Spinal Adjustment—A Discussion
George Malcolm McCole, D.O., and John V. McManis, D.O.

VII—Traction

In Article V we said that in last analysis nonoperative Surgery is a stretching process of a very specific nature. Adjustment can only be accomplished by some sort of stretching applied to all or part of the tissues which hold the spine bones together in that shape we know as the human spine.

Osteopathy concerns itself particularly with congesting lesions of the spinal column (first) the so-called bony lesions of chronic disorders, or second) the soft tissue lesions of acute conditions. These two fields of adjustment present specific areas for attention.

However, the Osteopathic Physician often finds that stretching the spine as a whole is a suitable measure. First, it further the preparation of specific work. Spinal adjustments are often more easily made while the spine is being stretched by traction or suspension. Traction will in turn adjust some lesions—especially recent ones—chiefly by contractions in the deep layer of short longitudinal muscles. Second, it prepares general circulation of arterial blood into the spinal canal (by vacuum formation) and reduces free circulation of venous blood and pug out of the spinal canal by relaxation of tissues and by compression following the vacuum. Slow, rhythmic, traction and relaxation is the method of choice. It is a respiratory—blood breathing—inspiration and expiration to the spinal cord and its nerve centers.

In connection with this subject of the circulation of the spinal cord, a statement by Doctor Abrams in Spondylorthepathy is interesting. It is also interesting in connection with article VI or "we.

Doctor Abrams mentions anemia (I take it, he means local anemia) as being a cause of degeneration in the cell-bodies of the cord centers. He attributes these conditions to lost motion in the spinal joints, giving emphasis to lost motion from weak muscles. He says:

"According to some authorities, areas of cellular tenderness are associated with congestion of the spinal vaso-motor centers. The pathologist, however, is unable to confirm this clinical observation. On the contrary, anemia does cause changes in the cell-bodies of the cord with degeneration. It is an undeniable fact that my interference with the motions of the spine resulting from weakness of the spinal muscles is associated with venous stasis which must necessarily interfere with the nutrition of the cord.

"We agree with this, and in addition to weak spinal muscles as a cause of lost motion and venous congestion, we would add rigidity of soft muscles and ligaments.

"Stretching the spine as a whole by "traction," "extension," "suspension" or "pandiculation" is used very effectively by the Osteopathic Physician since he has the Osteopathic concept to guide him and since he has made a special study of the anatomy, physiology and pathology of the spine.

There are some real dangers in stretching the spine and these should always be kept in mind. Traction irritates some lesions and sometimes causes pain which is a sign that it should be discontinued. Before traction is applied the spine must be examined in every joint and the character of some lesions present fully noted. Weak places kept in mind and watched during the treatment.

As explained in Article III—Locked-Extension—when the spine is curved forward the spinoous processes approximate and the upper facet moves downward upon the lower facet and is there locked. For this reason, extension should never be applied with the vertebra in that position. It should either be applied with the spine flexed or approximately straight. Flexed is the method of choice since in that position the tissues in and around the spinal foramin and the ligaments of and around the vertebral facets are first to receive the benefit of the extension.

Again in stretching the spine by extension care must be used in selecting and adjusting the apparatus. The cervical region is much weaker than the rest of the spine and if subjected to the same amount of force as the dor-sal and lumbar regions, would be seriously injured. However, he deduced his observations applied to have much if any effect on these stronger regions.

In stretching the spine by traction it is the deep longitudinal muscles, the ligaments, the joint capsules and the tissues of the foramin that must be kept in mind as the structures are subjected to traction. It is generally held, however, that evidence that the intervertebral discs are subjected to pressure changes to a greater degree than the vertebrae, and it may be that stretching materially benefits them. This subject will be touched upon further along in another article.

The term "traction"—"suspension"—was used in a crude way, many years ago. We find it written about by a Russian, Motchoukowski, in 1885—30 years ago. He believed that the improvement noticed in his cases was due to "an increased activity of the circulation induced by suspension." It was used by him in the treatment of locomotor ataxia.

Motchoukowski observed an increase in arterial tension with increased rapidity of pulse and respiration during suspension.

Blood-pressure instruments were not invented until several years later so we do not know how he deduced his observations applied to have much if any effect on these stronger regions.

The methods used by these men must have been crude for they report that the extension as they gave it by suspension was very painful and that it was followed by a large number of cases by death itself.

G. Frank Lydston, writing more than 30 years ago, said, "It was generally believed that the improvement in the symptoms was secured because the extension improved the circulation and nutrition of the spinal cord." Some observers wrote that this improved circulation and nutrition was brought about by a stretching of the spinal cord proper itself.

Watalfelder wrote, "It is hardly reasonable to suppose that the cord itself is stretched, for it floats so freely in the spinal canal that the counter-extension of the weight of the body is not sufficient to produce that result without the greatest pain. It is more than likely that the traction exerted on the spinal nerves in some way brings about a change in the circulation and nutrition of the cord, and the amelioration of the symptoms is due to a lessening of the vascular tension. It may be, however, that the traction exerted on the spinal cord by the nerve roots, but why this should be beneficial is not quite clear."

Althaus believed that the improvement was due to a breaking up of adhesions in the meninges and neuroglia.

"I do not believe," said Lydston, "that it is possible by stretching of the spinal column to exert sufficient traction, to detach spinal cord either to stretch it, or secondarily to stretch the spinal nerves. It certainly appears to me absolutely impossible to exert a traction force upon the cord through the medium of the spinal nerves. Indeed, the structure of the spinal canal and its

"Where There Is No Vision the People Perish"
The Osteopathic Physician

Contents is such apparently as would defeat any attempt at direct traction upon the cord or its nerves. The spinal cord does not completely fill the spinal canal, its investing membranes are not so tightly drawn across the bony edges of the vertebral bodies together as to neutralize perhaps to a certain extent the spinal cord, as has been said, is very efficacious at the time when the patient's condition is good, and when the manipulations of Dr. Stillman, the spinal column is composed of a number of firm bony segments united together by elastic and inelastic structures. The inelastic bands of union between the vertebrae (called the ligaments) are the means by which extension of the spine is possible within certain limits. The inelastic structures, although extendable within certain limits, are unyielding to stretching and give less to indorse, to grow more frequent and fuller; it will be observed to remain for a greater or less length of time after suspension is stopped. The posture of the spine, at least by the method which I am about to describe, to a thinning of the various intervertebral cartilages, and to a certain rounding of the spinous processes, but such a tipping will be found to separate quite. Not only is this region of the spine rather delicate, but traction upon it involves tension upon certain very important nerves, vascular and muscular structures of the neck.

In addition to the increased capacity of the spinal canal, and to a certain rounding of the cervical and lumbal regions, must result in greater elongation of the spinal column, if extension of the spine is possible within certain limits. The inelastic structures, although extendable within certain limits, are unyielding to stretching and give less to indorse, to grow more frequent and fuller; it will be observed to remain for a greater or less length of time after suspension is stopped. The posture of the spine, at least by the method which I am about to describe, to a thinning of the various intervertebral cartilages, and to a certain rounding of the spinous processes, but such a tipping will be found to separate quite. Not only is this region of the spine rather delicate, but traction upon it involves tension upon certain very important nerves, vascular and muscular structures of the neck.

In considering the mechanics of the treatment of locomotor ataxia by extension of the spinal column, it is necessary to bring to bear upon the spinal column extreme and painful tension. It being only necessary to bring about such a degree of lengthening of the spinal column as will secure the aspirating effect which I have described. Another point which should be taken into consideration (and this is especially pertinent in extreme cases of locomotor ataxia), is the position which the patient is to assume. Of course, there is capacity not only to flexion of the spine but of the limbs. Thus the spine is curved backward, so that the patient has a decided round-shouldered appearance.

Stillman says, "The spinal canal is posterior to the main portion, i.e., the bodies and the intervertebral cartilages of the vertebral column, and this is an anatomical feature to be emphasized, because on account of this arrangement it is plain that a given amount of traction exerted with the spinal column in any other manner in which our supporters have met the manipulations of Dr. Stillman, the spinal column is composed of a number of firm bony segments united together by elastic and inelastic structures. The inelastic bands of union between the vertebrae (called the ligaments) are the means by which extension of the spine is possible within certain limits. The inelastic structures, although extendable within certain limits, are unyielding to stretching and give less to indorse, to grow more frequent and fuller; it will be observed to remain for a greater or less length of time after suspension is stopped. The posture of the spine, at least by the method which I am about to describe, to a thinning of the various intervertebral cartilages, and to a certain rounding of the spinous processes, but such a tipping will be found to separate quite. Not only is this region of the spine rather delicate, but traction upon it involves tension upon certain very important nerves, vascular and muscular structures of the neck.

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Dr. J. V. McManis Class in ERA
Enthusiastic for Dr. Abrams

The May Issue of The OP at hand and we see that Dr. Abrams will appear on the program at the AOA Convention. We, the undersigned, heartily approve of the plan and view that wherever we have now to fold our work, let it be a great privilege that all the members of the AOA will have a chance to hear Dr. Abrams explains his methods of diagnosis and treatment.

Signed,

Dr. H. J. Marshall
Dr. C. E. Edmonds
Dr. G. E. H. Hurd
Dr. D. E. Lab
Dr. W. F. Hendricks
Dr. C. B. Hurst
Dr. D. A. Jones
Dr. I. O. Huysergaver
Dr. R. L. Kline
Dr. C. B. King
Dr. R. M. Thomas
Dr. Z. Z. Wilkins
Dr. H. H. Gerardy
Dr. D. E. Patterson
Dr. W. C. Gordon

Dr. J. M. Ogle Tells of His New Quarter and ERA in Canada

Last Autumn I had the opportunity of securing unlimited space in the new Knights of Pythias Building where they have built three large rooms to suit my requirements, a floor area of 1024 sq. feet at present.

The reception-room is furnished in solid Oak, dark finish—the "Old Doctor's" bust, mounted between two windows, makes a pleasant setting, with the velvet curtains draped behind him. A private corridor leading to the three dressing-rooms: velour curtains hanging at entrance.

The operating-room, 12x16 ft. is furnished in light quarter-oak and bird's-eye maple—leading to the dressing-rooms, ample in size and equipment for diagnosing the usual conditions wherein this work is needed.

In one corner of the operating-room I have the Abrams' Diagnostic Set, where I am able to, and have been doing, some excellent diagnostic work. I have been checking up the Abrams' diagnosis with the chemical and X-ray laboratories, so far they have tallied.

The 1st of June I took another large room across the corridor from mine, and equipping it for strictly Oscilloplastic work. I am a thorough believer in the efficiency of Abrams' methods, having studied the most of his writings of the last ten years.

My good friend Dr. McManis, told me of the diagnostic work in Cleveland last summer, I immediately subscribed for more of his literature and have been studying very carefully ever since.

I spent March and April with Dr. Cave in Boston, finishing my work in diagnosis, at the same time getting in touch with other methods of diagnosis and treatment while there and in New York.

I made arrangements while in Boston, to have my difficult plates sent there for corrobora-

Are You Doing Your Duty?

