drugless healers sprung into existence and eagerly entered the lists against the dominant school of drug therapy. Today the osteopaths and the chiropractors are the two leaders in the battle for the advancement of the idea of mechanical therapy.

The chirop problem is with us for a long, long stay. We might as well make up our minds to that effect right at the start. They are being turned out in great numbers and are continuing to increase in number. I do not see how it is going to be possible for us to get rid of them out of business. It will be possible for us to force them out of the medical profession for the public is not as reasonable or in earnest.

As the Old Doctor, in the meantime keeping abreast of the times in the healing art; if we keep abreast of the times and quantity of advertising they are bound to play an important part in influencing large masses of people to change their methods. They are increasing in numbers and are continuing to increase in number. I do not see how it is going to be possible for us to get rid of them out of business. It will be possible for us to force them out of the medical profession for the public is not as reasonable or in earnest.

Looking ahead, I believe that each has been and is still in its infancy. This requires more effort for the aggregate and less for the individual. So much public attention and energy should be spent in developing osteopathy with less attention paid to our imitators and enemies. Dr. A. T. Still has the Old Doctor, in the meantime keeping abreast of the times in the healing art; if we keep abreast of the times and quantity of advertisements of osteopathy can get public opinion behind them. And with public opinion supporting them it is only a matter of time before the want of osteopathy. They need us and we need them. Alarmed at our part will place us in the forefront before the people and then they will know where to obtain relief. A favorable public sentiment, greater than ever before, might develop Solidarity and like-mindedness will do it. It is up to us.

ATZEN'S CLEAR THINKING

Doctor Atzen is rendering the profession a very distinct service in preaching and emphasizing clear-cut and true lawful differences in the three fundamental principles of healing, i.e.: the mechanical, the psychic and the chemical or drug. His work will make for clear-cut thinking by the whole profession.

Those three distinct points of view concerning disease have given rise and historic development to three separate systems of healing, each properly stressing its own appropriate media of cure, or more properly speaking, hoping-for media of cure. Each system properly stressing its own media of cure. Each system properly stressing its own media of cure. Each system properly stressing its own media of cure.

One system properly stressing its own media of cure, i.e.: mechanical stimulation or inhibition of some vital process or that reason each has been liable to commit error. It is true that the mechanical, the psychic and the chemical or drug. This will make for clearer thinking by the whole profession.

While it surely makes for the development of any system of therapies to emphasize it as much as possible, yet that course but reveals at the quicker the limitations of any system is cause over-stressing the applicability of any cure does not increase its potency in the last and only the more quickly reveals its insufficien­cies, its non-applicability, its failures, thus losing all the sooner and generally more to the advancement of the idea of mechanical therapy.

Keeping these three fundamental origins of disease in the osteopathic mind will make for better diagnosticians and practitioners. When the mechanical viewpoint does not seem to apply, our physicians will be alert to test out the resources of whatever may seem to apply to the particular case and its conditions. Our pets will not forget as often as perhaps we do that the whole body of cases and is whether the disease be related to the systemic or to the local or the organ. Without knowing where chemical stimulation or inhibition or antidotal or antiseptics were indicated i.e.: would the chemistry or the physiology or the anatomy be the true or the false, we are in entire loyalty to the mechanical principle of healing to supply it.
Publicity Makes a Channel

By J. A. Van Brakle, D.O.

D.O., Portland, Oregon.

Anyone who has ever lived in a seaport knows how vital to the life of that city's commerce the clear channels of the harbor and the ships arriving and departs. A certain depth, width, and clearance must be maintained at all times and large sums are spent annually to produce and maintain these channels. The harbor port has languished for want of a few additional feet of channel clearance that ocean liners must have. It has been said of river liners that they have disappeared from industry and commerce, solely because their harbors or their approaches have silted up.

Now Publicity can do for the professional man just two things. It can create for him new business and it can direct ready-made business toward him. The flow of business created through publicity rivals the Arabian Nights in fascination but is, instead, a never-ending story. The satisfied patient is indeed the best "ad," if he has not been made sick. The competent patient is satisfied and the satisfied patient is indeed the best "ad," if he has not been made sick.

Like sea-borne traffic, this business demands an unobstructed channel, but a channel can be built and maintained by just exactly one agent—Publicity. Perhaps that publicity takes the form of word-of-mouth praise. The satisfied patient is indeed the best "ad," if he has not been made sick.

The consistently successful practitioner pays a great deal of attention to this feature of his practise. One way and another he keeps the channel to his office just as wide and clear as he can.

And in this matter of keeping the channel clear, it is not a question as to whether or not you will use publicity, you do and you will. The single question is, what type or types of publicity will you use, however, we are interested more especially in the direction of business toward the professional office.

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And in this matter of keeping the channel clear, it is not a question as to whether or not you will use publicity, you do and you will. The single question is, what type or types of publicity will you use, however, we are interested more especially in the direction of business toward the professional office.

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Research Institute Activities

The annual meeting of The A. T. Still Research Institute was held at the Institute Headquarters, Chicago, Illinois, July 31, 1921.

The usual routine business was transacted, consisting of reports from officers and various committees; also a report from Doctor Burns showing the progress made by the workers in the laboratories on the Pacific Coast.

There being an apparent demand for Dr. Hulet't's "Principles of Osteopathy," the trustees authorized the revision and publication of this book, diligently doing the amount of nearly 700 copies having been received from the various Osteopathic Colleges. Other books formerly recommended for publication are "Diseases of Children," Drew. "Applied Anatomy," Phinney, "The Blood," Louis Blyros.

Dr. Earl J. Drinkall was authorized to carry on an aggressive campaign in the interests of the Endowment Fund.

Drs. H. H. Fryette, W. Banks Meacham, Canada Wendell and A. L. Evans and Mr. Philip H. Gray were chosen to membership on the Board for a period of five years.

H. H. Fryette was elected Chairman of the Board of Trustees, Fred Bischoff was elected Secretary and Dr. John C. Groenewoud, Treasurer. Dr. C. R. Atzen was elected Chairman of the Council. Dr. Earl J. Drinkall was elected Chairman of the Finance Committee.

Members of the Board of Trustees of the A. T. Still Research Institute now are:

Term Expiring 1922
Dr. Fred Bischoff, Chicago, Illinois.
Dr. O. J. Snyder, Philadelphia, Pa.
Dr. A. L. Evans, Miami, Fla.
Dr. C. A. Upton, St. Paul, Minn.
Dr. D. Emery, Los Angeles, Calif.
Dr. Joseph Sullivan, Chicago, Ill.

Term Expiring 1923
Mr. H. C. Atzen, Omaha, Nebr.
Dr. F. R. Root, Cincinnati, Ohio.
Dr. E. A. Shepperd, Peoria, Ill.
Dr. R. D. Emery, Los Angeles, Calif.
Dr. Joseph Sullivan, Chicago, Ill.

Term Expiring 1924
Dr. John C. Groenewood, Chicago, Ill.
Dr. R. E. Smith, Indianapolis, Ind.
Dr. Earl J. Drinkall, Chicago, Ill.
Dr. Clara J. Stillman, Pasadena, Calif.

Term Expiring 1925
Dr. Rebecca Mayers, Detroit, Mich.
Dr. H. S. Runtz, Chicago, Ill.
Dr. Jesse B. Gray, Los Angeles, Cali.
Dr. Pauline Blyros, Chicago, Ill.
Dr. George Laughlin, Chicago, Ill.

Term Expiring 1926
Dr. H. H. Fryette, Chicago, Ill.
Dr. W. Banks Meacham, N. C.
Dr. Canada Wendell, Peoria, Illinois.
Dr. A. L. Evans, Miami, Fl.
Dr. Philip H. Gray, Detroit, Mich.

Term Expiring 1927
Dr. S. L. Scott, Dallas, Texas.
Dr. R. B. Gilmour, Sioux City, Iowa.

Four Rules to Get There

1. Office, the best you can obtain and afford.
2. Absolute cleanliness about your office and your own toilet.
3. Educate your patients to knowledge of osteopathy.
4. Promise too little rather than too much in your prognoses.


IN THE SERVICE OF TRUTH

[From the Chicago Tribune]

Little laboratory rabbit—pink-eyed—
Patient beyond belief.
Quivering nose uplifted in mute inquiry
At the shaving cream containing cage, and at the strange
sensations
Brought by human fingers.
Though the sensations were veiled in delicate tracery,
Your livelihood flows; or ceases to flow, that man may know
More of the why and of the wherefore,
Of shaving cream.
I lay my simple offerings at your sacrificing feet—
A fresh sweet carrot, and a lettuce leaf.

