The Osteopathic Physician

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The other day I heard of an Osteopath who is known to have stayed one hour and thirty-five minutes in a room treating a patient. He was called by a patient waiting in the office. It seems almost incredible, and just what he was doing all that time in the way of corrective work I cannot think. But cases like that are as rare as one would imagine, as I have heard of a number of Osteopaths who treat one or many who treat three quarters of an hour; in fact, I believe there are fully five hundred Osteopaths who practically never give more than a half hour's treatment.

Last vacation I went away South. I called on a number of Osteopaths, and in one instance I remember a lady Osteopath came out of the waiting room into the waiting room. I assumed myself being from Toronto, and she said, "Doctor. I will be through with this patient in about twenty-five minutes, and we will have a good chat." I excused myself, saying I have another appointment, but will try and get back." Of course, I did not return because I could learn nothing from an Osteopath who are treatments that length of time.

Some are always complaining that we have too many Osteopaths today as we had years ago; that Osteopathy will finally be absorbed to the other schools; that the Chiros are outnumbering us and will soon be as thick as flies on the streets. Many other like statements and predictions are made from time to time. Now, there has got to be a change shortly, and I believe that the change is coming right now: in fact, we are going through the change, as osteopathy is about that old. I can feel the hot rushes coming, and various symptoms that are going to spell a better day, and less reflex actions of Abrams.

"Where There Is No Vision the People Perish"

Dr. J. V. McManus of Kirkville, who is the osteopathic hope for proficiency in the Efficient Course and doing wonders.

There are those who I believe conscientiously think that no genuine osteopathic treatment can be given in less than a certain length of time. They should be given a chance to demonstrate at the next convention, as we have suggested to the Chairman of the program committee, so that we may see for ourselves what a real osteopathic treatment of one hour, or one hour and fifteen minutes, looks like. We want to see them perform; we want to see them give these treatments about which we know nothing; we want to see how the patient looks and feels after this one hour, or one hour and a quarter treatment. If they have something that we know not of, we will sit patiently for one hour and a quarter and observe the treatment and listen to the conversation that goes on between patient and doctor, and possibly we will come away much better fitted as Osteopaths to carry on our work.

I am sure that our colleges do not teach, through their professors, that treatments of a certain length of time should be given that every muscle should be relaxed, that every lesion should be corrected at one time. We are supposed to follow Dr. Still's advice, in that we should work out our own technic, according to our own findings, and according to our own viewpoint of correcting the lesion. There will be such a thing as a stereotype technic that all may use. Each Doctor will use his own technic, as a surgeon does. No two surgeons operate the same, or have the same technic.

Neither will any two Osteopaths have the same technic. We should not try to emulate our neighbors.

We hear from so many Osteopaths who say, that they cannot do clinic work or extra work or speak at a convention, because they have not time to prepare; that they have not the strength. In many instances we find that they are treating only six or twelve a day, and that they are all tired out, and that they have no strength left for study or research, and one is forced to the conclusion that if they used their heads a little more they would not need to use their hands much. The trouble is that so few go at their work in a systematic way, do not really thinking but just plunge into their work like a section hand on the railroad. When night comes they are tired out, go to sleep and get ready for the next day.

Many become discouraged and give up their work. There are several hundred Osteopaths who have not practiced very long, and who have gone into other fields or given up the work entirely. Now, this is not the fault of the colleges; it is due to faulty vision. These Osteopaths have the wrong viewpoint and no one has ever taken hold of them and shown them how to do things. Some years ago when I was scheduled to speak at Providence, R. I., I ran across a doctor who was most capable but who looked as if he were going into a decline. He had been one of the most capable but who looked as if be were going into a decline. He said the greatest number of patients that he could treat per day was eighteen or twenty at the most. He looked tired out, and I asked him how long he treated up the work. Today he thinks nothing of treating between fifty and sixty. He just needed a little instruction and a new viewpoint; he needed one to show him how to do things; how to conserve his energy; how to give his patients more skill—better treatment—in less time. All this will come about through a little mental application, a little more study and thought. There are hundreds of Osteopaths all over the country who need this help. Some may have received it from various physicians who are giving special courses and have gone away delighted and have doubled their practice, but there are many who have not even the energy to take a special course or who will not get in touch with someone who will give them instructions along that line.

Fortunately, Dr. Earl Willard is giving his time and attention throughout the country to show the boys how to do things. Dr. Reid in Denver is conducting his famous Efficiency Course and is doing wonders. There are others also who are a great stimulus to the profession. Now, what we want in the near future is to put Osteopathy on a different basis entirely, and this must be done if we are going to perpetuate our science. We want our graduates to carry with them real enthusiasm, and it may be accomplished by Osteopathy, and still
use the good old A.T. Still methods. I have always said in referring to the Osteopath, with his ten fingers, can go into a given field and have a larger practice and accomplish more than any mixer that ever enters the same field. This can be true, too, if properly applied. There is enough work in Osteopathy to keep any man busy, if he applies himself properly, and does not expect overnight results. A good man can be a good field for an Osteopath to make himself famous in. Right near Chicago is a man who is practicing in a small town and who is known throughout the continent. He has a phenomenal practice, owns three or four farms, and gives nothing but straight Osteopathy. If anyone wishes to specialize, that is, be an osteopathic specialist, well and good, but he is not the man who wishes to perpetuate the art and science of osteopathic practice. If the man who is doing the adjutant work that will perpetuate Osteopathy. I say this without fear of contradiction, because if you will think over a few minutes, you will agree with me, as it is absolutely true.

In the next year or two at all of the conventions you will hear nothing but specific technic. You will hear the doctors, who know how to give specific treatment, demonstrate to you and show you how to do it. Just keep your eyes open, your eyes open, and your mouth closed, and you will learn something. Don’t start to rave saying “It can’t be done.” There is no such thing as a specific. Just be sure you are doing the right thing when you are doing each day the very thing you say can’t be done.

This article in the spirit in which it is given—one of helpfulness and constructiveness.

Next month we will take up a different angle of this proposition and see if we cannot bring out some new phases that will be of assistance to others.

### Spinal Adjustment—A Discussion

**George Malcolm McCole, D.O., and John V. McNealy, D.O.**

#### IV: Lost Motion—Lost Flexibility—Lost Function

Continuing the discussion of low table technique and the thrust, and leading up to the discussion of this month, the following thoughts are presented.

The chiropractor thinks only of position of the vertebra. He does not recognize the necessity of flexibility of the joint tissues. He seems to think that all that is needed is to get the vertebra into normal alignment, and then he will have correction of the tissues. The Osteopath recognizes bony malposition but he knows that joint or tissue rigidity is the great cause of disease.

Rigidity of the tissues of a spinal joint means infiltration of those tissues; means hypertrophy of those tissues. It means impaired circulation of lymph and blood to the joint tissues themselves, and more important, to the spinal cord centers which receive the messages running up of venous blood in the segment; it means loss of function of the nerve centers in that segment; it means that there is no movement of that joint. The body is half dead when the body is running wild without nerve control and is subject to disease—natural immunity is lost. This gland or membrane itself is diseased, or the body mechanism depending on the secretion of this gland or membrane is losing its vitality and is diseased—natural immunity is lost. **OSTEOPATHY MEANS IMMUNITY.**

The reason a vertebra is held in normal position is simply the action of attached ligaments, muscles and discs. Now if the discs are normal in shape, if the ligament fibres are normal in flexibility, and if the muscle fibres are normal in length, or on account of their being stretched, then we call normal. The normal position of the vertebra and spine is a resultant position due to the normal structure and tone of the surrounding or attached ligaments; and how could the Osteopath agree on this point.

Function means everything. Position is secondary.

The point might be made that the size, shape and position of every vertebra must be perfect—or on account of bad posture, the body will not properly function.

The spine, however, even at its best, is seldom if ever found absolutely “normal.” Practically everyone gets some spinal lesions in childhood, when the bones are easily molded and the ideal or textbook shape is never attained. Theoretically then, the ability to take perfect posture in all body position is practically never possessed. And if the vertebra is acquired in the adult, the shape of the bone is often changed by prolonged pressure, and adjusted to a new position. Just keep your eyes open, your eyes open, your mouth closed, and you will learn something. Don’t start to rave saying “It can’t be done.” There is no such thing as a specific. Just be sure you are doing the right thing when you are doing each day the very thing you say can’t be done.

The failure of the Abbott cast to correct spinal curvature in anything like the degree hoped for, is one proof of the above statement. By spinal adjustment we cannot hope to do much in the way of changing the shape of the vertebra. The treatment must be directed to producing function in a joint and its related segment. The function of a spinal joint and segment can be normal (leaving out posture) even though the position, shape and size of the vertebra are far from perfect.

If the spinal joint has normal flexibility and good circulation—function—the spinal cord centers in relation will have normal function and this is what we are seeking to accomplish.

In this connection, the following account by Doctor M. C. Hardin in the Osteopathic Bulletin is extremely interesting:

"When the osteopath recognizes the fact that the synovial membranes have formed adhesions and usually the inflammatory process has destroyed the function of the synovial membrane, he knows that there is no movement in the joint and therefore no friction which excites the secretion of the synovial, accounts for the non-activity of the membrane. A boy of 15 years came to us with an ankylosis of both joints in the jaw so that he could not open his mouth. He had several doctors treat him. Finally a surgeon solved the problem. He operated on him making an incision into each of the joints. He cut and forced the adhesions so that he was able to move the joints and then stitched up the wounds. The next day he could move the lower jaw, the boy could not stand it, of course, and he had a fellow force him to the mouth. He went back home with a very ugly scar on his face and the ankylosis was not yet done."

"Here is what we did: We took two small pieces of hard pine and trimmed them down so as to make a flat template over the gums. We inserted these between the teeth in front and padded them with soap so as to break up the adhesions somewhat in the joints."

"The boy returned home in two days and the joints began to get a little sore. Then we stopped and worked to get the soreness out and the boy felt much better. After all the soreness was practically removed, we began the breaking up process again; and when the soreness appeared once more, we stopped to get the soreness away, never allowing it to reach the inflammatory state that made it impossible for us to continue the treatment of the case. The amount of pain that the patient could stand without an anesthetic, is a good guide as to how much of a breaking up process the tissues will bear without going so far that one can not work. In this way we kept the joints moving as far as we had broken them in each time, and at the same time kept them free enough to work as to prevent habit working. In about eight months we had restored this case to normal. For five years this patient had not been able to chew. The synovial membranes had been destroyed from normal shock and from the inflammatory process, so that there was no secretion in the joints. But when the movement within the joints commenced, the friction in these joints made it necessary to have a lubricating fluid secreted. So nature commenced a new synovial membrane growth within these joints.

How do we know this?

"We know it from the fact that even when a bone is ankylosed and does not grow together a false joint will form there. A postmortem shows that nature has even grown a synovial membrane over the ends of these broken bones where their ends meet in friction. Surely, therefore, we would rest a membrane within a joint, if the tissues were healthy, to meet the friction therein."

"The teeth do not have to be very far apart in order to chew. So as this case had reached a joint where he could chew, we did him a favor by widening the space. We did this for two reasons: First, we wanted to continue friction within the joints so as to keep the synovial membrane in activity. Second, we wanted the muscles used in chewing that had had no exercise in five years, developed again, and therefore be able to continue the exercise. These are the underlying principles that we proceed upon in dealing with the cases. It works out all right, if properly applied to cases of fibrous ankylosis. We have broken up many ankylosed joints successfully.

Doctor E. F. Pellette, in The Osteopath, No. 73, says, "It seems to me that most spine lesions are not maladjustments but mere rigidity in the joint—lost motion. What causes it to be that way? Why, only tight ligaments can restrict the motion of a joint. Could there be anything else? Except, of course, ankylosis. And even in a bone that we think is normal, there must be a chance that the joint has been used for a minute, unless held out of place by tight ligaments; and how could you adjust it with out stretching those tight ligaments; and who is there that can stretch your arm or stretch your bones without your aid?"

A Good Recipe

If your income languishes and you suffer from cold feet when it comes to paying your month’s bills, take 1,000 copies of the “Twelve Months of the Abbott” a month. For one minute it takes to get your motion back, you get 1,000 copies of this book. And then stitched up the wounds. The next day we will have our hands full of the patients that have come to see us wanting us to do a doctor’s work for him.

**A lesion is an abnormal condition of a structure which prevents it from operating as nature intended it should.**

Hollis, “Principles of Osteopathic Technique”
THE OSTEOPATHIC PHYSICIAN

Why Not Be Hard Boiled?

Apologies to George Ade

Bitter Creek Bill, D.O.*

Quite a spell back a young osteopath hit the cold fresh from his conquests of knowledge within the realm of his Alma Mater. He had the idea ingrained in bis makeup that if you made a better mouse trap, book, poppy microscope. Within the realm of his Alma Mater, he accomplished by his own personal effort toward learning all about the spinal treatment. The vital essence is to get the nerve reaction so won­derful that the movements between the segments are not carried over, or to the "pop-moment."

Here comes up an important point. Spinal adjustment is but a quick touch, a short stretch; is brought about a real result which drives away congestion, and absorbes excess tissue, that has contributed to and from the spinal cord nerve centers. It is a fact that a strictly normal joint can popped very easily. Rocking, knodeling, twisting, side-bending, adjusting, manipu­lating—all in last analysis is simply tissue stretching. In acute indolent treatment where it is not advisable to stretch the patient, by adjusting chronic joints, the stretching movement usually need not be carried over, or to the "pop-moment."

There is a lesion, a separation of the facets of a joint or not. The adjustment is made. It is at this pop-moment that the muscle fibers also get their tension relieved, and it is in which causes the patient to feel in the vlelo body such an immediate relief from tend­ency.

“T he osteopath will smash down every barrier that has been, or can be, reared against it. Adjusting a vertebra which is in lesion is not always in itself curative, it is often only preparatory. It prepares the segment so that the electromotive forces which develop by soft-tissue work are on the order of electronic vibrations of force car­ried from the segment over nerve courses to the gland or tissue involved? It is quite possible.