Some of us are sending students each year to the osteopathic schools. If each osteopathic physician could do so, there would be no cause for worry. I know of a few who are slow in doing this for our future.—Lewis M. Bishop, BD., Worcester, Mass.

AT LAST! IT'S HERE!!

Do You Know?

1. Only new matter is printed every month now in "Osteopathic Health." No articles, once printed, are ever used again on these pages, no matter how good. (Such classic Brochures as are indispensable may be obtained. If at all, only in "Bunting Laity Brochures"). Every issue of "OF" now is made up entirely of clean, new editorial matter.

2. This layman's Journal will contain in course of the year a lot of sprightly news and topical talks about notable osteopathic affairs such as always interest both patients and doctors.

(For example in the June issue will be found (1) the Britannica Encyclopedia, (2) Dedication of Osteopathy; the story of Mme. Galli-Curie's two great benef-actions for osteopathic charities; and the Viscount Deuchar's story of Osteopathy in Great Britain.)

3. From time to time it will contain characteristic Bunting editorials on matters of vital osteopathic concern. Also—

4. A wealth of articles especially written for Osteopaths, osteopathic interests, and white run on inside space of their magazines. With many of our difficulties apparently non-cancellable contract for black run on inside space of their magazines.

5. Many discussions of single diseases. Do you hear it?—many discussions of diseases.


7. Shorter articles and more of them—wider variety of subjects.

8. Nothing within the covers of "OF" but osteopathic, osteopathic interests, Osteopathy triumphant! No side issues—no fads—just Osteopathy—which is enough to keep one bracingly edited magazine fully of interest.

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Waukegan, Illinois
Finger Surgery vs. Finger Technic

Dr. James D. Edwards, St. Louis, Mo.

In the April issue of this journal my esteemed colleague, Dr. T. J. Ruddy, challenged the priority of the technic, and criticized its terminology. He said, "I see no reason why the term 'finger surgery' should have died when it was first mentioned by Parker in his 'Epitome of Medecine,' covering the sixteen centuries in which they were to disappear."

I, for one, was not ready to produce an extract mentioning the term "finger surgery" from Parkers' "Epitome of Medicine," or from any other authority, antedating my own experience. I had a careful search made of the medical literature by an expert, but without finding any previous reference to the term, and I therefore believe that I am correct in my claim that the priority belongs to Osteopathy. "Finger technic" means nothing, and, as Dr. Howell so properly put it, "it cannot mean setting a toe or playing a piano."

The newspapers of the world proclaimed the term "finger surgery" because it was a "capitation with a meaning of the literary world" and proclaimed the term "finger surgery," and the Ruddy technic. "This term is the name of earth, the carrying of Osteopathy in every paragraph of the hundreds of fevers, colds, and claims of the malady."

The "finger technic" have obtained for Osteopathy? Very little, if any, I am sure. I agree with Dr. Ruddy that "fingertecnic" is a nonsurgical procedure. It is nothing more than a superficial massage of the tissues; just a little "tripped" manipulation—one, two, three, four—of the muscles and ligaments affected, and it spread immediately to the four corners of the earth, carrying the message of Osteopathy in every paragraph of the hundreds of years. Some of the journals have advocated this techic.

I am constrained to say, "Finger surgery" in the treatment of the ear, nose, and throat is blood-letting, and I challenge Dr. Ruddy, or anyone else, to do a Rosenmuller fossa or intranasal curettage properly with the digital technic without blood-letting. I am practicing finger surgery, and not finger technic. My system of treatment is entirely different, and I find that the more radical I become the better. I do not believe in the mystical effects many cures, and I suffer for awhile, but radical mastoidectomy is now the correct treatment. The "Bowling-Ruddy finger technic" (Denver convention, 1905) sufficed for awhile, but "finger surgery"—blood-letting—given to the osteopathic profession in the fall of 1911, is now the proper treatment in the management of catarhal deafness and hay-fever. Dr. Ruddy says that the admissions in the fistula of Rosenmuller are, in 95 percent of the cases, communicat bands, and should be fostered. Did you ever hear of such nonsense? Was ever of a congenital band for any useful purpose? Furthermore, is it possible to beat them once and for all, without saying what you say, Dr. Ruddy; you are becoming desperate. This question of priority is worrying you too much, you are not thinking right.

Dr. Deason says we have nine originators of finger technic and finger surgery, but he, who used his influence at the eleventh hour, to get me before the Kirksville Convocation in 1913, has dropped his protege because he could not stand the pressure of Ruddy and a few other "would-be iconoclasts." Deason, at that time, had heard nothing about finger surgery, but his remarkable ability for research recognized the opportunity and he fathered my paper. Perhaps he had heard nothing about finger surgery, but his remarkable ability for research recognized the opportunity and he fathered my paper. Perhaps he had heard nothing about finger surgery, but his remarkable ability for research recognized the opportunity and he fathered my paper.

One of Deason's "nine originators," Dr. L. M. Busch, advertises that he was the first osteopath to dilate the eustachian tube digitally and was an originator of audiol and nasal adjustment technic. Dr. Bush was graduated at the A.S.O. and practiced only in his office. He is not the technic is not radically different, it is different. The tendency of some of the journals, and the awkwardness of some of the journals, has led to the investigation of neglected or reestablished disease. The question of priority is desperate. This question of priority is desperate. This question of priority is desperate.
also claim, or their friends claim for them, the originality of their various methods of treatment. Very few, if any, of these great principles have really originated with the person who sets them forth; they are generally recognized by every osteopathic physician, and are found in the very beginning of osteopathic literature. Despite this, they have been so frequently and so extensively described, that it is not possible to claim them as original, however much emphasis is placed on them in the literature and in the writings of many of these medical men. In fact, it is not at all uncommon to find cases of catarrhal deafness with freely open tubes and the hearing being improved because we cannot restore to normal function those minute physiologic mechanisms which are so important.

The purpose of treatment should be, therefore, to restore as far as possible, those normal movements of the tubes by removing any gross obstructions such as adenoids, and then by definite, purposeful, manipulative methods to restore the tubal structure to its normal condition. Gentle tubal dilatation is often indicated, but the more important technic is to so manipulate the tube that its normal tortuous movement and thus restore normal function. It seems reasonable to assume and it has certainly been proven clinically, that such technic is most likely to produce the most permanent results.

The radical method of forcibly dilating the tube which frequently results in undue trauma and even splitting the pharyngeal portion of the tube, accomplishes the following undesirable results: It destroys, to some extent at least, the ciliated epithelium thus rendering the tube less self protective. It injures the secretions of the middle layer, thus further crippling the functions of the tube. It causes the development of scar tissue which in the course of time, prevents rather than restores the normal movements of the tube, which movements are essential in producing (reflexly or directly) the physiologic adjustment of the middle and inner ear structures to variations of pitch.

There is no question but that a radical dilatation of the Eustachian tubes will often increase the hearing in deaf people. Even in third stage catarrhal deafness a large percentage can be made to hear better. This is caused by the direct stimulation of the entire ear mechanism just as normal movements of the tube produce increased hearing. This increase in hearing is often of sufficient duration to enable the specialist to collect his fee, but seldom much longer. It is better to accept no charge for such work, because as soon as the scar-tissue is well developed, the patient will hear less well than before.

The purpose, therefore, in Eustachian tube technic is not to reconstruct the anatomic parts, but to restore to normal function. To accomplish this, it is well to carefully examine the tubes and nasal-pharynx, to determine the abnormal function by means of the naso-pharyngoscope, and to direct the manipulative technic to restore these normal functions.

Finger technic or treatment is no different from other corrective treatment in principle. It must be done carefully, purposefully and definitely to restore certain normal structural relations and functions.

Confidence a Plant of Slow Growth

When you make a mistake, don’t admit it to the patient. If you treat a patient too hard and he feels worse after it, tell him that is just the reaction you wanted to get—“You’ll feel a lot better in a day or two.” There was a very celebrated surgeon who performed a serious operation on a young girl. She did not improve a whole lot after the operation but refused to have another examination. Taken suddenly very ill, the mother called the doctor and said her daughter had expelled a sponge from the abdomen. Instead of admitting his mistake and saying she was sorry he had sewed the sponge inside her, he merely said, “I hadn’t expected it to come away for another two weeks.” A short time after that he was called to the same home to operate on the mother. Do you think he would have retained the confidence of that household? I don’t think so! He had admitted making such a grave mistake! Can you imagine an osteopath getting away with anything like that? —Wm. E. Waldo, D.O., Seattle, Wash.

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OSTEOPATHS

Waukegan, Illinois

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3. Low Table Technique

Dr. EARLE S. WILLARD, known by the whole profession as the "low table technique man," will give his wonderful course, showing you how to treat seventy-five patients a day without breaking down.

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This course will be given by Dr. John E. Ramsey. Dr. Ramsey will teach the technique of taking X-Ray pictures, handling of the machine, with a philosophy of the X-Ray.

The number of students that we can accommodate is limited. Those who would have a place reserved in the Course should give us notice right away. The Course begins Monday, July 24. Lasts four weeks.

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THE OSTEOPATHIC PHYSICIAN

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A Typical Case

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Dr. WILLARD has developed a scientific and teachable method of technic which applies the principles of mechanical adjustment as I learned them from Dr. A. T. STILL.

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Eminent British Osteopathic Physician Recommends Philo Burt Appliance

Doctors, surgeons and practitioners of prominence all over the world have prescribed the Philo Burt Method of Spinal Correction with marked success in Potts Disease and other forms of spinal diseases, weakness or distortion. In many instances the physicians themselves have pronounced the results very remarkable. We have numerous letters of recommendation which follow hard upon were entirely uncalled for and the loss of business by Kansas City and the bad name it acquired could have been avoided. The Advertisers Protective Bureau published a special bulletin May 20, 1922, in which it gives a full and complete statement of the facts in the case of the Kansas City so-called smallpox epidemic and while it emphasizes “its belief in and insistence upon thorough precautionary measures of all kinds to protect the citizens against the Inoculation and spread of contagious disease. It still believes in a scientific detection and regulation of disease.”

It further recommended that the Hospital and Health Board of Kansas City should add to itsoot operated group an advisory committee of carefully selected business executives drawn from various lines of business, for consultation in emergencies such as Kansas City faced last December.

No Room for Sluggards

Work Osteopathy—don’t let it rot. Co-operate with all advancement. Don’t die in your old rut. Old things are new but apply new knowledge with 20th century intelligence. No room for sluggards. Be up-to-date in your profession as well as your dress.—O. O. Bathline, D.O., Grove City, Pa.

Dr. E. S. Willard, known by the whole profession as the "low table technique man," will give his wonderful course, showing you how to treat seventy-five patients a day without breaking down.

POST GRADUATE COURSE IN LOW TABLE TECHNIC

Jenette H. Bolles, M.S., D.O., Denver, Colorado, who, no one will gainsay, is the most distingushed Osteopathic Living, being the first college graduate and the first woman to study Osteopathy in the first class ever graduated, 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 technic which applies the principles of mechanical adjustment as I learned them from Dr. A. T. STILL."