-TIERROT.

THE OSTEOPATHIC PHYSICIAN

Wonderful Recovery of Nervous Wreck After Treatment by Osteopathic Physician

[From the New Brunswick, N. J. Daily Home News.]

Jamesburg, N. J., Aug. 22—Miss Ina Petry, the 12-year old daughter of Mr. and Mrs. William Petry, of Lincoln avenue, was seen by the writer, having been brought to the hospital on with wonder by hundreds who have known of the miraculous cure that she has just passed through. Several months ago Miss Petry was a hopeless cripple.

The only faculties that she was able to use were her senses of hearing and sight. That she is able to romp and play with the other children of her age is due to the treatment of Dr. Frank Miller, osteopathic physician, of New Brunswick, Plantation. The theory is now considered almost normal and but a few visits are needed to regain her normal physical condition before the fall on her spine that made her a helpless cripple.

Hearing of the wonderful cure of this child, the writer stopped at the Petry home to see for himself what condition Miss Petry was in at this writing.

Imagine the amazement on the visit to find Miss Petry seated in the living room with other members of her family as if nothing had ever happened.

She was just on the verge of bidding her mother good-night when the writer entered.

Mrs. Petry's, the mother's story, follows:

"It was early in November that Ina came home one evening from a local school with a request on her part to be taken to the doctor. A continuation of these queer actions on her part caused me to investigate, but without finding out just what was the matter."

"She became worse every day until I called in a local physician and was given to understand that it was simply a bad case of nervous trouble and the usual treatment of pills given.

Facial contortions now became noticeable, with twitching of the muscles and throwing of the arms and legs and other parts of the body. She became worse and worse. She lost the entire use of her arms. Then her legs became useless.

In desperation I took her to a 'nerve' specialist in Philadelphia with no results and all this time Ina was in a constant state of fright."

"Her tongue became so heavily coated that I had to scrape off the coating. Her lips became swollen, with a heavy crust on lips and tongue, due to the lower jaw dropped down several inches and was useless to her. We were compelled to feed her with soup as she could not use her law at all. All this time I had given her up for dead. While lying on the cot she would kick out her legs unconsciously and one time she kicked a large hole in the floor, but I was not aware of it."

In desperation I took her to Dr. Miller at New Brunswick. In desperation I took her to him and it was a blessing.

"Dr. Miller found at once that Ina suffered from an irritation of the cells of the cortex of her brain and the fall was induced by the injury to her spine, caused by a fall.

I investigated and found that while performing on a high bar in the school grounds Ina had fallen to the ground and in this manner was injured."

Every treatment was given and an improvement was noted at once. I stayed at New Brunswick caring Ina from some to the office of a local physician and was given to understand that Ina was useless and useless to her, and all I can say is that I thank God such a man as Dr. Miller was brought into the case."

Treat 'em Rough, Says Doctor, Telling How to Cure "Flat Feet"

[From the Minneapolis Tribune, August 17th.]

Got a bad case of "flat feet?"
Well, don't pamper 'em with adhesive bandages, or metal braces.
Just treat 'em rough. Give 'em a little workout with a bootjack every night, and they will be alright, says Dr. W. G. Sutherland, an osteopathic physician of Mankato, Minn.

"In the interest of humanity," Dr. Sutherland gave the Tribune an interview about flat feet and bootjacks.

Exercise Did It

"Men who wore the olden-time boots and employed the olden-time bootjack were seldom troubled with ailments in their feet," says Dr. Sutherland. "Yet it was not the boots that kept their feet in trim, but the daily evening exercise with the bootjack in the removal of the constriction.

"You don't need the boots to apply the remedy. Merely apply the bootjack to the heel, and all the blood flows."

Heel Forced Backward

"Most persons, while walking, first place the heel in contact with the floor or walk, and then the rest of the foot, thus throwing most of the weight on the heel. This weight has a tendency to force the heel backward and disturb its normal articulations with the bones down in the main arch of the foot, thereby causing the arch to sag down.

"High-heeled shoes, worn by women, aggravate this condition. This backward force on the heel also throws a strain on the long and short plantar ligaments and, in connection with sagging the main arch, constricts the arterial and venous channels beneath the bones, resulting in general weakness and flat feet."

How Grandfather Worked

"In employing the bootjack to get his foot out of the narrow boot-leg, your grandfather pried against the heel, thus forcing the heel forward into position and eliminating the constriction to the vascular channels. Consequently his feet rested peacefully, with a normal blood supply throughout the night."

"A little rough treatment with the bootjack is needed—and needed badly—in these days of high-heeled shoes, when feet are bound otherwise to go to bed with that 'tired feeling' and wake up with a cramp."
$38,300 Now Pledged to National Publicity

The total number subscribing to the Saturday Evening Post fund to date is $38,300. As much as we have explained the details of the plan, there are evidently some who do not yet fully understand it, and we feel sure that when it is more fully understood it will get the support needed to put it across.

It is interesting to note the states from which our greatest support is coming. This is due largely to the manner in which it has been presented and handled in those states. Right here I want to give credit to Dr. E. C. Watters of Chillicothe, Ohio, for the splendid work he has done in that state. Ohio has pledged $3,150 to this fund up to the present time. I wish we had three or four more states like Ohio, speaking osteopathically. This table shows the amounts that had been pledged in each state up to and including September 1, 1921.

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<tr>
<th>State</th>
<th>Amount pledged</th>
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<td>Ohio</td>
<td>$3,150</td>
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<td>Wisconsin</td>
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<td>Total</td>
<td>$22,480</td>
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The total pledged, however, since brings amount up to $38,300—H. M. Walker, D.O., F. & M. Bank Bldg., Ft. Worth Texas.

Detroit Backs Saturday Evening Post Plan

I called a meeting of the Detroit Osteopaths a few days ago. It was not well attended for the reason that many were away on their vacations, but every man and woman present backed the Society for the Advancement of Osteopathy to the extent of his personal pledge for $100 for that Saturday Evening Post campaign. Since then I have appointed a live committee to canvass the entire local membership and I am very much of the opinion that we will be able to make it unanimous! May Dr. B. C. Robuck of Chicago, the standard specific for leprosy.

Dr. Sten Hanson, Fargo, No. Dakota

Dr. Buehler and Hanson Run Neck and Neck

Honors are even between Dr. John B. Buehler, 650 St. Nicholas Avenue, New York, and Dr. Sten Hanson, Fargo, N. Dakota, for buying the largest block of Bunting Building Bonds. Both doctors subscribed for $2,400 apiece, making a tie in the race to help us put the new building over.

But it was only because the bond issue became over-subscribed on the date of June 1st that the amount of each of these two supporters stood where it did. Both were bidding up a little, and sharpen our toes that we may keep that which we have gained.

Some are contented that the Old Doctor only should have greedy heels and are hardly willing to use the sharp toes (a powerful truth) with which he provided them. They seem to be afraid some one will find them out. They don't want to tell the world. Let's tell the world about osteopathy. —S. V. Robuck, D.O., Chicago.

Leprosy Cure is Now Sure

Sixty-four Victims Discharged from Hawaiian Settlement

[By Newspaper Enterprise]

Honolulu, August 23—Use of chaulmoogra oil specific as a cure for leprosy has been so successful at Molokai Island that 64 inmates have been discharged as completely cured.

Authorities say that within 10 years the territory will have no further need of Molokai as a leper settlement and that leprosy itself may perhaps be unknown.

To Arthur L. Dean, president of the University of Hawaii, goes the credit for perfecting the leprosy cure.

Chaulmoogra oil long has been recognized as the standard specific for leprosy.

Doctor Dean has separated from the bulk of the oil the element that combats the disease. It is this element that has been used with such astounding results.

Dr. W. J. Goodhue, resident physician at Molokai, says that under the present method of treatment 65 percent of leprosy cases at the settlement will be turned out cured within two years.

Many of the patients at Molokai, however, cannot recover, as their disease was too far advanced before the cure was discovered.

Many Take Cure

There are 512 patients at Molokai and of these 175 have been treated with the Dean cure for five months.

Manufacture of the cure is being carried on now in only a small way, one of the main handicaps being the inability to obtain sufficient chaulmoogra seeds. Hundreds of plants are being grown there.

"MILL" Shouts Battle Cry of Freedom

Chicago, Sept. 10.—Physicians who rebel against wearing the yoke of the allopathic medical trust, fastened upon the public and all drugless healers by state supported medical schools, state medical examining boards, and medical boards of health, are planning to take an aggressive stand for medical liberty in the convention of the American Medical Liberty League here during the last week of October.