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When these points have been mastered, Osteo­pathy will smash down every barrier that has been, or can be, reared against it. Adjusting a vertebra which is in lesion is not always in itself curative, it is often only preparatory. It prepares the segment so that the electromotive forces which develop by soft-tissue work are on the order of electronic vibrations of force carried from the segment over nerve courses to the gland or tissue involved? It is quite possible.

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Some of the authorities are of opinion that there are ligamentous (or bony) lesions as it is where there are no such lesions—where Flexibility, Circulation and Function—FCF—are perfect.

The Osteopathic Profession must bend every effort toward learning all about the spinal lesion and how to remove it. There is a lesion where there has been local Inflammation and it has led out leaving connective tissues infiltrated but the joint, the treatment must be deeper. A well adjusted vertebral segment and spinal treatment will be so thoroughly understood that a clear and complete system and classification will be worked out. It will mean the absolute and scientific proof of Osteopathy for which we have long looked.

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Any one could read and remain in no doubt as to the facts. Its practitioners were designated as grafters and the reasons given for the use of such language.

Newspaper stories would not take it hot enough, so fifteen hundred pamphlets were printed and sent to every owner of a phone in town. The booklet tore every blooming stitch from the carcass of such and left it naked to the horrowed ridicule of a callous world. When one of the crooks referred to intimidate Osteopath and thereby stop the exposure by threats, Osteopath told him to wade in but he had much better go back and get his partner and then they could both start.

He did not start anything rough then and did not return as invited. All this cost money. From fifty to one hundred dollars a month was spent during campaigns and the average was about six hundred dollars a year. Most of this work was done in semi-annual campaigns when for a few months intensive propaganda was underetaken. A free clinic for crippled children was started. A Rotary club was organized. The Chamber of Commerce was joined and interest in civic movements taken.

While, as I stated at the start of this the crooks had it all their way, at the finish half of them had left town. The booklet referred to and the hang-up maintained, was mainly resting and telling all who stumbled in how Osteopath was as rough as a bear and might kill them, while Osteopath flouredished like a green bay tree and was rapidly paying off the debts he made acting the ethical smp.

The first year his practice jumped from two thousand to nearly five thousand and the second year from seven to twenty thousand. Prosperous men who scarcely saw him before became real cordial and his standing in the community in which he resides has increased immeasurably. The moral of this story is the same as the motto of the tank corps, "Treat Em Rough."

The Osteopathic Physician

Low Table Technique

Dr. Still's Technical Methods Standardized
Earle Willard, D.O.

VIII

EVEVY DISEASE HAS AN OSTEOPATHY
(Summary and Forecast)

That every disease has an osteopathy is a commonplace. Dr. Andrew Myer for Still was the first man in all history to see and to demonstrate to others the osteopathy of diseases. If his distinctive discovery and his distinctive methods of treating disease are to be widely known as osteopathic in origin, they must be heralded by the osteopathic profession. They must be practiced by Osteopaths everywhere, if they are to be developed within osteopathic circles and not cast aside or rejected. But the background in what we call osteopathic practice.

Osteopathy has well entrenched itself in the field of diagnosis and surgery, and it is high time that it take possession of its background where backbone therapy is concerned. Moreover, if this rich heritage, the osteopathic birthright, is in osteopathic hands, and not pass altogether into the hands of outsiders, the method of teaching osteopathic fundamentals to the student in college, and of presenting osteopathic truths to the world at large, must undergo a radical change.

While osteopathic truth must always accord with the principles Dr. Still himself employed, nevertheless, we have his own statement that any man or woman who tried to imitate or duplicate in practice the technical methods of others, without first adapting them to their own individual needs, ought to be looked upon as a failure. The world is rapidly changing and the osteopathic profession is in need of a change, and of necessity its technical methods must improve. And because the world is progressing, it demands the advancement of its background, its osteopathic background, and of presenting osteopathic truths to the world at large, must undergo a radical change.

The Osteopathology of Disease

By the term “osteopathy” we mean the tissue or structural changes variously referred to as the spinal lesion, “the spinal or vertebral lesion” or the “technique”. It comprehends certain pathological changes in the tissues immediately adjacent to the vertebrae, ribs, occiput, pelvic bones, or other bones that occur in every disease. Osteopathology is a deviation from normal, and it is responsible for the clinical picture. They represent an inseparable part of the symptom complex or vicious cycle, rounding out as it were the clinical expression of nature’s effort at self adjustment, augmenting the morbidity of the associated disturbance. Whatever they represent in the final analysis, they exhibit a process or set of conditions that result in an absence of harmonious activity.

The osteopathology includes, of course, the bone or bones involved and the soft tissues. The osteopathologist is interested in the soft tissues. When the tissues are tampered with, in soft tissue involvement. For as explained elsewhere, and as I first pointed out many years ago, misshapen vertebrae with no characteristic deformity or uniformity of area or individual vertebrae affected, are found in every adult spine. Even the articular surfaces of such a vertebra are often badly shaped, so that its direction or range of movement is pathologically altered.

But the osteopathology that demands prime consideration, being actively associated with disease, is the removable, soft tissue involvement. In long standing cases, of tissue changes in the articular or sub-ligamental discs, the articular ligaments or the tendons attached to the lesioned bone. Also the tissues superficial to seated but in the soft tissues; and (5) and in certain areas of the spine, and in certain forms of the spinal orvertebral lesion unless trauma is the reason not undertaken. The moral of this story is the same as the motto of the tank corps, "Treat Em Rough."

The Long Standing Lesion

Yet we must not lose sight of the fact that osteopathology is neither permanent nor permanent. Indeed, because of its associated or reflex nature, we are likely to find more good in a greater number of cases by dealing temporary osteopathic conditions than by removing more or less permanent structural changes. For in the latter condition the organism has more or less adjusted itself to the long standing structural perversion. Nevertheless, the latter also calls for correction or uncompensation.

The Sublation

A lesioned vertebral, rib or pelvic joint is one in which the soft tissues immediately adjacent to the bone have undergone a change. While the tissues within the articulations of the involved bone—ever where the articular surfaces are malapproximated (which any restricted vertebral movement implies) do not suffer structurally, that is, they remain in place, but in movement and not permanently adherent. A subluxation of a greater or lesser degree is inevitable when osteopathy is involved. In long standing cases, the articular surface of the articular surfaces should not receive primary consideration. It is the tension of the soft tissues, holding the vertebral for rib or spine in line, that must be overcome. If subluxation is to be corrected. For it is the muscular, ligamentous, or articular lesion that must be addressed, and therefore directly responsible. Release the tension, and the subluxation with increased in spiral, positions the bone segment in its proper position, according to its proper relation to the surrounding structures.

One system of backbone therapy which has been in vogue since the advent of osteopathy, lays stress alone upon the subluxation ignoring the true osteopathic involvement at the point of articular or ligament vulsion.

The Ligazation

Another system, not so prolific in the number of practitioners turned out as the system above referred to, lays emphasis upon the ligamentous aspect of osteopathy. Many insist that it is because it emphasizes the etiological role of the spinal ligaments, by calling an osteopathologist a “ligazator”—meaning tight ligament—it is entitled to rank as a separate system of healing.

The Muscular Lesion

On the other hand, osteopathic practice to-day is overrun by men and women who see on the
Two Carcinoma Cases Successfully Diagnosed by Electronic Reaction of Abrams

Dr. John M. Ogles, Moncton, N. B.

A few years ago the OP adopted a statement, "Osteopathy stands for the Truth wherever it is scientifically proven, and for the truth of which it has not been proven." That is a statement that many of his contemporaries would use to express their sentiment. It seems clear that this statement is not to be easily misunderstood.

They have observed the clinical picture and laboratory findings; and to find and utilize the pertinent facts of physics upon which the Abrams concept is based. If the Abrams method of Electronic Diagnosis is to have meaning and value, it must be founded on some scientific principle that is applicable to all living systems. The clinical picture plus laboratory findings; and to find and utilize the pertinent facts of physics upon which the Abrams concept is based. If the Abrams method of Electronic Diagnosis is to have meaning and value, it must be founded on some scientific principle that is applicable to all living systems.

The Osteopath who sends May "Osteopathic Health" to every former patient will note a marked influx of new patients. It contains that article on “Nervous Indigestion; Its Causes and Cure.”
The great men of the world are great because of knowledge, skill and strength, beyond that of their fellowmen. To carry on a large osteopathic practice, you must be backed up by force and energy. Here is your opportunity. This is the first time you have ever been offered so much in so small a time in such a practical way, to aid you in your practice as a physician. This will be the eighth graduating class of the Denver Polyclinic Post Graduate College. Four strong courses are combined in one.

I. The Osteopathic Efficiency Course

This course gives a detailed practical solution of the many problems arising from the business side of practice: how to increase the number of patients; how to take care of a large number every day, without breaking down; review of many important cases; study of the technique; review of such subjects as orificial surgery, eye, ear, nose, throat and gynecology.

II. Course in General Diagnosis

In charge of Dr. Robert Nichols of Boston, diagnostician of many years experience, and one of the best clinicians in the osteopathic profession. To be an effective diagnosist requires much study, careful observation and scientific teaching. Dr. Nichols has been associated with Dr. Cabot in the hospitals of Boston for about seventeen years and has letters of high commendation from Dr. Cabot and many other prominent medical and osteopathic physicians. This and one-half hours a day throughout the whole month will be devoted to this course which is essential to the same course as Dr. Nichols gives in Boston.

III. Course in Low Table Technique

In charge of Dr. James Decker of Oakland, California, osteopathic physician of many years practice and graduate of the Palmer Chiropractic School. In this course particular attention will be given to stress the difference between chiropractic and osteopathy.

IV. Course in X-Radiance and Spinography

Also in charge of Dr. Decker who will show the practical application of the X-ray for spinal lesions. Make your reservations for the course as soon as possible, as only a limited number can be accommodated. Course begins July 24 and lasts a month.

For detailed information address

Dr. C. C. Reid
501 Interstate Trust Bldg., Denver, Colo.

Thanks Due Dr. McManis

I read the article about Doctor Albert Abrams in the January OP, with great delight. We must thank Doctor McManis for investigating the subject. We all need more information on Radio-activity. It is something that has come to stay. I have taken the course this year. Could not do without it.—R. F. Tisdale, D.O., M.D., Oakland, California.

Come to Stay

Readers of The OP should feel very happy upon making application on the subject of Radio-activity. It is something that has come to stay. I have taken the course this year. Could not do without it.—Albert C. H. Euer, D.O., Chicago, Illinois.

Dr. Scouthorn Interested in the Abrams Discoveries

The March issue of The OP has just been received and, while I have not studied it carefully, I am delighted with it. I am happy to see the space that you are giving the Abrams' work. My partner, who is a college man and holds both an M.D. and D.O. degree, has recently taken the Abrams work. The discoveries is simply wonderful and the treatment is such as Drs. McManis and Cave have said. It will get results. It is a great relief, and Osteopaths throw our hands up in the air, the same as the medical men.—Samuel L. Scouthorn, D.O., Dallas, Texas.

Open Mind and Scientific Attitude Needed in Profession

In reply to your request as to my opinion of the McManis article, will say that I consider its publication one of the most praiseworthy events in the history of Osteopathy. I have done. You know how many years I have strenuously contended for the open mind and scientific attitude on the part of the osteopathic world that could not get on the open table. I think that we are more in need of this than ever. Recently I have striven to get the facts as to what is best to do for sick folks, we will do the most wonderful thing that has ever been done in the history of the world. I consider the investigations of Dr. Mather, Cave and McManis very significant. I am very confident that we will never discover anything that will do away with the discovery of Dr. Still. But do you think what his followers would have to learn more about the human body? His method would be hailed as the only way to cure healing suffering humanity in all kinds of diseases.—C. W. Young, D.O., Grand Junction, Colorado.

Dr. Woodward Interested in Only One Point of View

Friend Bunty: We read the recent issue of your incomparable sheet here-to-for devoted to osteopathic truth and propaganda, with interest, surprise and consternation. Friend McManis must have quite a pull to get that clever announcement that he alone would now be able to sell the marvelous (?) Abrams stuff to the medical public. I think he could not get results without this very new method.

With all due respects to the five Osteopaths mentioned, I think that we are more in need of open-mindedness and new technique, but let any one develop a new method of value and prestige he must sell it to his brethren. Our old time ethics appear to have been abandoned for more lucrative methods. Why do not the Big Five "dig for Osteopathy"?

In re to the Preacher Stuff, where do you get an osteopathic lesson from Abrams, McManis and Cave? Stuff? You still remember: "Abrams attempt to get Osteopathy on the hip with his "spontaneous method", do you? You may recall my trouble with a Simon Pure (?) Osteopath of Chicago because I was too liberal for him. What does he think of this departure, I wonder.—C. W. Young, D.O., Grand Junction, Colorado.
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.
THE OSTEOPATHIC PHYSICIAN

Will Study Abrams' Methods

I want another copy of the January OP and all the rest for you. I'm not too interested in who is studying this new method of diagnosis but I want to study it myself. I want to know all about it, have the same tingling feeling I had when a girl after I saw Osteopathy do some of its wildest stunts for suffering humanity. I have a son in San Francisco whom I have written to call upon Dr. Abrams and he will get the book to me. I may be of some assistance to him in his practice. If this book can cure the cases we can't reach I will think surely the Kingdom of Heaven is nigh, even at the door.

I am going to study his methods as soon as I can sell something and raise the money. I have been in the service twenty years, since 1900. I am feeling fine and all I ask is the privilege of working on.—Lora K. Barnes, D.O., Chattanooga, Tenn.

Dr. Asa Willard Wants Light

I have been greatly interested in the discussion of Dr. Abrams' work. The article by Dr. McNamara was certainly most interesting but here is a point which I should like to have cleared up if possible. I consider my study of the articles in The OP, the gerns take hold where there is faulty soil. As Osteopaths, we figure that the faulty soil is due in most instances to structural defects, particularly of the spine. Dr. Abrams directs his treatment to the removal of the diseased conditions through the faulty soil, but takes no cognizance of the primary lesion producing that faulty soil. If we are to harmonize his theories with the osteopathic concept, how are we going to do it without consideration of the removal of the primary cause? Suppose, for instance, the lungs are the faulty soil due to a subluxation in the dorsal area. How can you remove the faulty soil without correcting that which is constantly keeping the lung tissues weakened and susceptible?—Asa Willard, D.O., Missouri, Mont.

