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Spinal Adjustment—A Discussion


I—Immunity

Osteopathy has been pre-eminently successful in healing many thousands of cases in which there was no lesion. Sometimes there have been failures, but not of Osteopathy but of the operator. This article is written to discuss the lesion so that the light may be shed upon the lesion. The lesion is the greatest problem in osteopathic treatment, the necessary condition of Osteopathic Adjustment—remaining the lesion—circulation of nerve forces—vitality—blood—esence—antitoxins and all the vital elements the artery contains, its rule is supreme. Osteopathy by circulation means Immunity.

As a teacher of the old school what the hood is and he will say, water, cells, salts, etc. As a teacher of the new school and he will say, cells, salts, etc., but the important part, in which we are interested, is made up of mucus, osphageal, phagocytic forces, serums, albumens, vital fluids, health elements, food, strength, vitality, immunizing substances. All these elements and more are in the blood. They are manufactured by the body tissues and passed into the blood stream. Besides circulating them to the capillaries where they work, osteopathic treatment helps the body to produce them when they are at low tide.

Osteopathy helps the body when the call for such substances is not being well met and Osteopathy helps the body to sweep these vital substances to the capillary field of action.

II—The Thrust

Among all the currents and cross-currents, schools and departments, movements and counter-movements at present being promoted each in its own enthusiasm, one of the bright spots is the interest the profession is taking in osteopathic thrust. The desire to return to the original A.T. Still technique which was specific and quickly given, seems to be rapidly gaining a prominent place in osteopathic thought.

Doctors Earl S. Willard, J. Oliver Bartwell, John V. McManus and others are working hard to bring certain phases of this original A.T. Still technique back into the profession. The body interest which the discussion on the recent Leverage with Speed Technique now running in The Osteopathic Physician, has created, is an indication that the profession is ripe for a return from all-over-body-fingerling to specific spinal adjustment.

These Osteopathic Physicians who have raised carefully the demonstration of this specific adjustment and have studied the work being done in the course of teaching at some of the schools of thrusto-practic, say with pleasantness that a course in this specific adjustment will make a much better osteopath out of any of us and would be a god-send to most of us.

This technique as demonstrated by the thrusto-practic teachers gives a very limited number of movements and, of course, does not cover anything like all that should be used. And while, of course, we could not agree with most that these few movements are all that should be used, this course observed and studied with an open mind to spinal adjustment is extremely beneficial.

Several names in Osteopathic Physicians have for the past few months been making a study of the trend of developments in spinal adjustment and feel that they have learned a great deal.

III—Locked Extension

First, the essential elements that stand out in the thrust method of adjustment (or the low table technique) are VELOCITY, PENETRATION AND CLEAVAGE. A thorough understanding of these three elements as they relate to the thrust method of adjustment will give you the kernel of what the thrusto-practic branch of the manual therapists calls its system.

In addition, the teachers and students in some of the schools are expert palpators. Being expert palpators they have what are called "holds" enabling them to get a good contact for the thrust. Then when the specific thrust is given with great speed it is a system you can be sure is not to be sneezed at.

The fact that most thrusto-busto-practors are too severe does not disprove the system. A good operator, one that has great speed does not as a rule cause any severe pain in giving a thrust, and he finds that with study and practice he is able to master this increase his speed and as he increases his speed he gets better adjustment and with less pain.

Doctor John V. McManus who has investigated the subject says, "I found that the terminology of spinal subluxations as used at some of the schools has some sense to it. One can understand what is meant at once. They also have all of their tools and methods of obtaining contact named so that anyone can understand and learn them. A doctor at my request examined three patients who were one week after neck and back so that he could not possibly tell which was which. He then made a report as to the subluxations he found, the kind and the particular vertebra involved, etc. We then took him out of the room, changed the patients about and he came back, examined them and made a second report. This report was 97% correct with the first examination. How many of us can do that and tell exactly what vertebra we are examining; what the rotations and subluxations are, put it down on paper and tell the same story twice? The only way this can be done is by training and practice in palpation, day and day out."

As to terminology that is being standardized and can be easily understood—Doctor Earle Willard is teaching just such a system. His system is his own original work. Some of it has been described in recent issues of The OP.

Now as to the other side of this thrust treatment, especially as it is used by men untrained in the histology and pathology of the bony, ligamentous and other tissues which go to make up a spinal joint, and the nerve and vascular tissues in relation to this joint.

Often, if not usually, their concept is very limited. They depend almost altogether on the thrust in making an adjustment. The word "adjustment" as used by him does not mean correction of the subluxation. When they say he has given an "adjustment" he does not mean to convey that he has made a complete correction of the lesion or subluxation—not at all. He means that he has driven the bone back toward its normal position. He claims that if he does this often enough this driving back will change the tissues and discs sufficiently so that eventually he will get a complete correction as to position.

And this is where the chiropractor falls down. This is his great fallacy. The adjustment of spinal subluxations with velocity, penetration and cleavage is the only scientific and successful method in many conditions. This thrust is especially good for breaking up adhesions which, of course, are present to a greater or lesser degree at the site of every lesion. Used, hit-and-miss, however, and without knowledge of the histology and pathology of joints, it is one of the therapeutic crimes of the age.

For example, it is found that chiropractors about the schools who have had a considerable number of adjustments have very rigid spines. This is especially true of the lumbar region. It is due to too severe and too frequent thrusts. There is no difference in what actually happens in the structure surrounding a joint when it is thrust and when it is sprung, except in de-

"Where There Is No Vision the People Perish"
Now, when we treat an ankle that has become stiffened from a sprain that took place sometime last week, we begin with a break-down of the barrier. This is done by light stretching movements followed by light stretching movements to put the joint through its normal motions will tend to normalize the tissues, restore pliability and flexibility to the joint and restore the vertebra to its proper position. Flexibility, circulation and proper position mean normal function and vital flow.

On the other hand a thrust to a vertebra severe enough to break down the adhesions and stretch the ligaments, sets up enough inflammation to cause great or greater adhesions to form and more rigidity is the result. If proper passive motion is not kept up on the patient's part, the vertebra is exactly what happens to chiropractic patients and it might be said that it happens to a degenerative type already.

We must keep in mind that there are two extremes in spinal adjustment—the too severe breaking up of spinal adjustment and the too gentle manipulation of the spinal musculature.

The first when used without judgment results in considerable injury. The second when used to the exclusion of deeper treatment does not produce the good results which true osteopathic treatment should. But it is a fact that treatment of any kind whatever, if it stretches the spinal tissues and moves the joints in a manner to overcome rigidity, even if very little, is a wonderful thing. It has a profound effect on the activity of the internal organs and the circulation of blood into and out of them. "The rule of the thumb." This will be taken up further along in this discussion.

The thrust-practor has a very limited conception of the actual pathology present in the lesion. Like many Osteopaths he does not think for himself. Not one in a hundred could tell you the moment in which a vertebra has any contractual power, although many of their books and lectures discuss at length contracted ligaments. Not one in a hundred knows the difference between a contracted muscle and a contracted muscle. Especially the actual histology and pathology of this. Like many Osteopaths he cannot tell you why or how stretching the spine actually increases the flow of blood to the cord.

While a doctor must never allow a patient to drive him the treatment, at the same time, we must give the general public credit for considerable knowledge and discernment on the subject of bones quite apart from other than the pull of well managed advertising why spinal adjustment as represented by the "thrust-practor" profession has made such a wonderful appeal to the lay.

In the first place this therapeutic application gives a patient something tangible to which to put his faith and adjust his treatment as a specific care for a specific disease and it takes no great mentality to see why this would produce a powerful appeal which it has to the public.

Again in applying his treatment of adjustment, the thrust-practor has first been conned into giving massage either to enter into the thrust of the adjustment. This is followed by specific spinal adjustment at a specific nerve center as a specific care for a specific disease. It also must be remembered that some very simple and extremely gentle massage. This is followed by specific spinal adjustment at the specific nerve center which is used as a specific care for a specific disease.
How It Feels to Treat 86 Patients In One Day

F. P. Millard, D.O., Toronto, Canada, Chairman Bureau of Free Clinics
for the Prevention of Spinal Curvatures

Early one morning, about six o'clock, I got up and prepared for my day's work. It was the 21st, to be exact. Several times I treated 75 or 76 in a day, but I had a good rest on the day before; so I felt that on this day I might make a record. After preparing myself for the office as usual, I started there at 8 a.m. Three clinic patients were waiting. As this was my first clinic morning, I started at 8 o'clock and ran through until the last patient was treated. I treated 33 clinic patients, finishing at 9:25; and then started on regular practice.

I had not looked at the booking sheet; I did not know how many patients were coming that day, although I felt somehow that it might prove to be a record day. Sometimes one gets a little vision of what is coming, and sure enough, when I closed at 5:20 o'clock that evening I found I had made a record and yet did not specially try to do so. I gave each patient proper attention, and made all of the examinations that I would have made, had I had more time. I simply worked a little faster and did not spend as much time sitting around as I do when I have only 76 treatments to give in an entire working day.

I am aware of the fact that some Osteopaths say this is impossible. I believe it would be impossible for them as they work. Also, I believe it would be impossible for any one who is not a constant student of anatomy and who does not spend at least two or three hours a day in nerve tracing and pondering over various stages of disease that come up, in making drawings, writing articles and books, and all of those things that keep one in constant touch. I also believe that it would be impossible for one who drives his own motor and tends his own furnace and looks after other things that one can so easily have done by a servant. I know it would be impossible, as for any one who is not in good physical condition and who does not possess a good physique; yet I find it very easy of accomplishment, and really I believe that some day I will be able to treat 100, and still not feel too/upper.

It is certainly possible by Osteopathy, as taught by the "Old Doctor." I am a firm believer in the A.T. Still Osteopathy, and as long as I am at practicing surgery or doing specialty work in simply Osteopathy as taught years ago and being taught now by our best colleges, I am a firm believer in that. If we understand the adjustment of the human body as we should, we should be able to handle these cases and do the work as much, or more so, than by the method employed by some misguided Osteopaths which the patient is massaged and muscle-tested for half or three-quarters of an hour! If we are specialists of the highest order on spinal work, if we know better than any other doctor how to adjust, if we are better anatomists, then why should we not be able to accomplish more?

I am a very thorough believer in efficiency; a believer that a man should be more capable each year than he was the previous year; that he should be more efficient as years go by, and that last, first and all the time he should know how to take care of his own body, that he should be and should keep in perfect trim; that he should be able to show others that he understands his own body so closely that he can keep himself fit and in the best of form and function.

After treating these 86 patients in this one day of course I felt tired, but not in any degree ill. I spent the evening in reading and a little study, although, as the next day was Sunday, I concluded that I would not do much and that I would do my dictating on the dispense Sunday afternoon. I have now been busy for three hours writing a series of articles which will appear in the various magazines. Tomorrow, Monday, I am ready for practice again.

I will add that I did not sit down very much yesterday! In fact, I do not remember sitting down but once. I took my regular luncheon, as I always do, and I thoroughly enjoyed handling the number of patients I did; and I believe it would be possible for any Osteopath trained along similar efficiency lines to do it.

We must get away from this old method of treating only "so many" a day, and giving each of them "so much" treatment, so that some of them may not be able to come back for several days. I insist that is not the sort of Osteopathy that Dr. A. T. Still taught us. I cannot recall ever seeing the "Old Doctor" treat a person more than from half a minute to three minutes. Did you? Absolute specific work—that is what we want taught in our colleges.

The proof of it all is, if it works out in practice by charging high prices, as we do here in Toronto, it certainly shows that the people are sufficiently satisfied, not only to continue to come themselves, but to recommend it gratefully to their friends.

If I have something in method that the rest of the profession do not have, do not blame me for making the statement that this important thing can be done, but try rather and work out for yourselves a similar method and learn to accomplish more than you have in the past.

I want to say that this is our regular method of treating and that when visitors are present we conduct the same manipulation and work with the same rapidity that we do when we are alone. We have had several Osteopaths visit us and they report that we not only cover the entire body, including treatment of the feet and the making of a thorough lymphatic examination, but we adjust every lesion that can be adjusted with one treatment.

All my outside work is done by a co-worker, who helps me every day in that way but not in the office. All of my office work is done by myself.

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Dr. F. P. Millard

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Millard's Trip South—See His Efficiency Wheels Go Round

S. L. Scothorn, D.O., President, A.O.A.

About the first of December I learned that Dr. Fred Pnine Millard of Toronto, Canada, was going to be in Muskogee to spend Christmas with his parents, so immediately the Dallas Osteopathic Association invited him to spend a day with us and hold a Perfect Spine Contest and also start a Free Clinic for Children. He not only accepted the invitation but kindly offered to stay an extra day and do the same good work in Fort Worth.

He arrived in Houston, Dec. 28th, and was immediately taken to one of our centrally located churches where the Perfect Spine Contest was held. There are thirteen Osteopaths in Dallas and each of us had pledged that we would bring one entre to the contest if we had to pay her to come; but to our surprise many were willing to care take of. Seventy-five applicants were examined and at twelve o'clock we had to close the doors in order to get Dr. Millard to the Rotary Club where his talk is "The Relation of a Perfect Spine to Good Health."