The Willard Osteopathic Clinic

PHILO BURT CO., 141-18 Odd Fellows Temple, Jamestown, N. Y.

The Advertisers Protective Bureau, Inc. was established and the organization is doing its work wonderfully well. Last December there was, according to press reports, a smallpox epidemic in Kansas City, and declaration to that effect were made by the Jackson County Medical Society, the superintendent of the public schools in cooperation with the Hospital and Health Board issuing a mandate for general vaccination. Kansas City thus lost out in its business and holiday trade and was placed on record as a plague center. Through the efforts of The Advertisers Protective Bureau a full and free investigation was made with the result that it was found that the Medical Society’s declaration and the general vaccination which followed hard upon were entirely uncalled for and the loss of business by Kansas City and the bad name it acquired could have been avoided. The Advertisers Protective Bureau published a special bulletin May 20, 1922, in which it gives a full and complete statement of the facts in the case of the Kansas City so-called smallpox epidemic and while it emphasizes “its belief in and insistence upon thorough precautionary measures of all kinds to protect the citizens against the Inoculation and spread of contagious disease. It still believes in a scientific detection and regulation of disease.”

It further recommended that the Hospital and Health Board of Kansas City should add to itsoot operated group an advisory committee of carefully selected business executives drawn from various lines of business, for consultation in emergencies such as Kansas City faced last December.

No Room for Sluggards

Work Osteopathy—don’t let it rot. Co-operate with all advancement. Don’t die in your old rut. Old things are new but apply new knowledge with 20th century intelligence. No room for sluggards. Be up-to-date in your profession as well as your dress.—O. O. Bathline, D.O., Grove City, Pa.

In 1923 Kansas City faced last December.

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

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Malignant metastases following sarcoma of the eye.

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

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

Fraternally yours,
GEORGE A. STILL,
A.S.O. Hospital, Kirksville, Mo.
THE OSTEOPATHIC PHYSICIAN

Why Not Give Osteopathic Graduates the Chiro Degree?

J. A. Overton, D.O., Farmington, Mo.

Since we are at last awakening to the fact that the methods heretofore employed will no more kill the chiro than were the tactics able to embalm osteopathy by the selfsame tactics, I am going to tell you the one way in which we may finally be able to control the chiro. The process is, finally, in large measure kill it off. At this late date the process will be very slow, if not impossible.

First, regarding Dr. Woodall's plan to chirodize every student of osteopathic colleges at the completion of the first year. Why play into the hands of the chiro's by increasing the supply of inferior practitioners, and at the same time deplete the attendance of our own schools?

Do we not realize that a very large percentage of our students would never complete the osteopathic course, and that instead of operating to draw students to us, we would be losing to it? Should any one doubt this statement let him but visualize himself at the close of his own freshman year, when he frequently knew far more than the teachers under whose care he sat, and when during his summer vacation, he accomplished such wonders as he has never since been able to duplicate!

True, from a financial aspect, the chiro colleges might not be pleased with the plan, but would they not be more than delighted numerically, and do we delude ourselves for a moment into believing that they would fail to make of it a whirlwind of chiro propaganda?

If we desire a painless death for osteopathy, let us withhold those diplomas just three years longer.

Here is a workable plan, providing the colleges will be able to obtain proper charters, which I am informed they can do without difficulty.

At the completion of a full four-year course in our osteopathic colleges, issue to every qualified student both an osteopathic and chiro diploma.

This will graduate men and women who will uphold the dignity of osteopathy as they are doing today, and as no one year chiro can ever be expected to do.

It will be an appreciable factor in enabling us to enroll students in our colleges—students who will remain until they are qualified to cope with diseased conditions in the summer vacation—and will also have a tendency to lessen the attendance at chiro schools.

Then, a six weeks intensive course in chiropractic to every osteowho desires it, allowing sufficient credit on his osteopathic course to meet the requirements of present chiropractic laws.

Finally, get behind every chiro bill which may be introduced in any state in the union, and push it for a high school and a four-year requirement, and work in every state now having chiro laws, until those standards are reached.

In that way we can, in a large measure, curtail chiroism, and can control, since there is not a chiro school in the country which has so far evinced anything but a monetary interest in it's methods of teaching; and I do not think there is a single school which would add a course in osteopathy and teach it with sufficient integrity to get very far with it, even if it should be tried out.

I have nursed this plan along since 1914, studying it from all angles; talking it from time to time with other osteopaths, but never meeting with anything but derision, since most of us thought that chiropractic would soon die a natural death, anyway.

But now that we are becoming convinced that it is a lusty, and a strong-hung barnacle, let us arrange things for the future which will permit osteopathy to retain the leadership it has so rightly earned in the lines of drugless healing.

Of course it has no competitor now, inside its efficiency is considered, but it stands to lose simply through the power of growing numbers and the fact that the chiro schools will insistently become more high-grade in character as they are compelled to add to their courses.

Furthermore, we should all get together and adopt a plan to be considered at the next convention, and whatever we do must be done quickly, or our results will be just that much more unsatisfactory.

When the whistle blows for the present Palmer contingent to come up and shake hands with the mill, 2,700 more chiros will go out to practice pseudo-osteopathy, and that is but one of the many mills.

But whatever we do, let us not play into their hands, nor call we a party to inflict any more pseudo-doctors on the public, even though it be ready to receive them.

Likes Dr. Willard's Technique

Your articles on "Low Table Technique" will attract wide attention because Dr. Earle Willard has a message for all Osteopathic Practitioners. He will save the profession if they will only listen. This technique is quick and to the point, it will save the doctor's back and will add years to his usefulness, and it is tested over osteopathy. I was the first one to take his course in Chicago and I am very much pleased with the technique and the man.


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

DOD, TH REASON THEM FEDERAL AGENTS WON'T LET YOU OSTEOPATHS RITE LICKER PHRESRIPTIONS IS, THERE AFEARED TH MINUTE THEIR BACKS TURNED TH OSTEOPATHS WILL RUG IT IN."

Museum of Osteopathic Medicine, Kirksville, MO
Dr. Dodson and the Baptist State Hospital at Little Rock, Arkansas


When the Baptists of Arkansas put on their drive for subscriptions to build the Baptist State Hospital in Little Rock, Ark., C. E. Witt, M.D., President of the Hospital Board, personally solicited C. A. Dodson's subscription. Dr. Dodson is a D.O. and at first refused until Dr. Witt assured him that he would never be denied the privilege of practicing in the hospital provided he contributed to the fund to build the hospital.

About a month ago Mr. H. W. Wicker, a patient of Dr. Dodson's, applied for admission to the hospital in order to have Dr. Dodson do a tonsillectomy for him. He was first told that they had no room, but after repeated attempts to secure a room and an offer to pay in advance for the room and continued refusal, Mrs. H. W. Wicker who is the local General Secretary of the Y. W. C. A. was led to inquire why her husband was not admitted to the hospital. She was told it was because his physician was an Osteopath.

Dr. Witt assured him that he would never be denied the privilege of practicing in the hospital provided he contributed to the fund to build the hospital.

Mrs. Wicker asked the Superintendent, Mr. E. E. King, if Mr. Wicker could be admitted if Dr. Witt, the president of the Hospital Board so ordered. He said "Yes." Mrs. Wicker then went to Dr. Witt and asked him if Dr. Dodson could operate in the hospital. He told her that Dr. Dodson could practice surgery in the hospital but that he must not give any Osteopathic Treatments in the hospital. Mrs. Wicker then requested Dr. Witt to telephone an order to the Superintendent to admit Mr. Wicker and Dr. Witt telephoned the order in the presence of Mrs. Wicker. Mrs. Wicker then went to the hospital to secure the room for her husband and was told by the Superintendent since she was in Dr. Witt's office that he had talked to Dr. Witt and that they had decided that Dr. Dodson could not operate in the hospital.

Dr. Dodson immediately made arrangements to operate in St. Vincent's Infirmary where he performed the operation February 25th. On March 2nd, Dr. Dodson received the following letter from the Superintendent of the Hospital:

BAPTIST STATE HOSPITAL
Thirteenth and Wolfe
E. E. King,
Superintendent and Secretary
Little Rock, Arkansas.

Dr. C. A. Dodson,
City.

Dear Friend:

Almost record progress is being made, but the faster we build the quicker the money goes. Help us. Make your check as large as possible. Every cent you send will actually go into the building.

Send it today and thus keep your faith with us and God as we are trying to keep faith with you. Do it now. Not tomorrow or next week. We need the money sorely.

Yours very truly,

BAPTIST STATE HOSPITAL
E. E. KING,
Superintendent.

Dr. Dodson's reply follows:

C. A. DODSON, M.D.
Osteopathic Physician
Little Rock, Ark., March 2, 1922.

Mr. E. E. King,
Superintendent of State Baptist Hospital.
Thirteenth and Wolfe St.,
Little Rock, Ark.

Dear Sir:-

Dr. C. E. Witt, President of your Hospital Board personally solicited my subscription to your hospital. It was made with the express understanding that I would never be prohibited from practicing in the Baptist State Hospital of Little Rock. Last week after Dr. Witt telephoned an order to the hospital to admit my patient you telephoned me a refusal.

Now I give you a refusal to pay my subscription and I have engaged one of the best law firms in the state to defend me to the court of highest resort.

I had expected to pay my subscription with the fee that I would have received for the operation which you refused to allow me to do in your hospital.

It does not seem very reasonable to me for you to expect me to furnish financial support to your institution when you discredit me before the public as a physician, and my only source of income is from my profession.

Very truly yours

C. A. DODSON.

A copy of Dr. Dodson's letter was shown to the Editor of the Arkansas Medical Journal, who is also the Secretary of the State Medical Society. The editor told Dr. Dodson that he is right.

Although Dr. Dodson has been defending Osteopathy for the past seventeen years, he is still in the fight. If there were more like him, undoubtedly the profession would make greater advancement.

Boy Once Blind, Deaf and Paralyzed Now Claims Most Perfect Spine in America

Dr. M. L. Hartwell, St. Joseph, Mo.

The prize offered by the National League for the Prevention of Spinal Curvature will have one sturdy contestant in the person of Lehman Nell of St. Joseph, Mo. It matters little to Lehman whether he gets the $500, prize offered by the League for the most perfect back found in any child in America. He has a prize worth

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Our laboratories have been especially equipped for the proper teaching of this most amazing and accurate method of diagnosis and treatment which is co-extensive with the field of Osteopathy.

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"Where There Is No Vision the People Perish"
vastly more to him, for he has the perfect use now of his body which was once totally paralyzed. He can hear, see and talk as well as any of his playmates, whereas three and a half years ago these faculties were all useless and the possibility of his ever regaining them seemed almost hopeless.