Praise for Dr. Abrams

Abrams of San Francisco has some good dope. His work in the field of cardio-therapy is worth while. The medics are beginning to take him seriously and are flocking to him from all over the country. I might better say the world. I fear we will wake up some cold, dark day and discover that the regulars have outdistanced the Osteopaths by the Abrams route under a different name and when they begin to teach it in grade A medical schools—all you can write your own ticket on the rest. Mather Thompson of Dublin, Ireland, M.D., F.R.C.S. who pursued the course in Osteopathy at the M.C.O. has recently returned from taking Abrams work and he fully endorsed Abrams. Thompson by the way is a heart man and a good one. He has had work under MacKenzie and Lewis of London and has for several years specialized in cardio-therapy. He spoke before the New York City Osteopathic Society some time ago. He is sold on Osteopathy but is waiting for the osteo to demonstrate that with Osteopathy alone they can successfully treat all heart conditions. He so stated to the society. He further stated that digitalis is specific for auricular fibrillation and asked the osteopaths present to go to the mat with him. You could cut the silence. He also endorsed every thing Abrams claims for percussion of the 7th cervical in heart affection and every thing I have said—my statements being based upon experience both as a physician and a patient. So there you be. Go ahead!: any thing I have written you may roll up and publish and I will gladly back up my statements. Thompson was the cause of Cave going to Abrams. I am going myself one of these days.—Lamar K. Tuttle, D.O., Stamford, Conn.
**THE OSTEOPATHIC PHYSICIAN**

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**Singers are BORN not MADE**

The "Vocometer," science's newest invention will prove beyond a doubt whether such of your patients as aspire to success and fame, singers have the necessary qualifications—have besides the desire, vocal cords and resonance spaces that will stand training.

Uncertainty in this matter may mean the spending of much precious time and money uselessly and end in heart-rending disappointment.

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Janette H. Bolles, M.S., D.O., Denver, Colorado, who, no one will gainsay, is the most distinguished Osteopath living, being the first college graduate and the first woman to study Osteopathy in the first class ever held, also the first editor of an Osteopathic publication, and at present one of the foremost physicians of Denver, and professor of anatomy, Denver University, says:

"Dr. E. S. Willard has developed a scientific and teachable method of technique which applies the principles of mechanical adjustment as I learned them from Dr. A. T. STILL."

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And wish to be further informed we shall be pleased to enter your order for the following publications:

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Send remittance with order.

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**Finger Technique vs. Finger Surgery**

Dr. T. J. Reddy, Los Angeles, Calif.

"Finger Surgery," above all expressions, has had an illegitimate birth in the home of the English language. Why in this day and age of progress should we invent a telephone every time we want to use one—why not take advantage of the man's experience which required thirty to forty years devoted to invention, and simply pick up the 'phone and talk across three or four nations? Why should we tear things indeterminately with our fingers when a more cautious procedure can be exercised through the use of properly designed instruments? But, more important than this: we have "technique" for adjustment of all parts of the body. This one statement, committed to memory by all members of the faculty, would soon prove to be a powerful factor.

We have "finger technique," a specially named form of our "technique" for the adjustment of maxillo-sphenoidal, tonsillar, tubal, nasal, ocular and mechanical at which required thirty to forty applications.

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The Ultima No. 1 Sinustat a b w n will relieve pain in sinusitis, neuritis, their neuralgias, neuralgia, etc., by producing a sedation of the nerves.

Mild applications to the gastro-intestinal tract stimulate normal functions. Operates upon any A.C. lamp socket. Delivers a perfectly controlled rapid sinusoidal current; also current for lighting any diagnostic lamp. Try This Thirty Days Free! Just sign the coupon and we will send this on free trial without one cent in advance. If it fails, return it without obligation. FREE! A valuable P.A. Co. chart and booklet giving full directions will be included.

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**Send your order postpaid.**
College Clinic, Dr. Bowling reported seventeen cases of catarhal deafness in which he had reasonably good success.

The nose to most people was a mystery, and although Dr. C. C. Reid of Denver and myself didn't just do it but were the first to give the scientific merit of the Philo Burt Flagler St., T. Still's Lake, or the general profession by staging and larding along from that time in endeavoring to create an interest on the part of the AOA members and the general profession by staging clinics, furnishing two or three numbers for the program, and finally organizing the eye, ear, nose and throat section, and later, the American Society of Ophthalmology and Oto-Laryngology. Even with all of these efforts little has been accomplished in the form of a true, scientific terminology or treatment. Nearly four hundred members of the O. & O.-L. society express the interest that the profession is "casting its pearls before swine" by referring the cases requiring special attention to the "enemy," but our quick growth bespeaks a tender and fruitful structure that—unless properly guided—can result in irreparable injury to the proper pictures we ourselves should hold mentally, as well as an irremediable loss as a result of disused publicity through the use of inappropriate nomenclature. I do not voice for the author of "finger-surgery" as a term. Dr. Bailey and Dr. Edwards are the two who advertise the term most widely and their contributions to the treatment of eye, ear, nose and throat conditions have, up to recently at least, been true to the term they have employed. I am very certain, however, that those who have jumped at this conclusion have long since learned that it is not what bespeaks for a "correcting and surgical" method for relieving and correcting spinal curvature and limited ailments. The Philo Burt Method for relieving and correcting spinal curvature, with its sequelae, and that you will avail yourself of the first opportunity to conclusively demonstrate its value.

It has been our privilege to co-operate with thousands of practitioners and we will gladly refer you to some of your own contemporaries. Or, we will accept the case from you and assume full responsibility—just as you prefer.

We believe that if you will read and consider its contents in the light of your professional knowledge and experience, you will instantly recognize the scientific merit of the Philo Burt Spinal Appliance and understand the need for its use in the treatment of diseases prevalent at this time of year as well as in the treatment of those diseases that—unless properly guided—can result in irreparable injury to the proper pictures we ourselves should hold mentally, as well as an irremediable loss as a result of disused publicity through the use of inappropriate nomenclature. We believe the public must be educated in the breadth and scope of Osteopathy, that in the end they will understand it as a complete system of medicine, obstetrics and surgery, and that we adhere to the term "Osteopathic Finger Surgery" is most appropriate and complies with Dr. A. T. Still's concept and idea of osteopathy, "that osteopathy has come to improve medicine, obstetrics, and surgery," and that we should apply to this feature of our science. But it further resolved that a copy of these resolutions be forwarded to Dr. George W. Riley and to each of our osteopathic publications. (Signed)

Dr. J. C. Howell, Orlando, Fla.
Dr. J. S. Baughman, Burlington, Iowa.
Dr. Anna H. Ketchum, 1824 N St., N.W.
Dr. William Joseph Mulroney, 334 2nd St., Yuma, Ariz.
Dr. J. H. Richardson, 145 E. Plaguer St., Miami, Fla.
Dr. Mary Lewis Heist, Kitchener, Ontario, Canada.
Dr. C. H. Bright, Dickson Bldg., Norfolk, Va.
Dr. H. J. Cornyee, York, Pa.
Dr. G. M. Kent, Ohio.
Dr. Stella C. Thurman, Americus, Ga.
Dr. Doris Jones Bowlby, Brooksville, Pa.
Dr. C. S. Bowell, Lakewood, Ohio.
Dr. W. Rollins Oliver, 522 Locust Ave., Lakewood, Ohio.
Dr. Roy Ernest Tilden, 1331 East 11th St., Cleveland, Ohio.

Equate Your Patients

Publicity and successful treatment will not necessarily make a complete success. Education is necessary for our future as well as for Osteopathy. We believe the public must be educated in the breadth and scope of Osteopathy, that in the end they will understand it as a complete system of medicine, obstetrics and surgery, that we have cured a case of lumbago and have been surprised that later the same patient called at allopathy when afflicted with tonsillitis. The trouble was entirely lack of knowledge as to the scope of Osteopathy. We believe that many Osteopaths are a failure because they do not use osteopathic publicity and do not keep their patients educated and incidentally remind their patients that this Osteopathy is still in business, on the job and ready to offer them service in the highest order.—E. H. Cosner, D.O., Dayton, Ohio.
A New Way of Using Gravity That Gives Absolute Therapeutic Results

IN THE PATHOGENIC

V I S C E R O P T O S E S

Instructions in conducting your cases according to age and cardio-vascular conditions
Including
Retraction of the prolapsed, collapsed and folliated intestinal-colonic tissues.
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Kirksville, Missouri, U. S. A.
The Eastern Osteopathic Association was formed in New York City just a year ago by the Osteopaths of New York, New Jersey, Pennsylvania, Delaware, and Maryland. The object of the association is to promote a closer fellowship and a better understanding between the individual practitioners in the states comprising the association, and to offer a bigger and better convention each year than it would be possible for any one State Association to hold.

All eyes turn April 28-29 to Atlantic City for it is there that the E.O.A. will hold the greatest osteopathic meeting ever put on in the East, outside a National Convention. The professional program will be such that it will be well worth travelling many miles to hear. Dr. O. M. Walker, Chairman of the Program Committee, is planning to have one day devoted to Diagnoses in its various phases. The other day will be devoted to subjects of general interest to the osteopathic practitioners. On the General Program will appear Drs. L. von H. Gerdine, Carl P. McConnell, H. H. Fryette, Robert H. Nichols, John A. MacDonald, John R. Dufur, Asa G. Walsmsley, L. Mason Reeman, F. A. Cave, William H. F. C. Humber, Th. H. Thorburn, Charles Hazzard, Horton F. Underwood, and R. K. Smith.

While the General Program is in progress, separate sections will also be held in Technic and in Ear, Nose, and Throat. The section in technique will be in charge of Dr. J. A. MacDonald, and will be very capable in the Ear, Nose, and Throat. The section in technique will be in charge of Drs. R. L. Biggsy, Carl P. McConnell, H. H. Fryette, Earl Laughlin, and Dr. Bigsby. The list of members of the section includes Drs. Carl P. McConnell, H. H. Fryette, Carl J. Johnson, Oliver Startwell, Geo. C. Taplin, and Chas. J. Muttert.

The section on Ear, Nose, and Throat is being arranged by Dr. William O. Galbreath and will be a brief post-graduate course for those attending. In this section will be found Drs. Wm. O. Galbreath, Curtis H. Munce, J. M. Watters, and L. M. Bush.

Comment on this program is unnecessary. The splendid array of talent speaks volumes. Never before has such a large group of eminent Osteopaths been gathered together on a single program, except at a National Meeting. If you are not going to the A.O.A. Convention in Los Angeles this year, take this opportunity to attend a really big osteopathic convention not far from home.

Atlantic City is an ideal place for our Spring Meeting. It not only offers us a splendid convention hall, but affords everything in the way of relaxation and entertainment. The Hotel Chalfonte-Haddon Hall has the finest convention hall along the entire Jersey Coast. It overlooks both boardwalk and ocean, seats seven hundred and fifty people, and its acoustics are perfect. Anything and everything is possible in the way of pleasure. Atlantic City, with its famous boardwalk, its theaters, its piers, its shops, its pleasure seeking crowds, is well called "the playground of the world."

A golf tournament is being planned for a day or two before the convention. If you are interested communicate with Dr. J. Harris Logue, alias "Jimmy," at the registration desk. Non-members and guests will receive a badge on payment of the registration fee of $2.00, also at the registration desk. If you are not a member, join now. Send two dollars, the annual dues, to the secretary and he will send you an application blank. Although the Association comprises by the five states, membership is open to any graduate of an osteopathic institution recognized by the A.O.A. and Osteopaths in the neighboring states are especially invited to join.

MAKE YOUR HOTEL RESERVATIONS AT ONCE. THE HOTEL CHALFONTE-HADDON HALL is convention headquarters. The management is reserving rooms for those attending the convention, but it is necessary for you to make reservation direct. Be sure to mention the convention as this hotel is giving us SPECIAL CONVENTION RATES.

Fraternally,
FRANCES J. SMITH
4523 Old York Road, Philadelphia

PROGRAM
FRIDAY, APRIL 28TH—9 A.M.
2:00 P.M.
Gastro-Intestinal Diseases and their Osteopathic Relations—Dr. F. C. Humbert. An Interesting Case Report—Dr. J. Harris Logue, alias "Jimmy."

The Laughlin Hospital is a hospital for nurses. It is located in Kirksville, Missouri, and is affiliated with the American Osteopathic Association. The hospital is dedicated to Andrew Taylor Still, the founder of osteopathy. It provides training for nurses in various specialties, including general surgery, orthopedics, obstetrics, and physical therapy.

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Kirksville, Missouri

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Genito-Urinary and Rectal Surgery
Dr. H. H. Fryette
Supt. of Laboratories and Specialists in Heart and Lung Diseases
Dr. A. C. Hardy
Eye, Ear, Nose, and Throat
Miss Ruth Storey, R.N.
Director of Nurses Training School

DR. JOHN HALLADAY
House Physician and X-ray Lab.
Dr. L. R. Overfelt, Interns
Dr. E. C. Chappell, Interns
Dr. Leon Page, Interns
Dr. M. F. Baker, 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 in patronage over the previous year. Dr. Hardy has proven to be very capable in the Eye, Nose, Throat and Eye Department. His work is high class and conservative. His effort is made to do things in a scientific way. Dr. Earl Laughlin and Dr. Biggsy have both proven very valuable in their departments also.

For further information address Dr. George M. Laughlin, Kirksville, Mo.
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THE OSTEOPATHIC PHYSICIAN

EAR, NOSE, AND THROAT, Friday, April 28th at 2:00 P.M.

"The Immediate and Underlying Causes of Catarrhal Deafness and Their Connections through the Conservative Application of Osteopathic Principles. Demonstration."—Dr. L. M. Bush.

Far Superior in Eye Troubles

There is so great a difference in the treatment of eye diseases medically and osteopathically that patients say that after a medical treatment they have severe pain in the eyes for about twelve hours, and so look with dread to the next treatment date. After an osteopathic treatment again, they go home, their eyes feeling fine, and can scarcely wait for the next treatment.—C. E. Abeggen, D.O., Colfax, Washington.