We also thought we would have a hard time to get the papers interested in taking photographs as was done in Chicago but, to the contrary, when we arrived at the church photographers representing each of the papers were already there. At first the ladies did not want to have their backs taken, but after one consented to pose, everybody wanted to be in on it and the rest were very much disappointed when the photographers left at ten o'clock. Some of our leading papers run front page pictures of the contest and, taking it all in all, I believe we received more publicity in one week (which included the invitation by the Dallas Osteopathic Association to Dr. Lorenz) than we had received in years previously!

After the Rotary meeting we started our Clinic for children. It seems very little for each Osteopath, taking into consideration the great amount of good that can be accomplished. One week later the Dallas County Medical Society started a clinic for poor children. It is better to lead than to follow.

At four o'clock Dr. Millard gave us some of his rapid-fire corrective technique and in one hour he treated fourteen Osteopaths. I would like to add here that we had visiting from surrounding towns including Dr. Engelhart from Oklahoma City who is the southern representative on Dr. Millard's Committee. Dr. Millard is now Chairman of the Board for the Prevention of Spinal Curvature and for Free Clinics. Dr. F. E. Dayton is Vice Chairman; Drs. Bailey and Gildersleeve from Waco and W. S. Marlin were also visitors, and all went home with the intention of starting a clinic in their towns.

In the evening Dr. Millard gave us a lecture on the "Lymphatics" which not only pleased us but opened our eyes. On the 29th, he spent the day in Fort Worth; the 30th in Oklahoma City; and the 31st in Muskogee holding Perfect Spine Contests and starting Free Clinics. Oklahoma went Texas one better, and culminated a State meeting which made their session in Oklahoma a big success.

On his way home, Dr. Millard stopped in Kirksville and Chicago and spoke to the student body and also visited LaPerre and Michigan City, Indiana, where he had started clinics some time ago.

Dr. Millard said on leaving Texas that he only regretted that he was unable to visit Mt. Vernon, the home of Washington, and Galveston, the birthplace of Henry Stanchoke Hunting.

You can look out for Millard and Dayton with their efficient committees and sub-committees to have at least one hundred clinics started and going by the Los Angeles convention!

S. L. Scothorn, President, A.O.A.

The Chesapeake is a tireless worker, a great pal, an intelligent guard dog and a lover of children. As a fighter, his sharp teeth, heavy swimming legs and feet make him unsurpassed. I have a female so well trained that she knows all the members of my household when the names are spoken, and will take an object to from any one of them at command. She will carry the mail to my residence from the office and I am going to teach her to go to the Post Office and when for the mail just as she goes to the kitchen sink for water when thirsty.
The Osteopath Who Eats Up His Seed Corn

Often just because practice is going fairly satisfactorily an Osteopath will neglect to do the things he should do—not only to make practice constantly better, but even to maintain himself in the income he now enjoys. Later on, unfortunately, he often has cause to repent bitterly of his folly. How many just such cases we recall who have made this mistake, of improvidence in the past twenty years!

We have in mind a man in a certain town of 25,000 inhabitants who is in the depths today. He had enough practice to satisfy him a year ago and he would not then spend any money on educating patients because he thought it was not necessary. He had eight years of growth back of him and thought foolishly he would just “let his patients do his advertising for him” and save that amount of money! Today his office is deserted and he sits idly two hours out of every three that he spends there vainly waiting for new patients to come in. Now he is fully convinced he needs our services dreadful, but he tearfully says he can’t afford to pay for it! He isn’t earning enough today to pay minimum family expenses. He wants to use a big campaign as soon as he is able to pay for it but he feels that he can only contract for a small one now which he will somehow manage to pay for.

This man ate up his seed corn!

When the time for planting returned he had no seed corn left to put back in the ground. He is experiencing famine. Serves him right.

If he can’t find the courage to borrow money now and wage a big sustained advertising campaign that will be equal to putting him back on the map, keeping it going unabated a whole year before he asks if it is paying him—he will stay down and out. He will be numbered among the failures in his profession. We have told him what he must now do to be saved, and that is, spend a hundred dollars a month for twelve months!

Will he? Why, that is his problem. We don’t know. If he hadn’t the courage to spend $50, a month when he was making $5,000 a year, on the assurance that he could easily make $7,500 to $10,000 on an educational investment of $600, per year, we doubt if he can make up his mind to spend $320 a year for life-saving publicity after his practice has fallen under $2,000 and his office is empty. It takes vision to do that sort of thing, and the richer man was enough vision to do it would have been guided by better vision in the first place. He would have been spending $1,000 a year in practice building and prosperity insurance all through the fat years when he was fairly successful. He then could have afforded to do it.

He sees it now. It is too late. His mistake has already cost him thousands of dollars and he got no benefit from the mule! You see, it has cost him more not to advertise than it would have cost him to enjoy all the benefits, profits and prosperity that would have accrued from the biggest campaign we could have conducted for him. Had he taken our advice two or three years ago, his income today beyond any question would have been several thousand dollars above his former peak income, instead of being, as it is, several thousand dollars less.

This man’s experience proves our contention—so often repeated to the profession—that you really pay for a good vigorous advertising campaign every year whether you get the benefit of it or not. If your practice slumps—and whose may not?—you pay for it in loss of your former income. If your practice only stands still you still pay for it in the loss you sustain because your income hasn’t grown. Your income ought to grow every year you are in practice until you pass the apex of your professional career.

But for the sake of your family, not to mention the reputation of Osteopathy in your community, don’t eat up your seed corn! If you refuse to save out enough dollars each year while you are fairly prosperous to reinvest in that sort of an educational campaign that will absolutely safeguard your practice next year and the year after then you deserve to go hungry if the day comes when you haven’t enough patients left to make expenses. You have made the deluge your choice.

It is the curse of Osteopathy as an institution that so many Osteopaths believe they are entitled to enjoy a good market for their services as long as they live without any advertising effort to build up demand just because they are educated to take care of such practice as comes to them. All such are leeches on the system founded by Dr. A. T. Still. They are reaping where they do not sow, and have not sown. But justice overtakes them, one and all, sooner or later, and when pride is gone and creditors are ominous, they feel a change of heart late in life and often come to us for advice about how to get back into the prosperity column. We can help even then.

We are glad to do so; but it costs them more and the rewards are far less than if they had permitted us to do a fair and safe amount of educational advertising for them every year while they were enjoying fair incomes.

We don’t want such mistakes to be on our conscience. We don’t want it to be our fault. We know better, and so we preach against the folly of prosperous Osteopaths eating up their seed corn. But do we make the advice and warning clear enough? Have we made you understand it? We want to do our full duty by you and by our customers.

So we say to our customers who are using just a little of our service, don’t stop at that mere taste of a campaign! You are not doing your duty to yourself unless you are campaigning hard enough to get the full benefit of all the practice possibilities of your location! Are you doing that? If not, let us talk it over with you. If you are not doing that you should be using our service more extensively than you are. Don’t make the mistake of eating up your seed corn. Let us hear from you.

RUNNING PUBLICITY SERVICE
for OSTEOPATHS

"Where There Is No Vision the People Perish"
the profession for fear of being "showed up." Some wonderful tales too come out along about September 1st. Knowing the King Bee, as I do, you would take that Emily junk with a little salt. I recall back in 1908, taking a squirrel hunt with this same King Bee of Emily

One Hour from Dr. Wolfe's Office, No Fisherman Could Dream of a Better Fishing Hole. No Artist Could Picture a More Beautiful Spot!

out near Yarrow, in old Adair county, Missouri. I have, luckily living, proof in Old Hl Henry and one other from New Orleans, if he has found his glasses.

Dr. R. Baker was never very close to any water, except when he was out at Dr. Charlie's Pond and a little fellow, weighing about 140 and feet 6, threw him in. He knows as much about fishing as Frank Battrd does about banking. That big, long, lanky, blonde Swede could use one of his long arms for a fishing pole. I don't see why he and Dr. Deason don't get together and fish through that two feet of ice. Deason could use him for pole, line and hook!

Have Dr. Robert Ware Rogers, the fellow that found out that Bound Brook and Somerset were in New Jersey, tell you his hobby—going down to Coney Island and Ashbury Park, New Jersey, and trying to find out what the Jews and wild waves are saying. He is sure it is a "Beech and I will tell you all the latest fashions in ladies bathing suits. Also how to sell Anomalx at so much per.

Ask Frederick A. Steele of Summit, N. J., about "how to comb your hair." That's his Hobby and if its on straight. His father was an honest (?) Politician from Bloody Mountain. Missouri. Of course I don't respect him, Mr. Baker, but I'll tell you all the latest fashions in ladies bathing suits. Also how to sell Anomalx at so much per.

The only thing that Dr. J. Deason left out was about shaving. Ask him how often he shaves when he's on vacation. Or does he let them get on the same distance, I decided to keep him from returning to deep water. So I held the bamboo rod and let it bend. Sure enough he broke it square in two and, in desperation, I held on to the line which he snapped like a cotton thread. I am still wondering how big that boy really was! You cannot land a big game fish until he is tired out and this often takes from one to two hours, but the thrills you experience during this time are more than I can describe.

Life is certainly more worth while When you begin the day with a smile. The remains of a thrill received on the brook. When a Rainbow Trout had held of your hook.

Enough for fishing. I like hunting better, any way. In the moun­tains section around Yellowstone Park big game hunting is good. Deer, Elk and Mountain Lion are fairly plentiful. With a few friends from Big Timber, I went into the mountains near Squandern. We pitched tent and left camp early next morning in pairs. Prospects of meeting Bruin made it more comfortable in pairs. About two inches of snow had fallen the night before and track were plentiful. We climbed the mountains for only about thirty minutes when I chanced to see a nice five-point buck about a hundred yards away. One shot from my Savage 306 and he went down. He weighed two hundred and fifty pounds, dressed. We were in heavy timber so got no good pictures of this buck. As we are allowed only one buck per season I left the boys and brought him out on pack saddles the next day.

How any normal man wouldn't love good dogs, also hunting and fishing, is beyond my power to conceive. I believe an Avocational material will materially lengthen any man's life: if not, it will surely double his joy while living!

Dr. Powell Has Their "Numbers"

I see you are running a Work and Play section in The OP. I was very much interested in J. Deason's actions. I sure did not know there was another "Bird" in the profession like that except Dr. Geo. Still, Jess Jamison and "Dink" Towles, of Towsleville, Minn., and truly yours.

When I was in Kirkville I remember hearing some wonderful things of how Dr. E. Merle Caynless used to have a run-up with a big bear that they named "Old Mose." Of course, a lot of us know of the big doings up at "Towlesville, Minn." because of the "Birds" that go up there. In August, each year, are afraid to invite the real "Elite" of

Massachusetts College's Farewell to Dr. Mather Thomson

Francis A. Cave, D.O., Boston

One of the most delightful social events in the history of the New England profession was the recent reception and dance given in honor of Doctor and Mrs. Mather Thomson, of London, England, just as they were about to return to London where Dr. Thomson goes to practice Osteopathy.

Doctor Thomson is undoubtedly one of the ablest men of the Old School who has ever become an Osteopathic enthusiast, and our profession is to be congratulated upon the acquisition. Born in Scotland, he practiced medicine for many years in Dublin, Ireland, and was Professor of Materia Medica on the faculty of the Pharmaceutical College of Ireland and also Physician on the staff of Meath Hospital, Dublin. He is a Fellow of the Royal College of Physicians and to-day holds the position of Special Consultant in Cardio-Vascular Diseases in the British Ministry of Pensions. It was years ago, while teaching Materia Medica, that he first began to repudiate drug treatment in the cure of disease, and finally resigned his position on the Faculty because of his increasing lack of faith in their efficacy.

While practicing medicine in Dublin he sent several of his patients to an Osteopathic Physician who quickly cured them, and this led him to investigate the claims of the osteopathic school. With a receptive mind, he then came to America to study Osteopathy and is willing to yield second place now to no one for loyalty to the osteopathic principle.

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THE OSTEOPATHIC PHYSICIAN

the British profession, Dr. Thomson is returning to London to practice Osteopathy and, with London as his headquarters, to carry on the gospel of Osteopathy throughout the British Empire. He is proud of the fact that he is an Osteopath and is master of the art of the healing art.

During his studies at the Massachusetts College of Osteopathy he won the affection of the students in every class by his constant willingness to give of his splendid training and experience or conduct the class in any subject during the absence of any professor. In fact, competition for his attendance was keen among the several classes to secure the opportunity of having him in the class to enlist him during any vacant hour. It was not natural that the organized student body, called the Caduceus Club, should wish to give a demonstration of its regard prior to his departure.

The Boston Osteopathic Society joined forces with the Caduceus Club to shape up the very best social time possible and it turned out to be all that was expected of it. It was the first time the student body and Boston practitioners had ever united for a love feast. The rooms of the Massachusetts College were tastefully decorated with the British and American flags intertwined, a fact which in no way escaped Dr. Thomson's attention. The large assembly room on the top floor was filled to capacity with physicians, students and their friends.

The Committee on Arrangements were fortunate enough to secure the service of one of the finest bag-pipers in the British Army, the Pipe Major of the First Division of Scottish troops landing at the Durhamels, and the skirl of the pipes opened the festivities, sending its message of affection straight to the hearts of the guests of honor of the evening. Two little Scotch "kittie girls" did the Highland Fling and the sword dance most beautifully and carried the beloved Doctor back to his boyhood days in the hills of Bonnie Scotland.