Having declared war on the allopathic medical monopoly, the League will mobilize its forces at the convention and draft a fighting campaign for the next 12 months, with a Redistribution of the $100,000,000 now in the hands of the allopaths.

These Leaguers are determined to replace doctors on health boards with sanitary engineers, lift from the shoulders of the people an enormous burden of taxation for medical graft, put all systems on an equal footing before the law and let each stand or fall by its healing record, and establish medical liberty on the same basis as religious liberty, with the same constitutional guaranties.

Querebus

Take the "English" for Horse

China's famous drink

During the convention, A well-beaten trail

"English" for the drunken monosyllable

The thing taboo since prohibition came

What, doctors, do you make of

The intention conveyed?

Another Querebus

Os—o—path—hic—treat—ment.

The science of reading internal conditions of Health and Disease from Nature's records in the Iris of the Eye. Profusely illustrated with Charts, Drawings from Life, and a Color Plate displaying color signs of drug poisons, psora spots, nerve rings, lymphatic rosary, scurf rim, radii solaris, etc.

From the artistic and the scientific standpoint these illustrations are the best and most accurate ever produced. For the first time, they make it possible to acquire a practical knowledge of Iridology from a text book.

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523 So. Ashland Boul.
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Experiments
Man with infected arm—infected reached just above elbow. Injected 2% Novocain, just ahead of advancing inflammation. The infection stopped at the injected area. Perfect results.

Man called at office, said he had a “constipated rectum.” Found hemorrhoids. Gave him a salve of powdered calomel—Z as, lanolin Z as. Results good and no return in 5 months. Try these and note results. Treated liver on last case.—R. M. Puckard, D.O., Oakland, Nebr.

ASHEVILLE OSTEOPATHIC SANATORIUM
Asheville, N. C.
An institution where Osteopathy, Rest and Milk Diet—the triangle of health—are scientifically administered and controlled.—Elizabeth E. Smith, D.O.

Concerning Osteopathy
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Carthage, N. Y.

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Our first year reveals a very proud record for this new institution. Over 900 surgical cases were handled, just as they came, with a mortality of but three in that number. Receipts for the year were over $105,000 — practically all of it Dr. Geo. M. Laughlin’s work.

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.

The Laughlin Hospital, Kirksville, Mo.—Dedicated to Andrew Taylor Still
A Few Thoughts on Mobilizing Our Patient Reserve
By Francis A. Cave, D. O., Boston, Mass.

After having been on the shelf for over three months following a severe nervous breakdown, I am glad to advise you that I have now recovered my normal mental and physical condition and have resumed my practice again and am now in better shape than I have been at any time since the "flu" epidemic. Excessive work and loss of sleep at that time left me with an over-stretched heart and a mitral murmur which has entirely disappeared under corrective treatment applied to the upper dorsal lesions, and I am consequently more of a booster for osteopathy today than ever before in my life.

Because of the need of continuous vacation this summer, it was my misfortune to miss the Cleveland convention, but I'm glad the keynote of that convention was ORGANIZING THE FRIENDS OF OSTEOPATHY into a concrete and unified working organization is the only safe and sure method of protecting and developing it against the odds which have increased so tremendously during the past few years.

Other schools of medicine are working very hard indeed to crystallize public sentiment in their favor and thereby secure the passage of legislative measures which will do much to fasten the collar of "State Medicine" upon this fair country of ours. And the friends of osteopathy must be certainly in, simply in, my opinion, another "United we stand, divided we fall" and the Cleveland meeting should emphasize public organization as the primary need of the hour. Other things will keep for later considerations, but the strangle grip will soon be applied to organized osteopathy unless it makes prompt use of its weapon—the force of organized opinion among those who have experienced its benefits. Mark you, I am not speaking of the question of the osteopathic principle, for that is eternal truth and cannot be strangled, but simply referring to the dangers facing our organizations of all kinds.

By this time you will be thinking that I am again harping on that same old string called the OSTEOPATHIC SERVICE LEAGUE, set up to a certain extent you would be correct. But today it is not so much a question of the particular form of the effort as it is actually to raise out some definite policy and stick to it, year after year, and administration after administration. It need not necessarily be the Service League, although I believe better machinery will ever be found for such work, but it should be some form of permanent organization of the friends of osteopathy which will not only serve to defend and further establish our institutions and existing organizations, but will likewise furnish the sinews of war in the shape of needed financial support and publicity.

There are just a few necessary fundamentals to be considered for this purpose and perhaps I can tabulate them.

1st—Such a movement must be national in its scope, because the questions at issue are already of national importance; hence local efforts alone will not contain the essential force and tenacity of purpose.

2nd—It must be adopted as a matter of policy by the A.O.A. and its associated bodies, otherwise it would face the possibility of the Service League by one administration and its difference or antagonism by the next in power.

3rd—It must cover broad enough field to enlist the cooperation of patients and friends of all parts of the country, individually interested in widely varying forms of human service, either educational or philanthropic. Hence the purely local issue will not serve to weld the national sentiment into organized form.

4th—It must have sufficient funds in its treasury at the beginning to properly conduct its business as a national proposition; otherwise merely sporadic activities will result, like the uneven tugging of a four-horse team.

5th—It must have musty ideas (who should be upon some graduated scale for different types of membership) simply prone people in general take some interest in such an organization if they put a few dollars of real money into it. Personally I have found patients and friends not only willing but anxious to subscribe a few dollars for real membership, leaving its expenditure to the wisdom of the management. Millions of not friends exist for our profession throughout the world, ready to subscribe when asked.

6th—The management should eventually be in the hands of laymen, although a small proportion (but not a majority) of its governing body should be osteopathic physicians, operating with the sanction of the A.O.A.

7th—Members in such an organization must be secured through the profession and not etc.
to head. In other words, the A.O.A. must urge individual practitioners, wherever located, to present the matter to their patients and friends as part of a national movement. Any attempt to reach his patients over his head would secure but half-hearted support from the physician, and would result in inevitable failure of the movement. This point seems to me to be vital. The movement must have the active cooperation of the A.O.A. else it will fail.

—Such an organization has already been formed under the auspices of the A.O.A., called the Osteopathic Service League, and I respectfully suggest that, in the absence of any better machinery, it should be utilized for the need which is now imperative. If necessary, its use could be changed to suit any possible objections, but the type or organization seems to be well adapted to the requirements and has worked out with the cooperation of several different national organizers.

The difficulty with all of our past efforts toward securing the assistance and cooperation of our friends among the public has been that too much has been left to a few individuals to initiate particular and immediate purposes, after which local interest is lost for the time being. The next time some other grievance arises, another Herculean effort must be made, another emergency organization and campaign undertaken, with the expenditure of much energy, time and money, after which interest and enthusiasm again disappears, only to be worked on again in some future emergency.

This policy, or lack of policy, has heretofore had a very great waste of energy, enthusiasm and money throughout our profession, as well as eventual discouragement among the members. Our national association has at length realized the potent fact that the interests of our profession are not limited by state lines, and what is actually national in scope, so that the dangers and problems of any one State or local society are really the dangers and problems of all. We are today suffering from the very fact that we have heretofore left "the other fellow" to shift for himself regarding State or local legislation, and much that has heretofore been done must be undone before our fair ship will drop anchor in safe harbor. Making the various State organizations affiliated sub-divisions of the national association is to my mind a great step in the right direction, although I am not yet sure that we have forged the proper kind of links for the chain. Only time and experience will tell us about that. But it occurs to me that the annual meetings of all the State societies, or at least important business meetings of the same, should be held say three months before March under the auspices of the A.O.A, called

The Chicago College of Osteopathy
5200-5250 Ellis Avenue, Chicago

The Autumn Quarter begins September 23, 1921
The Winter Quarter begins January 3, 1922
The Spring Quarter begins March 25, 1922
The Summer Quarter begins June 19, 1922

Each quarter is twelve weeks in length.

Students are admitted at the opening of any quarter, but no student is admitted after the first week of any quarter.

This College is registered with the New York State Board of Regents. This means that it maintains the high standard required by that Board. It also means that graduates of this College are admitted to the right of practice in New York State and all other states which maintain the New York standard.

Students who wish to be qualified to practice in New York State should be careful to select a College which is registered with the New York Board of Regents.

For the right kind of a course in Osteopathy extensive clinical facilities are needed.

The clinical opportunities of Chicago are unsurpassed.