THE OSTEOPATHIC PHYSICIAN

WHERE PEGASSUS BROWSES

Ever Have the Flu?

My wife had the flu. Her temperature was 104 for 3 days. During that time she was delirious and in the hospital. It was a severe case. The hospital originally published in county papers. Since then I have had an attack. Now I know it pays to have good insurance.—P. H. Guntzuch, D.O., Napoleon, Ohio.

If you ever have the flu,
And you know just what to do,
Did you toss the pains shooting up and down your front or back?
And you felt like you were stretched on the long forgotten rack?
Did you lift your chest and wonder
What was going on underneath?
Were your legs all cramped and aching
And most funny motions making?

If you ever have the flu,
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Lubrication and diet in intestinal stasis

A recognized authority says that the administration of liquid petrolatum adds to the effectiveness of the routine treatment of intestinal stasis (such as diet, etc.) by lubricating the bowel, softening the fecal mass, and easing its passage to the rectum and final expulsion.

NUJOL is the most effective liquid petrolatum for use in the treatment of intestinal stasis. Its capacity for penetration and lubrication of the feces is unsurpassed.

In determining a viscosity best adapted to general requirements, the makers of Nujol tried consistencies ranging from a water-like fluid to a jelly. The viscosity of Nujol was fixed upon after exhaustive clinical test and research and is in accord with highest medical opinion. Sample and authoritative literature dealing with the general and special uses of Nujol will be sent gratis. See coupon below.

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Little Stories of the Clinic

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

October 21, 1924, Mrs. C. began treatment. Age 45. Weight 164 pounds. Height 5 feet 2 inches. Full, well rounded chest. History of a fall down a cellar 9 years previously. Complaints include epigastric restlessness, right side of persistent flatulence and constipation. She also complained of constitutional weakness and loss of pep. Had felt very uncomfortable, but when always brought relief, but the disagreeable symptoms would always reappear. She had a white-coated tongue. We found indigestion in the form of flatulence and she was so nervous that on the first day the lesion enabled her to breathe more easily. There was pain in the carriages of the false ribs on the right side. We applied strips of tape over these carriages and relieved the pain. She has worn the tape for several months and she takes it off at the end of each nine days, and puts it on after one night. It causes very little irritation.

We put her on the Webster diet for hyperacidity, which she has taken very well. No change in the treatment. Her husband did not consult me in any way, but he ate the Webster diet with his wife. He was very much improved and I was delighted with the diet. She has gained 15 pounds, and says she now weighs 140 pounds. She was over weight, and with the diet in the last 3 weeks, 6 pounds. I usedHubel colon dilators, which enabled her to pass a stool of much larger caliber. She now has two good movements of the bowels every day and is largely free of flatulence, and her tongue is clear.

I had been treating her several weeks when I noticed a dry, hacking cough that brought no expulsion of sputum. Then for the first time I began to inquire about the lungs. She said she had come to Colorado several years ago and had developed a hacking cough every winter. She had been treated by a doctor and they had given her nothing that seemed of any help. This cough would come on, but when she got over the attack, it would stop. Sometimes she had a fever as high as 102 degrees F, and sometimes it was subnormal or two degrees below normal, but with the diet the fever never ran more than a half degree above or below normal, and it never stays normal or nearly normal. No rules can be heard in any part of the lungs, though the stethoscope reveals a roughened note in one or two places. Her strength is returning in a large measure. She weighs 122 pounds and I believe that the role played by non tuberculose baclilli such as the streptococci and staphylococci in abundance. Rules can be heard in the apexes of the lungs. The patient is very sanguine and I do not wonder at this. The case is marked example of the folly of considering only the presenting symptoms and not making a thorough examination. The patient did not complain any lung trouble, and she had no appearance of one having such trouble. Not that the diagnosis was incorrect, but the patient did not have the Western Circuit. He had blanks to fill in his cases, with routine questions as follows, "Do you have any trouble with your chest?" If there is a tendency to recurring colds in the chest, they have ever had pleurisy or wheezing when breathing.

Respiratory System: Do you suffer any shortness of breath on exertion? No, weak all over, but not notice at times.

Diet: How is the appetite? I notice you suffer any pain in the region of the stomach, before, during or after meals? No, always troubled with gas, sour stomach, belching, etc. Do you have daily movements of the bowels? No, not regular. What condition is the stool? Soft, flabby. Normal, normal, normal.

Internal Secretary System: Thyroid, Spleen normal. Pituitary, the surface findings must guide you.

Is there anything Preventive, curative, balsamic or normal in amount? Do you suffer palpitation? No, part of the body? Are there clots, hiccups, constipation or diarrhea? Normal.

Urinary System: Are you compelled to pass water during the night? No, how many times? Not more than 4.

Reproductive System: Are the menstrual periods regular or as to time? How many times duration is any of the flow? Is the flow scanty, dry, very scanty or normal in amount? Do you suffer palpitation? No, what part of the body? Are there clots, abnormal, or normal? Normal.

Lymphatic System: Do you have any feeling of numbness, prickling or other troubles? Motor: Do you have any difference in walking in the dark? Is there an unsteadiness in walking, or loss of strength of any part of the body?

Vascular System: Do you have any pains in a benefit from the of the body? Do you have any feeling of weakness in any of the joints of the body?

Muscular System: Do you have any feeling of stiffness in any of the joints of the body?

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1. The Osteopathic Efficiency Course. This course gives a detailed practical solution of the medical and business editorial revision between lines without recopying.

-Editor
and a review of many important branches, and also simplified technique. There will be a review on such subjects as orthopedic surgery, eye, ear, nose, throat and gynecology. This will all be given by a strong faculty that has been connected with the Post Graduate College for years.

II. Course in General Diagnosis. Dr. Robert Nichols of Boston, who has been teaching diagnostics many years, will be with us the whole month, giving his special course in General Diagnosis. Dr. Nichols is one of the best logicians in the Osteopathic Profession. To be an expert diagnostician, requires much study, careful observation and scientific teaching. Dr. Nichols has been associating for about seventeen years with Dr. Cabot in the hospitals of Boston. He has letters of high commendation from Dr. Cabot and many prominent medical and osteopathic physicians. He will give three and one-half hours a day throughout the whole month. Dr. Nichols will give essentially the same course in Denver that he gives in Boston.

IV. Course in X-Ray and Spirography. Dr. Decker will also give the course in X-Ray and Spirography. He has had many years of study on these lines. He will give the practical application of the x-ray for spinal lesions.

Only a limited number can be accommodated. Reservations for the course should be made at the earliest possible moment, by those who are interested. The course begins July 24th, and lasts a month. For detailed information, address Dr. C. C. Redd, 501 Interstate Trust Building, Denver, Colo.

DRUGS

We buy punk drugs in large stone jugs, in bottles and in cases; to cure our ills we buy green pills and pour them in our faces. We drink browned distills from bugs, stew-wood and water lilies, our own concoctions and vaguely hope that will cure the willies. The doctor romps through dismal swamps and gathers toadstools blooming, and makes a brew of motiled pus, for invalids' consuming. The learned men chase to every place, in search of a remedy and in search of a buyer. The wise men say, "Throw drugs away, and you'll be feeling better than if you drink some boiled ink, or something worse and wetter. Eat wholesome food, like oatmeal stewed, go roostward with the chickens, quit chewing pills, and soon your ills will vanish like the dickens." The learned men speak, their wise words leek through lips that say spring no folly; but all things save give us a pain and cause us melancholy. We pin our hope on bottle dope, on pills in crates and baskets; we'll drink our drugs from flasks and jugs until we're in our caskets.—Walt Mason.

Some Patients I Have Known

VII

He Knows His Own Case Best

John Barr, D.O.

"Doctor, I used to work for old Dr. Simpson when I was a boy and we have boarded medical students in the family for years, so I feel like I knew almost as much about doctoring as most doctors. I've made a special study of my own case of course and probably I know more about that than any doctor ever will know, but some of the neighbors seemed to think you might be able to do something for me and so I just dropped in to see if your opinion of my case agreed with mine."

When you hear a little story like that as a new patient settles down familiarly into your private office, you may be sure there is a sweet time ahead—for the man who signs D.O. after his name.

This patient will place great emphasis on his history and symptomatology. To him, your physical examination will be worth exactly nothing save so far as it corroborates the findings he himself has made. What cares he if his liver border is an inch and a half below the costal margin? If he happens to know that his stomach has been out of whack ever since he was a boy? What news is it to him that there is albumen in the urine, when he has known that his right kidney has been out of business for going on eight years?

To the man who has in his eye the beam of subjective symptoms, the mote of objective signs has no significance whatever. Does he feel how and how he works? So there is no use in trying to tell him what is the matter with him. It may be all right to try and find out for yourself so that if he lets you treat him, you may be able to do so in the light of a conscience fairly honest in its purpose, but don't tell him what you have found. He won't believe it unless it agrees with what he knows to be the actual state of things. He may try and it will never agree, so you will always be wrong—in his eyes.

When it comes to the matter of treatment, for short time you may have the advantage of him. That will be something new to him and so at first, before he finds out all about it, instead of simply denying that you are doing the right thing, he will argue about it.

Now at first, you will think you are getting somewhere when you find that he argues with you instead of simply contradicting, but in the long run you will find that the arguments are just as futile. He always wins—in his own mind. Then, after a few treatments he will have discovered all about them and he will know then that they are not adapted to his condition. The arguments will cease and he will simply tell you the facts of the case.

A little knowledge is a dangerous thing and so the patient who knows his own case is very dangerous—to himself and to his doctor. The chances are that he has something the matter with him, something that is not all in his head, but because there is so much the matter with his head, his physician is not going to have a fair opportunity of making a diagnosis. Granting that by remarkable tact and persistence, he does find out what is under all the psycho-neurotic covering, it will be almost impossible to maintain the proper treatment long enough to do the man any good.

The younger you are the more ardently you will attack such a case. Wouldn't it be wonderful to effect a cure in a case that has been so palpably bungled by so many before him? But after the man who knows his own case has added this young physician's scalp to his long string and after the same process has been done in the same way several different times, then that young physician will learn as have many before him that there is just one way to handle these wise people.

Listen courteously to the long drawn out story, go over the physical examination carefully, tell the patient what you find. Charge him a good stiff fee for the time he has consumed and tell him to go home and think it over. He will never come back. He may never get over the shock, but better than that you will have preserved your own self-respect.
Suppose a Suppository
is indicated and indispensable in order to make the patient comfortable?

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THE WESTERN OSTEOPATH
809 First National Bank Bldg., Oakland, Calif.
C. J. Gaddis, D.O., Editor

Osteopathic Booth at National Orange Show

The Osteopathic Booth at the National Orange Show which was held at San Bernardino, Calif., February 17 to 27, 1922, was very successful as a means of educational publicity for Osteopathy. Over 12,000 pieces of osteopathic literature were given out by the attendants and hundreds of questions were answered regarding Osteopathy and Osteopathic Colleges. We received a great deal of favorable publicity for our initiative, which will be on the ballot this fall for a separate board of Osteopathic Examiners. The 2,000 February Osteopathic Health's were used to good advantage, being given to those who seemed the most interested. I believe that educational booths at such fairs and exhibits is a splendid means of educating people to what Osteopathy really is.—Errol R. King, D.O., Riverside, California.
THE OSTEOPATHIC PHYSICIAN

Osteopathic Children

The Paul youngsters are osteopathic from first to last and not one of them knows the feel of a pill or the taste of medicine. The oldest, at four years, had glandular fever complicated with hemorrhagic nephritis, was sick two weeks and has hardly had a sick day since. The second little girl fourteen months younger had meningitis and rigidity from the seventh dorsal to the eighth lumbar vertebra. The third girl, almost the same age, had glandular fever complicated with acute indigestion.

Aortic Aneurysm

We are conducting a special clinic, Dr. Francis A. Tuttle and I, on Thursdays and Saturdays, 5 to 7 P.M., for the diagnosis, treatment, and study of cardio-vascular disease. We are especially interested in disease of the aorta. We are trying out the Allen method of treatment for aortic affection in conjunction with Osteopathy. We would more than appreciate any letters or experiences not anecdotally which Osteopathy might give.—Lamar T. Tuttle, D.O., 96 Glenbrook Rd., Stamford, Conn.

Spine Copyrighted as to Watermark

Only

We have copyright only covering the watermarked spine. The Kirois imitate us in almost everything we do. They are now working on the clinic idea and trying to get the Hearst papers back of them. They have sent in hundreds of letters to the Hearst paper calling for support regarding clinics. However, we are in the lead, and the National League for the Prevention of Spinal Curvature is going to stay in the lead as long as I am alive. They will soon be pulling off a contest. Everything we do they imitate, but fortunately I have been able to beat them out in everything so far.—F. P. Millard, D.O., Toronto, Ont., Canada.

How the Old Doctor Did It

Here is an account of a treatment the Old Doctor gave in 1900 as witnessed by me. The patient was a 43 year old woman, but the fourth lumbar was rotated to the left and angled closed to the fifth lumbar. Thirteen years of spinal suffering had left her head tilted, with pelvic curvatures and rigidity from the seventh dorsal to the fifth lumbar. The Old Doctor coming down the hall abruptly stopped before this deformed young man and shoved his back against the wall. Then he bent him forward, reached over his back and tried to make a more pronounced curve of it than ever, at the same time giving a quick short twist of the vertebral at point of greatest curvature. A distinct click of the vertebra was heard. Releasing his patient, and without a word the Old Doctor went on his way—G. O. Shoemaker, D.O., Wichita, Kan.

You Can Empty Stomachs in Five Minutes

Treat the fifth dorsal vertebra specifically in cases of sick headache and conditions requiring rapid evacuation of the stomach. It is important to count from the first lumbar and then count down the spine carefully and know if you are actually treating the fifth dorsal vertebra. Stomach, regular percussion of the fifth dorsal will empty the stomach in five minutes. If you don't believe it give your patient a meal of malted milk with Barium, stand him in front of a fluoroscope, percuss the fifth dorsal for five minutes and see the stomach empty! It works, and it is important for every Osteopath to know this treatment, especially in acute indigestion. It worked in one case that was unconscious from indigestion. We turned him on his side percussed the fifth dorsal for about three minutes and you could literally hear the gas roll out of the patient's stomach, which gave him relief and he was conscious within a few minutes of the family. It comes about the nearest to pressing an electric button as any treatment you have ever given.—E. H. Conner, D.O., Dayton, Ohio.