After a preparatory "initiation" during which several jokes apropos of the situation were uncanny at Dr. Thomson's expense, the Dean of the Faculty, Dr. J. Oliver Sartwell, presented Dr. Thomson with a sheepskin conferring upon him the title of "Professor Emeritus of Osteopathic and Medical Diagnosis" and in a splendid speech expressed the appreciation and affection of the Trustees and Faculty and wished him God-speed on the return journey.

In a response which plainly was an effort to control his enthusiasm, Dr. Thomson speedily expressed his appreciation of the warm friendships which he had formed with the profession and the students alike, and his regret that he must now begin the homeward journey; but stated that he was most proud to be an Osteopathic Physician and would carry the great message of Osteopathy to his friends in the British medical profession. He urged his hearers to remain steadfast in the faith, but to permit the growth and development which would inevitably come with natural evolution of the Osteopathic Philosophy. Each and every one present was invited to call on him when in London and, said he, "you will find that sheeple skin hanging in a conspicuous place on the wall of my office, because I am duly appreciative of the honor conferred upon me!"

Four charming young women—one from each of the four classes—then presented Dr. Thomson with a beautiful silver fruit-dish, suitably engraved to express appreciation and affection, as a gift from the student body. In accepting this gift, Dr. Thomson was again almost at a loss for words, but assumed that the students knew what feelings were in his heart, and his pride at having been one of their number. Short speeches expressing friendship and gratitude to Dr. George Goodheart representing the A.O.A., and by Dr. Frances A. Cave, President of the Boston Osteopathic Society.

One of the speakers mentioned the great natural beauty of the portion of Scotland around the birth-home of Dr. Thomson, but five miles removed from the scene of Barrie's lovely play, "The Little Minister," and he spoke also of the wonderful echoes in that country, so wonderful, he said, that the early-rising Scotstounians shook about out of their windows at night and the echo calls them at stated times next morning.

Refreshments and dancing filled the remainder of the time until midnight, when the gathering dispersed after voting the occasion one of the happiest times possible to Imagine.

Dr. Thomson appeared before the Osteopathic Society of the City of New York on the following evening and received there a most enthusiastic welcome.

Our profession has become greatly enriched and strengthened by its contact with this splendid and broad-gauged physician, a learned man ready to take off his hat to a fact wherever it may originate. His course should be an example an inspiration to all of us.

Vomiting in Pregnancy

In all cases of vomiting in pregnancy I have found the worm to be the culprit in the hollow of the placenta. Put patient in the knee—chest position and with two fingers catch the cervical arch and as you lift the corners of the subclavian vein on the other hand, balloon the vagina and pull cervix to normal position. Hold this position as patient assumes prone position. A few minutes spinal work helps to relieve the nervous tension of a local treatment, and allows the worm time to become set in normal position. This will cure the majority of cases of vomiting in early pregnancy. In case the worm is flabby and misplaced you have a harder task ahead.—W. O. Davies, B.O., Bozeman, Mont.

Hank Perkins He Sez: "By Heck, Do You Know?"

AXEL SLOWFOOT, TH' TOWN MARSHALL, SEZ THAT 'ER OST'OPATH IS ALLWAYS TALKIN' 'BOUT 'MOVIN' JOINTS' SO' RECKIN AS HOW HE MIGHT BE PURTY GOOD AT CLEANIN' UP 'SOME OF 'EM 'ER CITY GAMBLIN' HOLE'S"
As the Osteopathic Profession in New York City feels that the recent Galli-Curci Concert was accomplished more for Osteopathy in one single afternoon than anything ever before has done, I wish to give you a few of the facts so that they can be published and sent broadcast throughout the profession, for the reason that the New York Osteopathic Society in its entirety is absolutely of the opinion that our indebtedness to Mme. Galli-Curci could never be paid by mere words.

Over a year ago Mme. Galli-Curci made inquiries of Dr. G. W. Riley, her physician here, regarding our Clinic and expressed her desire to aid us by giving a concert. While unable to do so in that year, the accompanying letter was witness that she did not forget her voluntary offer.

The Osteopathic Hospital and Clinic Committee, of which Dr. Thomas R. Thorburn is chairman and Dr. L. Mason Beeman, secretary, was appointed to take charge of the concert. Several committee meetings were held and were attended by Messrs. Evans and Salter, Galli-Curci’s managers, together with enthusiastic members of the Laity Board of the New York Osteopathic Clinic.

The Profession was asked to dispose of any little sold boxes, the ticket sale being left to the regular channels, which shows how our indebtedness to Mme. Galli-Curci is further deepened by this action on the part of our managers. Mr. H. F. Benjamin, secretary of the Clinic Board, placed his office at our disposal for the sale of boxes. Although the regular scale of prices is $30. per box, a minimum price of $50. was placed on each. Three days before the concert all these boxes were sold at an average of $65. and many orders could not be filled!

For the first time in the history of the Metropolitan Opera House (which, in itself, lent a dignity to our profession) it was necessary to place rows of seats upon the stage and also in front of the regular orchestra chairs. During the intermission Mr. Philip Brasher, one of our Clinic Directors, in a few well chosen words, thanked Mme. Galli-Curci on behalf of the profession and for the benefit to be derived by suffering humanity through the Clinic, and further announced that the gross receipts were $10,000.

It may be further stated that Messrs. Evans and Salter furnished gratis some 500 large posters and 18,000 leaflets, our only expense being that of filling in the time and place of the concert. The broad-sides distribution of these, each one bearing the words “Benefit Concert for the New York Osteopathic Hospital” and a statement of its usefulness—not overlooking the newspaper announcements of a similar nature. In each program was inserted a booklet showing the activities of the Clinic.

It is our wish that you give all of this the widest publicity in your journal, as it is earnestly felt among the profession in New York City that the wonderful success Mme. Galli-Curci attained in this concert—the artistic triumph, the place in which it was given and the character of the audience—all have placed our Science before the public in a way that has never been done before, and our indebtedness to Mme. Galli-Curci is by no means curtailed.

At our regular monthly meeting last Saturday night, at the Waldorf, a committee was appointed to draw up a suitable letter of appreciation to be embodied and sent to Mme. Galli-Curci, copy of which will be sent later. Probably Dr. Thorburn, chairman of the Concert Committee, and possibly Dr. Smith, chairman of the Publicity Committee, have sent you some of the details of the concert, and it is not my purpose in writing this letter to burden you with a repetition or ask you to give this report the precedence, but wholly with the idea of impressing you with its importance and the wish of the profession in New York that the widest publicity be given same.

Therefore, I again wish to emphasize that your co-operation in this matter will be most fully appreciated.

Very sincerely yours,

Cecil R. Rogers.
Dr. Abrams' Message to Humanity—
Its Meaning to You!
J. V. McManis, D.O., Kirkville, Mo.

Having been requested by several osteopathic publications to write further of my experiences in Dr. Abrams' laboratory, where Mrs. McManis and I recently took his course in "Electronic Reactions" and studied the use of his "Oscillograph," I have been trying to figure out how this work could be best presented to our profession.

The important thing is to get the message across quickly and in a manner that will make its significance to Osteopathy readily understood. This is far more important than to attempt to show what little I personally know, or do not know, about these methods. Hence I trust Dr. Abrams will excuse me if I quote his own explanations extensively. Dr. Abrams is an able writer, a man with a very broad education and, since these methods were originated by him, I feel that it will be right for me to make use of his own writings in helping to put his message across.

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The Cancer Problem

[Dr. Albert Abrams in Physico-Clinical Medicine]

Until the "Electrical Nature of Man" is recognized, the cancer problem is remote from solution. Much imagination has been exploited in theories which have failed to survive the lapse of time.

In the prodigious literature ancient cancer only two conspicuous facts can be extracted:
1. An exciting cause specified as irritation;
2. An unrestricted growth of cells.

The cell is not the ultimate constituent of the organism; it is the electron.

The electronic conception of cancer is the only rational one and this rationality is emphasized by the results of treatment, based on this conception.

The units of cells are charges of electricity known as electrons. What we call a cancer is only matter of positive and negative electrons plus ether. The differentiation of matter is only a question of arrangement of the electrons. It is by aid of this allotropy that one substance is distinguished from another substance. The electrons of a normal cell are electrically balanced, that is, they are isoelectric spheres of positively and negatively electrified corpuscles.

It can be shown by the "Electronic Reactions of Abrams" and by aid of the writer's Oscilloscope that tissues in the norm yield a neutral current, but if these corpuscles are irritated, they become positively charged owing to the escape of negative electrons.

The disturbed peculiarities of the electrified corpuscles has invited chaos and the riot ensuing among the positive electrons suggests the unrestricted growth of cells or cells gone mad. A cancer, then, is an insane revelry of electrons and the actuating factor of this biophysical agony is irritation.

What is the source of this irritation?

Until the advent of the electronic reactions, medical practice was dominated by the cellular theory and a solution to the problems of pathology was sought by aid of the microscope. Vital phenomena are dynamic and the actions of organisms should be regarded as processes and not as structures.

The misdirected researcher saw with his microscope only the carnage wrought by the intermede battle of the electrons. He saw aught of the causes leading to the battle, hence the cancer at its inception was beyond his ken. It is for this reason that the study of processes and not structures must supersede the interpretation of pathological phenomena.

It is necessary to destroy the chaos on which present day pathology is founded to make it useful in the service of the physician.

Recent investigations with the electronic reactions show that the soil in the human on which every cancer develops is a persistent focal lesion of congenital syphilis. This is a source of irritation. Without this focus, cancer would be relegated to desuetude. We are all congenitally syphilitic in various degrees of dilution.

It is unnecessary to anticipate this human blight by asseverating the world is becoming cancerized, that is, they are isoelectric spheres of positively and negatively electrified corpuscles. The Utopia of medical practice will be achieved when pathology will be recognized as a mere annex to syphilography. One must not for a moment believe that human pathology is specific. The laws of nature are universal and are not abrogated in favor of one creation.

I have shown that there are cancers of plants. That certain kinds of moulds developing in fruits are veritable cancers. That iron rust, in a chemical sense, may be an iron oxide, but in a biophysical sense it is a cancer. That the mould on cheese is tuberculous.

Two problems now confront us, viz:
1. Is cancer preventable?
2. Can it be cured?

My scientific anarchy may already have astounded the reader when the writer declared that without congenital syphilis there would be no cancer.

The question is, can we eradicate congenital syphilis?

My answer is we can eliminate it from the blood, but the foe from which cancers are de­ rived cannot be thus eliminated by our accepted methods of treatment.

There the xeropotes are enmeshed in connective tissue and thus elude conventional medication. A local treatment is mandatory. The topical use of radium has been exploited for this purpose, but it is a failure.

The "Crocker Cancer Research Laboratory of Columbia University" concluded that no cures were effected. In other words, while temporary results may be achieved, the tumors are invariably resistant to radiumization.

The rational use of this failure is attributable to the fact that the positive alpha rays are absorbed by a few inches of air or a single sheet of paper, whereas over 95 percent of the energy evolved from radioactive substances. Thus radium is inefficient in cancers below the surface and the preponderance of positive rays only serve to contribute to the growth of a cancer for the reason that cancer is already a positively electrified mass.

My investigations show that all chemicals are radioactive, and that the energy coefficient of radium is relatively small when compared to many inexpensive chemicals.

Laughlin Hospital and Training School for Nurses
Kirksville, Missouri

HOSPITAL STAFF
Dr. Geo. M. Laughlin
General Surgery and Orthopedics
Dr. C. E. Styles
Osteopathy
Dr. F. L. Rigsby, Obstetrics
Dr. M. Elwell
Genito-Urinary and Rectal Surgery
Dr. E. H. Laughlin
Supt. of Laboratories and Specialist in Heart and Lung Diseases
Dr. A. C. Hardy
Eye, Ear, Nose and Throat
Miss Ruth Storey, R.N.
Directress of Nurses Training School
Dr. John Halladay
House Physician and X-Ray Lab.
Dr. L. B. Overfelt, Interns
Dr. E. C. Chapdelaine, Interns
Dr. Leon Page, Interns
Dr. Melvin A. Hailey, Interns
Dr. G. Y. Warner, Interns
Dr. W. J. Hughes, Interns

Our hospital has enjoyed a very prosperous, satisfactory second year, with about 40 percent increase of patients over the previous year. Dr. Hardy has proven to be very capable in the Eye, Ear, Nose and Throat Department. His work is high class and conservative. No effort is made to do things in a spectacular way. Dr. Earl Laughlin and Dr. Rigsby have both proved very valuable in their departments also.

For further information address Dr. George M. Laughlin, Kirksville, Mo.
Malignant metastases following sarcoma of the eye.

The A.S.O. Hospital at Kirksville, Missouri, has gone to a great deal of trouble and expense to equip what they believe is one of the best X-ray outfits in the country.

We will be glad to handle a part or all of your X-ray work.

Fraternally yours,

GEORGE A. STILL,
A.S.O. Hospital, Kirksville, Mo.
To express myself definitely:
Radium (10 milligrams) yields an energy potentiality of only 22-258ths of an ohm, whereas eosin exhibits an energy of 2½ ohms. The writer uses the latter in cancer painting over the growth. It is as harmless as it is efficient. The theory of action is essentially one of "similia similibus curantur."