No prospective student of Osteopathy should overlook the importance of these clinical opportunities.

The College maintains an excellent Osteopathic Hospital.

In the Training School for Nurses there is room for a few more candidates. The Training School course is two years in length. At least one year high school work, or its equivalent, is required for admission. Tuition is free and, after the probationary period of three months, student nurses are paid $20.00 per month during the first year and $25.00 per month during the second year. The student nurses receive board, room and laundry free, and two weeks' vacation each year.

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For instance:

THE DIONOL COMPANY:

Recently I treated a very severe case of tibial periostitis and used nothing else. The man's leg was swollen from knee to ankle, twice its normal size at ankle and was a deep purple in color. There was considerable temperature and severe prostration. It was the most alarming thing of its kind I ever saw and I thought the man would surely lose his leg. I called a surgeon in consultation but he advised a continuation of the methods I was then using for a while. The next day the leg started to improve and in five days the man was back to work. He was confined to the house less than two weeks altogether.

I think it was remarkable. According to all rules he should have been laid up two or three months with the chances of losing his leg. The treatment consisted of DIONOL applied very liberally and renewed every four hours, night and day, elevating the foot and covering the dressing with hot water bottles. That was all.

Dr. C.

If case records mean anything to you, we can submit abundant evidence of the practical efficiency of DIONOL. If you prefer to make it a case of "the proof of the pudding," send for literature clinical reports, pamphlet and

TEST DIONOL—For your patients' welfare. For your own prestige.

THE DIONOL COMPANY, (Dept. 12) Garfield Bldg., Detroit, Michigan
before the national convention, in order that important business matters or proposals, originating in some of the States and affecting our national policy, should have time for discussion and then be referred for action to the delegate body of our national convention. It seems to me this would remove much of the "shot-gun" type of activities which have so often featured our national business affairs, and give time for sober discussion before taking any action. This idea might be carried still further by asking each State organization to submit any suggestions for the consideration of the Delegate Body, in that way weaving the threads of national co-operation. But the waste of effort caused by sporadic and irregular activities to enlist public support should be forever abolished. The same amount of energy and enthusiasm put into a permanent organization, backed actively by the A.O.A., would yield a mechanism which could be called into action at any moment in any locality which needed its assistance, with the co-operation of the entire profession behind it. This can only be accomplished by some form of permanent public organization such as is offered by the Osteopathic Service League. But if the league is not the best method of organization, for goodness sake let us abolish it and try again. But to simply sit still and allow the splendid enthusiasm of our public following to remain unorganized and inactive is to court the very dangers which we fear. Organized public sentiment among the friends of osteopathy is the best method of securing long life and superb opportunity for organized osteopathy. And the Service League is the best method yet proposed for obtaining it. Why not try it and see? 

Careful Diet Helps

The big thing in our efforts to cure disease in addition to adjustment is securing proper diet. Practically every case will be benefited by a carefully worked out individual diet. - Dr. Ashlock, D.O., Lewistown, Montana.

"He who only hopes is hopeless."
Great Day for Osteopathy

This is the greatest day of our osteopathic existence. We were born in the turmoil of medical oligarchy, have been reared amongst its claptrap of fakes and imitators, and for years have faced legislation, both state and federal, intended to sound our death knell. But, o heed, we are greater and stronger than ever! We only need to keep our professional heads on and keep fighting like the mischief and osteopathy will continue to spread until it embraces the earth.—Dr. Houston A. Price, Wintson, Texas.

Books! Books! for Osteopaths

Keep your library up to date! Look over this list and place your order for what you haven't got.

Applied Anatomy of the Spine—
Halladay ...........................................$3.50
Osteopathic Descriptive Anatomy
Laughlin .............................................$6.50
Practice of Osteopathy—
McCormick & Teall (1920) $7.50
Physical Diagnosis and Diseases of the Chest—Saucy (1911) $6.50
Diseases of the Head and Neck—
Deason (1921) .........................................$2.50
Manual of Technique and Osteopathic Anatomy—Goetz. $3.00
Analytic Cyclopaedia of Practical Medicine—Staous (3 Vol.) $64
Quiz on Osteopathic Practice
Laughlin .............................................$1.50
Quiz on Obstetrics and Gynecology—
Clark ..................................................$2.00
500 Osteopathic Pathology Questions—Hoffman ..................$1.50
History of Osteopathy—
Booth ...............................................$5.00
Autobiography of A. T. Still $2.50
A. T. Still, Founder of Osteopathy—
Lane ..................................................$3.00
Therapeutics of Activity—
Gour ..................................................$4.00
Osteopathy, the Science of Healing by Adjustment—
Woodall ............................................$0.75
Concerning Osteopathy—
Webster .............................................$2.50
Food Fundamentals—Bean. $3.00
Something Wrong—Webster $0.75
Health and Life (Partial Fasting Method) .....................$1.00
Prompt attention given to all orders. Tell us about any book you want.

The
Bunting Publications, Inc.
Waukegan, Illinois

THE OSTEOPATHIC PHYSICIAN

The Famine for Doctors

The thought uppermost in my mind at this time is the growing lack of D.O.'s in rural communities where general practice gives an opportunity to show the value of one's system of treatment in all conditions. M.D.'s too, are thinning out; some one must come in. I hope to see more osteopaths take up this work for twenty years, at least. This course would develop our field.—J. R. Goralnic, D.O., Laplata, Mo.

To Clean Tonsils of Pus

Wrap end of index finger with roller bandage and clean membrane and crups of pus from tonsil. If done after membrane is well formed recovery begins at once. The fever usually goes to normal in ten to twelve hours. If done too early, a second cleaning may be necessary, yet early cleaning may many times abort the severity of the case.—L. L. Cornell, D.O., Falls City, Nebr.

Diagnosis Weak

After twenty years in the osteopathic profession, I find our greatest weakness in diagnosis. Differences of opinion drive patients away. A lawyer who had made use of osteopathy exclusively for five years, visited six osteopaths the same day. He said each diagnosed the case differently, and each found a different spinal lesion which was responsible for his illness. None took temperature or tested the heart. He then called an M.D. and had two weeks of "flu." Now says he is through with osteopathy.—Dale W. Craig, D.O., Denver, Colo.

The Ingredients

Cement, sand and water properly manipulated make good plaster. Most any one with a slight knowledge of anatomy and a knack of using instruments can cripple the patient by gouging out a tonsil or cutting off a leg. But it takes real mechanical engineering to cure by osteopathic manipulation. The knowledge of anatomy, chemistry, etc., a liberal amount of common sense and the necessary use of elbow grease will cure the curable ills of man. (Tried it for twenty-one years.)—F. R. Mahogany, D.O., Mckeser, Okla.

Opposes Tonsilectomy and Adenectomy

I disapprove of tonsillectomy and adenectomy. I am not a surgeon nor do I approve of the removal of tonsils or adenoids, as such. I have had considerable experience in treatment and have had very satisfactory successes by my method which excludes surgical interference and am doing considerable such work at the New York Osteopathic Clinic.—Morris M. Brill, D.O., New York City.

Make Osteopathy the Groundwork

Osteopathy made a name for itself by being an advance over the older schools of drug medication, by producing results where they had failed. One of the present troubles with our colleges is that they are using the medical schools to such a degree that osteopathy is being forced into the background. Instead of being the cornerstone or keystone of other subjects supporting it, the opposite is true. Were the students well grounded in their osteopathic principles, being entirely mechanical, hence no drug re-actions are possible.

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

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

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

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

The Delaware Springs Sanitarium

Emphasizes Diagnosis, believing that a condition accurately diagnosed is half cured.

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

Our institution has been inspected and endorsed by many of the best men in our profession.

THE DELAWARE SPRINGS SANITARIUM

Delaware, Ohio

Don't Complain of Unfair Competition

Unless you are doing your part to smoke the imitators out. You can use "Chiropractic Kleptomania" in hundred lots at 1½ cents apiece. It pays.
The Osteopathic Physician

Optical and Oto-Laryng. Lore

Under the able editorship of Dr. Glenn S. Moore, of Chicago, the first of four editions of the Book of Proceedings of the American Osteopathic Society and Oto-Laryngology will be going to press in the next few days. This will contain largely the proceedings of the last Society meeting and the second edition. The second and fourth will be made up of special articles from members of the Society. "Those who have followed this publication will be importance forwarded, wherever he happens to be.