After Death or Before?

Osteopathy, diet, abdominal muscle exercises by patient, dilation of rectum (sometimes)—what else? Give a reasonably sure outline treatment for acute indigestion. Can we correct all constipated cases?? Do they mean after death or before?—E. A. Moore, D.O., Boulder, Colorado.

To Pop or Not to Pop?

Interesting discussions on technique are regularly appearing in the press. In a recent issue the masterly productions of Dr. Earle Willard, who declares he is giving accurate interpretations of the work of Dr. Still—spinal adjustments, leverage, and some of his technique, involving in almost every thrust a distinct popping of the lesion joint. Then the short story of the old doctor's manipulation by Dr. H. H. Trimble, and his declaration that "wholesale cracking and popping appears as an excuse for lack of better knowledge" (a questionable statement) and that they have only "to do the job" there are those splendid articles of Dr. G. M. McColo, emphasizing the need of the "thrust," (which results in the "pop") to the point that are immobilized and a follow up manipulating, flexing, and extending treatment that re-establishes normal movement in such joints. In reading these articles in a hasty, careless manner, one might be led to question the scientific basis of Osteopathy. A studied analysis will no doubt disclose more or less radicalism not warranted in all of them. However, if the basic idea of each is thrown into a pot and the whole mixture shuffled down to the essentials, out of it may spring a most profitable dish of Osteopathy—that the application of speedy force in the right direction, with properly studied contact, upon an accurately diagnosed rigid leston—a joint locked at or near its limit of motion—is based upon solid reason.

Movement is thus secured with any trauma, and most likely it is accompanied with a "pop." Often repeated or ignorantly applied treatment of that nature may result in considerable tissue injury and resulting congestion. Adhesions are likely to occur, or recur, and little if any benefit results. To prevent this, follow the basic principle that manipulation will relax which will relax the softer component parts of the joint and stimulate a circulation that rebuilds the abnormal joint tissue.—M. F. Haertt, B.S., D.O., Columbus, Ohio.

Golfers, Attention!

All Osteopaths who play golf, read and turn not a deaf ear to Dr. T. J. Ruddy's appeal, printed below. Give him a "lift," it will help the cause!

In the interests of the American Osteopathic Golf Association and the Osteopathic Publicity Program in connection with the same, I am asking that you send me at once your handicap card or mail proof of whether or not you are interested in participating in an Osteopathic Tournament in connection with the A.O.A Convention, July 30th to August 3rd. In addition please send me immediately a snap of yourself in action, one that will not wholly obscure your identity.

I am anxious to use these kodaks as "cuts" in the March or April number of all magazines, so help boost this movement by taking care of this at your earliest convenience.

The Dentists have already arranged for a big tournament under the American Dental Golf Association and certainly all of us have not passed even "golf age." I would be glad to have you send me names of other golfers whom we might interest.

Counting on you, I remain Cordially yours,

—T. J. Ruddy, W.O. A. Golf Association, Publicity Chairman.

Publicity

The one great need is educating the public directly, osteopathically. The literature issued too often knocks the medical profession or the chiropractors, both of whom have their friends. The American Osteopathic Museum of Osteopathic Medicine is a good schooling for the laity, to be used in country papers.—O. S. Tripp, D.O., Broken Bow, Nebr.
The Efficient Osteopath
Dr. C. C. Reid, Denver, Colo.

XII.—Expenses Not Usually Considered (Continued)

Health

Last month we talked about the attitude or the spirit of progress, or rather the lack of it, as one of the expensive luxuries of life for any Osteopathic Physician. Being satisfied when he has learned to acquire a living and being content to jog along and mark time so far as physical growth is concerned. But instead, the welfare of many hundreds of dollars that he never earned.

He has failed to get much of the pleasure and satisfaction that he has paid for. He has neglected the best part of his growth if he marks time after he has secured a competency and it is to be feared that he will worry to know whether he will have enough to supply his table and pay his office expenses. He has just then reached the point where his environment and his condition is the most favorable for rapid growth, if he will take advantage of the opportunities.

Now, the current in life, however, many physicians begin to try to have the things that satisfy the cravings of the body. Naturally the cravings increase in proportion with the attempt made to satisfy them. The appetites, pains, events, the lust for pleasure in all its various ramifications become inordinate and full to contribute to the welfare of the body. For it is the health of the body that is the goal of where it is not recreation but a dissipation. The little desire one had for progress on the threshold of mind and body is threatened and gradually degenerates into an unwarranted state.

One should have certain pleasures in life, and they should be wholesome, merely for diversion, recreation, and for the contribution of mental and physical growth. But keep this, the welfare of mind and body is threatened and gradually degenerates into an unwarranted state.

First. Loss of Sleep. It may be in the general routine of some physicians' practice that loss of sleep is required because of the burdens of a heavy business or a certain special line of practice, as obstetrical work or many acute cases. If one is practicing under conditions that have a great part of his time, it is quite necessary that he take extreme precaution that he has sufficient sleep and rest and make up, for his irregularity and the loss of sleep in hours that should be spent for that purpose. This kind of practice, however, is not the cause of loss of sleep that is most destructive.

With many, loss of sleep comes from the doctor being out by choice habitually, at socials, lodges, clubs, or perhaps on some kind of carousing tour. In the regular routine of a doctor's practice and the study he needs to do, by the time he fulfils the duties devolving upon him as a citizen and as a physician, he will not have any time for illegitimate loss of sleep. In fact, as a full fledged citizen and physician, the obligations are so heavy that there is not time enough to do all one would like to do, even by the conservation of every ounce of his strength and every minute of his time.

Nature demands that everyone have regular sleep. Any infringement on the demands of sleep will prove very injurious to the future, and one who borrows at the bank of Nature must ultimately pay every bit of the debt.

Second. Auto-intoxication. The average person is in a state of more or less toxicity. Auto-intoxication means self poisoning. We have to do things that contribute to the upbuilding of his body, he must map out a program or a regimen which he follows daily that will contribute to the well being of the body.

Many physicians suffer from poisoning not knowing from whence it comes; some know from where it comes and still are not able or do not take the trouble to correct the condition, putting it off to some other time and hoping it will get better after the bad breath has been washed out. If a Neglect and procrastination along these lines have meant the under-mining of the health of many doctors whose business it is to keep people well.

Third. Has no program of health. The inefficient doctor is very liable to have no program of health at all. If one has a program of health and is very efficient doctor and is very liable to have no program of health

4. There should be some system of physical exercise, exercising, taking at least fifteen deep breaths.

5. The average individual should take a cold bath every morning. It is not necessary that he lie down in a tub of cold water. Some can do this and have a good reaction following it. If it is a little strenuous, the hand should be dipped into water and the body given a good thorough rub with cold water.

6. The skin should be rubbed all over with a coarse bath towel.

Evacuation. Everyone should see to it that he bowel moves regularly. Three times a day is desirable. One good action is fairly well but not the best. Just after the exercises and in the morning is a good time to form the habit.

Making the toilet. One should have a regular way to dress and do it promptly and comfortably. C. C. Reid usually shaves every day, keeping himself in good trim.

Brush clothes, shoes, hair and do the dressing for the day. One should take a cheerful attitude of mind, throw off regrets, sorrows, disappointments and all the things that depress. Have some definite plans and carry them out. Do your work, go into it with zest and enthusiasm.

"Fate itself has to concede a great many things."

After following a program of health of this type in the morning, you can go through the day under pretty heavy pressure and hold up for a long time. (To be continued)

Line of Talk to Patients

My suggestion is when sending out your in­vitations to the "Day's Work," try to get a hundred of our thinking fellows to tell what expressions they use when treating a patient try to impress the patient with the necessity and value of the treatment and what the treatment is doing. One sentence from a hundred fellows would bring up a lot of fine ideas. For instance: I often, when treating a patient, and especially in treating an acute case as rheumatic fever, etc., "now we will give the spleen an uplift, for I am going to stir things up within the spleen particular to the condition because it makes new blood, and the liver because it purifies the old blood." When I have finished I usually say, "I am going to get some new good blood for you." This is a scientific fact and is an absolutely clean thing to do. The patient has a right to know what the treatment is doing and when he understands the great value of the different procedures, he becomes a loyal supporter and a more satisfactory patient. Can you get a hundred or such statements?—Geo. M. McCole, D.O., Great Falls, Montana.

Osteopathy Makes the Dumb Speak

As you undoubtedly know, some of our dailies are publishing "My One Best Joke" or something to that effect, but I've got one that I think your readers can best appreciate, so I am sending it along. Osteopathy through my fingers has made the blind to see, the deaf to hear, the paralyzed to walk, etc., etc., even as have perhaps hundreds of other Osteopaths but I defy any other Osteopath to equal this one. I treat quite a few little tots and I usually have to furnish some diversion in the way of a rag doll or a kitty, or something of that kind for the first time or two until they get acquainted, but after that I don't have to try to make a difference to the kitty, or whatever it is that I have furnished by way of entertainment. Well, I usually glad to obey, because that gives me an opportunity to twist kitty's spine or head to make it say something. When I have finished I usually say, "Mama" and is an absolutely clean thing to do. Well, the third time little Jean came to the office she brought her own doll along for me to treat, and nothing lout, I treated dolly. Now it seems this dolly has been one of the speaking type that said "Mamma" when pressed or moved a certain way, but for six months or more this dolly wouldn't utter a peep. Jean's grandpa had tried to fix it, her grandmother, daddy and even mother, but to no avail. But when Jean returned home after the visit, she solemnly and without emotion yelled "Mammy" and has been doing so ever since. Jean's daddy says "some science" and "some doctor."—Lena D. Kuppe, D.O., Chicago, Ill.

Advertising Is the Answer

Restoration of a lost voice, following typhoid fever, and the rescuing of another case from a second operation for duodenal ulcers are outstanding cases. Conundrum: Why have our imitators, who have but one leg to stand on, outdistanced us in the world of osteopathy? The reason is, they have turned out half the time they have three times the number of schools and graduates.—Oscar Carlson, D.O., Muncie, Ind.
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"Where There Is No Vision the People Perish"
Honor Virginia Osteopath’s Wife

Mrs. Harry Semones, handsome and popular wife of Dr. Harry Semones, of Roanoke, Virginia, has been accorded an unprecedented honor when she was selected as queen in the coming Historical Pageant of Virginia, one of the most stupendous and spectacular historical pageantry undertakings ever attempted in the South, to be held from May 5th to May 12th.

Mrs. Semones received 40,413 votes from all sections of the State—the highest total polled by any of the many comely contestants for the queenship. She will be crowned in front of the capitol by Governor Trinkle and will have ten maids of honor representing the ten Congressional districts of the State. Before her the history of Virginia, beginning with the struggles of the Jamestown colony against starvation, disease and the redskin, and ending with the part taken by the Old Dominion in the World War, will be presented in tableau. Governor Spottswood and his Merrie Knights of the Golden Horseshoe, gray-clad and grizzled veterans of the War between the States and grim and determined heroes of Chateau-Thierry will vie with each other for the attention of Virginia’s Pageant Queen. Upon her will devolve the responsibility of receiving and entertaining many distinguished personages, including famous historians and other noted visitors from all parts of the world in a manner befitting a queen.

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The Delaware Springs Sanitarium

Delaware, Ohio
American Osteopathic Hospital Association

In the March number of The OP we printed the list of officers and the by-laws and constitution of The American Osteopathic Association of Nurses. It is with genuine pleasure we hear of the organization of the American Osteopathic Association—the A.O.H.A. From the new organization's little booklet sent us we are glad to print the list of hospitals that are in active membership for 1922, the constitution and the various committees.

1922 ACTIVE MEMBERSHIP

Asheville Osteopathic Sanatorium, Asheville, N. C.
A. S. O. Osteopathic Hospital, Kirksville, Mo.
Chicago Osteopathic Hospital, Chicago, Ill.
Delaware Springs Sanitarium, Delaware, Ohio.
Des Moines Osteopathic Hospital, Des Moines, Ia.
Detroit Osteopathic Hospital, Highland Park, Michigan.
Hillside Hospital, Los Angeles, California.
Langhin Hospital, Kirksville, Mo.
Mercy Hospital, St. Joseph, Mo.
Moore Sanitarium, Portland, Ore.
Dr. A. Nichols' Sanatorium, Savannah, O.
Rocky Mt. Osteopathic Hospital, Denver, Colo.
S. W. Osteopathic Sanitarium, Blackwell, Okla.
Still-Hildreth Sanitarium, Macon, Mo.
Terrace Spring Sanitarium, Richmond, Va.

CONSTITUTION

ARTICLE I
Name
The organization shall be known as the American Osteopathic Hospital Association.

ARTICLE II
Purpose
The purpose of this organization shall be:

1. To promote efficiency in the management and work of osteopathic hospitals and sanitariums.
2. To establish the standards for osteopathic hospitals and sanitariums and their associated Training Schools for Nurses and to obtain and post for public information.
3. To prepare and present the principle of the "Open Hospital," assure the profusion of the profession in the prevention and cure of disease, and otherwise increase the scope of medicine and usefulness in relation to the general public.

ARTICLE III
Membership
Section 1. Any Osteopathic Hospital or Sanitarium may become an institutional member of this Association by a majority vote of the Executive Committee.
Section 2. Any member of the A. O. A. may become an associate member of this Association in the same manner, active members only being eligible to associate membership.
Section 3. The dues of all active members shall be Twenty-five Dollars ($25.00) per annum and shall be due the first of the year. The dues of associate members shall be Five Dollars ($5.00) per annum, payable same as active members. All license fees shall be required, but no year's dues shall accompany application for membership and shall pay dues till the following June first, provided if less than six months elapse before June first following admission to membership, only one-half year's dues need be paid for the balance of such year.