**WAS A NORMAL BABY.**

Little Lehman was born in Pierce City, Mo., in October, 1914. First three years of his life uneventful. He grew as a normal child should. His parents had little thought of the harm that might come to him in a way altogether undreamed of by them. From the time the baby was weaned, at twelve months, he ate from the family table. The family diet consisted principally of meat, much of it pork. This was unsuited to the child’s digestion, as was the fried foods and pastry which was served regularly on the family table. His parents gave little thought to their own diet, and no more to the feeding of their boy. Lehman stood the “grown up diet” seemingly pretty well until a little past three years of age.

The picture shown was taken at three years and certainly no baby boy looks healthier at three. But health was more apparent than real, for at this time the powers of the boy’s physical system were taxed to their utmost to digest even a part of the food he was eating and to assimilate the nourishing qualities therefrom which were required for his rapidly developing body. His kidneys and bowels (the natural sewerage and garbage system of his body) were inadequate to carry off the heavy waste materials and residue of undigested food that his system found it impossible to cope with. There was a constantly increasing residue—a storage of waste material in his little body. The poisoning depleted his vitality, the strength of his nerves and his digestion and other functions gradually grew weaker because of waning nerve strength.

Toxins continued to accumulate until one day a muscular spasm developed in little Lehman’s body as a result. The poison had so saturated his entire physical system that the body functions ceased completely for a time and gave way to most pronounced cramping and spasm.

A doctor was hastily summoned, but he could give but little relief. The spasms continued, and another doctor was called, but he, like the first availed but little for the child’s relief.

**Still another prominent medical physician was summoned by the parents in a frantic effort to save their baby boy whom they saw constantly growing weaker and gradually, one by one, losing the use of his faculties.** It was soon found that the third physician understood the case no better than the first two, who had suggested that the spasms might be the result of need for circumcision, or possibly it might be the beginning of Epilepsy—of which the best physicians know but little, other than that those afflicted with it rarely if ever are cured.

If you are intrigued by the various reports on ERA and

**Dr. Albert Abrams’ New Diagnosis and Therapy**

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

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Elicits the Abrams Reflexes—The only concussor with a spaced stroke—ALSO READY.

ARE YOU WILLING to help yourself and help to save your profession? Then investigate with an open mind the new table that

**DOES DO YOUR DRUDGERY**

If too many Osteopaths break down or seek something easier Osteopathy is doomed. Are we not, even now, losing ground?

**WHY SELL YOUR MUSCLE?**

**GO TO LOS ANGELES** prepared to sign up for early delivery if the table proves its claims. This may mean the difference to you between a permanent profession on the one hand, and trying to find a new job when you are past your prime on the other. Have you seen men try that? It is pathetic!

**Patents pending—Send for literature**

Dr. Arthur Still Craig, 3030 Tracy Ave., Kansas City, Mo.
Laughlin Hospital and Training School for Nurses

Kirkville, Missouri

HOSPITAL STAFF

Dr. Geo. M. Laughlin
General Surgery and Orthopedics

Dr. C. E. Still
Osteopathy

Dr. F. L. Biss, Obstetrics
Genito-Urinary and Rectal Surgery

Dr. E. H. Laughlin
Supt. of Laboratories and Specialist in Heart and Lung Diseases

Dr. A. C. Hardy
Eye, Ear, Nose and Throat

Miss Ruth Storey, R.N.
Directress of Nurses Training School

Dr. John Halladay
House Physician and X-Ray Lab.

Dr. L. B. Overfelt, Interne

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Dr. Leon Pidge, Interne

Dr. M. B. Bailey, Interne

Dr. G. Y. Warner, Interne

Dr. W. J. Hughes, Interne

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

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

The merit of the McManis tables is measured, in a degree, by their popularity. One hundred and twenty-five upper classmen of the American School of Osteopathy have taken our course in “McManis Table Technique” during the past two months. They like our tables! Why? Because the technique is easier and joint motion normalized quicker.

Then again, in our active practice, we find that patients greatly prefer the “McManis Way.”

And last, we have over 2,000 satisfied users of McManis Tables in the Field! WHY? (You answer).

McMANIS TABLE COMPANY

Kirkville, Missouri, U. S. A.
At this time, when hope had almost disappeared in the hearts of the parents, a friend suggested that Osteopathy be tried. The boy was now completely paralyzed and had lost his sight, hearing and ability to speak. He was even more helpless than a new-born infant as the result of the two hundred and thirty spasms which had so distorted his neck and back that the nerve currents were almost completely arrested in the spinal cord. This was on July 4, 1918. Lehman was taken to the nearest Osteopath who chance to be Dr. Hastings at Monett, Mo. The Doctor undertook the almost impossible task of readjusting the physical frame work, and especially the distorted spine of the helpless child. By the end of one week of daily treatment his work was rewarded by the ceasing of the spasms, and the child was able to stand with some assistance.

After this the treatment was less frequent but the improvement continued and the child was soon able to run and play again, notwithstanding his nervous system was extremely sensitive and weak. About this time in the fall of 1918, the Neil family moved to St. Joseph and placed the child under the care of Dr. M. L. Hartwell, who continued treating him osteopathically. Improvement continued steadily as the child's spine was moulded into correct contour, and the restrictions relieved which had prevented the functioning of the nervous system in the child.

During the past year Lehman has been as healthy as the average child of six, and has had a good chance for the aforementioned prize. The Neil family reside at 3024 N. 10 Street. They now have two other Osteopathic babies in the family. A boy of three and a girl of six months, both being exceptionally healthy children. Needless to say the Neil family depend on Osteopathy exclusively, not alone in times of sickness, but they have it to keep them well and physically fit for life's duties.

Case Report

DROPPED STOMACH

Man of 38 with a dropped stomach, mucous gastritis, chronic appendicitis, vomiting at meals, was cured in four months by Osteopathy and the Gravitiser.

X-Ray showed gastroptosis and an elongated and misplaced appendix, affixed to the fourth lumbar vertebra.

His indigestions were controlled by the sixth day, vomiting reduced to only an occasional occurrence and all abdominal pain relieved by the twelfth day.

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"Where There Is No Vision the People Perish"
Not by the Clock

Here I would like to suggest that you get some one to write a brochure including in it the fact that we do not treat by the clock. We have two D.O.'s here who treat from 15 to 30 minutes and the lady think that the rest of us are not giving our moneys worth because we are giving a lot shorter treatments. I do not think Van Brakel put enough stress on the time it takes for a treatment and why some cases take more time than others. I can't do it myself because you can find out the time the patient is better than he does in this January number.—Elizabeth E. Smith, D.O., Asheville, North Carolina.

Correct Diagnosis in Acute Diseases

I want to emphasize correct diagnosis in acute diseases. Also, treat every acute disease as though it was serious until you are sure.

I had invited my sister and four beautiful children to spend Thanksgiving with me. I was crazy to see her baby twin boys but the last minute a telegram came saying a little girl was sick and that she could not come. The Dr. was called and the case diagnosed as tonsilitis. The child did not improve but lay in a stupor for days. About two weeks ago an abscess in the middle ear broke and she slowly improved. Christmas night I got a telegram saying that one of the twins was very bad and asking me to come. The little fellow was gone when my father and I got there.

Case diagnosed pneumonia and diphtheria at the hospital. Antitoxin given Sunday night but too late the M. D. said. Sister had called the Dr. early on account of the child having a rash, yet he did not understand the rash. I took the little girl in hand and a week's treatment put her on her feet. Sister had a sore throat the night Bobbie died but said nothing about it. After the funeral I put her to bed and treated her and kept her warm and the next day she showed a typical case of scarlet fever. I stayed with her till the temperature was down and she was out of danger. I think those doctors know now what the children had but too late to save the child and the parents a lot of grief. The one doctor called in was the health officer.—Florence J. Barrows, D.O., Lawrence, Kan.

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

The Summer Quarter begins June 19, 1922
The Autumn Quarter begins September 25, 1922
The Winter Quarter begins January 2, 1923
The Spring Quarter begins March 25, 1923

Each quarter is twelve weeks in length.

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

The special Post Graduate course will begin Monday, September 11, 1922, and continue for two weeks, closing Saturday, September 23rd. Tuition for this special Post Graduate course, $100.00. An especially attractive course is offered this year. All graduates of recognized osteopathic colleges are cordially invited to avail themselves of this opportunity.

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

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

The clinical opportunities of Chicago are unsurpassed. No prospective student of Osteopathy should overlook the importance of these clinical opportunities. The College maintains an excellent Osteopathic Hospital.

In the Training School for Nurses there is room for a few more candidates. The Training School course is two years in length. At least one year high school work, or its equivalent, is required for admission. Tuition is free and after the probationary period of three months, students are required to work as practical nurses, $25.00 per month during the first year, and $30.00 per month during the second year. The student nurses receive board, room and laundry free, and two weeks' vacation each year.

For further information, address: The DEAN

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Adhesions are most likely to occur in the lower part of the colon. They are found present in cases of extremely obstinate constipation. A foremost roentgenologist and alimentary specialist states that in these conditions the lubricating action of liquid petrolatum is certainly indicated.

Nujol is scientifically adapted by both viscosity and specific gravity to the physiology of the human intestines. 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 the highest medical opinion.

The unmatched resources of the manufacturers, the perfection of their technical equipment and an expert personnel place Nujol upon a basis of unique superiority. Sample and authoritative literature dealing with the general and special uses of Nujol will be sent gratis upon request to Nujol Laboratories, Standard Oil Co. (New Jersey), 44 Beaver Street, New York.

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A Lubricant; not a Laxative

Guaranteed by Standard Oil Co. (New Jersey)
Announcing the Opening of the McManis Physico-Clinical Laboratory

WHERE the ELECTRONIC READ

The McManis Physico-Clinical Laboratory has the distinction of conducting the first Oscilloclast solid in the belief that the combination of Osteopathy and practice possible for the Dr.

DR. J. V. McMANNIS' FIRST CLASS
FIRST ROW—Dr. Glenn Warner, Wooster, Ohio
Dr. Norman B. Wilbanks, Eureka, Illinois
Dr. Gertrude Clements, Forth Worth, Texas
Dr. Elmer R. Williams, Rock Rapids, Iowa
SECOND ROW—Dr. Arthur Brese, Hilliard, Ohio
Dr. J. V. McManis and Dr. Lulu F. McManis, Instructors
Dr. P. C. VanderVoorst, Harveysburg, Ohio

The second class in the E. R. A. at the McManis Laboratory started June 1st with an enrollment of thirty. The following Doctors matriculated in the order listed, and will receive their Oscilloclasts and attachments in the same order:

Dr. H. J. Marshall, Des Moines, Iowa
Dr. E. H. Cosner, Dayton, Ohio
Dr. Marie H. Harkins, London, Canada
Dr. L. E. Staff, Jacksonville, Illinois
Dr. Wade M. Lockman, Weatherford, Texas
Dr. Clara Barker, Eureka, Illinois
Dr. J. W. Eisiminger, Oklahoma City, Oklahoma
Dr. J. L. Coles, Pawnee, Okla.
Dr. Addison O'Neill, Daytona, Florida

NEW CLASS STARTING

Due to the demand from the Osteopathic field, a class in E. R. A. will start at the McManis Physico-Clinical Laboratory August first. Osteopathic Practitioners are matriculating now, and are making plans to be here at that time.