Rileys Send Greetings from Sky

Dr. and Mrs. Geo. W. Riley of New York City sent us a post card written in mid-air between Paris and London, July 30th at 7 p.m. They were 5,000 feet above Abbeville, France, going 100 miles per hour in the "Golinh Air Service's" big limousine car holding 15 passengers. The going was as luxurious as in a railroad car. Friend George has often "been up in the air" but we don't believe he ever got so high before. Last issue we heard from them furthest north. That's the way for an osteopath to take his vacation! But we can't help but wonder what George does for drinking water in France. Wouldn't it be funny if George took to drinking wine over there!

Dr. Earle Willard Holds Classes at Detroit and New York

Dr. Earle Willard is in big demand among our practitioners for his work in highly specialized technique and particularly low table technique. He went to the Two Horse convention he went to Detroit on invitation where he conducted two large classes for a week and got acquainted with the Detroit Osteopathic Hospital. He then returned to New York City where other classes awaited him and has been giving instruction ever since.

His low table technique is particularly well appreciated. Dr. Willard's address is "flexible," as he keeps moving about, but any communications sent to his care of this publication will be promptly forwarded, wherever he happens to be.

Lion's Club Convention Honors Dr. C. C. Reid

Dr. C. C. Reid, retiring president, was presented with a watch at the banquet. The presentation of the watch was made by past president Jesse Robinson, toastmaster at the Tuesday luncheon, who said in part:

"Through all the years of this association, there are a few names that stand out pre-eminently as having been the guiding spirits in the propagation and the continuance of Lionism. And I submit to you the fact that I am right and justified in stating tonight that personal among those personalities is Dr. C. C. Reid, Deputy, your retiring president.

"I certainly do not regret that I have had the privilege of traveling at Cleveland at the opening luncheon of this convention and I follow that lack of regret by the privilege of presenting the results of thisNO1:11T1\611. In the form of this time piece to our honored past president, Dr. Charles C. Reid, and I know you will join me in the thought that its beat will be as sincere and regular as the heart beat of every life throughout the world ever for our beloved past president." - The Lion's Club Magazine

No Lack of Young Osteopaths Here

I think the news in regard to the arrival at Claremont College on May 27th was published in The OP. This is the ninth osteopathic baby that has come into our home since I matriculated at the College of Osteopathy in 1903. We laid one little girl away in 1912, but all of the others, five girls and five boys, are well and are husky children- F. A. Barnett, D.O., Booneville, Mo.

Dr. Schoonmaker, Colorado Osteopath, Honored by Women's Clubs

Dr. Amy B. Schoonmaker, osteopathic physician of Colorado Springs, Colorado, was elected state president of the Business and Professional Women's Clubs of the State Convention of the organization held in Colorado Springs early in July. Dr. Schoonmaker has been vice-president of the Colorado club during the past year, and has been active in other work, among them the Mothers' Club of Colorado Springs. Her efficient work in these organizations has rapidly placed her in the highest office the Business and Professional Women of the state can offer.

Dr. Schoonmaker came to Colorado three years ago from Macoun, Mo., where she had built up a successful practice. She is a graduate of the School of Medicine in Glenwood Springs, is in women's and children's diseases. She is associated in practice with her husband, Dr. P. D. Schoonmaker.

This representative woman osteopath was selected as a delegate to the Business and Professional Women's national convention.

Professional Cards

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

Hubert F. Leonard, D. O., M. D. Consultation and Surgery Eye, Ear, Nose & Throat Surgery a Specialty 703-706 Morgan Blvd., Portland, Oregon

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POST-REMOVAL CLEAN-UP SALE

Big Value Package for $5.50

We have been straightening out our stock of brochures since we arrived at our Waukegan plant. We have some old, some green and ends which we desire to dispose of quickly. We have laid aside a number of packages, each package numbering 19 brochures and containing at least one of each of the following:


While they last, or for a period limited to not longer than 25 days, we will sell them at this lump sum price, $5.50 per package, "as is." You can have one, two or three packages but the rate per package is the same. If it is requested, we will imprint professional cards with your name as follows:

"If you want to do some campaigning to make lists of names here is your chance to get the literature for it at a low cost. We can send you a list of names. You will do the addressing and mailing for you. The extra charges will not be charged on the literature for addressing and $0.00 per hundred per postage. There are about 50 of these packages. The way will send them quickly, you may be sure. If you want one or two or three let us have your name and address promptly.

The Bunting Publications, Inc.

Waukegan, Illinois
Proof of the Historic Precedence of Osteopathy

In the October issue of "Osteopathic Health", the popular journal of modern methods of health building without drugs, appears a very satisfying explanation of osteopathy's principles and practices, titled "The Osteopathic Catechism." This new, justly celebrated document holds a double value for the lay reader: it is desirous of keeping posted, in that it both establishes incontrovertibly that osteopathy is the original science of healing by adjustment, and in that it also explains very rationally just what that statement means and how osteopathy relates to germs, drugs, surgery and such other things.

The real significance of "The Osteopathic Catechism" in explaining and defending Dr. Still's title as discoverer and founder of this modern manipulative system of healing is told in the following statement by the publishers:

"Osteopathic Health" for October

The Osteopathic Catechism: Every-Day Questions and Answers that Pass Between Patient and Practitioner.

Nature's Effort is Toward the Normal: What there is New in Osteopathy; Blockade of Nerve and Blood Channels; Osteopathy Adds a New Principle to Pathology; How Other Schools Lack an Explanation; Life's Effort

It's clear exposition of the origin of disease through occurrence of the tissue-lesion and of the curing of disease by making adjustments within the body possesses historical value today as proving that osteopathy was the original pioneer system of adjtustive therapy. Various counterfeit systems have since sprung up which imitate osteopathy's principles and practices without having made any observable modifications of "Dr. Still's backbone lesion osteopathy," as here so clearly outlined twenty years ago—long before such imitators had gotten started! Yet Doctor Still had been practicing, developing and proclaiming his revolutionary system of manipulative therapy for twenty-seven years when this article made its appearance in 1901.

A companion article, entitled "Most Diseases Are of Spinal Origin," which was also copyrighted and printed the same year under the auspices, affords, in conjunction with this "Catechism," the most absolute historical proof of osteopathy's precedence as the pioneer science and art of adjutstive healing because both articles tell exactly what osteopathy is and is not as was taught by its founder from the beginning. Both were written purely for public instruction, received the endorsement of the founder of osteopathy, and bear the U. S. copyright date of 1901. You may receive a complimentary copy of this additional brochure by requesting it of any local osteopathic physician.

BRINGING BACK OSTEOPATHY'S THUNDER

If the chiros have been stealing osteopathy's thunder in your locality you can easily get it back. If you sit still and let them "steal you blind" who will feel sorry for you?

But if the imitators have printed that false and purposely misleading definition of osteopathy which tries to rule us out of our own proper field of lesion-finding and lesion-fixing, and if in cold blood they have defined chiropractic as lesion-finding in contrast to osteopathy's alleged soft tissue massage, then you have your opportunity to prove their duplicity by historic documents.

In October's "Osteopathic Health," which includes that time-honored brochure "The Osteopathic Catechism," the profession has one of the two best weapons to expose chiropractic mendacity and fraud ever devised. This copyrighted brochure was first printed in 1901 and it explains osteopathy as purely lesion-finding and lesion-fixing twenty years ago, after it's schools already had turned out several thousand graduates. Its clear definitions give the lie to that chiropractic hoax as nothing else can and will, except its companion brochure, "Most Diseases Are of Spinal Origin," which we first printed in that same year.

We advocate those suffering from chiropractic mendacity of the type mentioned to use these two standard articles with explanatory editorials, pointing out exactly what they prove—which is, that this chiropractic advertising claim is sheer mendacity and fraud ever devised. This copy righted brochure was first printed in 1901 and it explains osteopathy as purely lesion-finding and lesion-fixing twenty years ago, after it's schools already had turned out several thousand graduates.

When you use up this "Osteopathic Catechism" and have your local newspaper reprint the article we furnish you on this page explaining the historical significance of this article.

When you have done that, then send out that other authoritative brochure, also aged twenty years, namely "Most Diseases Are of Spinal Origin," and repeated the explanation as to what it proves when you send it out.

Chirio lies can't mislead the public where such wholesome antidotes to mendacity are applied generously and systematically to the community.

When you use up these antidotes, we have more good ones ready for you.

Don't sit down and fold your hands and let the imitators steal you blind without doing your part to protect your therapeutic patrimony. We supply you with the right way to defend your birthright.

The Bunting Publications, Inc. wouldn't you like to be one of us? See Page 3.