Having determined the vibratory rate of cancer, one imposes upon it a similar rate and thus destroys it. Eosin has a rate corresponding to the vibratory rate of cancer. This is practiced therapeutically by destructive resonance, a familiar fact well known to physicists.

Every object has a certain natural period of vibration. If one approaches an object with a source of vibration of the same vibratory rate as itself, the object will be set in vibration. This forced vibration of the object may attain such magnitude as to fracture and utterly destroy it.

It was a trick of Caruso to take a wine glass and by tapping it, determine its tone (vibratory rate) and then by singing into that tone into the glass shatter it.

The writer has devised an apparatus known as "Oscilloclast" with which destructive vibratory rates are delivered to the patient. In cancer the results are positive, and immediately and practically all early cancers are thus amenable to cure.

By this apparatus recurrence is prevented by delivering rate corresponding to the sympathetic substratum from which the cancer has developed.

The theory of embryonal "Rests" and "Vestiges" to account for the origin of tumors must now be abandoned. Power of removing to new and different foci; in the Land. The epigenetic ensuing is different, and the difference is a matter of knowledge.

The theory of action is essentially one of resonance, one imposes upon it a similar rate and thus destroys it. Eosin delivers radioactive or destructive rates, and only learn, -Dickens

New Federal Maternity Bill Regarded as Good by Dr. Atzen

The Sheppard-Towner Maternity Bill H1 2599, S. 1039 has been passed by Congress and signed by the President and is therefore a Law of the United States.

The Board of Maternity and Infant Hygiene consists of the Chief of the Children's Bureau, the Representative of the United States Department of Health Service and the United States Commissioner of Education.

The Chief of the Children's Bureau of the Department of Labor is charged with the administration of the Act through the Instrumentality of the respective states, and any state having a Child Welfare or Child Hygiene Division shall be authorized within such state to administer the Act.

We will quote Section IX complete for states specifically what authority the respective agencies that administer the Law may exercise.

"Section IX. No official, agent, or representative of the Children's Bureau shall by virtue of this act have any right to enter any home over the objection of the owner thereof, or take charge of, or make objection to, the parents, or either of them, or of the persons standing in loco parentis or having custody of such child. Nothing in this act shall be construed as limiting the power of a parent, guardian, or person standing in loco parentis or having custody of such child, to determine what treatment or correction shall be provided for his child, or the agency, or agencies, to be employed for such purposes."

This section clearly defines the authority granted under this act and it further clarifies that the states that every agency will be respected.

This Bill which is now a law, is altogether different from the original Sheppard-Towner Bill. An amendment was made to the Bill which is now a law.

The amendment submitted to the purpose of the Bill by the American Osteopathic Association, passed by the House of Delegates during the Cleveland Convention and taken up by Senator Sheppard and Congresswoman Towner by Dr. C. D. Swope of Washington, D.C., was not incorporated in the Bill by the Committee having the Bill in charge. This Bill now in the Senate as it is now in the Senate will be referred to the proper committees of the Senate and House of Representatives and be provided by the House of Representatives.

Therefore, it seems to this Bureau that a present Bill as enacted into Law will in every way safeguard our rights in the respective states.

Fraternally yours,
C. B. ATZEN, D.O., Chairman
A.O.A. Legislative Board

Beg Your Pardon

Our attention has been called to a slip error that appears in the Abrams' article written by Dr. McLanis in the January issue THE OSTEOPATHIC PHYSICIAN. We there read: "Upon seeing his demonstrations to his profession in Boston, Dr. Francis A. Cave sold all of his office and practice and came here last week, etc." Dr. Cave sold out the fixed equipment in his office at 30 Huntington Avenue for a purpose of removing to new and larger office at 300 Beacon Street. Says Dr. Cave: "we have not disposed of my practice, neither have I any intention of so doing, as Dr. Abrams' article is simply an extension of the osteopathic profession."

It is very difficult to obtain knowledge and very few acquire beliefs.—Gustave Le Rouge.
Dilatation and spasticity

A prominent authority of international reputation who has made an exhaustive study of the therapeutic value of Liquid Petrolatum says that laxatives of all sorts increase the spasticity of the intestine, whereas, liquid petrolatum lubricates and protects the sensitive surface of the spastic bowel, at the same time softening the intestinal contents so as to permit passage through the bowel without mechanical irritation.

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The OSTEOPATHIC PHYSICIAN

The Organ of News and Opinion for the Profession

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EDITORIAL

Fairness, Freedom, Fearlessness

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

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No.3

RELATION OF DR. ALBERT ABRAMS' WORK TO OSTEOPATHY

Francis A. Cave, D.O., Boston, Mass.

I have been asked to write for The OP regarding the philosophy and work of Dr. Albert Abrams, of San Francisco, and links with the keenest pleasure that I respond. My text will be taken directly from the letter of Dr. Andrew T. Still, dated March 1, 1908, and reprinted on page 5 of the January OP. The "Old Doctor" clearly showed his mental breadth and depth when he wrote, "I am one of those who is not afraid to peruse and acquaint himself with all the branches pertaining to the subject of human life, the form of the body with all its parts and functions when in normal or abnormal condition. I am glad to have one man who compromises with nothing, not even with Truth itself, a man who is ready to offer and stand to the Truth without apology."

While of course these words of Dr. Still related to your journalistic work for the science and profession, it nevertheless can be accepted as the "trumpet call" for progress for the entire osteopathic profession! And while at all times maintaining my position proudly and professionally on the basic osteopathic philosophy, I also fully realize that our final limitation of training is what the human is capable of, and that the osteopathic profession is treading the pathway to far greater things as our philosophy develops along the lines of pure science. And so I have no apologies to make for helping to introduce to the osteopathic profession a new concept in diagnosis and treatment.

Did you ever hear of the Osteopathic Bug? I have. I know many. I am one myself. What is an Osteopathic Bug and how does he get it? He never gets it. And I hope the Osteopathic profession can get it.

Dr. Albert Abrams is the greatest man produced in the medical world since Dr. Andrew T. Still. The past century has produced no greater medical thinkers than these two men; and were the "Old Doctor" alive today, I doubt not he would glory in the investigations of Dr. Abrams—not only because Abrams has blazed the trail toward an understanding of the electronic activities of the body, but also because he makes constant researches into the science of spinal reflexes, which he has developed along lines largely unknown to or else much neglected by the osteopathic profession.

During my stay at Dr. Abrams' clinic in San Francisco, I talked with dozens of patients undergoing treatment for carcinoma, sarcoma, ague, chorea, syphilis, nephritis, streptococcal infection, etc., etc. I also met many patients who had already been cured of these various complaints. I also talked with many physicians, one of whom was a special one, that I displayed with great success and were most enthusiastic in their praise of them.

The Electronic Reactions of Abrams (ERA) were producing results almost unbelievable, even when demonstrated. The whole theory of this work is most revolutionary and directly contrary to present-day medical talk and tradition. But it is none the less a Fact, and one which is of primary interest to the Osteopathic Profession.

With the Abrams method, it is possible to broadly speaking, "to sterilize an infection of any kind, anywhere in the body" by means of scientific electronic treatment, and this has been done practically without any applied spinal concussion. Practically every case taking treatment in Dr. Abrams' clinic undergoes spinal concussion as an integral part of the treatment.

But, assuming the presence of an osteopathic lesion affecting the nerve or blood supply through the previously affected area, it seems entirely logical that whatever the disease, it now follows that such lesions is a prerequisite to the creation of immunity. This is simply an hypothesis at this writing and remains to be proved. But it certainly looks reasonable.

With the Abrams method, the normal energy output given by a healthy viscous can be measured by his rheostats; and, reversely, it is possible to measure the energy being given off by a diseased viscous or part. These measurements are based upon electronic activity, a subject in which Abrams must be classed as a leading investigator. He maintains and proves that every disease or infection has its especial rate of electronic activity, and that when the rate of a disease or infection is known, it should cause no great strain on the imagination to theorize a destructive electronic activity which could expel the disease from the body. That is really the sum and substance of the Abrams concept, plus his unique application of the spinal reflexes in the treatment of such condition.

By means of these methods, a drop or two of a patient's blood yields vibratory rates which can be measured and differentiated, so that only the disease itself may be identified as also helping in the diagnosis of the patho-physiology of the patient.

And not only this seemingly impossible thing can be done, but also the sex, race, and approximate age of the patient, and perhaps too, the actual name of the progenitors of the patient, can be determined.

Just as truly as the point of the needle in a phonograph can reproduce the notes of the orchestra—from the piccolo to the bass drum, and just as truly as the wireless graph or telephone can carry the unseen messenger through the ether, so it is possible to diagnose from a single drop of blood almost the entire life history of the patient. And Dr. Abrams' clinic is the great living expert in this work; and to watch him assist him in doing these things is one of the keenest pleasures imaginable.

He has recently become convinced of some of the scientific aspects of the Osteopathic Philosophy and he recognizes the fact that Osteopathy is a science as useful to humanity as their fellows in the strictly medical world.

What is it worth to the world to be able to diagnose circumcylinder carcinomas, or cutaneous lesions? And what is it worth to the world to be able to rid the body of Inherent or acquired sympathies and go on with the world? These things; and I hope the Osteopathic Profession will quickly recognize the opportunity for enlarging their service to humanity through harnessing up this agency to their other good efforts.

In my next article I will discuss some of the scientific phases of Dr. Abrams' work.

Make Osteopathic Bugs of Them!

John F. Burns, Secretary, A. T. Still College of Osteopathy and Surgery, Kirksville.

I don't know—let's see. I think this will do.

Did you ever hear of the Osteopathic Bug? I have. I know many. I am one myself. What is an Osteopathic Bug and how does he get it? He never gets it. And I hope the Osteopathic profession can get it.

I don't know—let's see. I think this will do. I know about ten days—I'll look into it. It shape isn't it? and when you come back a get you is your watch—ten days older—a bit for $7.80 and the information is worth to the world.

You can have it next Thursday. It won't cost you more than $2.50—possibly less;" and when you get it—four days afterward—you are like: "Glad it happened, but it was all; one; fifty, please.

And you go away from this man knowing what alloyed your watch, minutes of it and of your watch is valued six, and Attaches a lot of nomenclature to your watch and the other one who just tells you plainly that everything was all right except a wen plato ring and a little carbon—glad it was anything worse.

To whom do you return in full confidence that your gas machine does not break down?

Well, it isn't that the Osteopath overcharged it but it's the way in which he makes his patient feel. He feels that the patient loses a "customer" by the use or failure to make use of the English language.

The average patient is intelligent and plays upon his vanity when the doctor assures him that his intelligence is equal with his own. He may not grasp the theory of the causality of disease, such as autoimmune disease, monograph of sublimations, the location of the sacro-iliac joint or the impulses of the vasomotor nerves—but he knows

"Where There Is No Vision the People Perish."
Some Patients I Have Known

VI

Old Doctor Jones

John Barr, D.O.

Most of us like to think that we are self-made doctors. And yet directly or indirectly we have inherited a certain portion of our practice. It is all very nice not to have to walk into the readymade practice of some other doctor who has either “gone on” or less seriously, has gone to take some Post Graduate work. But this is not the sort of inheritance we are now considering. This is something of a vicarious inheritance, sort of over the left shoulder as it were.

In my own experience there stands out one dear old lady who represented this vicarious inheritance. She had been going to “Old Doctor Jones” down the street off and on for over twenty years. When she came to me, she learned a lot of things. So did I.

No Doctor had ever in her life asked her to disrobe before and it took fifteen minutes of persuasion. Finally when she learned that the Mayor’s wife went through the same ordeal, she surmised that perhaps it might be all right after all. Her final argument was that she knew I put considerable stress on the back-bone and so she had purposely worn summer underthings right in the dead of winter. She said she had no difficulty in finding her spine. As a matter of fact you could have found her spine through her coveralls in the middle of Summer but she submitted to the routine gown split up the back.

I forgot to look at her tongue, some-thing Dr. Jones never missed. But then he seemed to have missed so many other things that this did not make me feel so bad. My ideas on diet were altogether different. She was very dubious as to how they would work out. Hadn’t Dr. Jones been working on her gastritis for seventeen years and he ought to know by this time what her stomach would and would not take care of. Well, there was a very good answer to that but I didn’t use it.

When I was called to take care of her during an attack of influenza, I thought I was going to lose a very good patient. No, she wasn’t that seriously ill, but she knew just what Dr. Jones would have done, and I wasn’t doing it. In fact she had a shelf full of remedies left over from last time and she really thought I had better use them because she had just been pulled through the last time after a siege of seven weeks. I couldn’t tell her she had better go back to Jones for he had indeed gone on, but I did substantially tell her she could take me as is’ or do otherwise.

There was one other vital difference between her new and old doctors. The old doctor “hardly ever” sent her a statement! And then only when she asked for it. I explained gently to her that times had changed and that my office method was no respecter of persons when the first of the month came around. My nice old patient even went so far as to say that it seemed somehow to inject an atmosphere of commercialism into an otherwise noble profession. Her husband was a banker and so I told her how long the bank waited for what was due it. I might have added that old Dr. Jones’ widow had a nice large set of books full of unpaid accounts to bolster up her declining years but I didn’t.