The course will last for a period of one month. Classes are held each day in the week, excepting Sunday. Six hours a day will be devoted to instruction and the rest of the day to practice. Those taking the work will be required to be in attendance at all classes, and to pass a satisfactory examination before graduating.

Dr. J. V. McMANIS

ADDRESS: Dr. J. V. McMANIS

Museum of Osteopathic Medicine, Kirksville, MO
The McManis Physico-Clinical Laboratory gives special attention to Diagnosis and Treatment. Special instructions and containers will be furnished to Physicians who wish to send in blood samples for diagnosis.

Referred patients will be given careful attention. Oscilloclastic and Osteopathic Treatments given to every case accepted.

General information, charges for matriculation, tuition, blood examination, and rates for treatment will be furnished upon request.

The Electronic Reactions of Abrams Makes the most effective method of Treatment of disease.

In the Electronic Reactions of Abrams

AUGUST FIRST

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Referred patients will be given careful attention. Oscilloclastic and Osteopathic Treatments given to every case accepted.

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Should the Osteopath Want the M.D. Degree?

Emphatically no. A few years ago I wrote an article for the A.O.A. Journal giving ten reasons why an Osteopathic School should teach medicine. After years of experience in the field of practice I have come to the conclusion that the M.D. degree is a hindrance, not a help. No matter how good an Osteopath you are, you will have to pass the M.D. degree examinations. The M.D. degree is a hindrance because it is a restriction. No matter how good an Osteopath you are, you will have to pass the M.D. degree examinations. If you have an M.D. degree you are ostracized from Osteopathy. You will be treated like a stranger and not a sympathetic colleague, even if you have been practicing for ten years. This is something sacred about ancient established schools of medicine. You will have to pass the M.D. degree examinations, but you will be treated like a stranger. You will be ostracized from the medical profession.

Osteopathy is Medicine

The Supreme Court of several states at least have ruled that Medicine and Osteopathy are different schools of medicine and that Medicine is the art or science of healing diseases. It is a vast change made in teaching therapeutics. It shows that the public is beginning to recognize the fact that our ads would be primarily educational; and that we have: forsaken the old methods of advertising. The advertising of the M.D. degree is a hindrance because it is a restriction. No matter how good an Osteopath you are, you will have to pass the M.D. degree examinations. If you have an M.D. degree you are ostracized from Osteopathy. You will be treated like a stranger and not a sympathetic colleague, even if you have been practicing for ten years. This is something sacred about ancient established schools of medicine. You will have to pass the M.D. degree examinations, but you will be treated like a stranger. You will be ostracized from the medical profession.

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Speaking of Monkey Glands

Wm. S. Settle, D.O., Peterborough, Ont., Canada

THE MORE one looks over.
AND CONSIDERS this.
PROPOSITION of the transplantation.
OF MONKEY glands.
OR OTHER glands and sich.
IT UNFOLDS to us.
A MENTAL vision.
OF WONDERFUL vistas.
WHEREIN THERE lies.
A MOST seductive charm.
AND ENGAGING allure.
WHY NOT trade that.
POOR OLD worn out stomach.
FOR THE vigorous young stomach.
OF A yearling ostrich.
AND LIVE forever more.
IN A glutton's paradise.
ENDULGING in any sort.
OF GASTRIC gorge.
WITHOUT A single fear.
OF ANY kick back.
FROM OUR poor old tummy.
OR WE could trade.
OUR LIVER.
FOR A bit of the incident.
PATE de fol gras.
OF THE goose.
THAT LAYS the golden egg.
AND ACQUIRE thereby.
SOMewhat OF that Mildas touch.
THAT TRANSMUTES all things.
TOUCHD to purest gold.
OR A poor Weary Willie.
MIGHT SWAP for the kidney.
OF SOME Bob.
SON OF Battle.
AND FORTHWITH become.
A CREATURE of a very.
DIFFERENT KIDNEY.
AND PERHAPS cease to be.
ANY LONGER a poor homeless.
DESPISED MUTT.
I SAY the idea.

THE OSTEOPATHIC PHYSICIAN

Some Patients I Have Known

IX

"I'm Sure It's a Cancer"—

John Barr, D.O.

Miss Sylvia Driggs was forty-three at the time the first doctors were trying to use the X-ray as a means of diagnosis. Upon hearing that they could even find cancers of the stomach with this marvelous means, she immediately decided that the long years of stomach trouble which she had endured so persistently with no remedy must be leading up to the dreaded cancer.

She went to New York City and spent a week letting the doctors look through her. All she got for her pains was a beautiful X-ray burn or dermatitis, for in those days they had not yet learned the limits of this new diagnostic arm and so they reached too far with it.

Sylvia Driggs never did boast of very good health although she did do a good deal of talking about her poor health and so, every time a new doctor came to town, she let him practice on her to see what he could do. They all discovered something but never did they land on the one thing she desired.

Years before she had had a love affair that turned out dismally for her and, having had none since, she had gradually decided that she was cut out to be some sort of a martyr. One day she read in the paper some statistics which showed how many more people were dying of cancer from year to year. The thought turned in on her and from that time forth she had a mental tumor.

Unfortunately, she could find no doctor who would discover for her the physical counterpart of that mental growth. She even tried the local osteopath and was delighted when he found for her a lump on her spine. She had heard that people occasionally had cancers of the spine and she decided that this must be one of those. Sad to relate, her D.O. had to tell her that carcinoma of the spine was invariably secondary to a similar growth in some other part of the body and so that put her right back where she was before she went to him for she simply could not develop sign or symptom of any kind else.

The years went by and in her neighborhood she became known as the cancer expert or at least the one who clung to any case within twenty miles and read up on all the latest statistics. But as far as she was concerned, it all went for naught. She began to shrivel up and it looked as though she would die of nothing more romantic than denes-desires.

About this time something happened to her and she never thought of the dreaded truth. She began to take on abdominal pain. She tried to hide her condition by corrective dressing and, finally, when that would no longer do, she went in desperation to her family physician. He would tell her nothing but assured her to see a prominent surgeon whom he mentioned.

Now thoroughly frightened, she felt certain that her awful hope had at last come true and with its coming she wished mightily that it were not to be so.

She at last worked up her courage and went to the surgeon to hear his doom. When he had finished, she asked him faintly, if there was any hope for her.

"Oh yes," he replied, "a comparatively simple operation will put you in shape for many added years of life."

"But doctor, don't try to encourage me, I have read about how little surgery can do for cancers when they have advanced as far as this."

"Who said anything about a cancer?" answered the surgeon as he smiled at her.

"You have nothing more nor less than eight or nine pounds of fibroid."

Easy to Treat 50 Patients a Day

You will be pleased to know that our new Health Home Osteopathic Sanitarium is meeting with wonderful success. In fact we shall be filled up already if only a few of those who are planning to come actually get here. We have had letters from different parts of the province including Edmonston and even chiro in Medicine Hat are offering us their hearty support and are sending us patients. I believe that osteopaths in every town should have such an institution. I have been agitating it for many years but you know when one is associated with other osteopaths one likes to have all see alike before going ahead and doing anything. Surely the time has come for every individual Osteopath to take a definite stand in this matter and—as I have been reading in The OP.—do all he can to push Osteopathy to the front and make it render the greatest possible service to suffering humanity. I have always enjoyed a heavy office practice and like Dr. Millard of Toronto, if I treat less than 20 or 30 patients a day I think I am not doing much. I have always treated as high as 100 patients a day and did it easily.—H. E. Church, D.O., Calgary, Canada.
The Efficient Osteopath

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

The Psychology of Starting Patients

Right

I.

It has been said, “Well begun is half done.” The heading of this chapter is one of extreme importance not only for the doctor, but for the welfare of the patient. Many a patient with some ordinary ailment, needing sympathy and encouragement as much or more than medication or manipulation, has failed to get relief because of the lack of the first step.

Recently a friend of mine was called out to see a mother, following office hours. He started to do a long way because he had started.

The Mayo Brothers of Rochester, Minnesota, have a system of handling people and rendering a service that has impressed them and their work on the whole world. They are known wherever civilization exists. Here is a small town in an out of the way part of the country where you would ordinarily expect to find doctors behind the times and rusted out so far as method, skill and ability are concerned. They are able to do things and have done things that no one dreamed could be done. A large part of this has been brought about through the psychology of starting patients right.

Of course Dr. C. C. Reid, Denver, Colo.

A Patient Enters

When a patient comes to your office, it being for the first time, of course he is rather uncertain as to whether he is going to the right doctor or not. Someone has recommended you, spoken highly of you, and he thinks perhaps of a family fuss. The patient was so upset by the psychological conditions that were prevailing in the home at that time, that she did not want him to be brought in by the patient, but to call on his own. He could not have understood, and would not do anything. She needed care, desired enough that the appointment was made, and the patient was in the family purely psychologically, that spoiled the patient’s mind in a way that she did not even know.

It only requires a small irritation, slight neglect, a mistake in judgment or a failure to recognize a sympathetic element required in starting patients right.

Definition

The Immediate Connection

The patient should have a connection with your office at once on stepping in. Your office secretary will furnish just the link that is needed at the psychological moment.

I am assuming that you have a secretary. If you have not, you should get one immediately. That secretary, as a general rule, should not be one of your immediate family. One of your immediate family will expect too much, and is likely to be invited.

The Secretary

The Secretary has been trained will at once speak to the patient kindly so that the patient is immediately put at ease, and is impressed with the idea that he is welcome and almost as if he were expected. This is the first vital connection which the patient makes with the office.

The Secretary

Every doctor can afford to support at least one secretary better than he can afford not to. I mean a real secretary, one who will take an interest in the business. As a general rule, the ideal secretary would be young, though she should have had more experience.

Of course the secretary should have a good disposition, control of her temper, be more of her emotions, should like people, should be interested in her work, should take satisfaction in seeing people relieved of suffering. She should dress herself nicely, not grudgingly, so that she has a real pride in her work and in her appearance. She should be able to see the gate in people and things, be optimistic, with a strong desire to help in every way possible. All these things will help to get the patient started in right.

The Office

There should be a good reception room with substantial furniture, clean rugs not worn, so that the general appearance of things is inviting. Nothing should be out of harmony in a way to affect the patient disagreeably.

With the patient feels that the office enters that will contribute to his well being. The harmony of the office and immediate attention given by the secretary has a hearing upon the physician and patient which is soon to be followed.

No doubt you have stepped into a department store, or it may be a small shop, and you have not been an osteopathic patient, but you have had an osteopathic treatment. You have frequently had an office in your home. You have had a family doctor, and an awkward situation exists. Here is a small town in an out of the way part of the country where you would ordinarily expect to find doctors behind the times and rusted out so far as method, skill and ability are concerned. They are able to do things and have done things that no one dreamed could be done.

The Tumor

The upper edge of the tumor projected above the lower cervical and upper dorsal vertebrae. He may be sick, but in every way possible. All these things will help to get the patient started in right.