IN CASE OF SLUMP

Any osteopath who can save ten dollars a month can own a share of Preferred Stock in The Bunting Publications, Inc. Wouldn't you like to be one of us? See Page 3.

INVESTING SAVINGS WISELY

Any osteopath who can save ten dollars a month can own a share of Preferred Stock in The Bunting Publications, Inc. Wouldn't you like to be one of us? See Page 3.

OSTEOPATHS

Waukegan, Illinois

$ 5 $ 5 

In Case of Slump

Any time your practice drops off look at yourself—you're to blame.—H. H. Fryette, D.O., Chicago.
Current Issues of "Osteopathic Health" on Sale

"The Osteopathic Catechism."—October issue. Price 100 copies, contract, $8.50; single order, $7.50.

"The Human Body Runs Like an Automobile."—September issue. Price 100 copies, contract, $8.50; single order, $7.50.

"The Body's Four Grand Systems of Elimination."—August issue. Price 100 copies, contract, $8.50; single order, $7.50.

Lower prices for larger quantities. Write for complete price list and information sheet.

THE BUNTING PUBLICITY SERVICE

for

OSTEOPATHS

Waukegan, Illinois

Standard Undated Laiety

Brochures Available

"The Osteopathic Specialist in Diseases of Ear, Nose, Throat and Eye." Brochure No. 28, undated. Price, 100 copies, $5.50.

"Mechanical Causes of Woman's Ills and How Osteopaths Cure Them." Brochure No. 57, undated. Price, 100 copies, $8.50.

"Why Diseases of Stomach and Digestive Organs Develop."—Brochure No. 56, undated. Price, 100 copies, $8.00.

"An Osteopath's Explanation to a Health Seeker."—Brochure No. 54, undated. Price, 100 copies, $6.00.

"Questions Often Asked About Osteopathy and Their Answers."—Brochure No. 53, undated. Price, 100 copies, $6.00.

"Osteopathy in the Inflammatory Diseases."—By the late Professor Lane. Brochure No. 58, undated. Price, 100 copies, $6.00.

"A General Sketch of Osteopathy."—Brochure No. 51, undated. Price, 100 copies, $8.00.

"Osteopathy Potent Where Serums and Vaccines Fail,"—by Michael A. Lane. Brochure No. 18, undated. Price, 100 copies, $6.00.

"Most Diseases Are of Spinal Origin."—Brochure No. 36, undated. Price, 100 copies, $8.00.

"Mechanical Causes of Health and Disease,"—by John Comstock, D.O. Brochure No. 37, undated. Price, 100 copies, $6.00.

WHERE PEGASUS BROWSES

Adjusting


The osteopaths are something new. He treats our aches and ills. He does it by adjustment. And not by giving pills.

Our chiro echoes chime to have some power up their sleeve, Their treatment is a spinal thrust, All at once, and all in one.

No matter if you've got the blues or hemorrhage of the brain, They have the nerve to bring your spine in line And cure you just the same.

Tell me pray, what do you think The Osteopaths were doing, When 'tis said in its name In Iowa was brewing?

Our doctors then filled the land, They treated and adjusted To see our system plagiarized Sought for some most desirable.

Down in Kirkville with Father Still, This method was created, That last one, heating and adjusting. With him originated.
It Increased Practice 20%

I am very glad to report that since starting The Bunting Publicity Campaign last May my practice has increased at least 20%. This I regard as very good, as only about 1,500 homes have been reached. My No. 1 contact for campaign with “Harvest Leaflets” will expire in a few days. I wish to take up a new one to cover a list of 1,000 names, thus making campaign No. 3 supplementing campaign No. 2 of 1,000 names. I see a great future for osteopathy if osteopaths will only wake up to the No. 1 concept. If you are interested in this plan, please write immediately.

—Ralph, Baraboo, Wis., 9-1-21.

“The BUSINESS Side of Practice”

New Lamps for Old?

Dear Mr. Arnold: Very glad to receive your inspiring letter. All that we osteopaths need is a little good advertising stimulus. Give it to them, Ralph; you have got it! I am sending Reed's director to see how osteopaths can help. Will consider to whom “Osteopathic Health” will be best, with your help.

Any business over $500, August over $600, very good. I think, during hot weather. And best of all, am having wonderful results. For years I have been a great admirer of these 2 papers you mentioned, and highly recommend their use. I have changed my plan of attack and now go after them; they do them good. A. T. Still osteopathy; give them the best I have in osteopathy and am square. You have helped me do it.

—Our friend Waldo sure has been an inspiration to all of us.

You are right. If you are interested, you will find it easy to fit in with their work. Do not neglect to make your name well known.

—Fraternally, Chas. E. Getchell.

Baraboo, Wis., 9-1-21.

Now people grow under responsibility, others never swell. —Hubbell.

What Are Your Charges?

Prospective patients daily confront us with this question. To me the osteopathic work should be remunerated for in proportion to the individual's case. (Not $3 or $5 a treatment.) This charge should be governed by the benefits attained, the time required and the ability of the patient, and should be suited to all classes of patients and in any locality. If we can save health and time for the “higher up” then make him the best and give the shop girl a proportionate charge. —Wm. A. Craig, D.O., Pittsburgh, Pa.

Promises will get you friends, but non-performance will turn them into enemies. —Benj. Franklin

CASH PAID FOR ACCEPTABLE MANUSCRIPTS

We are in the market for contributions that explain osteopathy, its theory and practice, its diagnosis and cures, in simple plain English suitable for the lay reader and educating osteopathic patients. Such manuscripts must be suited for the purposes either of “Osteopathic Health” or “Harvest Leaflets”: must be typewritten on one side of the paper only and either single or double spaced between lines. The total number of words by actual count must be given on each article and the number of words on each separate page.

Our new line of introductory and supplementary printed leaflets is designed to enable osteopaths to do wider and more systematic campaigning at unprecedentedly low rates per thousand (or per hundred) of names covered. These informal messages make easy and economical the undertaking of broadcast distributions and engineering systematic rapid-fire follow-ups where the cost of using a magazinewould be felt as a deterrent factor. These osteopathic “Harvest Leaflets” are scaled for easy, economical dissemination.

Our leaflets are of the investment class and will be glad to receive manuscripts on the following subjects offered you:

1. What Doctor Shall I Employ?
2. Disease Caused by Mechanical Pressure.
3. How Osteopathic Patients are Treated.
4. Getting Well All Over at the Same Time.
5. Building Up Weak Throats.
7. What is Osteopathy?
8. A Word to Former Patients.
10. Surges From a Slipped Rib.
15. Why the Spine is the Basis of Health.
17. Osteopathic Aid in Pregnancy and Confinement.
18. Osteopathy in Obstetrics.
20. The Osteopath's Point of View.
22. Osteopathy is Not a Remedy.
23. Dr. Atzen's Definition of Osteopathy.
25. Insomnia.

Imprinting your professional card is FREE on all orders bought in thousand lots. On any number (or assortment) from 100 to 900 it costs $1.00 extra. These folders are sized to go in an ordinary letter envelope.

These osteopathic “Harvest Leaflets” do not take the place of campaigning by Osteopathic Health, but supplement it. They are scaled for easy, economical, wide distribution in osteopathy, its theory and practice.
logical construction. But any practitioner who is interested in writing, even Google, without possessing literary gifts may write the most acceptable sort of simple short articles containing one or more good ideas or dealing with particular diseases, ailments and cures. We are able to supply the literary revision, if it be needed, to polish good plain recitals of fact.

Manuscripts offered for "Harvest Leaflets" should conform to one or another of these sizes: 1 page "Harvest Leaflets" average from 100 to 125 words, 2 page "Harvest Leaflets" from 200 to 300 words, 4 page "Harvest Leaflets" from 600 to 750 words, 8 page "Harvest Leaflets" from 1,000 to 1,750 words.

So-called "fine writing" is not wanted. Good plain simple English and truth telling, based upon an underlying understanding of the psychology of "selling" osteopathy to the public, is what we are after. What have you to offer Doctor? Have you ever tried your hand?

Let Us Figure Your Job Printing

We are now open to figure on printing any sort of high grade job, book or booklet work for members of the osteopathic profession which represents a sufficient press run to be worth while. The longer the press run the more interesting to us. Letterhead printing is not done by us.—Bunting Publications, Inc., Waukegan, Ill.

Forecasts the Millenium

On a recent trip to Knoxville to attend the Tennessee O. A. meeting the L. & N. train to Nashville had one sleeper, Hildreth, and another Gorgas, rolling along in perfect harmony—which shows that the Pullman Company is liberal and plays no favorites in the healing art. Such is fame.—Charles C. Teal, D.O.