As I look back on this experience and several others like it, the wonder is that I stood the patients or that they stood for me. This taking care of another man’s patients must be something like marrying a widow. It surely requires an awful lot of tact.

IN HEALING human kind.

FOUND THAT many lbs.

WHETHER ASTHMA acne or arthritis.

TONSILLITIS INSOMNIA or gastritis.

WERE QUICKLY cured.

WHEN the ribs.

OR LITTLE spinal bones.

WERE PROPERLY adjusted.

THAT ACHES and pains.

SPEEDILY TOOK flight.

WHEN the spinal joints.

WERE ONCE set right.

THERE IS no perfect panacea.

BUT OSTEOPATHY.

FROM MOST of your lbs.

WILL FREE you.
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As directed.

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THE WESTERN OSTEOPATH

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C. J. Gaddis, D.O., Editor

THE OSTEOPATHIC PHYSICIAN

Low Table Technique

Dr. Still’s Technical Methods Standardized

Earle Willard, D.O.

VII.

Correcting the Osteopathology of the Pelvis

General Statement: During the month of February, just past, I instructed 81 prominent Ohio Osteopaths personally in Low Table Tech­nic; in the latest approved methods of over­coming the Osteopathology of the Spine; teach­ing them to deftly move each individual articulation of the vertebræ and ribs, and to under­stand as never before the diagnostic significance of such movement. It was the most unique and remarkable experience I have ever had. Dur­ing my brief sojourn in Cleveland, Cincinnati; Zanesville, Toledo, and at the Delaware Springs Sanitarium; and in the three days devoted in­tirely to the personal instruction of Dr. P. E. Roscoe, of the Roscoe Osteopathic Clinic, Clevel­land, and of Dr. F. H. Gauschi of Napoleon, I learned enough about the ambitious endeavors and the shortcomings of my fellow practitioners, to clearly appreciate that we are all in the same boat, pulling away at the same oar.

If I were a skilled writer, and this were not a purely technical article, I would try my hand painting a picture of earnest men and women—the leading lights in Osteopathy in the Buckeye State—arriving to the best of their ability and in a most practical way, to im­prove their technical methods; a picture of each and every one laying aside false pride, or preconceived prejudice and humbling himself or herself before facts. For truth is always easy to demonstrate; only when one’s technical methods are based on false or misleading pre­judices are they confusing or difficult to under­stand. But even though I fail at description, I must surely inspire my readers to know that without exception my classes eagerly received what I gave them. And the Old Timers in Oste­opathy said—if I mentioned one I should have to mention them all—“Dr. Willard, the more we see of your work the more impressed are we that you have correctly interpreted the language of Osteopathy our beloved Founder spoke.”

Posterior Innominata Correction: There is seldom a patient who goes to a physician for spinal correction who does not have more or less sacro-illic involvement. In women, work done on the pelvic articulations affords relief, although the vertebral osteopathology remains untouched. There is of course an an­atomical reason for this. The intricate and wonderful arrangement and attachment of the pelvic ligaments is the anatomical explanation. And when we have in mind the bewildering reflex nervous connections of the pelvic struc­tures we need not be confounded at the fre­quency of associated pelvic joint disturbance. For in the organic, muscular and nervous inter­communication is the physiological explanation.

Suggestion: Those not perfectly clear as to the cause and effect of slight pelvic lesions, should review the admirable drawings and dis­criptions made by Dr. F. P. Millard of Toronto, for he reduces the clinical physiology of pelvic osteopathy to a practical basis that every one can understand.

It is a significant fact, however, that post mortem one structural lesion of the pelvic articulations, to five or six lumbar lesions, is found. Also, post mortem a structural pelvic lesion is usually associated with a structural lumbar lesion. This would indicate, from the frequency of slight sacro-illic involvement, that the preponderating majority of pelvic lesions, osteopathologically considered, are maintained or their morbidity augmented— if not caused en­tirely—by associated reflex disturbance. And if I had a doubt before about this being the case, that doubt has long since vanished. Be­cause Low Table technic as described in this article will correct, easily and painlessly, sacro-illic lesions that cannot be corrected by many of the other methods. This is an invaluable diagnostic point. For very often the sacro-illic correction falls to cure the associated organic involvement. It is therefore important for the physician to find this out, so that effective methods—the correction of the vertebrae osteopathology, for instance—may be employed.

And I maintain that from the standpoint of diagnosis alone, Low Table Technic for moving the sacro-illic joints is of invaluable assistance.
Where There Is No Vision the People Perish

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

Stories No. 37, 38, 39

Three Pneumonia Cases

At midnight January 24, 1922, the phone woke me from sound slumber. Mr. M., expressing great distress of mind, told me that his 13 months old nephew was desperately ill with pneumonia, and that he might call me again towards morning. He said the mother wished to try the medical treatment for a while longer. At 5:30 a.m. I was called again, and requested to come as soon as I could. It took several minutes to dress and get my car watered and started. We travelled through a blizzard. They were very poor people and did not try to suppress their grief. A little sister rent the air with her cries. She wrung her hands and almost screamed, "Oh! the baby! How sweet the little darling! How can I live without him?" And the mother and other members of the family made shudder demonstrations. They were all totally strangers to me, and like most doctors, I have tried to train myself not to let these occasions cause suffering. Nevertheless, I could do nothing but groan. The baby had been delivered to the exact position before delivering the down drive. I urged him to go to the hospital, but he did not. He had strychnine in mind. The result of holding his hand, pressed against the contact point and preventing the pelvis from going downward, was that the sudden, well controlled force through the lever hand, will wheel the innominate downward and forward, the sacrum not moving relatively forward on that side because of its inertia. The bony structures rebound; while the soft tissues osteopathologically affected take up the recoil, stretch, give or yield. There was no shortening of the diaphragm, no loss of energy, and no pain. The corrective forces had been delivered to the exact structures that most needed it.

Conclusion: It is best to practice the foregoing technique using a dummy as a patient until the physician feels absolutely that he is master of the situation, and can satisfactorily control all his shoulder and arm movements. He or she should practice the three drives while standing on the ball of the foot, balanced easily, ready to shift the weight instantly to the other foot.

The foregoing instructions should be followed painstakingly. Otherwise the work of the beginner is likely to be unsatisfactory to both patient and family. To illustrate the importance of the instantaneous withdrawal of the lever hand, I suggest that the physician have some one hold his hand firmly upon the postural contact position for a while; then, suddenly, release. The result of holding his hand, pressed against the contact point and preventing the pelvis from going downward, was that the sudden, well controlled force, that moves the articulation painlessly, gives the pelvis a "thrust" or "jab" that is startling. And it results obtained through the painless, effective force delivery, already described, which is not in any sense the word "wrong." (To Be Continued)
the jerkiness or catch in his breathing gradually lessened. Often his cough would produce no expectoration but it would be a short strangled sound in his throat. He invariably loosened it and secure free expectoration, and this losseness thus secured would continue for more than twelve hours. Now on February 20th, the temperature did not exceed 99 F. The little fellow voraciously takes raspberry juice and grape juice and a little milk with sugar but his appetite is not nearly as good. His thin wasted body is a pitiful sight but we are confident of full recovery.

Story No. 39

February 5th. On a cold and stormy Sunday morning the telephone woke me at 5:30 a.m. Mr. T. told me that his five year old child had a broncho-pneumonia. He said that she had begun to be sick in the evening, that her temperature was 103 1/2 F., that her breathing was short, rapid and jerky, and that most radiographs were heard over the bronchial tubes. Two years before I had treated the child for pneumonia, and I noticed the same breathing and the symptoms intelligently. I told him to put a hot water bottle at her feet, and a quart mason jar full of hot water at the side of each leg. Then fold a small blanket, so as to be a little wider than a linen towel. Wring the towel out of cold vinegar water (half vinegar) and place it against the child's chest. This should be repeated every hour. The child's chest nude. Place end of compress lengthwise over folded blanket. Have the compress and draw under the back, the cold towel being next to the skin. The draw ends over the front of the thorax, and then place five or six or more mason jars filled with hot water against each side. Leave in position for two hours. The directions were followed to the letter. On my arrival three hours later, the child was very comfortable indeed. Her perspiration had been very copious. Her temperature was reduced to 102 degrees F. Her breathing had improved immensely. The air entered the lungs readily, without any jerd or unjerky. Association revealed moist bronchial rales, such as one would hear in an ordinary lung congestion. I did not find the upper dorsal as rigid as is common with bronchial pneumonia. I gave a good pneumonia treatment, including aniseed and cinchona, muscles and separating ribs and vertebrae. At 1 p.m. the father phoned that the fever was 103 degrees. I told him to put on cold compresses with hot water bottles to the feet only, and renew every half hour if fever persisted. Next morning he reported that there was no fever and that he had no coughing. I told him I expected the rules to persist for several days. Complete recovery, uneventful following.

Comment No. 1.

This third story does not conclusively show that the patient had broncho-pneumonia. But I wish to point out that it was the first that pneumonia taken early can usually be aborted in a wonderful way. One Osteopath tells of treating for eight or ten hours, resulting in a big sweat and complete recovery. I believe we can hasten this abortion, and do away with such strenuous manipulative work, by inducing the sweat as above described. I have usually given a strong lower dorsal treatment before using the hydrotherapy. I was delighted to find what this sweat alone will lessen the upper dorsal tension.

Comment No. 2.

I think the second case was broncho-pneumonia, but the patient had a deep cough and bronchial rales. It was the first case where I used combination of cold pack and hot mason jars, in a late stage, where there was so much exhaustion and prostration. We seem to get by all right. The fever had been running very high day after day, and we must lessen it if possible.

Comment No. 3.

This refusal of the medical profession to do anything for pneumonia, except to prescribe strychnine or other stimulants is surely bringing unnecessary deaths to millions of people, and in view of this deadly attitude, I welcome myropractors in the land, or any one else, who will help them defend themselves against medical prejudice, ignorance and superstition.

Talks to Osteopaths by a Dentist

Some Opinions Regarding Devitalized Teeth

M. D. K. BRENNER, D.D.S., Chicago, Editor of "Dental Facts"

While talking to an Osteopathic Physician on the effects of oral conditions upon general health he told me that for sometime past he had made it a rule to examine the mouth of every patient with a small but powerful electric light and if he found any suspicious shadows around some of the tooth roots he would at once refer that patient to a radiographer for x-ray diagnosis.

Now this man deserves a great deal of credit for including oral examination as routine procedure in his practice and I have no doubt that his patients are deriving a lot of benefit from it. For it is true that the x-ray very often areas of infection are discovered which if overlooked might have eventually undermined the health of the patient.

Yet this doctor's method fails very far short of complete oral diagnosis. It was something new with the electric light referred to, having used it in my practice for many years and I therefore know its limitations. I find that, excepting in a few cases where the bone dissolution around the roots is quite marked, hardly any shadow is discernible unless used in a completely darkened room and such shadows are visible only to a trained Osteopathic Physician's foute. Furthermore practically possible with the x-ray machine many men are under the impression that a set of radiographs which show all of the teeth is the beginning and the end of diagnosis.

The fact is that while the x-ray is absolutely indispenisible, a diagnosis based only on radiographs is incomplete. Nothing else is necessary. My observation is almost valueless, because there are several abnormal conditions which either fail to show in a picture altogether, or appeal so faintly that Dr. A. T. still never taught and it was one the introduction of the nerves in a tooth if over­

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With Dr. Willard in Ohio

In St. Louis at Dr. J. H. Crenshaw's Hospital, which by the way is running full capacity—35 beds—and turning patients away daily, with a new building in sight in the near future, I gave a public demonstration to over fifty Osteo­

Spinal Design on Collar

With Dr. Willard in Ohio

In St. Louis at Dr. J. H. Crenshaw's Hospital, which by the way is running full capacity—35 beds—and turning patients away daily, with a new building in sight in the near future, I gave a public demonstration to over fifty Osteo­

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The Management of Infected Wounds

An open wound is always an unknown quantity—until it has healed sufficiently to remove all danger of infection.

Practical experience has shown that the control of infection and the promotion of repair largely depend on the character and thoroughness of the treatment.

The Application of Dioxogen—A successful line of procedure is to wash out the wound with normal salt solution until all discharge or loose fragments are removed. Then Dioxogen should be injected into the wound, care being taken to reach every part. The resulting effervescence means the liberation of pure, active oxygen, not only the most potent of antiseptics and germicides, but also the most powerful aid to normal tissue processes. After each syringeful of Dioxogen the foamy mass should be washed away and the injection of Dioxogen repeated until the effervescence in the wound shows marked decrease. While it is usually desirable to remove the frothy debris that may be left after the use of Dioxogen, so free is this antiseptic from any toxic or irritating action, that terminal irrigation after the last injection is seldom necessary.

Indeed, it is usually well not to irrigate the last thing, for any Dioxogen left in the wound slowly gives off its oxygen, and thus acts as a stimulant to normal cell functions.

The efficiency of the foregoing treatment is promptly shown by the marked improvement in every respect—the infectious process is checked, the discharge decreases, the inflammation subsides, the tissues take on a clean, healthy appearance, and healing follows naturally without interruption or delay.

The dependable action of Dioxogen in the treatment of infected wounds—its control of germ activity and pronounced stimulation of the normal processes of repair—with complete freedom from any toxic or untoward effect, have made it the most widely used antiseptic today in the treatment of infected wounds.