Little Stories of the Clinic

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

Story No. 44

A year and a half ago I found a tumor behind the inner end of Mrs. W’s right clavicle and sternum. I put Mrs. W. in bed and the mother of adult children. The upper edge of the tumor projected above the clavicle and sternum. Mrs. W. called the tumor a goitre. I relieved some impactions in the lower cervical and upper dorsal vertebræ. I also worked my fingers under the tumor and elevated it as much as I could. During the treatment the lower edge of the tumor could be elevated above the upper edge of clavicle and sternum when my hand was placed in it, over an inch long and about one-half inch in diameter. After about fifteen treatments the tumor almost entirely disappeared and Mrs. W. was much better. She had no bulging of the eyes, and no tachycardia. Within the last two weeks she has come to an osteopathic clinic and is in good health.
like treatments of a Dr. Morse, a chiropractor. This chiropractor once made a visit to Mrs. F. and I had often heard of astonishing results accomplished by his skill. He fights the ten finger chiropractors and is a great student of the pulling art.

When Mrs. C. returned from Albuquerque she had an astonishing story to tell. She looked better than at any time I had ever known her. She had increased fifteen pounds in weight. She could sleep all night and in any position she chose, and the horrible choking sensation had been banished forever. She had gained in strength. Especially noticeable was the bright, red color in the lower lobes of the ear, which before were dark and dusky. Her complexion was normal. Mrs. C. told me that Dr. Morse found a "lump" below the upper end of the breast bone, before his examination this "lump" could not be seen, neither could one feel of it above the breast bone. She said Dr. Morse had extraordinarily long fingers and that he inserted two fingers down her throat and got a grip on that "lump" and pulled it up until her husband could see it above the breast bone. He manipulated this "lump" and gave it electricity for six weeks and it grew to be quite large. Dr. Morse said Dr. Morse called this "lump" a goitre, and that he declared that, though her heart was not yet affected, the goitre would be the cause of her death. He said her eyelids would be retracted instead of bulging, and he used vacuum cups to pull them forward. Mrs. C. tells only what she believes to be the truth. She knew that I would be glad to have a chance to do so myself. She said while she was in Albuquerque she was personally familiar with two other cases where Dr. Morse found a large lump near her own, and where there was bulging of the eyeballs. Both of these cases had baffled other physicians, and both were in danger of the state of health. He had cured one of these cases, and the other was starting on the road to recovery when Mrs. C. left Albuquerque.

**Comment No. 1**

Correspondence solicited. Is ptosis of the thyroid gland a common occurrence? Could tumors as above described be goitres?

**Comment No. 2**

Some Osteopaths assert that no chiropractor ever has or ever can discover anything new. This seems contrary to my own experience, and I think it would be contrary to the experience of other Osteopaths with ears to listen to successful treatment by some chiropractor after an Osteopath had failed. Chiropractors are recruited from American citizens. Some are college graduates, and some are educated men. They are all aroused as to the dangers of the great drug superstition. When they come into a hand to hand struggle with the physician their insinuations that we shall be able to discover some germ of truth not previously discovered by any Osteopath. The field of discovery is limitless.

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### Talks to Osteopaths by a Dentist

**Some Opinions Regarding Devitalized Teeth**

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

Outside of the fact that the therapeutic value of medicines in the treatment of disease has yet to be proven, one of the principal objections to the administration of drugs is that once a medicinal agent enters into the human system, no one is able to tell just what happens to it. When it becomes fixed with the different secretions and fluids of the body, or what other actions it has besides those ascribed to it, or what harmful actions upon the organs and tissues remote from the particular organ whose function the drug is supposed to correct.

If this is true, how much more so then when organic substances, that are known to be poisonous but whose potency has never been tested, are taken into the body in unmeasured doses. Certainly not even the most extreme drug feeding allopath would be guilty of handling his medicines in such a manner and yet any patient who has pyorrhea or several apical infections must be absorbing toxic products into his system, both the quantity and strength of which are absolutely unknown. In reality this is no different than if he took some organic poison such as atropin, strychnine, or belladonna, in the same sort of a bottle. Indeed these drugs when administered are at least limited to doses of 1:125 or 1:00 of a grain, while the toxins absorbed from a single tooth root may be many times that amount.

Of course osteopathic treatment, inasmuch as it helps the production of anti-bodies in the system, will help in some way in cases of local Infection, but in many instances the natural reaction of the system to toxins will already have produced all the defensive agents possible with which to combat that particular individual. Therefore further stimulation can make only very slight impression upon that patient's health, though one of the reasons why every Osteopathic Physician should pay greater attention to oral conditions.

A report of some rather interesting work on the problems of diet in relation to tooth disease has been published recently by Dr. Percy B. Morse of Boston in The Journal of the National Dental Association.

Dr. Howe relates that he fed some guinea pigs large quantities of sugars and starches, resulting in the development of an acid forming fluid in the mouth. He even fed milk which is made up of sugars and starches, and there was a constant growth of those organisms present in the mouth of the animals, yet at the end of six months and even one year there was no evidence of caries. He then began to feed a diet deficient in vitamins the results obtained upon the teeth were very marked, nor were the effects limited to the dental structures alone but could be noticed on the skull and other bones of the body.

Whether or not these experiments are conclusive, they are extremely interesting. I am therefore going to abstract a large part of Dr. Howe's paper to which I am sure my readers will have no objections.

"The majority of our guinea-pigs were fed a simple diet of rolled oats and fat-free milk. They received about 25 cc. of the milk daily and all the rolled oats that they would eat, with a very small piece of carrot and a small leaf of lettuce every other day or every third day. The guinea-pigs on this diet had no difficulty in the use of their legs was manifest, or difficulty in eating observed, the amount of food taken and the growth remained regular. In order to prevent death, which at this stage ensues rapidly, our object was to produce a chronic condition in which the lime would be slowly removed from the bony structure. Thus the teeth of the animals were brought about, and the lower teeth became carious and broke off. The upper incisors also became carious and broke or suffered otherwise. All the teeth seemed to soften greatly. The lower jaw from the incisors to the molars became decalcified. The animal had to be fed by the dropper. By careful attention he was gradually restored so that he was able to eat properly. The lower teeth grew out and were fixed in a position in which they were exactly crossed. We had effected decalcification and a subsequent calcification. Later the animal was again placed on the simple diet, with a very large area becoming carious areas in his jaws. In this connection it is to be remembered that the guinea-pig is a rodent, and that under certain conditions its teeth continue to grow.

In a number of other cases the lower teeth became decalcified, elongated, and bent to such a degree that the animal could not bite on each other entirely across the jaw. Irregular arrangements of the molars are very common. The upper molars of one animal were bent outward at about right angles upon one side of his jaw, while upon the other side the palatal surfaces of the molars were gone. Opposite them on the lower jaw the buccal sides of the molars were gone.

Other decalcified areas occur in the maxillary bones and in the bones of the head. In some cases such areas are found at the base of the teeth, the carious process extending entirely through the lower jaw, or at the base of the upper molars within the orbital cavity. Local decalcification is often found about the anterior palatal foramen extending posteriorly to the teeth. Carious areas are found along the side of the tooth, and even in the gum, but it is difficult to say what has been affected. The ribs and leg bones also marked alteration, although we have particularly observed effects upon the teeth and jaw.

We have been able to mark the enamel by alternating deficient and normal diets.

In some cases we have been able to mark the enamel by alternating deficient and normal diets. In some cases we have been able to mark the enamel by alternating deficient and normal diets.
restored to a normal diet, it is found that the legs have become fixed in an abnormal position. This seems to us to be more like rheumatism or arthritis deformans than many experimental conditions that have been called such.

Nervous symptoms are very prominent at one stage of this feeding. Our efforts to mark the teeth during pregnancy have not been successful, the young being born dead or too prematurely to live. The inhibitory effect upon growth is very noticeable. The tendency to certain infections is evident. Abscesses form about the teeth. Lung and bronchial troubles are present. It is the ability to produce calcified areas in the bones of the head and in the teeth, and to effect recalcification by diet that is one of the most striking things in these experiments.

Modern diets are often deficient in vitamins: the fat in our city milk is low; our grains are deprived of their germ in the milling process; it is difficult to obtain fresh foods on account of transportation. Yet these are essential for good teeth. Mother's milk at first (and this must contain the proper elements), whole milk, butter, eggs for the fat soluable vitamins, together with the proper vegetables and green leafy foods, whole wheat as distinct from the denaturalized flour, principally for the water soluble vitamins, although this substance is widely distributed in nature, and fruit juices for their antiscorbutic properties, are food accessory factors that cannot be overlooked if we wish sound teeth. Tooth destruction is one of the first signs of lack of vitamins in the diet.

 Increase of Cerebro-Spinal Fluid

I read last month that the cerebro-spinal fluid in fracture of the occiput was found to be formed at the rate of 200 C. C. per 24 hours; while 80 C. C. is known to be the physiological normal. This represents extreme traumatic shock, of course. But it also indicates its pathological potentialities from the lesser causes—emotional excess, fatigue, alcohol, exposure, insufficient sleep, indigestion, constipation and other daily factors, which impair the body's vitality, lower efficiencies, produce nervousness and mental irritabilities, even when it doesn't make the patient acutely sick, as in headaches, vertigo, acute indigestion, tachycardia, and biliousness.—William West, D.O., New York.

Stimulates the recuperative forces by improving nutrition

For many years Horlick's Malted Milk has proved its entire satisfaction in cases requiring a prescribed or modified diet, as in nervous, anaemic and digestive disorders, prevalent diseases, infant feeding and for expectant and nursing mothers.

Sustains and refreshes the operator after tedious treatments.

Samples and printed matter prepaid.

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Evidence Can Be Manufactured
But FACTS—NO!

When a physician declares, "I have not been without a stock of DIONOL since I first bought a half dozen of you two or three years ago," it means something.
When another writes, "I had a case this week which proved your claims as to the value of DIONOL in wounds," it is evidence of accomplished fact.
When a doctor volunteers, "I am a booster for DIONOL. In fact, I have been the means of introducing DIONOL into this city. The good work done by it in cases of proctitis and fistula has made it a permanent part of my treatment," it points to definite worth.
All that is necessary in order to prove DIONOL action, DIONOL worth and DIONOL efficiency is

Try Dionol Clinically and Judge by Results

Send for literature, case reports, booklet and sample.

THE DIONOL CO.  Dept. 12  -  Detroit, Mich.

Pure—and Effective

Study and practical experience have demonstrated that hydrogen peroxide manifests its maximum efficiency, only when it is free from those impurities which interfere with the prompt and unrestrained liberation of the pure oxygen, on which its action depends.

Dioxogen

therefore, is universally recognized as the best and most effective peroxide of hydrogen, not alone because of its greater volume of available oxygen, which far exceeds U. S. Pharo requirements, but particularly because of its exceptional freedom from residual substances which would restrain in any way the free release—and full effects—of this all-important constituent.
The value of oxygen as a purifying and antiseptic agent is too well established to require extended comment; its influence on disease germs, morbid processes, and its stimulation of granulation and tissue repair are so well understood, that further statement is unnecessary.
In a word, Dioxogen offers a means whereby a large amount of pure, uncontaminated oxygen may be brought directly to the places where it is required and in the active condition necessary to assure its highest potency.