A Practical Post-Graduate Course

given by

THE TAYLOR CLINIC

at the

Des Moines General Hospital

Des Moines, Iowa

Thirty Days of Intensive, Practical Work.

Fee $100. Certificate at completion of course.

Dr. S. L. Taylor, Surgeon-in-Chief

Dr. A. B. Taylor, Orthopedic, Pediatrics and Aot. Surgeon

Dr. G. C. Taylor, Eye, Ear, Nose and Throat

Dr. Lola D. Taylor, Consultant and Gynecologist

Dr. John F. Schwartz, Urology and Proctology

Dr. C. R. Bean, Staff Physician

Dr. L. L. Schwartz, Staff Physician

Dr. F. J. Thibery, Superintendent and Radiologist

Dr. Byron L. Lank, Pathology, Cytology and Genito-Urinary Cases

Dr. E. H. Phillips, Interns

Dr. H. H. Lefler, Clinical Diagnosis

Dr. T. M. Patrick, Staff Physician

Dr. H. B. Williams, Staff Physician

THE OSTEOPATHIC PHYSICIAN

Let's Spend for the Upkeep of Our Life Work

When Dr. A. B. Sturgis wrote that "Aphids" article in June OP be spoke volumes according to my notion. I agree with him so thoroughly I just want to say "amen" to it. The apathy of our profession is startling. Were it to continue as it has been it might even prove fatal; but I really believe now there are enough live ones with vision to put osteopathy right before the public.

Last fall after I returned from the Chicago convention, something of the existing condition had been revealed to me, and I realized that I had done but very little toward making it easier for future osteopaths but had done exactly as Dr. Sturgis brought out in his article—just sucked at the old plant for all there was in it! Then I read in the AOA Journal Woodall's plea for a campaign of Osteopathic Education to be carried in the advertising pages of a leading national magazine. We got together and with others in this locality launched the movement which Bunting refers to as "The Saturday Evening Post campaign."

We may be wrong, but believe me, we think we are right, anyway. We believe that half pages on osteopathy appearing, once a month, for thirteen consecutive months, in the advertising section of Saturday Evening Post (articles to be by an expert advertising man, with the assistance of Dr. Woodall, Dr. C. J. Gaddis, Dr. A. L. Evans, Dr. C. P. McConnell and Dr. E. M. Downing) will be, at least, a start in the right direction.

You know, Doctor, that any step into a new field will draw the usual amount of criticism, but we are stepping ahead nevertheless. Our proposition is now just 76 percent put over. At Cleveland we did our utmost to complete the job. Now Detroit is swinging into line. We do not intend to stop until we finish what we have started.

A campaign of quarter-pages on Osteopathy is now running in The Rotarian (the official organ of International Rotary Clubs, with a circulation of nearly 100,000). This series of thirteen half-pages in Saturday Evening Post will treat of osteopathic fundamentals—will carry a list of all our recognized schools, together with a presentation of osteopathy as a profession for those in search of one—will tell the public that osteopaths are trained to be physicians in the true sense of the word.

Now you readers of The OP may feel that I am wrong (however, I hope you don't), but I am appealing to you to let you know that we are trying to do SOMETHING to educate the public on osteopathy and we need your help! I am with you for letting the people know about osteopathy.

Let's spend some money for the upkeep of the business that has supported us since we took it up as a life work.—H. M. Walker, D.O., Port Worth, Texas.

Remember it is the busiest man that always gets more business.

Team Work in the Valley of the Colorado

On the western slope of Colorado is a town of 8,000 people, named Grand Junction. There are four osteopaths dwelling in amity and thrift in that city and they pull together 100% strong. We are proud of the things we accomplish by pulling together. In attending the state convention I observed some cities actually without representatives! Osteopaths either go forward or backward, and you barely see two or more pulling together "backwards."—James L. Keen, D.O., Grand Junction, Colorado.

Take care to be an economist in prosperity there is no fear of your being one in adversity.—Zimmerman

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"Wonderfully Well Pleased" with

"A. T. Still; Founder of Osteopathy"

Dr. O. R. Meredith, Nampa, Idaho

April 9, 1921

Your book, "A. T. Still, Founder of Osteopathy" by M. A. Lano, came this morning and I am wonderfully well pleased with the appearance of the same.

Your "Foreword" speaks well for the volume. The contents, so well paged, as well as your "Index" are very commendable. A person should be able to get at any subject that he wishes from this. The book is handsomely printed and aptly bound.

For one, I pledge myself to buy more osteopathic books than ever in the past.

Yours for an osteopathic literature,

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THE OSTEOPATHIC PHYSICIAN

A Card Used in Raising Fees

I advanced my office charge from $2.00 to $3.00 in 1919. I used this card—results very satisfactory. I thought the card might interest someone else.

The osteopathic physician is concerned most with the basic cause of disease, symptoms being considered but signals which direct the attention to the underlying causes. In order to secure the maximum results in the practice of osteopathy, much valuable time is lost by the patient. Is it not time that the profession and in the practice of every osteopath (who is not retrograding) when he must choose between the necessities of shortening the time devoted to the individual patient or give each patient such time as the condition may require and make the treatment correct and complete with the time and service rendered in each instance. The minimum charge for treatment at office work will be fixed. The giving of each patient such time as the particular case requires, obviously limits the number of patients the physician can see in the course of the day's practice.

Roentgen Diagnosis Supremely Important

In making a thorough examination, the Roentgen study of the teeth should always be included. Never be satisfied with the patient's report of the dentist's recent "once over." No one can judge the condition of the teeth absolutely. Normal teeth are always potential danger points and should be checked up by Roentgenograms at frequent intervals. Dental work is becoming more scientific only as the aid of the x-ray is utilized. The dentist need no longer guess whether or not he has filled the pulp canal to the apex. After extraction of abscessed teeth, curvature of the socket to remove necrosed bone should always be insisted upon. Keep in mind that chronic abscesses of the teeth, whether large or small, are not necessarily accompanied by toothache. Indeed, pain referred to the teeth, in abscessed conditions is almost never present.

Keep Up Study

Anatomy and physiology constitute the foundation upon which medical practice is built. Diagnosis is the key-stone. Without a knowledge of anatomy and physiology, and ability to diagnose disease the practitioner sinks to the level of the charlatan and quack. How many of us review our anatomy frequently, and read the new books on physiology and diagnosis? We have too many embryo surgeons who, it seems to me, are forgetting that the success of the profession is due to good anatomists and diagnosticians. Let us take our anatomy right here at the head of the medical profession as diagnosticians then our armamentarium will be complete and osteopathy will come into its own.

Be No "Treater" or Clock-Worker!

Now that most of us are back "at work" again, following our vacation, let us resolve not to just "rub 'em up on one side and down the other side"—as is occasionally charged against us—but, instead, let us look long for our patients' trouble and handle it according to what the conditions demands. What a deplorable state to slump into—that of a mere "treater" or "clock-worker!"—Percy E. Roscoe, D.O., Cleveland, Ohio.

FOR RENT

Life-time opportunity for an Osteopathic Oculist to rent on a long lease a fully equipped furnished optical store with fully equipped osteopathic treatment, dressing and consulting rooms in rear; also furnished living rooms on same floor.

Second floor 5 rooms fully furnished housekeeping apartment, private entrance; rents for $100 per month. The optical and osteopathic practice has been established 7 years and is good for $10,000 annually. Located on a main business street of Philadelphia, modern two story brick building, electric light, gas, hot water, etc. Other osteopath, oculist or optician in neighborhood. Owner retiring from practice. Rent, including good will for all of the above, $250 per month.

Address

X Y Z, care The OP.

Waukegan, Illinois

Manhattan a Feeding Ground for Chiro

Do you know that the osteopathic profession is losing every year about 500 fine young fellows from the city of New York and Jersey City? These fellows, (I know many of them) are turning to chiropractic schools in New York City because there is no Osteopathic College there.

Many have told me that they had rather be osteopaths but could not afford to leave home and go to a distant city, and could go to chiropractic schools in New York without leaving home. These fellows, (I know many of them) are turning to chiropractic schools in New York City because there is no Osteopathic College there. Many have told me that they had rather be osteopaths but could not afford to leave home and go to a distant city, and could go to chiropractic schools in New York without leaving home. These fellows, (I know many of them) are turning to chiropractic schools in New York City because there is no Osteopathic College there. Many have told me that they had rather be osteopaths but could not afford to leave home and go to a distant city, and could go to chiropractic schools in New York without leaving home. These fellows, (I know many of them) are turning to chiropractic schools in New York City because there is no Osteopathic College there. Many have told me that they had rather be osteopaths but could not afford to leave home and go to a distant city, and could go to chiropractic schools in New York without leaving home.