ARTICLE IV
Meetings
Section 1. The regular annual meeting of this Association shall be held on call of the President as early as possible before the annual meeting of the A. O. A., and announcement shall be published for 24 hours and announcement being sufficient notice. Special meetings may be called by the President whenever deemed necessary.
Section 2. At all meetings each active member shall be entitled to one vote. Associate members have voice, but no vote.

ARTICLE V
Section 1. The officers shall be President, Vice-President, Secretary-Treasurer, and a Board of Trustees composed of five members representing each active institutional member, and shall be chosen by the institution which he is to represent. The duties of the trustees, which are usual for persons so employed, are as follows: all trustees shall be elected annually at such annual meeting, and shall hold office for one year, or until their successor is installed.
Section 2. The Executive Committee shall be composed of the President, Vice-President and Secretary-Treasurer and of any other persons thought to constitute a majority of the officers of the Association during the regular interval between meetings and take any necessary action for the Association.
Section 3. The Board of Trustees shall meet at least once annually, during the time of the National A. O. A. Meeting, at call of the President of the A. O. H. A., who shall preside over the meeting.

ARTICLE VI
Amendments
Section 1. This Constitution may be amended at any regular meeting of the Association by vote of three-fourths of the active members present.
Section 2. Representatives of a majority of the active members shall be present to constitute a quorum.
Section 3. This Association shall be governed by Roberts' Rules of Order.
Section 4. To encourage and develop osteopathic therapeutic in osteopathic hospitals and sanitariums, promote preparatory and post-operative treatment in surgical cases, as well as general and obstetrical cases.
Section 5. To encourage closer cooperation and better understanding between the various members of the institutional staffs, by regular staff meetings and otherwise.
Section 6. To encourage the building and equipping of more osteopathic hospitals and sanitariums, and training at hospitals, sanitariums, and training at osteopathic institutions and staffs be a credit to the profession and the scientific world.

COMMITTEES

Committee to meet with the Associated Colleges to co-ordinate the work of the A. O. H. A.

Forming Case Records
Dr. H. C. Wallace
Dr. Curtis Brigham
Dr. Geo. Still

Committee on Constitution
Dr. O. O. Bashline
Dr. Geo. Laughlin
Dr. Rebecca Mayers

Committee on Resolution
Dr. R. Robinson
Dr. F. L. Trenery
Dr. M. A. Morrison

Committee on Membership
Dr. O. O. Bashline
Dr. Geo. Still
Dr. S. P. Ross

THE OSTEOPATHIC PHYSICIAN

American Osteopathic Hospital Association

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More Hospital Internships

More and more hospital internships is the need for our osteopathic graduates. Six months practical experience in the little things will equip us to meet the everyday emergencies of practice better than three years of passively watching major operations. We should learn more surgical diagnosis in school and less of how well Dr. so and so does an appendectomy. Result: Increased professional assurance and public confidence.—J. W. Kockelker, D.O., Roentgenologist to the Roscoe Osteopathic Clinic, Cleveland, Ohio.

Muscular Contractions in Lumbar Area

Quite often a myositis, lumbago, or strain producing muscular contractions in the lumbar area will cause a shortness in one leg which simulates an innominat lesion. Unless one is so skilled in palpation that a correct diagnosis can almost invariably be made by the "feel" of the involved sacro-iliac ligaments it is best to correct the condition in the back and then see if the inequality in the length of the legs has disappeared or not.—B. P. Mansfield, D.O., De Kalb, Illinois.

STILL-HILDERETH OSTEOPATHIC SANATORIUM
MACON, MISSOURI

The pioneer Osteopathic Institution of its kind on earth created for the sole purpose of treating mental and nervous diseases, an institution that has already proven the value of osteopathic treatment for insanity.

Write for Information

Museum of Osteopathic Medicine, Kirksville, MO
Special Information for Osteopaths

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

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

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

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

The Seashore Sanitarium

An electric elevator has just been installed, an added feature for convenience and comfort of guests. Rooms have been renovated and enlarged. A real home, in which guests receive individual and expert service in Osteopathy

Diet

General Care

The best place for your tired, run down, exhausted patients.

The Wayne-Leonard

130 South Maryland Ave.

Atlantic City  New Jersey

“Where There Is No Vision the People Perish.”

THE OSTEOPATHIC PHYSICIAN

Find It, Fix It and Leave It Alone

At Zanesville, Ohio, last February, I set a “congenital dislocation” hip for a girl ten years old. The medics said it could not be set. Later a demonstration was given at the Southeast Ohio Society meeting. Columns of newspaper publicity resulted.—M. F. Hubert, D.O., Columbus, Ohio.

Strength in Unity

Osteopaths doing special work in Pennsylvania have organized for their protection by Dr. J. Ivan Dufur as chairman and will meet the night preceding the annual meeting of the state association.

The purpose of this organization is to look after our legal and legislative interests that particularly comprise those following a particular work.

It appears to me that a like organization would be of value in every state. The Osteopaths who have been informed of the new organization feel that it is another step forward particularly made necessary by the opposition of the “Medical Trust,” which is trying every known means to thwart our progress.

—O. O. Bashline, D.O., Grove City, Pa.

Praise for Dr. Ireland’s Course

It gives me pleasure to testify to the worth of the course in diseases of the Colon and Rectum as given by Dr. Ireland. As a teacher Dr. Ireland is all that one could desire. He is thorough, painstaking and clear. His clinical demonstrations prepare one for a grasp of all the details of treatment so that there need be no fear of inability to carry out what one has learned. The course opens up a wide range of successful treatment that any well qualified Osteopathic Physician can use in his office. His vision of diseases is broadened, his service to his clientele is increased both in quantity and quality, and his compensation correspondingly enlarged. I would not part with the information gained from the course for many times the cost. It has been one of the best investments I have ever made. I recommend the course to all members of the profession who wish to increase their service to their patients or their income.

—Percy H. Woodall, D.O., Birmingham, Ala.

Phosfo Ideal Food for Constipation

Phosfo I believe I have found a thoroughly satisfactory food, for it is on the basis of food balance that we wish to help these cases. When our structural lesions which produce or maintain these conditions are corrected we still fail to get satisfactory results, many times, because we cannot get a properly balanced diet. Phosfo not only gives the patient a satisfactory bowel movement (usually one or two movements daily) but in addition furnishes the essential vitamins for tissue metabolism. It leaves an alkaline residue, which helps to overcome the acidosis which usually accompanies these conditions. If the patient will follow instructions in regard to taking the food, I do not believe there will be failure to get results in more than three cases out of a hundred, and you will have to admit that is a fine record. I have now tried it out in probably one hundred and fifty cases, with fine results in all but four or five cases, which were unusually obstinate. Phosfo is palatable, a feature that is usually lacking in any laxative food. I recommend it without reservation, and have used large quantities of it since first trying it out.—Frank H. Smith, D.O., Indianapolis, Indiana.

Lindlahr Publishing Company

527 So. Ashland Blvd., Chicago, Ill.

Natural Therapeutics

is playing a more and more important part in the prevention and cure of disease. It is the hope of suffering humanity—taught and clearly explained in the

LIBRARY OF NATURAL THERAPEUTICS

By Henry Lindlahr, M.D.

A veritable mine of valuable information for physicians and laymen.

Volume 1—PHILOSOPHY OF NATURAL THERAPEUTICS—demonstrates the fundamental laws and principles underlying the processes of health, disease and cure; these laws destined to revolutionize the theory and practice of medical science are not yet taught or applied in any of the recognized schools of medical or drugless therapy. 452 pages, cloth, $2.40.

Volume 2—PRACTICE OF NATURAL THERAPEUTICS—describes the most efficient natural methods for the prevention and cure of disease; raw food, milk diet, fasting, etc.; hydrotherapy; curative exercises; prenatal and postnatal care of the baby; treatment of acute and chronic diseases, including nervous, mental and psychic disorders. 469 pages, cloth, $2.40.

Volume 3—NATURE CURE COOK BOOK AND A B C OF NATURAL DIETETICS—Part I, 1,000 vegetarian recipes. Part II, 1,000 vegetarian curative dietetics to an exact science. 498 pages, cloth, $2.40.

The principles in these and other books by Dr. Lindlahr have been successfully demonstrated for twenty years in the Lindlahr Sanitariums at Chicago and Elmhurst, Illinois.

Send for descriptive literature of the Library of Natural Therapeutics, FREE.
Mercy Hospital at St. Joseph, Mo.

Mercy Hospital of St. Joseph, Missouri, is the only osteopathic hospital in a large area. It is also the only one of its kind in the state. It is operated by the Osteopathic Hospital of St. Joseph, the only osteopathic hospital in the state. The hospital is chartered as a charitable institution, not for profit, but to serve humanity in every possible way. The hospital is run on a non-profit basis, and its annual running expenses are being used to build and further develop the institution.

The hospital is operated by the local osteopathic association, under whose charge the patients may receive treatment. The hospital is a fully equipped sixty-bed hospital, with two modern operating rooms, and ample accommodations for sanatorium, or non-operative cases. Efficient service in every department is of first consideration.

The nursing staff of Mercy Hospital is second to none in the country. They are trained by the American School of Osteopathy in Kirksville and other cities, operate there. Many of the patients cared for thus far have been attracted to this hospital because of the opportunity to receive osteopathic treatment at the mercy of the patients.

Mercy Hospital is a fully equipped sixty-bed hospital, with two modern operating rooms, and ample accommodations for sanatorium, or non-operative cases. Efficient service in every department is of first consideration.

Free clinics are conducted by osteopathic physicians, surgeons, and specialists, who are members of the Buchanan County Osteopathic Association. At the free clinics all professional men are available, and the patients who are sent to the clinic by the Welfare Board, or other established organizations of the hospital, are received with all the care of the hospital.

While Mercy Hospital is general in the character of hospital service, many local surgeons and others from Kansas City, Des Moines, Kirksville and other cities, operate there. Many of the patients cared for thus far have been attracted to this hospital because of the opportunity to receive osteopathic treatment at the mercy of the patients.

The Osteopathic Physicians and Surgeons who practice at Mercy Hospital adhere closely to the tenets of their science. Surgical operations are being done in the operating room, and the patient receives post-operative care in the post-operative recovery room. The patient receives general care in the hospital, and the hospital guarantees the subscriber the best possible care that can be given.

My Month's Reflection

That, if the living and dead cells by careful manipulation does not bring forth a healthy crop of youngsters with pink cheeks and fiery eyes, then merely advise the patient to sit on a "2 white hairs pulled from the tail of a she ass" as this old Talmudic advice is far better in its results than taking the modern drugs of an M.D.—J. F. Finch, D.O., Philadelphia, Pa.

Early Advertising Phobia

Were you down at Kirksville at the Home Coming Convention, about six years ago, when I got up and made a hot speech on "advertising for a living"? I did. I got up in the midst of the audience of the local medical society, and I wanted to know if there was a newspaper man in the house? They were afraid it would get into the papers! I knew they all thought I was either drunk or crazy. But look at them now! I talked, Wrigley's Gum and a few other things. Well, may be the Saturday Evening Post idea is not a bad one; but it's—advertising now, "doesn't it"—La Rue Miller, D.O., Chicago, Ill.

Collecting in Advance Has Advantages

There are a few good problems that come up in the new plan of conducting practice that I tried all these years to get him! If I let them pay by the month they soon get the idea that they are monthly cases and can discontinue any time they please. Never have had one, but still advance whenever it is possible. Some people are bound to quit if they don't pay that way, and then it's much more honorable than if they try to get out of fulfilling their agreement. This requires firmness on my part. Yet it is always well to have a marketable thing that they can do to abide by their agreement. So far I have not made written contracts. I may find it necessary yet to write some cases for the honor roll or not to allow them advance.

Wanted Post Mortem Bowels of Epileptics

Last year I sent out a request for post mortem bowels of epileptics. What I most need is the class of cases with which you would come in contact. There is an excited much interest and considerable communication all over the country, and three laboratories under medical direction are now developing this important research. One of them I have heard of in the form of a woman, who was afraid it would get into the papers! I got up and made a hot speech on "advertising for a living". I knew they all thought I was either drunk or crazy. But look at them now! I talked, Wrigley's Gum and a few other things. Well, may be the Saturday Evening Post idea is not a bad one; but it's—advertising now, "doesn't it"—La Rue Miller, D.O., Chicago, Ill.

"Where There Is No Vision the People Perish"
"Old Doctor" Allowed Honey in Diabetes

E. H. Bean, D.O., Columbus, Ohio

In my senior year in Kirksville the "Old Doctor"'s attention was called to a diabetic patient by Dr. Judd, who was "chummy" with him at that time. Dr. Lyda was caring for some patients for him. This diabetic patient was a young man who had been under the care of medical men but was considered hopeless by them and was so pronounced to the family. He was a bed-fast, extremely thin and emaciated. The "Old Doctor" had seen him once and directed Dr. Lyda how to care for him. When the young man was up and around, which was about one month afterwards, he was turned over to me for treatment and came to my house with Dr. Lyda who gave me his history and the facts concerning his diet. I cared for him by treatments until he was quite well, when he went to Colorado, and I never heard of the case afterwards.

The "Old Doctor" put this case on a diet exclusively of milk and honey. He gave him one pound of honey a day and a good deal of sweet milk but I will not attempt now to state the quantity of milk. I do not know whether the patient is still under the care of Dr. Lyda or not. He kept him on that diet for a month. The patient recovered.

In discussing this case with me the "Old Doctor" explained that his waste of tissue was because his organs were not functioning properly and the sugar element of the body was rapidly being depleted. He said that anybody with sense would know that he should be fed some sugar until the organs had regained strength for proper functioning. He added that he had learned from the Indians that honey was the only sweet to be used in sickness.

In my practice I have handled only a few patients afflicted with diabetes. In every case I have attempted to have the patient use honey. The idea is so contradictory to what they have already learned from their medical attendants that they conclude I am ignorant of the condition and are liable to discontinue my services without giving the idea a trial.