Oakland Chemical Co., 59 Fourth Avenue, New York
Dilatation of the Heart

We have used Dr. Abrams method of concentrating the seventh spinal process for dilatation of the heart and in aneurism of the aorta as well. We have used it, according to our case records, in eleven cases and have found splendid results. We think the treatment is well worthy of consideration and there is no doubt every Osteopath could use it at least monthly in some individual case. If you have a very irregular, large, hoppy heart, try concentration over the seventh cervical spine thirty times, wait a half minute, do it thirty times more, wait another half minute and do it thirty times more. It works! Try it.—E. H. Conner, D.O., Dayton, Ohio.

Osteopathy Misrepresented

I have recently been talking with Dr. Amussen who has done research work at the A. T. Still Research Institute on the lesion. He tells me that the injury to the big nerve trunks caused by the lesion is not a direct one but is reflex. I feel convinced that he is right. Of course it is not possible to get the exact pathology of the thing across to the public but we should do our best. I think it is the unscientific lesion theory which we are supposed to hold which has held Osteopathy back from the scientific recognition which it deserves. Dr. Amussen is getting out a book which I am sure will be of great benefit to the profession.—Mary L. LeClere, D.O., Eagle Rock, California.

Southwestern Osteopathic Sanitarium

Blackwell, Oklahoma

Accepts For Treatment All Kinds of Hospital Cases Except Communicable Diseases.

We Claim Your Support on the Grounds of Superior Service.

New Hydrotherapy Department

now in operation. All kinds of baths and massage and Swedish movement given same as at various springs, in cases needing such treatment.

The Delaware Springs Sanitarium, Delaware, Ohio

All that is desirable and essential in a hospital or sanitarium is included in this equipment. Diagnosis First. Cure Follows. Health and Happiness the Result.

The Delaware Springs Sanitarium Delaware, Ohio

Young at 83, Osteopath's Mother and Father Celebrate 60th Wedding Anniversary

I have just returned from a months' visit at my old home at New Castle, Indiana, where my father and mother celebrated their 60th wedding anniversary. Both are well and hearty. Father was 83 on Feb. 12th and mother will be 83 tomorrow, June 7th. I am the youngest of nine children, all of whom are living. All brother and sister-in-laws and grandchildren are living. We are all the family. Wonder if any other Osteopath can beat that record. None of us kids ever knew what it was to go to school in a closed room. Father takes exercise twice daily and can do most stunts than the average 15 year old kid. I saw him "cin" himself five times without stopping on April 30th, the day of his 60th wedding. He could not pass examination to get into the war of '61-65. Never weighed 130 pounds in his life. Both father and mother are very active. Father goes to town twice daily, walks, and mother will walk twice to church on Sundays distance seven blocks. She walks fast too. Geo. B. Poore, D.O., Gastonia, N. Carolina, June 7th.

D.O. Medical Examiner for Fraternal Aid and Union

I have just been appointed Medical Examiner for the Fraternal Aid and Union. This is a first class franchise and on adequate rates and is on record as favoring Osteopaths as examiners. I have made several examinations for them already. We are gradually recovering from the disastrous flood of last year and the steel mills are working more men all the time, so we hope for a normal business condition soon.—W. S. Maddux, D.O., Pueblo, Colo.

Short Business Course for Our Schools

The Chiros are taught salesmanship. I do not advocate that but I do think we need a short course in business when in school, coming as we do from all walks of life. There are too many D.O.'s who have exceptional ability, but have made a bare living only for their families, through not knowing how to administer to such I say "get a home, hold on to it, stop paying exorbitant rents."—M. L. Parker, D.O., Carlisleville, Ill.

THE WAYNE LEONARD

In the winter people seek health in Atlantic City. In the summer they seek pleasure. Recommend the Wayne Leonard to the friends of Osteopathy who wish to summer here. American plan rates, without treatments, quoted upon request. Single or double rooms. Electric elevator. Every convenience and the best table in Atlantic City.

We have purchased the right of using the "POST" system for troubled feet. It is specific Osteopathy.

Address

Dr. L. H. English

130 South Maryland Avenue

Atlantic City - New Jersey
THE OSTEOPATHIC PHYSICIAN

New Edition of "The Book on The Physician Himself"

The good news that Dr. G. W. Cathell of Baltimore, Maryland, has published a new, vastly improved, and "crowning edition" of "The Book on The Physician Himself" will be welcomed far and wide by physicians whatever the form of therapeutics they practice. The older ones in our profession will remember how years ago they first read this book, drew inspiration from it and how much it often helped them through the years. The younger ones can now avail themselves of the opportunity to secure a copy of this masterpiece whose reading will profit them much.

The true physician must have spent years of honest preparation in scientific study. But besides his knowledge of the medical sciences the true physician must possess other qualifications that are of just as great importance—a certain amount of social sense, of personal tact and of business sagacity, which together enable him to pass his life in his chosen calling in such a way as to warrant doing not only much good to others but also attaining real success as a physician.

The book on "The Physician Himself!" is a concise and practical guide for the practitioner. The author writes of what he has personally seen and thought, while rubbing elbows and mixing brums with the profession and the public during a long and active life as a practicing physician in a large city with a mixed population. In the twelve chapters that make up the 360 pages of the book is found much wisdom that ought to be studied and pondered and then lived by the practitioner. As a fitting conclusion there is a comprehensive index which enables one to find in the book whatever one is looking for, easily and without any loss of time. The book is printed in large readable type and can be secured from all medical book-sellers and the author, whose address is the Emerson Hotel, Baltimore, Md. The price is $3.00 per copy.

Though here and there in the book appear expressions by no means in favor of Osteopathy and kindred cults, yet there is so much good in the book that we can easily overlook the one imperfection in the aged author's masterpiece.

Ten Dollars to Student Who First Reports Anatomical Error in Text of Dr. Millard's New Book

Dr. F. P. Millard of Toronto, Ontario, Canada, Author of "Polioneyelits," Founder and President of The National League for the Prevention of Spinal Curvature, Founder and President of The International Lymphatic Society, Editor of The Lymphatic Research Society's Quarterly Journal, Anatomical Artist, O.P. contributor, etc., has published under the auspices of the International Society for Lymphatic Research, a new book entitled "Applied Anatomy of the Lymphatics." Dr. Millard handles his subject with the same thoroughness and excellence that characterize his every undertaking. Text books on Anatomy contain but meagre information on the great lymphatic system and it is felt that Dr. Millard's book is a step forward in this very important but hitherto too little known and but sparsely explored field.

The function of the lymphatic system, this subsidiary system of circulation, is in reality of more significance, in some respects, than that of the vascular system conveying the great blood stream, and the author's aim is to deal as directly as possible with the more important phase, namely, the applied anatomy of the lymphatic system. A knowledge of the lymphatics is a decided help to the practitioner and with it he will succeed where others are likely to fail.


c

Chico Hot Springs
Sanitarium and Hospital

Located in the heart of the Rocky Mountains at an elevation of 6,000 feet. Open the year around.
The Mineral Water baths and drinking is second to none for Rheumatism, Skin Diseases, Gastro-intestinal and kidney troubles.
Hospital is completely equipped with Laboratories X-Ray and operating facilities.
Special attention to surgical cases.

G. A. Townsend, D. O., M. D.
Surgeon-in-Chief
Emigrant, Montana, Post Office

STILL-HILDRETH OSTEOPATHIC SANATORIUM
MACON, MISSOURI

A. G. Hildreth, D.O., Sup't.
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

Dr. Nichols' Sanatorium, Buildings and Grounds, Savannah, Missouri

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., roit, Det, Mich.
It is not claimed that this book is the very last word on the subject but the author hopes it will be welcomed by those who are students of the human body, as all physicians should be, and he means to continue his researches and if possible in a few years have more to add to the book, necessitating a much larger and more complete edition of it. In the preparation of his book the author has been assisted by A. G. Walsley, D.O., who edited the work and such great men and specialists in the profession as Doctors Bush, Edwards, Forbes, Deason, Collins, Reid, Muttart, Snyder, Ruddy, Moore, Downing, Ashley, Laughlin, and Bailey. These men contributed their experiences in dealing with the lymphatic system as applied to specialized areas. The book contains 278 pages with 77 plates and photographs of a number of the contributors and is neatly bound in cloth. It can be secured by applying to the Journal Printing Company at Kirksville, Mo. The price is $6.00 per copy.

In this world a man must be either an anvil or a hammer. —Longfellow

American Osteopathic Society of Ophthalmology and Oto-laryngology

Perhaps no other single movement, outside of the AOA proper, has done more to further the interest of Osteopathy and the osteopathic specialists than this Society. An exceptionally strong program is being arranged by Dr. C. G. Tallaferrro of Pittsburg, Pa., for our next annual meeting, which will be held the three days following the AOA meeting at Los Angeles. Our membership is made up only of members of the AOA and in order to become a member it is necessary to be a member of the AOA. The benefits to be derived therefrom are many: first, you will receive the quarterly issue of the "Bulletin," which contains papers and discussions, also many other items of interest of the Society. Dr. M. M. Brill is working on statistics, giving data of cases treated by osteopathic methods, etc. Our efforts are not confined to those doing exclusively a specialty practice, but to all D.O.'s who are interested in helping their patients. For the small sum of $3.00 you will receive the "Bulletin" for one year; be entitled to all privileges of the Society at the Los Angeles convention; and will be furthering the profession and supporting its specialists. Please send check together with your name, address and year of graduation to Dr. W. D. Goodfellow, Los Angeles, California. COME ON, LET'S GO! —Leland S. Larkinmore, D.A., Kansas City, Mo., Chairman Membership Committee.

AMA to Investigate Drugless Therapy!!

At the American Medical Association's convention in St. Louis, May 25th, a resolution was passed to appoint a committee to make a "scientific and impartial" investigation of the merits of the various systems of drugless therapy. The plan is to have Osteopaths, Christian Science healers, chiropractors and representatives of other drugless schools to come before this committee with cases of their own selecting and demonstrate their healing powers, the investigating physicians, meanwhile, making careful observations of the patient's process. Thus, it is declared, the much debated efficacy of the new treatments can be determined once and for all.

The Utah Osteopathic Society invites the Delegates to the A.O.A and O. and O-L Conventions to stop over going and coming. We can't get too much of Salt Lake City. —Distributor, Dr. T. J. Ruddy, W.O.A. Publicity Director.
BUILDING SUCCESS in PRACTICE

[Ready to print in your home town newspaper]

Says High Blood Pressure is Modern Disease of Americans

Each year an appallingly large number of people fall victims to one form or another of heart trouble. Heart trouble is peculiar to no one country but it is more common everywhere than is generally suspected. It may surprise many people to know that mortality statistics show more people in America suffer from disorders of the heart than from any other class of ills, and that heart trouble is more common in America than in any other country.