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Literature, case reports, etc., on application to

THE DIONOL CO. Dept. 12 - Detroit, Mich.
The Efficient Osteopath
Dr. C. C. Redd, Denver, Colo.

XI—Expenses Not Usually Considered
(Continued)

PROGRESS

Last month we considered the habits of the physician in his relation to his profession, pointing out how certain habits that have been indulged were detrimental to his welfare. Knowing these things, we should take warning and not pay the price required for the indulgence of wrong habits that tear us down and make us negative. We must have the disposition of progress.

The lack of progress is very expensive because of the fact that a physician does not enter into the standing and satisfaction and income in life that are within his reach. Some of the shortcomings of the inefficient doctor for which he pays dearly are as follows:

First. Pursues no regular course of study, stale. Many a physician graduating from college thinks that means cessation so far as regular study is concerned. Of course most physicians will read some of the professional magazines and perhaps open a book once in a while. However, I have known some of our Osteopaths who did not take one single osteopathic magazine and did not own any osteopathic library. That condition is unthinkable and is, of course, very rare.

The point that the inefficient physician pursues no regular course of study applies to many of our good, average doctors. They do not map out a regular course of study. Anyone who expects to do better than merely keeping up with the times by reading the magazines, must outline a course of study and forge ahead on some particular plan. In order to do this, you should master at least one book on some important subject bearing on your own practice each year. Growing stale in one's intellect and professional knowledge will necessarily bring about the same condition very largely in one's treatment.

Second. Seldom attends conventions. A few doctors never go to conventions, many doctors seldom attend conventions. Again this point is applicable to many of our physicians who do quite well in practice and stand well in their community. They do not contribute much to their profession. They usually do not keep up well along therapeutic lines. They do not have fellowship with their professional brethren. They fail to get the inspiration and information that is given by large conventions. The toll exacted by this short-coming upon their incomes is quite considerable. It is not economy to absent oneself habitually from our conventions.

Third. Does not read professional magazines. Some of our doctors are so busy they do not get to read the professional magazines. That is, so busy treating patients. They have the best excuse of any for this shortcoming. Many get so busy in social life, club life, church life, or in lodges that they neglect to read their professional magazines because they have too many of these side issues. This is not a legitimate excuse and in either case the doctors get behind the actual progress that is being made by the profession.

Fourth. Does not take post graduate courses. Every doctor should take a post graduate course over one or more subjects

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THE OSTEOPATHIC PHYSICIAN

Fifth. Is not eager for advancement. The doctor who is perfectly satisfied with his lot, who is content to follow the prescribed routine, whose daily practice consists of prescribing for chronic cases and seeing the same old patients every day, is not the type that is likely to be successful in the profession. He should be ambitious and eager to improve himself. He should be willing to learn new things and to adopt new methods of treatment. He should be willing to take the necessary steps to advance in the profession.

Sixth. Does not visit and observe other doctors or work. Visitation among progressive doctors is one of the best ways to learn new things. It is a good idea for a doctor to visit other doctors in their practice and to observe their methods of treatment. This will help him to learn new things and to improve his practice. Every doctor should be willing to visit other doctors and to observe their methods of treatment.

Seventh. Does not read inspirational literature. Many doctors read inspirational literature and this is a good thing. However, every doctor should read about the profession and about the progress that is being made in the profession. Every doctor should be willing to read about the latest methods of treatment and about the latest developments in the profession.

Eighth. Does not cooperate with fellow osteopaths. It is a good idea for osteopaths to work together and to cooperate. Every doctor should be willing to cooperate with other doctors and to work together to improve the profession.

Ninth. Does not have a definite goal, fixed ideal, or standard. Every doctor should have a definite goal and a fixed ideal. He should have a definite plan for his practice and he should work toward that goal. Every doctor should be willing to work toward a definite goal and a fixed ideal.

Tenth. Does not understand human nature. A doctor is a human being and he should understand human nature. He should be able to understand the patient and to treat the patient in a way that is best for the patient. Every doctor should be willing to understand human nature and to treat the patient in a way that is best for the patient.

Laryngometry or the New Science of Vocal Cord Measurements

Nelle Lowe Parker, D.O., St. Louis

(Edited and approved by Dr. James D. Edwards, Originator of Finger Surgery.)

The rima glottidis can be accurately measured with the vocometer, and the measurements will determine the length and strength of the voice developed by vocal study and practice, and whether there is a possibility of a voice artist—In any case.

I do not wish to imply, however, that such measurement determines absolutely the possibilities of the vocal apparatus, as there are many anatomical relations, other than long cords, which are essential requisites of a talented singer.

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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 was by default and they never even appeared against the doctor in question.

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THE OSTEOPATHIC PHYSICIAN

American Association of Osteopathic Nurses
Another Vision About to Be Realized

The American Association of Osteopathic Nurses, with headquarters in Detroit, for which Dr. Arthur Still Craig, O.M., President, O.C., Canadian, has been so kind as to donate a beautiful trophy cup to be presented as the first prize in a singing contest to be held at the American Osteopathic Association convention in Cleveland last summer is fast rounding into shape. Officers are: Sara A. Locke, Pres.; Susan Robinson, Vice-Pres.; Edith Oliver, Sec.; Frances Koonce, Treas.

Letters were sent to all graduate nurses, and quite a few responses were received. If we can get this organization completed and have the proper co-operation, we want to have our first meeting during the A.O.A. convention at New York in 1923.—Sara A. Locke, President.

By-laws of the American Association of Osteopathic Nurses

The name of this association is "American Association of Osteopathic Nurses", and its purposes and objects are as follows:
(a) To offer a closer co-operation between graduate nurses of all osteopathic schools.
(b) For the dissemination of helpful information relative to the osteopathic nursing profession.
(c) To keep the profession informed as to all local, state and national developments, and, in the best interests of the osteopathic profession for the securing of competent graduate nurses for private and institutional nursing.

SECTION II—OFFICERS

The officers shall be as follows:
(a) The President, First Vice-President and Second Vice-President, Secretary and Treasurer.

(b) The President, Secretary and Treasurer shall be elected by the Executive committee.
(c) No officer shall receive any salary or compensation for services.

(d) The officers of the Association shall be elected by the annual meeting and shall hold office for the ensuing year, unless sooner removed by the standing committees, provided no officer shall be eligible for re-election for a second term.

(2) The standing committees shall consist of:
(a) The Executive committee, which shall comprise Pro- and Associate Members, and shall have the power to appoint temporary committees and sub-committees for the transaction of business.
(b) The committee of correspondence, which shall be appointed by the President and shall consist of an equal number of members from each state.
(c) The standing committees shall comprise Progressive, Legislative, Membership and Publicity committees.

SECTION III—MEMBERSHIP

The members of this association shall consist of:
Active—Any graduate osteopathic nurse in good standing.
Associate—Any senior nurse in good standing.
Honorary—Anyone interested in the osteopathic profession.

SECTION IV—DUES

The annual dues shall be as follows:
Active members—$2.00 per year, with an initiation fee of $1.00.
Associate members—$1.00 per year, with an initiation fee of $1.00.
Honorary members—$1.00 per year, to be paid annually in advance on receipt of statement from the Secretary.

The table of the American Association of Osteopathic Nurses

The annual meeting shall be held some time during the annual convention of the American Osteopathic Association.

(a) The Executive committee shall publish a suitable notice of the meeting of members to each member at the last known address as names appear on the list of members on the rolls of the records of the association at least thirty days before the date of such meeting.
(b) The Executive committee shall not be paid annually in advance on receipt of statement from the Secretary.
(c) Only active members will be allowed to hold office or have the power to vote.
(d) The members shall make payment by check or otherwise, in a list of the addresses in a book provided for that purpose, said book to contain the names of all those who have contributed to the financial support of the association.

Museum of Osteopathic Medicine, Kirksville, MO
The Howell Sanitarium

The Howell Sanitarium in Orlando, Florida, established by Dr. Joseph Corwin Howell, is now in full operation.

About the first of last October in the Orlando Morning Sentinel there appeared an item stating that contract had been let for transforming Dr. Howell's apartment house into a modern sanitarium. About November 24th the institution opened with one patient. Today every room is occupied. The problem at the present time is not one of filling the institution but how to en-

large it so as to accommodate others that may want to come.

Primarily, the sanitarium is to be a milk and rest cure sanitarium combined with osteopathic and other non-drug treatment. The equipment is ordered for an operation room where minor surgery and, in emergency, major surgical operations can be performed, the patient calling in any surgeon that may be preferred. All registered physicians will be admitted to the institution without any questions, the matter being left entirely to the wishes of the patient.

Dr. Howell was born in 1875 and got his first osteopathic education at the Washington Institute of Osteopathy, Seattle, Washington, organized by William A. Potter, a Kirksville graduate. Upon completing a regular two-years course, Dr. Howell practiced for about a year in Seattle. Realizing the need of further study, he moved to Philadelphia where he received diplomas from the Philadelphia College of Osteopathy and the Philadelphia School of Anatomy. He practiced in Vineland, New Jersey, and in Philadelphia for the next eight or ten years, during which time a post graduate course was taken at the American School of Osteopathy. He traveled abroad extensively, visiting hospitals whenever possible, the most notable of which was St. Thomas' Hospital in London. He practiced in Davenport College of Chiropractic (so-called). Three summers were spent at Harvard taking post graduate work, followed by a course in

official surgery at Des Moines. Dr. Howell became proficient in Finger Surgery, by taking three courses under Dr. Edwards.

Blind Nebraska D.O. to Run for Congress

Dr. J. Ray Shike, blind Osteopath of University Place, was named as candidate for nomination to Congress on the Republican ticket, at the University Place Business Men's banquet Monday night, January 25, 1922. Dr. Shike was editor of the Nemaha County Republican in 1914 and three years ago toured the Middle States as speaker for the Lyceum Chautauqua platform. His early education was received in the Nebraska City school for the blind. He holds degrees from Nebraska Wesleyan and from Nebraska State University where he studied law. The handicapped Dr. Shike has attained unusual success as an Osteopathic Physician, editor and lecturer. He has a host of friends and backers and is very confident of election.

The Osteopathic Physician

Ain't That Kind of a Doctor

Anna Alice Paul, age 8, daughter of Dr. Theodore Paul of Tarkio, Missouri, was taking an intelligence test and among other questions was one in which she was to rhyme as many words with "hill" in as short a time as possible. She had given several words, when the Examiner said "and that thing you take when you are sick"—She looked up with a twinkle in her eye, and said "Oh, I know what you mean, but I don't take it, my Daddy is an Osteopath."

The Howell Sanitarium at Orlando, Florida

Madame Alice Delysia, famous Parisian actress, being measured by Dr. R. Kendrick Smith of Boston, a member of the board of directors of The National League for the Prevention of Spinal Curvature, preliminary to entering as a contestant in the $1,000 prize contest which this organization of the Osteopathic Profession is conducting in its search for the perfect spine. —Courtesy of International.

"Where There Is No Vision the People Perish"

Atlas Club boys of Chicago College of Osteopathy at their clubhouse, 5412 Ellis Avenue, showing the big Bull Moose and two Buck Deer shot by Brother J. Deason near Ruffin's Bay and contributed to the chapter as provender to feed the boys all winter. Cameras don't lie! It is reported that this beautiful provision of Dame Nature and Brother Deason enabled the chapter to cut board to half price while the venison lasted.
By Mary L. LeClere, A.B., D.O.

The polished April issue of "Osteopathic Health" is now ready. It's really a wonderful explanation of the body's structures and processes, and of how, after derangement, Osteopathy brings them back to normal. Here was Dr. LeClere's motive for preparing this lucid layman's "mind adjuster."

"I have noticed," said she, "that the thing that medical doctors ridicule is the idea that people go around with joints dislocated. But we don't really teach that. Osteopaths have been very inarticulate when it comes to explaining what lesions really are. It seems to me, anything that explains what really does happen to the joints will do much toward giving Osteopathy the esteem it should have, and will rob our enemies of their only weapon against us."

So the lady wrote it! It's great! It's as simple as romance to read, but the lady's biological basis is so sound that it's a step forward from the mere mechanical explanation of Osteopathy. Especially appealing to osteopathic up-to-daters!

Put your order in now.

Prices: One thousand lot, $52.50 if you order once in a while, but, only $40 if you're our regular monthly customer; one hundred, $7.50 to transients, but $6.50 to 12-month-a-year customers. Besides, the fellows who enjoy the cheapest prices are the ones who get the most in the bargain for they derive cumulative benefits from their advertising which the once-in-a-whiler loses. Come on in on our contract service, fellows, and use it every month! It delights your patients, wins new adherents for Osteopathy and it pays you. Write for sample.

BUNTING PUBLICITY SERVICE
for
OSTEOPATHS
and to feel that you are buying your prosperity and your health, and the fundamental characteristics of human nature. If they just gave due consideration to these things they would realize the solemn economic fact that every individual who does not propagate the gospel of Osteopathy he is to make it work while—why shouldn't you? Show me a man who doesn't invest money to make or hold his business and I'll show you a business that is not worth any more than he spends on it.