About a year ago a young married man, a diabetic, rather took to my explanation as to why he should eat some honey. He did it on the sly (so he reported to me) with an immediate gain in weight and strength, but also an increased amount of sugar. It has been my experience with every diabetic patient that I have handled in getting to eat honey that the sugar content of the urine increased at once, but their strength and vitality also increased. I have not had a sufficient experience with this method of feeding diabetes to draw any conclusion. I shall continue to advise such feeding until I have experience by which to tell it is right or wrong.

Harder to Replace Displaced Vertebra

There are a few things people will not remember that they can't remember. Don't call up old D.O.'s for fractures; but they remember to come here after the job is finished up to see if we can "do something for it." I wish someone would get out an article on fractures and bring out forcibly that it takes less skill to set broken bone than it does to replace an old displaced vertebra. I have done both.—C. S. Bettes, D.O., Huron, So. Dakota.

They Live Faster, Doctor

Some folks, these Michiganders! Had 33 annual meetings according to the OP for December. I have been in the medical college for but three years old—Hot clam!—Asa Willard, D.O., Missoula, Montana.

THE OSTEOPATHIC PHYSICIAN

Much Ado About Nothing

In the Saturday Evening Post in which our first advertisement appeared there was a story by Harold E. Porter, under the pen name of "Holworthy Hall," in which he had one of his characters in the book of talking with Dr. Lyda from his letter a few D.O.'s must have written him who were a bit nasty as it were in their remarks. Whether if that kind of criticism does such men as Mr. Porter any more friendly towards Osteopathy. Personally I think we need the friendship and good will of such writers as Mr. Porter. What say you?.—G. W. Barrett, D.O., Phipsfield, Mass.

Excelsior Hotel, Taormina (Sicily)


My dear Dr. Barrett:—Of the sixteen Osteopathic students in the senior line, you are one of the only two who displayed the fainest sense of humor. I am grateful for it. Of course, I have had the least idea that anyone could possibly take the extravagant remark of a half-cocked young man in a humorous story as an expression of my own opinion. I know if I had been in your place I would have written that line. And of course, if the Post had remotely imagined that anyone would take it so seriously, there would have been asked me to cut it out. If I have stepped on anyone's toes, I'm mighty sorry. Only I wish that the other fourteen of your colleagues had written in the same spirit that you did. Your own forbearance gives me a stronger belief in your loyalty to your profession than does the savageness of the others. Thank you ever so much for writing as you did. I appreciate it. And I take off my hat to you across forty-five hundred miles of blue water. I am faithfully yours, Feb. 12, 1922.

"Holworthy Hall."

Taking Deason's Advice

I read with interest what Dr. Deason said in the January OP "Why not take that vacation," and I have determined to take it this year. I am going to start on January 20th to Los Angeles for the convention and then sight-see until time to get back for September list. Come on fellows and let's have a "career" of autos! A time to start can be arranged.—W. F. Thomas, D.O., Tacoma, Washington.

Michigan Osteopaths May Dispense Narcotic Drugs

The following may be of Interest to the profession. In January we appeared before the Attorney General of the State of Michigan to have the ruling of the United States on narcotics overruled and give the Osteopaths of the State of Michigan the privilege of dispensing narcotic drugs. We received a very kindly hearing, and Dr. George B. Clarke of Detroit presented a brief on the subject.

We print a copy of the letter the Attorney General of the United States sent to Dr. Deason, which reads as follows: Mr. Will Gray Beach, U. S. Narcotic Agent In Charge, Chicago, Ill. Dear Sir,—You inquired whether or not the statute of this State permits Osteopaths to dispense narcotic drugs. In reply thereto would say that in my opinion your request is answered in the affirmative.


Booklet Niftiest Ever

The booklet that the Society for the Advance ment of Osteopathy is sending to its Saturday Evening Post Inquirers, is one of the niftiest little books ever handed to the layman. I hope that the campaign is extended for an additional ten months, so that Osteopathy might be better known.—Nathaniel W. Boyd, D.O., Germantown, Pa.

See It in The Literary Digest

I am very happy to be able to report that we have again succeeded in securing publicity in a publicative that covers an enormous circulation among the very best people as that of the Literary Digest. On page 61 of the Literary Digest dated February 15th, is an article about the Osteopathic Perfect Spine Contest which I sent to the Digest.—R. E. Smith, D.O., Boston, Mass.

Has Bone to Pick with Hardin

If I had more spare time I'd like to run on a few lines on a subject that has long been bothering me. Dr. Hardin (Atlanta) fine for finger bones, but he missed the Editorial some time ago in his publication in which he takes a shot at the blood pressure instrument, the sphygmograph. If we do fine with patients with hardening of the arteries, let them do for them. If sure is dead wrong there generally is right on most other questions.—H. Gamble, D.O., Missouri Valley, Iowa.

Innocents Abroad!

Since taking up obstetrical work, my profession card has read, "Osteopathic Physician and Obstetrician. Not so long ago in gathering a bachelor of some thirty-five years and very modest, said to a couple of young osteopaths, 'Why isn't the Narcotic Perfect Spine Doctor Dawes after his name now?' Not getting the desired information he hastened to set that he knew what it meant, but did not know how to pronounce it, and then very innocently added, 'It means to make you not so fat.' One of the ladies told him to consult Webster, have not had a report on the case yet, I hope he is still alive. I think the ladies will recover if some one turns off the laugh button now and then. I suppose the fact that I am not as fat as he is has been a help him into his error.—W. C. Dawes, D.O., Roanoke, Mont.

Will You Hold Up Ralph Kendrick's Hands $10 Worth?

Some time ago at the request of President Scottorn I wrote the Journal in different magazines asking help for the APA Publicity Bureau. The response has not been great; least, it has not been great enough to let it running. So Dr. Scottorn has asked me to write to some of what he calls Aces to see we can get $10. from each of them to put to the Publicity Bureau across.

With our Saturday Evening Post education publicity well under way, we feel now is the time when we must not let our Publicity Bureau slip out of shape. R. K. Scott has the confidence of the editors over the country because he has the past year furnished them fine material number of them have spoken to me regarding this, and we have the big chance of our lives to get the Publicity we want, and unless we put more money into this at once, we are going to lose a fine opportunity. I have the advantages we have gained and destroy his whole set-up.

This is only a small amount we are asking for, but it's going to mean a wonderful amount to Osteopathy. Kindly do not lay this appeal aside, because if we are going to do anything we must do it NOW. Please send your check or money order to any Osteopathic Bureau office, and the sum of $10. for $10. Thanks.—Praternally yours, E. W. Conklin, D.O., Battle Creek, Michigan.
Nervous Indigestion and Other Digestive Ills

To the bounty of our food supply and the national habit of going at everything we do, our habit of eating and drinking, more people in America suffer from disorders of digestion than any other ill. Then our inmoderation in work, play, and social diversions—whatever it is that gives our time to—makes great demands on our nervous constitutions, so that many of us are overtaxed nervously. These two tendencies, to give up care of our health, and to overtax the nervous system with which we are endowed, is the cause of a nervous indigestion of any country on earth.

This whole subject and the most successful ways to cure it are told interestingly in the May issue of Osteopathic Health, a lay journal designed especially for the cure of nervous indigestion and other ills referred to in the above summary. Some very interesting and unusual cures are also reported in this article.

Summer Is What You Make It

Did you know that summer is not a time of slack practice unless you will it to be so? It is a fact. You have it entirely in your own hands to be as busy as the busiest time of the year. You get just what you order if you put your order in for a busy prosperous summer, you get it. If you order a disintegrated feeling practice and don’t make expenses during the summer, it’s getting what you want and pay for.

Now’s the Time to Order Summer Prosperity

Right now is the time to put your order in if you want a busy summer. You mustn’t wait until summer is here, for you can’t always grow a crop of them in the busiest time of the year. You get just what you order. What a great share of all the work is going to be in the above summary. Some very interesting and unusual cures are also reported in this article.

Ready for Use in your home town newspaper. The “copy” below is for display space. Have your printer follow style of composition.

“Osteopathic Health” for May

Ready for Order Reprinted in Your Local Newspaper

Nervous Indigestion—Its Cause and Cure

Nervous Indigestion; Too Much Hydrochloric Acid and Pepsin; Dyspepsia; Sour Stomach and Sour Disposition; Auto-intoxication; Spinal Tenderness; Fallen Stomach (Enteroposis); Backache; Headache; Chronic Constipation; Dilatation of the Stomach; The Great Pneumogastric Nerve; The Pelvic Nerve; Finding the Cause; Psychic Influences; Removing the Cause; Osteopathic Equipment; Stomach Works Electrically Like the Piano Keyboard; Gastric Ulcer Due to Nasal Infection; Interrelationship of All Body Parts; “Nervousness” Due to Fallen Stomach; Insanity Disappeared After Curing Digestive Ills; Acute Intestinal Cramps Cured While You Wait; An Operation for Appendicitis Made Needless; Acute Gastritis from Drinking Iced Lemonade.

The above is the title contents of “Osteopathic Health” for May. A copy of this little magazine will be mailed free of charge on request.

Address:

DR.

THE MAY ISSUE

Nervous Indigestion—Its Causes and Cure

By Charles J. Muttart, D.O.

Nervous Indigestion
Too Much Hydrochloric Acid and Pepsin
Dyspepsia
Sour Stomach and Sour Disposition
Auto-intoxication
Spinal Tenderness
Fallen Stomach
Enteroposis
Backache
Headache
Chronic Constipation
Dilatation of the Stomach
The Great Pneumogastric Nerve
The Pelvic Nerve
Finding the Cause
Psychic Influences
Removing the Cause
Osteopathic Equipment
Stomach Works Electrically
Like the Piano Keyboard
Gastric Ulcer Due to Nasal Infection
Interrelationship of All Body Parts
“Nervousness” Due to Fallen Stomach
Insanity Disappeared After Curing Digestive Ills
Acute Intestinal Cramps Cured While You Wait
An Operation for Appendicitis Made Needless
Acute Gastritis from Drinking Iced Lemonade.

We believe this is a practical campaign number that our customers have been waiting for. Dr. Muttart wrote it to order. What a great share of all the sick who come to us (or ought to come to us) this May installment of “Osteopathic Health” will interest and instruct!

Order in advance. You will not be able to get it after the month of issue. “OIL” is written for customers and printed for customers on regular contract now, and is not “stocked” for future demand. Not a “left over” copy remains of the past seven issues. Order ahead—Now!

PRICE

To regular contract users, by express:

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Envelopes, professional card imprint and delivery included.
What Should Britannica
Encyclopedia Say of
Osteopathy?

It Should Tell the Plain Truth, Not Obscuring It
Under Allopathic Prejudice.

Can Dr. George W. Riley
Say It Right?

We'll Say He HAS! Let
George do it for you!

June issue of "Osteopathic Health" contains this
wonderful new presentation of Osteopathy by the new Brit­
nannica, written from the Osteopathic Standpoint. It
makes a superbly authoritative and potent campaign
document. Full of TNT.

WAKE THE DEAD! Burn up
your town with it!

It is necessary to order
"Osteopathic Health" in ad­
ance now as it is prepared
only on order for customers.
Put your order in today
and you'll receive service
before June 1st. Everybody's doing it.

There's always something
new, fresh and interesting
in "Osteopathic Health" now.
No reprints of any
old matter, no matter how
good! It's a journalistic
propagandist service for
"live wires." You should en­
joy its help twelve months
each year. Is the best any
too good for you?

BUNTING PUBLICITY SERVICE
for OSTEOPATHS
Waukegan, Illinois

THE OSTEOPATHIC PHYSICIAN

expected, it is sure that you haven't used enough
publicity to get the result you want. Your
results are in proportion to your planting. If
you use our service on a basis of mailings of
1,000 at a time, you won't be looking for re­
sults with a microscope. You'll probably be
looking for an assistant.

We are not promising to fill your office with
patients on an investment of $5. a month—that
would be like using an ear of corn to seed a
10-acre field—but if you can once make up your
mind to spend $100. a month for our service,
we'll give you results, make you say "help!"
and show you a good location on Easy
Street.

Start Campaigning Now for
Summer Practice

Let's not talk advertising any more but actu­
ally advertise. The time has passed for talk
if you want results. Try action. Let us make
an instant survey of your field and publicity
needs that will be adequate to give you a birg
summer's practice. Write us promptly.

We do the rest. It's our business to give doctors
more practice—just like yours is to give patients
more health. We'll trust your ability in your
line if you'll trust ours in our line. Team wet
wins.

Why Shrink?

Don't evade responsibility for having reared
your former patients with literature. Let your
old patients all know you are still taking
interest in them. Tell them earnestly you want
them to know more about Osteopathy.

Why should you feel cheap or 
embarrassed for representing and openly ad­
vertising the biggest thing in the whole scene of
therapeutics?

Be proud of your profession—or get out of it.

But if you are in Osteopathy to stay, be
factor—be a standard bearer—carry the banner
proudly—proselyte—educate—educate—en­
dorse—and accept all the rewards in practice,
prestige and profits that come from it.

Current Issue of "Osteopathic
Health" on Sale

MAY

"Nervous Indigestion, Its Cause and Cure."
Price, 100 copies, on contract, $6.50, single
orders, $7.50, delivered.

GET LOWER PRICES BY QUANTITY BUYING!

On annual contract orders delivered by ex­
press 500 copies cost $22.50; all quantities above
600 at $4. per hundred.

On single orders delivered by express 500 copies
cost $28.75; all quantities above 900 at
$5.25 per hundred.

Envelopes with every order.

Professional card plate free to contractors.

We Pay Cash for Acceptable Manuscripts

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

For "Osteopathic Health"

Brochures or other manuscripts offered as
suitable material for making up one entire
number of this magazine must contain approxi­
ately from 3,600 to 4,000 words. We supply
the subheads for long articles.

This preference is for short articles explain­ing
a variety of diseases rather than for one
long manuscript. Long articles have to possess
some definite theme, show artistic unity and
logical construction. But any practitioner who
is interested in his practice, even though with­
out possessing literary gifts may write the most
acceptable sort of simple short articles contain­ing
one or more good ideas or dealing with par­
ticular diseases, diagnoses and cures. We can
be able to supply the literary revision, if it is
needed, to polish good plain recitals of fact.