Osteopathy can't afford to lose this material. Are there not men who can see this procession going chiroward each year and have osteopathic ambition enough to found in New York City an Osteopathic College and steer these fellows into it. No other city in the world can offer the great advantages for such a college as New York. Think it over—A. L. Preston, New Haven, Conn.

IN D.O. LAND

Sixteen D.O.'s Licensed in Washington

As one of the committees on examination in Washington I want to report that 16 osteopaths were granted licenses. By examination 14 by reciprocity, to practices in this state, at our July meeting: Dr. A. D. Morehouse, A.S.O., Dr. G. W. Thomas, A.S.O., Dr. Louis H. Morey, A.S.O., Dr. J. W. H. Coleman, A.S.O., Dr. H. B. Whitney, A.S.O., Dr. George Wm. Williams, A.S.O., Dr. Charles A. Self, C.O.P.S., Dr. Henry Addison MacK, L.A.C.O., Dr. Albert S. Scharff, A.S.O.—W. T. Thomas, D.O., Tacoma, Wash.
Dr. Francis A. Cave Resumes Active Practice

After several months of convalescence from a bad case of neurasthenia from over-work (both in the Osteopathic organizational activities) Dr. Francis A. Cave, we are glad to report, is recovered completely. He has resumed his practice at 50 Huntington Avenue, Boston. He is full of pep and as much concerned in pushing osteopathy forward as ever. You would really break down if you went from attempting to carry too much for the profession, through two or three years, instead of taking his much needed vacations in their due season; to see now that he is back on the ball to receive his share of referred cases now for the next few months and his excellent practice is running normally again.

Mrs. Joseph Clark Stone Passes On

On July 30 at St. Louis, Missouri occurred the death of Mrs. Stone, wife of Dr. Joseph Clark Stone of Kokomo, Indiana. Mrs. Stone's illness dated back several years, and was a general neuritis, which followed an operation. Everything known to science was done for her. No one but those intimately associated with them knew what sacrifices Dr. Stone made in her behalf. Always active in state and national associations, these relations as well as private practice were neglected in a vain effort to save the beloved wife.

M. S. O. A. Annual Meeting

The Michigan State Osteopathic Association will hold its annual meeting in the new nurses' home in connection with the Detroit Osteopathic Hospital Wednesday and Thursday, Nov. 2nd and 3rd. A good program is promised by our program committee, and we will be pleased to have any physicians visiting who may be in the vicinity at that time. Edward G. Shuyler, D.O., Secy-Treas., M. S. O. A.

Have You Had Claims Recognized?

I saw an article some time ago in regard to some doctor that had treated disabled soldiers and held his bill in to the government and received pay for it. Can anyone tell me anything about this. Are there some disabled soldiers here that want to take treatment of me and have the government pay for it? I would like information as to how and where such bills should be presented—G. A. Johnson, D.O., Malta, Mont.

Who Does It and Why? What's the Answer?

Do you know the 500,000 people who are over-ruling our state laws by denying us osteopathy the right to practice in the state of New York? Every time I mail a letter from the war front I see that the wrapper is all in apparent quest for reply! Is there an authorized agent in the war office of the state of New York to receive mail from me? If so it is my opinion that a bill should be made up and sent to the state of New York to reply to all mail or letters from the war front? If not it would be mistake for my cousin and take her time to write in petition—W. Gardner, D.O., Grundy Center, Iowa.

Ohio News

The N. W. O. O. A. met at Napoleon, on Thursday, Sept. 8, 1921. Program for the day: Dr. D. J. Clark, Ohio, luminary; 1. Anatomy, 2. Functions, 3. Les­ons: 1. Effects produced by lesion, 2. Diagnosis, 3. Corrective Technique; Dr. Cole, Bowling Green, Ohio, The best way to spread Osteopathy; Dr. Jackson, Defiance, Ohio, Milk diet, its value in chronic diseases and my personal experience with this treat­ment; Dr. Arthur, Wooster, Ohio, Probable and Gastrointestinal. Diagnosis and treatment. A few X-ray demonstrations.

THE HUMAN BODY RUNS LIKE AN AUTOMOBILE

An entirely new and strikingly original popular exposition of osteopathy. Its analogies are delightful; its instruction splendid; it takes in the vernacular of the autoist which, these days is A.B.C. to most everybody. You had better “step on the gas” and reach us in a rush with a good order:

Osteopathic Health for September

Shore, telling us that he is spending a two month vacation in the Rocky Mountains and that he is golding daily and feeling bully. We just want you there too to take you on for a round.

Dr. Bert L. Adams of Newman, Illinois, spent a week in Chicago taking special courses in gradual work in Eye, Ear, Nose and Throat. Then after a two week return to practice he made a motor trip to Ohio for the purpose of visiting his wards which is an invalid, and attending the AOA conventions at Cleveland.

Dr. T. L. Morgan formerly of Lincoln, Nebraska, is now in the Orient. He has returned to the Orient for his latest, and to the wintertime in California.

Dr. J. C. Howell of Orlando, Florida, writes us that after taking Dr. Edwards’ special course in surgery at Cleveland and spending a few days with friends in Pennsylvania and New York, he is back home and getting settled to practice again. Dr. Howell took the first course that was given by Dr. Edwards in Philadelphia in 1914. Also he took the course that was given by Dr. Edwards in Chicago in 1916. In addition he did special work in eye, ear, nose and throat. From time to time he says that he does not feel that he knows all there is to known about the subject, but that nevertheless Dr. Edwards says has helped him to be a “specialist” in that line. We will say he has done the right sort of studying anyhow.

Nothwithstanding all obstacles thrown in our way by the medico-legislator in Cincinnati in the front line in Los Angeles. Dr. L. Ludlow Haight writes us that he is feeling fine and that he is doing an excellent work among his neighbors because the health officer has let him “become a little chesty,” not with Dr. Haight but regarding drugless healing methods. Dr. Haight says that he charges double the health officer’s fees for visits but that nevertheless he has cut his practice somewhat; he feels that it is as if he has enough practice at his office and the others to have the privilege of breathing the clean air and playing baseball with his four boys, es­pecially his services the day before the county always commanding preferred fees. Osteopaths who know their business will write us how to get our people to take up osteopathic care.

Dr. Ruth A. Hazeltrig and Dr. Hoses R. Williams were married at Hopkinton, Iowa, July 25. Dr. Hazeltrig had been practicing for one year at Manchester, Iowa, and Dr. Williams had been a student osteopathic at the Des Moines college of osteopathy. The trip to Hopkinton for the ceremony was made by motor car, there being a small group of friends. The event was celebrated at the new Presbyterian church, the Rev. Wm. Ross was the officiating parson. Hazeltrig's old pastor, dedicating Hight to the practice of Manchester.

Mrs. Keefer, mother of Dr. Frederick E. Keefe of South Orange, New Jersey, July 29th at her home in Fitzgerald, Georgia, age 76.

FOR SALE—Practice and equipment. Western Missouri osteopathic town, 30 miles from Independence. Leaving October 1st for P. G. course. Address Charles W. Wool, D.O., Gillam City, Mo.

WANTED—Osteopath to take half interest in hospital and dispensary at Kansas City, Missouri. Salary satisfactory. Address No. 313, care of The OP, Waukegan, Illinois.


WANTED—OF $1,000 Minnesota practice, two stories building, excavation and equipment in place. Address No. 319, care of The OP, Waukegan, Illinois.

WANTED—OF $1,000,000 Minnesota practice, two stories building, excavation and equipment in place. Address No. 319, care of The OP, Waukegan, Illinois.


Osteopathic Health for October

Osteopathic Health for October

Dr. L. Ludlow Haight writes us that he has moved her office from 528 Empire Street, New Jersey to 330, care of Dr. C. F. Bandel of Brooklyn, New York, writes us that he classes him as a very good program is promised by our program commit­tee.

Turning our eyes to the west, we see a rush with a good order! The Michigan State Osteopathic Association will hold its annual meeting in the new nurses' home in connection with the Detroit Osteopathic Hospital Wednesday and Thursday, Nov. 2nd and 3rd. A good program is promised by our program committee, and we will be pleased to have any physicians visiting who may be in the vicinity at that time.