It's just the same with practice. The Osteopaths who are taking the most out of it are the ones who are putting the most into it. Advertising has got to put the practice to practice to succeed (and we never said it was) but it is all that a lot of Osteopaths need to put into it to make succeeding. Hundreds are compelled to succeeds! They have given of them themselves freely to their work, but still they need advertising in addition to make it cash in! Their position is like that of the female ovum which is all ready to be fruitful but awaits the male element to start the generation. Advertising is that element. A little bit more applied in the right way and the practice will show a lot of proof which will make or hold his business and I'll show you a business that is not worth any more than he spends on it.

The BUNTING PUBLICITY SERVICE

for Osteopaths

How 2 or 3 Thousand Osteopaths Waste Their Own Life Margins!

Do You Throw Over the "Exceptional People" Who Have Taken at Least One Treatment?

Do You Do It Because You Don't Know Any Better or Do You Think You Can Afford to Be Wasteful?

It is a curious thing that so much argument should be necessary to show Osteopaths the advantages and real money profits that lie in well directed advertising to educate all their former patients. A little bit more applied in the right way and the practice will show a lot of proof which will make or hold his business and I'll show you a business that is not worth any more than he spends on it.

The BUNTING PUBLICITY SERVICE

for Osteopaths

Waukegan, Illinois

Not Pikers

But Osteopaths with earnestness of soul and the cosmic urge within them to attain all in practice and get all rewards possible to them! These are the ones we delight to serve, for whom we help to solve that eternal economic problem of Expense vs. Income.

If you are not doing all the practice that you are capable of doing or do not get the rewards from your work that you consider would compensate you for your services, then you need publicity guidance. You need us. Let's talk it over.

The BUNTING PUBLICITY SERVICE

for Osteopaths

Waukegan, Illinois
unanswerable sin against osteopathic promotion. But it is done right along. It means that Osteopathy has an army of the tens of thousands of practitioners in practice who have no more influence than is exerted by the mum­mies of Egypt! This is strong talk. It’s a strong word. But we are determined to make the best use of what we have, and earnest words that burn in many possibly save a few from this sort of self-destruction.

When it is remembered that many there are who have never taken even one osteopathic treatment, it should be easy to appreciate how precious to Osteopathy are all those who have taken even the first step and received the first treatment; and that every effort should be made to hold all such in the fold and to impart to them increased understanding of Osteopathy and growing confidence in it as a therapy for all diseased conditions.

It is because of all the fundamental considerations involved that we say no osteopathic prac­tice can achieve its maximum growth unless its whole clientele be thoroughly, systematically, steadfastly cultivated—educated month in and month out, year in and year out, so long as such practice exists. Affirmation and repetition without ceasing—that’s the advertising formula.

From time to time we have suggested the application of this sort of campaigning to your own clientele through the medium of Bunting Publicity Service. Whether you are attempting to cultivate your entire list of past patients with thorough-going persistence of course, do not know; but if you are not doing so we hope you will commence it promptly.

Every advocate of the way of general publicity for Osteopathy is good after its own kind, but of course general publicity of any kind can never take the place of the sort of intimate cultivation of your old patients that is to be achieved by using the media of the Bunting Publicity Service for Osteopaths. This service is especially designed to fit your own personal needs, in practice, and therefore it shows you 100 percent efficiency for your needs—as ought to be the case where a thing is created by competent specialists for just one purpose.

What Percentage for Safety Ahead?

If you are convinced you ought to spend any of your insurance money in order to guarantee that you will maintain steady and growing demand for your professional services as long as you remain active, how much can you spend per month? Figure it out on a percentage basis of your present income and let us know your conclusion. What percentage do we advise? Well, that depends on a number of things—mainly, just what you want to do. Also, how much is your present income?

In general terms it is wise to devote 10 per­cent of your income to advertising if you want to grow and increase your income radically. If you have no income to speak of and want one, then $50 to $100 a month, spent for twelve months, will set you up on Prosperity Street if you can do your doctor’s work as well or half as well as we’ll do your advertising for you. Of course we can’t make a doctor out of a dud. We mean our offer only for those who have the right merit to deserve success. If such are not busy we can make them busy if they will use our service sufficiently to earn a good practice. We’ve done it over and over for hundreds of others.

We’re the only force in the field who have been at this good work of building up the ram­pars of the profession for twenty years. You are invited to write us about your situation, needs, aspirations. Give us the facts and figures and we will make a survey of your pro­jects, with a choice of advertising programs to select from conformable to your purse.

HARVEST LEAFLETS

For Broadcast Sowing Your Field of Practice at Minimum Cost!

You Should Use them by the Thousand on a Ten-Day Mailing Schedule. Nothing else is so productive for cross-sowing between issues of "Osteopathic Health."

They’re the ideal medium to use as “First Attention Getters” and “In­quiry Makers” if used by the thousand on a follow up. Those who think advertising doesn’t pull haven’t bought enough of it to get any pull. If you don’t buy enough to yield measurable results you haven’t advertised—you’ve only tasted a sample for the flavor.

Enter Every Former Patient and Inquirer whose address you have on our 10-Day Follow Up to get the whole series! Then you won’t debate whether Bunting advertising pays or not.

1-Page Harvest Leaflets

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<td>Habit in Suffering.</td>
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<td>Death.</td>
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Price, in 1,000 lots, $5.00, with no extra charge for imprinting professional card. In less than 1,000 lots the price is 75 cents per hundred pamphlets, with extra charge of $1.00 if your professional card is imprinted on any number from 100 to 900.

2-Page Harvest Leaflets

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<td>What Osteopathic Fingers Will Do.</td>
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Price, in 1,000 lots, $10.00 with no extra charge for imprinting professional card. In less than 1,000 lots the price is $1.50 per hundred pamphlets with extra charge of $1.00 if your professional card is imprinted.

6-Page Harvest Leaflets

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<td>Causes of Disease. (As stated by the London Times.)</td>
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<td>Why the Spine Is the Basis of Health.</td>
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<tr>
<td>35</td>
<td>What Osteopathy Does for Women.</td>
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Price, in 1,000 lots, $12.50 with no extra charge for imprinting professional card. In less than 1,000 lots the price is $1.00 per hundred pamphlets, with extra charge of $1.00 if your professional card is imprinted.

8-Page Harvest Leaflets

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<td>An Explanation of Osteopathy.</td>
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<td>Causes of Disease. (As stated by the London Times.)</td>
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<td>38</td>
<td>Why the Spine Is the Basis of Health.</td>
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<tr>
<td>39</td>
<td>What Osteopathy Does for Women.</td>
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Price, in 1,000 lots, $17.50 with no extra charge for imprinting professional card. In less than 1,000 lots the price is $2.00 per hundred pamphlets, with an extra charge of $1.00 if your professional card is imprinted.

16-Page Harvest Leaflets

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<td>40</td>
<td>Postural and Spinal Defects in Children and Their Treatment by Osteopathy</td>
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Price in 1,000 lots, $30.00 with no extra charge for imprinting professional card. In less than 1,000 lots the price is $3.50 per hundred pamphlets, with extra charge of $1.00 if your professional card is imprinted.

A complete set of samples of Harvest Leaflets will be furnished for $1.00 which amount will be refunded if an order is placed totalling $10.00 or more. Detailed information and plans for the most successful use of Harvest Leaflets will be supplied on request. We will plan and carry through your entire campaign if you wish us to.

The field of practice is right for the harvest in your community, and if you are not reaping as much as you should, we can show you how to do it. It’s our work to do it for you. All you need tell us is, “Begin!”

The BUNTING PUBLICITY SERVICE

for OSTEOPATHS

Waukegan - Illinois
THE OSTEOPATHIC PHYSICIAN

How Dr. Dodson Turned Hard Times Into a Harvest

In the beginning of 1921 the price of osteopathic literature had gone up so high that I just felt that I could not afford to buy. I knew that it was to be a very hard year because everybody said it would be. "Hard times" was all that I could hear and everybody said it would be worse. No crops to sell, fruit all destroyed by the freeze, no market for anything that anybody had to sell, no work to do, wages low, no business of any kind, factories would all shut down, everything was a calamity howl. I saw nothing but bankruptcy ahead.

BEGAN SAVING HIS ADVERTISING

So I started buying booklets and cut my order for "Osteopathic Health" down to 25 copies per month. I kept getting 200 "Herald of Osteopathy" and 125 "Osteopathic Magazine" and by doing good work I tried to hold my practice together on that. By August I found that it could not be done!

With His Back in a Corner

I had attended the Cleveland AOA meeting and found out that I had to do something or get out of practice, for I was almost out. I came home and rented an extra office room. I did not know what for but, as the war prices of literature had been lowered, I commenced ordering all the literature that I could pay for. Practice built up and I collected more cash in October, and in December, and in January of this year than I ever did in any correspond-

Unprecedented Prosperity Ahead

America is on the threshold of almost unbelievable prosperity, according to Charles M. Schwab, the steel magnate. We have had a business spree and we are now in the cold, gray dawn of the morning after, he says. We have to pay the bill and we may as well pay with a good heart.

We are on the eve of greatest development. However wild may be your business dreams of the future, I will wager they will not be as wild as the realization which many of your younger men will see. If I had my life to live over, today is the time I would start, says Mr. Schwab.

We have just had a board meeting of my companies in New York and we decided at once to undertake the expansion of works that we are running at only 20 percent of their capacity. If we are right in believing that the future holds prosperity for us, what better time for us to spend our money for the extension that will be necessary in the future? We can do it cheaper now than at any other time and when prosperity comes we will be ready to reap the benefits of it. —Charles M. Schwab.

If your practice is slow don't give up. If you are satisfied with the way in which it is going, why be discouraged? Prepare now for a busy and prosperous year. Remember in the time—not so far distant, when industry and business will be humming everywhere throughout these United States.

You've got to do your part to make your practice what it should be. Success doesn't happen by accident. Commence at once. Steady, systematic distributions of "Osteopathic Health," "Harvest Leaflets" and "Bunting Brochures" will compel prosperity for you if you can do your part in the treatment room. Will you bet yourself? There's no gamble about the efficiency of our system. It's been perfected and proven up for twenty years, and it works. It pays its way and leaves a profit besides. We will plan and carry out your entire campaign for you if you tell us to go ahead.

TRUE FOR 10 YEARS!

I firmly believe "Osteopathic Health" to be the most efficient means of assuring success in practice. I have used the magazine effectively since 1906.—Dr. J. L. Callahan, South Bend, Ind.

WE REGARD IT AS A PRIVILEGE

For the first time in its 20 years history the Bunting publishing business is inviting its customers to become Preferred Share holders.

WANT A PIECE OF BUNTING STOCK?

Have you ever thought you would like a piece of the Bunting publishing concern's stock? Well, attainment is not impossible. We are inviting the profession to take $5,000 of it. Only $5,200 is as yet unspoken for.

SHALL WE MAKE A BUNDLE INTO THE FUTURE?

Osteopathic Specialists

Goddard Building 27 E. Monroe St. Central 5713 Chicago

Dr. Glenn S. Moore
Eye, Ear, Nose and Throat

Dr. Nettie M. Hurd
Obstetrics — Diseases of Sigmoid, Rectum and Anus

REferred Cases Consultation

Detailed diagnostic report and complete instructions as to advisable treatment returned by mail to physicians.

Lamar K. Tuttle, M.D., D.O.

Can now accommodate a limited number of selected cases at 96 Glenbrook Road, Stamford, Connecticut. Fifty minutes from New York City.

Am now prepared to treat referred cases of disease of the heart and vascular system under ideal conditions. Therapy is primarily osteopathic plus other indicated measures of tried value.

New York City Office
18 East 41st Street

PROFESSIONAL CARDS

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

Hubert F. Leonard, D.O., M.D.
Consultation and Surgery
Local anaesthesia in general surgery: nose, throat and garter surgery a specialty. 700-706 Morgan Bldg., Portland, Oregon

Riley D. Moore, LL.B., Oph.D., D.O.
Osteopathic Physician
Southern Bldg., Washington, D. C.

Dr. Percy Evan Roscoe
Osteopath
410-413 Seventy-first—Eucled Bldg.
7016 Eucled Ave., Cleveland, Ohio

Dr. C. Burton Stevens
Osteopath
Chief of Obstetrical Department Osteopathic Hospital
617-18 Farwell Bldg. Detroit, Mich.

Dr. T. J. Ruddy
Eye, Ear, Nose and Throat
Originator (Bowling) of "Finger Method" for Hay Fever and Catarrhal Deafness, etc. Chief of E. E., N. & T. Dept., C. O. P. & S. 302-0 Black Building

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

Dr. H. C. Wallace
Practice limited to General and Orthopedic Surgery and Consultation
S. W. Osteo, Sanitarium, Blackwell, Ohio.

A. R. Tucker, D.O., M.D.
General and X-ray diagnosis. Consultation, surgery and diseases of the ear, nose and throat.

Torrance Sanitarium
Consulatation
R. L. Ridgers, M.D.

Dr. W. F. Rossman
Surgery: Eye, Ear, Nose and Throat
Referred Cases solicited
Grove City, Pa.

Dr. S. P. Ross

Office, 1000 Land Title Building

Dr. Jerome M. Watters
Osteopathic Physician
Ear, Nose, Throat and Eye
2 Lombardy St., Newark, N. J.