For "Harvest Leaflets"

Manuscripts offered for "Harvest Leaflets"
should conform to one or another of these sizes:
1 page "Harvest Leaflets" average from 100
to 125 words.
2 page "Harvest Leaflets" from 250 to 300
words.
4 page "Harvest Leaflets" from 600 to 750
words.
8 page "Harvest Leaflets" from 1,100 to 1,350
words.

So-called "fine writing" is not wanted. Good
plain simple English and truth telling, based
upon an underlying understanding of the psy­
gology of selling osteopathy to the public
is what we are after. What have you to offer
Doctor? Have you ever tried your hand?
Expose Yourself to Practice—It's Catching!

A fact which should activate the ambitious osteopath is this: "The more practice you expose yourself to, the more practice you will get." In other words, the more people you tell about your system of practice, the more instant demand there will be for your services. If you hide from practice, most people will not trouble to find you.

If you expose yourself to practice, it will come to you willingly and in growing volume. Competitive systems call constantly to the people. Appeals are made to everyone's attention, to one's emotions, to one's reason. These appeals to public favor are made in a hundred different ways. Can you expect Osteopathy, then, to obtain its due share of attention and patronage if you fail to keep it in public view?

Bear in mind that the "public" is just an aggregation of individuals who constitute your clientele—your patients and ex-patients, and all the other folks who live in the homes of your community. That's all! There is no mystery about who or what constitutes the "public;" there is no mystery about how to reach and influence the public mind in your section. We know how to do it; you don't. Knowing how constitutes our business.

There is no mystery about how to "expose" yourself to your public so it will "catch" practice. You can do it successfully, quickly, profitably through our Advertising Service for Osteopaths. We can show you how to do it: prepare your program for you; supply you with media to carry it out. If desired by you, we will carry through all the details of the campaign from start to finish. Your office should be a busy practitioner's office—not cluttered up like a mailing bureau.

Expose yourself to prosperity. Get the fever of success in your blood and we'll undertake to do all the publicity you need to make you a winner. We're glad to survey your field for you and give you a battle plan that will win like Napoleon's. We've been formulating this strategy for twenty years.

BUNTING PUBLICITY SERVICE for OSTEOPATHS

Standard Undated Laity Brochures Available

QUANTITY PRICE

In 1,000 lots, $10 with envelopes, professional card, delivered; In 500 lots, $2.25.


Price, in 1,000 lots, $10.00.

5-Page Harvest Leaflets

In 1,000 lots, $12.50 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.

10-Page Harvest Leaflets

In 1,000 lots, $15.00 with no extra charge for imprinting professional card. In less than 1,000 lots the price is $2.50 per hundred pamphlets with extra charge of $1.00 if your professional card is imprinted.

15-Page Harvest Leaflets

In 1,000 lots, $22.50 with no extra charge for imprinting professional card. In less than 1,000 lots the price is $4.50 per hundred pamphlets with extra charge of $1.00 if your professional card is imprinted.

20-Page Harvest Leaflets

In 1,000 lots, $30.00 with no extra charge for imprinting professional card. In less than 1,000 lots the price is $8.50 per hundred pamphlets with extra charge of $1.00 if your professional card is imprinted.

25-Page Harvest Leaflets

In 1,000 lots, $40.00 with no extra charge for imprinting professional card. In less than 1,000 lots the price is $15.00 per hundred pamphlets with extra charge of $1.00 if your professional card is imprinted.

30-Page Harvest Leaflets

In 1,000 lots, $50.00 with no extra charge for imprinting professional card. In less than 1,000 lots the price is $30.00 per hundred pamphlets with extra charge of $1.00 if your professional card is imprinted.

The BUNTING PUBLICITY SERVICE for OSTEOPATHS

Price in 1,000 lots, $10.00 with no extra charge for imprinting professional card. In less than 1,000 lots the price is $2.50 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 ripe 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

The Osteopathic Physician from the attorney Eye-Ear-Nose ConvE'ntion under the pro­tect of the principal speaker. He talked on complete lecture illustrated.

A Staff of Competent Specialists. X-ray and Clinical Laboratories unexcelled.

We have used to aid in the solution of diagnostic and mental diseases.

Clinical surveys have given free of charge two or six a week. A very worthy undertaking, indeed, and most worthy of emulation by Osteopaths in other cities.

Osteopaths May Vaccinate in Missouri Recently a ruling was obtained from the attorney general on the right of Osteopaths to vaccinate. "It is the opinion of this department," wrote the attorney general, "that the provision of the statute, "It is hereby declared that vaccination and the admin­istering of vaccine are included in the curriculum and taught and practiced by the American School of Osteopathy at Kirksville, that under the provi­sions of the statute, persons licensed to practice Osteopathy would also be permitted to vaccinate and administer vaccine."

C. O. A. Meeting The regular monthly meeting of the Chicago Osteopathic Association held at the Board of Directors, Thursday, February 2, 1922. The speaker was Dr. Prudden, M.D. He spent his subject as "Oral Infections from an Osteopathic Viewpoint," and he illustrated his talk with lantern slides. Mr. Albert Heard of the Chicago Daily Journal has been employed at a salary of $50 per month to see that all items of interest are announced in the daily papers. This time we are offering it at $1.00 per copy.

C. O. A. Meeting The St. Louis Osteopathic Association held a meet­ing, February 22nd at Hotel Quast. Program: A—"Eighty-Ninth Best Diary," Dr. Irving, A clin­ical paper on the treatment of children. X-ray plates were used to aid in demonstrating the technique of operations and showing the progress of the treatments. B—"Di­agnosis and Differential Diagnosis of Neck of Femur," Dr. Englebahn. C—"Consultation and Referred Cases, The Ethics of limitation of advertising." G. C. Clark, Chairman Program Committee.

Dr. Prudden’s Summer Camp for Boys As in former years, Dr. M. A. Prudden of Portoria, Ohio, will conduct a summer camp for boys at Clear Lake, Mich. Dr. Prudden will gladly supply full information to anybody interested in his camp. By sending your boy to this camp you will not only give him the opportunity of seeing the natural world but also give him the chance to see that all items of interest are announced in the daily papers. This time we are offering it at $1.00 per copy.

Ring Lardner’s Laurels in Danger Ring Lardner had better look out for he is in danger of losing his title as "champion" for his work on "I’m In for a Grouch Spell." He is writing for the magazine sometime ago. The simplicity of language must needs have been Dr. Hubert’s main object.

L. A. Rumstead of the Delaware Springs Sanitarium, was the principal speaker. He talked on complete diagnosis within our ranks and showed how pres­tige and confidence is lost by referring patients back to the other school. Dr. Rumstead has specialized in Osteopathic Association, was held in the Hotel Quast. The Clevel­land Osteopaths expect soon to be able to publish a clinic or dispensary, which it is hoped will be the nucleus of a much needed osteopathic hospital.

Introducing Dr. Still to Little Ones The 170,000 readers of "Young People," the Baptist Sunday School paper, were told in the April number of that magazine of Dr. Andrew Taylor Still and of the science and system of healing of which he is the founder. The article was written by Ray G. Hulbert, Editor of the Journal of Osteo­pathy, as a supplement to the series of articles, "Makers of Modern Medicine," which appeared in that magazine sometime ago. The simplicity of language must needs have been Dr. Hubert’s main object.

Dr. Chas. J. Muttart Specializing in Diseases of Gastro-Intestinal Tract Consultation and Referred Cases given special attention.

HOSPITAL FACILITIES

1813 Pine St.
PHILADELPHIA, PA.

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

Waukegan, Illinois
The Osteopathic Physician

31

Big-Ability Young Man of Character Wanted!
A once-in-a-lifetime opportunity is open for some brainy young osteopath of personality and integ­rity as associate in Clinical Group of Dr. Percy E. Roscoe, at Bloomfield, Lattin Hill, New York. The group is a specialist in his department but the work of all is compatible for highest efficiency in results for the patient. A practice of remarkable character and size has already been developed, but the institution is really only in the infancy of its career. If you have not the necessary qualifications don't waste time in needless correspondence. If you are sincere in feel­ing you can fill this big job capably, then write at once to Dr. Percy E. Roscoe, Suite 410, number 7016 Euclid Ave, Cleveland, Ohio. It may mean "getting right for life" in your chosen practice.

The Central States Osteopathic Convention

The Central States Osteopathic Convention is being held on all railroads leading to St. Joseph, for the Central States Osteopathic Association Convention, at St. Joseph, May 16, 11, 12, 1922. Ask for a "convention rate certificate" when buying your ticket. Thirty headliners in Osteopathy are on the program for this conven­tion. Special features will be a children's confer­ence conducted by Dr. Jennette Bowles of Denver, Colo., and the selection of the most perfect spine from the Central States contestants for the $1,000 prize offered by the National League for the Pre­vention of Spinal Curvatures.

The St. Joseph Osteopaths and the St. Joseph Chamber of Commerce, the Automobile Club and other civic organizations are preparing entertainment and true Missouri hospitality for the convention visitors. Dr. R. Hartwell, D.O., Vice-chairman Con­vention Publicity Committee.

The Glenbrook

An Osteopathic Home for the sick

96 Glenbrook Rd.
Stamford, Conn.

Fifty minutes from New York City

Modern osteopathic institutional care in restful home surroundings. A limited number of cases are accommodated, including individual care and attention.

Specialized treatment for disease of the cardiovascular system.

Lamar K. Tuttle, M.D., D.O.
New York City Office, 18 East 41st St.

PROFESSIONAL CARDS

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

Hubert F. Leonard, D.O., M.D.
Consultation and Surgery
Local anesthesia in general surgery; nose, throat and goiter surgery a specialty.
703-706 Morgan Bldg., Portland, Oregon

Riley D. Moore, L.L.B., Oph.D., D.O.
Osteopathic Hospital
Southern Bldg., Washington, D. C.

Careful attention to referred cases.

Dr. Percy Evan Roscoe
Osteopath
410-413 Seventy-first-Euclid Building
Cleveland, Ohio

Dr. T. J. Ruddy
Eye, Ear, Nose and Throat
Originator (Bowling) of "Finger Method" for Hay Fever and Catarrhal Deafness, etc.
2 Lombardy St., Newark, N. J.

Dr. Frank J. Stewart
Ophthalmology, Optometry and Oto­laryngology, K. C. College of Osteo­pathy and Surgery
Blackwell, Okla.

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

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

Terrace Spring Sanitarium
Richmond, Virginia

Dr. W. F. Rossman
Surgery: Eye, Ear, Nose, Throat and Eye

Referred Cases solicited

Grove City, Pa.

Dr. W. E. Watters
Osteopathic Physician

Ear, Nose, Throat and Eye

Office, 1001 Land Title Building

Dr. Jerome M. Krenzer, D.D.S.
Radiography, Oral Diagnosis and Surgery

Suite 1000, Malters Building
5 S. Wabash Ave.
Chicago, Ill.

Dr. Leland S. Larimore
Eye, Ear, Nose and Throat
Prof. Ophthalmology, Optometry and Oto­laryngology, K. C. College of Osteo­pathy and Surgery
Blackwell, Okla.

Dr. C. C. Reid
Eye, Ear, Nose and Throat

Adjoining Suites with tilled and spec­ified "surgery" in common.

501-10 Interstate Trust Bldg.
Denver
Osteopathic Health for May

Nervous Indigestion. Its Cause and Cure

Charles J. Warner, D.O.

There are countless thousands of sufferers whose interest would be immediately flagged by this discussion on Nervous Indigestion and its brood of ills. Osteopathy can do so much good for the victims of nervous indigestion that it's tragic a shortcoming to omit interest from it.

Many new satisfied patients will be your reward for discussing this topic at this May issue of OF. We can fill your order if you send it quickly.

For the Student, by Dr. J. V. McManis

A practical and interesting discussion of the physical and mental aspects of nutrition is given in the following pages. The students are urged to read this article carefully and to study the charts and diagrams which illustrate the author's points.

For the Practitioner, by Dr. J. V. McManis

A practical and interesting discussion of the physical and mental aspects of nutrition is given in the following pages. The students are urged to read this article carefully and to study the charts and diagrams which illustrate the author's points.

FOR RENT—Chicago loop office space, part or entire floor. Dr. P. D. Ferris, 20 Jackson Building.

WANTED—By young married man in senior class, who has passed most of his board, position as as.

FOR SALE—Good location in southern Idaho. Only osteopathic office building and 6-room home for sale. Address No. 314, care of Dr. J. V. McManis, O.T.

First Class to Take the Abrams Work at Kirkville

For the past six or eight weeks Dr. J. V. McManis has been teaching at Kirkville, a preliminary class in the Electronic Reactions of Abrams. The course has had a preliminary one and an exciting one as Dr. McManis returns from San Francisco, where he and Mrs. McManis are now completing their work under Doctor Abrams, he expects to start regular classes in the ERA methods for several weeks and he starts off at the first jump with the largest private practice in Kirkville and a big waiting list of patients standing in line for future attention.

Dayton Society Addressed by Dr. McManis on the Abrams' Discoveries

Dr. J. V. McManis addressed the Dayton (O.) District Osteopathic Society at the office of Dr. L. D. Groven April 6th, on the Values of the Electronic Reactions of Abrams. Twenty-five were present and great interest and enthusiasm was shown for this new look at the inner physical and mental conditions of disease. Dr. McManis and Dr. E. H. Coons were particularly interested.

On Friday, April 7th, Dr. McManis was the guest of the Atlas Club at the Chicago College of Osteopathy and repeated his talk. The students were greatly interested.

Dr. McManis, Mrs. McManis and Dr. Frank C. Farmer of Los Angeles are now at the Abrams Laboratory at San Francisco engaged in work under Doctor Abrams.

"There was no sunshine but there was light in that blowing," a hospitable innkeeper at the East-West road. "A light is beautiful whatever garden it may bloom."

The Abrams’ Discoveries—by Dr. J. V. McManis

The Abrams’ Discoveries are proving to be of greater service than we anticipated. They are bringing to the public light, truth and the science and art of healing. They are bringing to the profession light, truth and the science and art of healing. They are bringing to both light, truth and the science and art of healing.

Minister in a Christian Church, by Dr. J. V. McManis

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"Where There Is No Vision the People Perish"