M. D. K. Brenner, D.D.S.
Radiography, Oral Diagnosis and Pyorrhea

Suite 1000, Malters Building
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Dr. W. F. Rossman
Eye, Ear, Nose and Throat
Prof. Ophthalmology, Optometry and Otolaryngology, K. C. College of Osteopathic Medicine and Surgery
Blackwell, Okla.

501-2 New Ridge Bldg., Kansas City, Mo.

Dr. C. L. Draper
Eye, Ear, Nose and Throat

Dr. C. L. Draper
Adjoining Suites with Hotel and especially equipped "surgery" in common.
The Osteopathic Physician

Current Issues of “Osteopathic Health” on Sale

APRIL

“A Man Is as Old as His Spine.” Price, 100 copies, $6.50; single orders, $7.50.

MARCH

“Converting the Convivors,” the fascinating serial. Price 100 copies, on contract, $6.50. By single orders, $7.50.

Dr. Chas. J. Muttart

Specializing in Diseases of Gastro-Intestinal Tract

Consultation and Referral Cases given special attention

HOSPITAL FACILITIES

1813 Pine St., Philadelphia, PA.

Dr. R. K. Smith Osteopath’s Champion in Massachusetts

Dr. R. Kendrick Smith of Boston addressed a meeting in opposition to compulsory vaccination in the public schools. On February 2, he spoke at another legislative hearing at the State House in Boston in opposition to the renewal of representation of the different schools of practice on the State Board of Registration in Medicine and also in opposition to a law debaring Osteopaths from internships. The next step is to pre-requisite examination by the State Board of Registration in Medicine. This bill was opposed because of written evidence produced by Dr. Smith that the hospitals of Massachusetts had agreed to debar Osteopaths from internship. The next day, Dr. Smith presided at the dinner of the Ladies Club at the Boston Art Club and in the afternoon was the speaker at the Lynn Women’s Club and in the evening at the Mystic Valley Osteopathic Society meeting in Malden.

Central States Convention

May 30, 31, 32, 1922—the date chosen for the Central States Convention which will be held at St. Joseph, Missouri. The largest Osteopathic gathering in Kansas town and vicinity. The doors will be opened wide to all Osteopaths from Missouri hospitals hospitality of the finest sort. A new policy will be inaugurated—that of charging a small registration fee (probably $2.00 but not over) covering all three days of the convention and providing admission to every clinic and session of the meeting. Daily clinics of one hour each day will be held in the halls. An entertainment program will also be provided consisting of a banquet, a ball, a group photo of the convention, an auto ride over the city drives and boulevards, etc.

“Osteopathy” Contest in Arkansas High Schools

The Arkansas Osteopathic Society has instituted a contest among high school students of the state and will give away $50.00 in prizes: $25.00 first; $15.00 second and $10.00 third, for essays on Osteopathy. Essays are to be from 500 to 1000 words and to deal especially with the basic principles and fundamental differences between Osteopathy and other schools of the healing art. Closing date for essays is May 15th. Prize winners will be given a complete Osteopathic Education, with a free trip to Arkansas Hot Springs, a resume of the work and the beat of this movement. Essays may be sent to the editor of the Osteopathic News, the official newspaper of the Arkansas Osteopathic Society.

Cleveland Doings

The Greater Cleveland Osteopathic Society held its regular monthly meeting at the Hotel Winton on Saturday evening, Feb. 26. The committee, of which Dr. Arthur Herman is chairman, is perfecting plans for the annual Osteopathic Convivors’ Convocation to be held in Cleveland. The committee has made a thorough survey of the subject of Osteopathy. The next meeting of the committee will be held at the Cleveland Osteopathic Hospital and will be attended by several others from the surrounding towns and will be held on the subject of Osteopathy.

Dr. John W. Keckler, who exhibited a number of radio pictures and graphs illustrative of some common injuries met with in the practice of medicine. Also present was Dr. W. J. Trenery, Surgeon-in-chief.

DIRECTORY of Osteopathic Hospitals and Sanitaria

Detroit Osteopathic Hospital

Third at Highland Ave., Detroit, Mich., has complete Obstetrical, Laboratory, Roentgenology and Surgical Departments. Specialists in charge. Rates upon request.

The Gamble Osteopathic Sanitarium

2152 Lake St., Office 510 McIntyre Bldg., Salt Lake City, Utah

Philadelphia College of Osteopathy and Osteopathic Hospital of Philadelphia


Laughlin Hospital and Training School for Nurses

Kirkville, Missouri

The Des Moines General Hospital

The Home of the Taylor Clinic


Spring Terrace Sanitarium

712 Monterey Ave. Richmond, Va.

Complete osteopathic, surgical, laboratory, x-ray, physical training and hydro-electric departments. Exceptional facilities for treatment of chronic, constitutional and non-mental nervous diseases. Staff of eight well known Osteopathic Physicians, and a nursing staff equal to the best. Special attention given to the Porter Milk Diet. Write for booklet.

Only 1,500 in Job Lot Now!

It’s a bargain for somebody.

1,500 assorted magazines, dated and undated, bearing various card imprints. First check for $15.00 takes the entire lot, as is, express extra.

The Bunting Publications, Inc.

Waukegan, Illinois
Navaho Indian history. Mr. Williamson, manager of the Houch Trading Company, which furnished the materials for the blankets, said that a few thousand Navaho blankets but this one is the most intricate in design and longest he has ever seen.

P. C. O's Second Annual Athletic Meet

The see & 23rd annual meet of the Philadelphia College of Osteopathic Athletic Association was held in the Second Regiment Armory, February 11th. There was the usual athletic meeting once staged by an osteopathic institution and was replete with events of the highest caliber: Events: Inter City College Relay Championship; Philadelphia High and Preparatory School Relay Championship; Suburban High and Preparatory School Relay Championship; Intercollegiate College Relay; Inter city College Two Mile Championship.

P. C. O. on Princeton's Tennis Schedule

That the students of the Philadelphia College of Osteopathy hold their own against students of other colleges and schools in the field of sports is amply intimated by the fact that Princeton deems this year's aggregation of metes at the P. C. O. of sufficient importance and strength to be placed on the sporting world. A number of our students have been able to find out, the students of our colleges have always come up to expectations in this respect. The Osteopathic Profession books with interest the tennis ill on May 6th between Princeton and the Philadelphia College of Osteopathy. P. C. O. meet you have the good wishes of all of us for a glorious victory over Princeton.

Chicago Meeting

The regular meeting of the Chicago Osteopathic Association was held at Hotel Sherman, Chicago, Thursday, March 2nd. Dr. Leslie Burns of the A. T. Still Research Institute addressed the meeting.—Alex E. Walker, New.

M. A. Lane Memorial Completed

The Memorial Library to be placed in the memory of Professor Michael Lane, at the John Crrer Library, Chicago, has been completed. This Library is a free, public reference library, purely scientific and the largest in the country, containing 500,000 volumes, 300,000 pamphlets and 13,000 maps on social, scientific, medical and allied science. The subjects endowed in the Memorial are Histology and Immunology which include the current journals on these subjects as well as the books. This idea for a library memorial originated with Prof. Lane's students, but Prof. Lane's students have been found difficult in these times of financial readjustment to raise the necessary $4,000. Mrs. Lane, however, promised the students she would gladly make good any deficit, and this she has done with a very generous sum. This donation may later be increased, as $10,000 is the amount required to maintain the Memorial Ideal. Professor Lane's name with the endowed subjects is cut in marble at the entrance of the library, and the name is placed on a special book plate in every end book.

Boston February Meeting

Dr. Leonard Burns of Philadelphia was the speaker at the February meeting of the Boston Osteopathic Society, taking for her subject, "Experimental Location of Osteopathic Change and Effects of Lupum Lombum Lesions in Female Rabbits." At the close of the meeting, there was a discussion on the general subject of osteopathic treatment and the question of insurance was asked, and much profitable discussion resulted. Dr. Burns spoke directly to the staff of the A. T. Still Research Institute, and pleaded for better support of its work by the profession.

Kirkville's New Magazine

"Achievement" is the name of a new magazine in Kirkville. It is the official organ of The Andrew T. Still College of Osteopathy and Surgery. Mr. J. T. Burns, secretary of the college is editor and under his able guidance it will without doubt achieve great things.

Chicago Atlantics Feast on Bull Moose

The Alphas club boys gave a great feed to 125 guests at their clubhouse, 342 Ellis Avenue, Chicago, February 8th. It was a "Bull Moose and Venison Dinner." The hearty big game dinner proved to be the big game on one of his more recent moseus up Greenbush's mountain range. The menu was a royal feast. All the osteopathic ladies were there, nearly 100 members, as guests. Mr. Bischoff represented OSB as toastmaster. Speakers were; Dr. Blaschke, president, who was the special hit of the evening and leaped at one bound into the front rank of the professor's repertoire; Lt. Lutten Bischoff, Fannie Carpenter, Comstock, Desouza; O. C. Foreman, representing the Ch. P.; D. C. Metzger, representing ITO; Dr. Charles Green and Mr. Perry S. Patterson, members of the faculty. There were three big game in the air. Ray W. Russell, '23, gave vocal solos; Wilger L. Jones, '23, violin solo; and in the closing numbers several fine numbers, comprising Thorburn, '21, tenor; Russell '23, 2d tenor; White '23, baritone; and Lewis '23, bass. It was a great success, and a wonderful tribute to the managerial hospitality of the Alphas boys. They feasted splendidly without overtaxing their own culinary facilities.

Osteopathic Health for April

A MAN IS AS OLD AS HIS SPINE

A Peep Into the Mysteries of the Living Body

Mary E. Lanov, A.B., D.O.

In this issue an important truth is plainly restated, namely, osteopathic adjustment of the spine preserves human life. A common error is corrected to wit: that Osteopaths claim sick people have dislocated joints. A spice is dispelled in the name of Truth, the constant companion. True to science but all simply told. Every exponent on your record should have this magazine. To be sure of your required quantity send your order promptly.

Wins 2,000% Increase

I little thought when ordering you to send me 25 copies monthly I would receive, as my first installment, the first number of that New Series of "Osteopathic Health" the "always something new and different patient's magazine" that you announced to us.

I like "Converting the Covers"—like it immensely.

If you are going to hand out goods of such high quality as "Converting the Covers" from month to month you may put me down for 500 per month. Send me 475 additional of this current issue to make 500 for me, and enter my contract for 500 per month, imprinted with professional card, as per copy herewith.

Fraternally yours,

Peter D. Pauls, D.O.

Maywood, Illinois

Dr. Jos. H. Sullivan's Silver Jubilee in Practice

Dr. Joseph H. Sullivan was given a surprise dinner and dance by alumni at the University Athletic Club March 1st, that being the 25th anniversary of his entrance on practice in Chicago. Dr. O. C. Foreman presided. His hand was over the cup. "Joe" was quite swept by emotion in response. Dr. Sullivan, the keep secret vice of the "Old Doctor" and the old pioneer days at Kirksville made up a delightful evening.

PERSONAL

Dr. Francis A. Cave of Boston, Massachusetts, announces the removal of his office to the Universal Building, 339 Boylston Street, (at Arlington Street Subway Station). While continuing the practice of Osteopathy, as heretofore, Dr. Cave has equipped his office for diagnosis and treatment according to the Electronic Reactions of Uranium, being authorized by Dr. Abrams to administer the same.

On account of ill health Dr. H. M. Bishop of Albuquerque, N. M., was forced to give up his practice for the moment. Dr. E. MacCracken, who has practiced in Beatrice, Neb., for the past ten years, will have charge of his office.

Dr. E. B. Kinsingham announces the removal of his office from the Wiley Building, Mount Union, Pa., to 1252 Pennsylvania Avenue, Tyrone, Pa.

Dr. James A. Savage, formerly at 500 Columbus Bldg., Duluth, Minn., is now located at 224 New Jersey Building.

Dr. Alice P. Shibley will soon sail on April 8th for Italy and Switzerland to take a much needed vacation. "My first rest since before the Great War," says Dr. Shibley.

To Dr. and Mrs. Robert E. Nye, Wyoming, Ohio, on February 6, 1922, a son, Robert Eugene Nye, Jr.

To Dr. and Mrs. Charles W. F. Skinner, Evanston, Ill., on February 2, 1922, a 6 pound daughter, Lorinda Barbara.

To Dr. and Mrs. Robert E. Nye, Wyoming, Ohio, on February 6, 1922, a son, Robert Eugene Nye, Jr.

T. B. Arnold of Alain, Michigan, and Mrs. Orpha O. Fitch, December 21, 1921. Mrs. Fitch has been head of the health department of the town of Alain for a number of years.

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The loved wife of Dr. S. W. Wilson, who has practiced in "If" town nearly 22 years. Wednesday, February 8th, after a long illness of several complications with the probable presence of cancer. A young daughter and Dr. Wilson, are the immediate surviving relatives of the deceased.

WANTED—By senior student, position as assistant for the summer. Address No. 339, care of The O. P., Chicago.

FOR RENT—We have a suite of four offices with dressing rooms. Best location in Chicago. One office to rent for part or whole the summer. Address M. L. C., 1323 E. 43rd Street. Phone Dearborn 4909. For rent only. Address N. White, in small class, who has passed most of State Board, position as assistant. Address No. 329 care The O. P., Waukegan, Illinois.


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