How account for this sad condition? It can be accounted for in part, no doubt, by the fact that we Americans go at everything we do in a whole-hearted way: whether it is work or play that occupies us we go at it with such an earnestness and zeal that we get “all worked up” over it. We hit a fast pace with consequent almost continuous severe nervous tension. Thus gradually chronic high blood pressure is developed, frequently followed by a long train of other disorders. In some instances the victim may not suspect his condition; he may even think he is feeling “pretty good” when suddenly without warning the overworked heart rebels and ceases to function. Then another case of death from “heart failure” is recorded.

In July issue of “Osteopathic Health” Dr. Wesley C. Warner discusses these and other facts about high blood pressure—which he calls “the Modern Disease of Americans”—and shows that Osteopathy meets with wonderful success in combating it. By proper spinal adjustment irritated nerves are relieved, heart action is normalized and the patient restored to sound health in a remarkably short time. Among other interesting subjects discussed are: economy of Osteopathy, as shown by case of double cataract in woman of seventy-nine after expensive surgical operation had proved unavailing; and treatment of soft goiters.

Copies of this July issue of “Osteopathic Health” can be obtained, free, by applying to Dr. Taplin, of New York.

A telephone call or a postal card will bring it to you. Apparently insignificant as may seem the act of your applying for copy of this July issue, yet it may mean very much to you or yours. Get a copy at once!

Creating Busy Practice in Summer Months

It can be done. We can help you do it. Our advertising service puts pep into practice. Just talk to people about disease and its cause and what Osteopathy does. You will like what Dr. Warner says about prejudice and medical fetishism. Lay people will like it, too, although it will make them think new ideas about the human body and what ails it in disease and what to do to make it healthy. This July OH is just the right thing at the right time. Good talk for Osteopathy all through. Entertaining, Instructive. Glance through partial table of contents below and be convinced you want a liberal quantity:

Warding Off Apoplexy: Extreme High Blood Pressure Cured; Diabetes and High Blood Pressure Vanish; Don’t Blame Providence for Human Imprudence; Economy of Osteopathy: A Double Cataract Cured by Two Ways; Drugging Shortens Life—Osteopathy Prolongs Life; How Soft Goiters Are Cured: Bread Pils Better Than Real Ones; Digestion Weakened by Drugging; Your Doting Friends Always Feel “Dopey” Osteopathy Not a Faith Cure; Embarrassing Medical Fetishism; The Doudoucure: A Wrenched Spine and Tilted Pelvis; Gallstones—An Example of Mistaken Diagnosis.

Remember, current editions of “Osteopathic Health” always are quickly sold. To avoid disappointment send your order at once for July issue. Better still, send your contract order for regular supply monthly. “Osteopathic Health” is a high-powered journalistic service designed primarily for those who realize the value of systematically circulating ideas, news, and information about Osteopathy with constantly varying viewpoint and phraseology. The only way to be sure of getting full supply of each month’s issue is to order in advance. It’s the finest direct-to-the-home osteopathic advertising available.

You should have each month not less than enough to supply your entire “clientele” group. That is the least you should take! Start with this July issue. You can’t do better!

High Blood Pressure a Modern Disease of Americans

Is the title of July issue “Osteopathic Health” now ready for shipment. It’s from the pen of Wesley C. Warner and is a “pippin.” It is unique in its style of talking about disease and its cause and what Osteopathy does. You will like what Dr. Warner says about prejudice and medical fetishism. Lay people will like it, too, although it will make them think new ideas about the human body and what ails it in disease and what to do to make it healthy. This July OH is just the right thing at the right time. Good talk for Osteopathy all through. Entertaining, Instructive. Glance through partial table of contents below and be convinced you want a liberal quantity:

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Use 1,000 a month and enjoy quickened practice with more money for yourself!

RENTING PUBLICITY SERVICE for OSTEOPATHS

Wankegan, Illinois

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 July

High Blood Pressure a Modern Disease of Americans

Warding Off Apoplexy: Extreme High Blood Pressure Cured; Diabetes and High Blood Pressure Vanish; Don’t Blame Providence for Human Imprudence; Economy of Osteopathy: A Double Cataract Cured by Two Ways; Drugging Shortens Life—Osteopathy Prolongs Life; How Soft Goiters Are Cured: Bread Pils Better Than Real Ones; Your “Dopping” Friends Always Feel “Dopey”; Osteopathy Not a Faith Cure; Prejudice, Medical Fetishism; Folk Prejudice; Tie Doudoucure; A Wrenched Spine and Tilted Pelvis; Gallstones—an Example of Mistaken Diagnosis.

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

DR. ____________________________________________
Dr. Franklin Fiske's New Office Last Word in Service and Comfort

Reception room, outer office 8'x20'; coat closet, 4'x8'; operating rooms, respectively 8'x12', 8'x11', 8'x11', 8'x11'; sterilizing-room, 6'x8'. These all have both hot and cold running water; latest model, duplex reflector light with side push-buttons, except in the coat closet, which has a ceiling light with a string.

The plumbing is all built into the partitions which are of tile and plaster between the rooms and of Circassian walnut and chipped-glass between the reception room and operating rooms.

The floor coverings are Oriental rugs and the furniture solid mahogany. The offices command

Current Issue of “Osteopathic Health” on Sale

JULY

“High Blood Pressure a Modern Disease of Americans.” Price, 100 copies, on contract $6.50, single orders, $7.50, delivered.

Out LOWER PRICES BY QUANTITY BUYING!

On annual contract orders delivered by express 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 600 at $5.25 per hundred.

Envelopes with every order.

Professional card plate free to contractors.

October issue .......................... Sold Out!

November issue .......................... Sold Out!

December issue .......................... Sold Out!

January issue .......................... Sold Out!

February issue .......................... Sold Out!

March issue .......................... Sold Out!

April issue .......................... Sold Out!

May issue .......................... Sold Out!

June issue .......................... Sold Out!

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Copies Mailed to Your List on Annual Contract
For 1000 copies per month $45.00 per month
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For 1000 copies .......................... $57.75
For 750 copies .......................... 49.75
For 500 copies .......................... 39.25
For 300 copies .......................... 28.75
For 100 copies .......................... 7.50

Professional card plate free to contractors. All prices are for magazines with or without professional card imprint. Prices on express shipments include transportation. Charges are prepaid. Manilla envelopes supplied free. Superior quality white envelopes furnished instead, on request, at 25 cents per hundred extra.

THE OSTEOPATHIC PHYSICIAN

a southeastern exposure overlooking Madison Avenue, as well as parts of 44th and 46th Streets.

The Borden Building is said to be one of the finest in America and Dr. Fiske is in the building only by personal influence of some of his patients. The nephew of Secy. Milton has the finest office in the building.

There are in the building, only one of each, a doctor, a dentist, and Osteopath.

We print a letter from one of the most prominent theatrical managers in America, a firm believer in Osteopathy, who tells of his visit recently, to Dr. Fiske's offices:

“...In a period of many years travelling about the country with various theatrical enterprises different Osteopaths from Coast to Coast have been of service and naturally I have visited a great many offices. Therefore believe you will be pleased to be advised that a recent visit to the new offices of Dr. Franklin Fiske in the smart new Borden Building at 350 Madison Ave. New York City, reveals about the last word in service and comfort for those who enjoy a good osteopathic treatment in pleasant surroundings.

Dr Fiske has a good portion of the finest offices on the seventh floor of this modern office building in the part of New York which is building up so rapidly because of its nearness to the Park Ave. section. The arrange-
Osteopathic Health Home Opened in
Calgary, Alberta, Canada

The Osteopathic Physicians of Calgary have
given Calgary what, they long felt, Calgary
needed badly — an Osteopathic Health Home
where patients receive specific Osteopathy com­
bined with the best in all systems of natural
healing—milk cure, hydrotherapy, spondylotrau­
mia, etc. The Institution is supervised by a well
and favorably known staff: Doctors Church and
Plummer, in practice in Calgary for fourteen and three years respectively,
and specializing in nervous, gastro intestinal,
rectal disease, and hemorrhoids; Dr. W.
J. Siemens, who has been practicing as osteo­
pathic eye, ear, nose and throat specialist for
three years, having been at one time a phy­
sician and surgeon of the Des Moines General
Hospital, Resident Physician, Mrs. W. J. Sie­
mens, Graduate Nurse, who has had several
years experience in hospital work, nursing
and supervising in both Medical and Osteopathic
Institutions. The Health Home is favorably
situated at the entrance of Elbow Park and
overlooking the Elbow River. It is surrounded
by a beautiful acre and a half, beautiful gardens and
lawns with an abundance of flowers and shrub­
bery.

Post System for Feet Creates
Nation-Wide Interest

S. L. Scothorn, D.O., Dallas, Texas

It was kind of you to make the story on the
Post System of Feet that appeared in the
article in The OP for May. I certainly appreci­
atate it. It was a real service to the profession
and tremendous interest has been manifested.
I have received letters from Osteopaths in every
state of the Union saying they wanted to
w work. We are going to teach it to them as
soon as we can. Mr. Post has been in Pennsyl­
avania, Ohio and New Jersey ever since I went
East with him and he has more appointments
than he can fill before the Los Angeles conven­
tion. At Los Angeles he not only will appear on
the program, but will also demonstrate the
technique in his room at night.

The following letter from Mr. Post to Dr.
Katherine Mcl. Scott, of Columbus, Ohio, is
interesting as showing how easily Mr. Post
establishes confidence and the clear exact man­
nner in which he demonstrates his system:

My dear Mr. Post: From the first demon­
stration I saw of your work I was immensely
interested. The diagnostic points brought out
convinced Columbus Osteopaths that we have
been overlooking specific diagnosis and specif ic
 treatment of the foot. Your foot work,
demonstrated freely before all, shows the confidence
you have that Osteopathy will recognize “Simon
pure Osteopathy” in your system — your exact
technique of the foot standing on its own merits
— your confidence that the Osteopaths will
deal openly and honorably with you. Your
philosophy not only gives each Osteopath a chance to
pick up this post-graduate course in the anatomy
of the foot, its lesions and the removal of these
lesions in his own office, but gives the AOA a
proposilion which will bring financial relief to
that organization. The relief you gave in one
or two treatments to patients whom we had
failed to help was as notable as anything I
have ever seen in osteopathic correction in
other parts of the body. The profession owes
a vote of thanks to Dr. Scothorn for discerning
a true osteopathic development. Although the
cost to my office was $1,000.00 I booked enough
cases in the three days you spent here to more

For August Issue

We have a fine discussion on Dis­
cases of Summer and How Osteo­
pathy Cures them, written on re­
quest by Dr. A. G. Walmsley. Can
you imagine anything more timely?
When it’s 104 in the shade does
cold lemonade hit the spot? You
bet! Just exactly does this forth­
coming OH hit the spot for a talk
about Osteopathy in August. You’ll
get an idea of how well Dr.
Walmsley filled his assignment
by this outline of topics he talks
about:

The Stomach and Bowels
Cholera Morbus
Typhoid Fever
Summer Nervitis
Summer Colds, Lumbago, Scoliosis
Hay Fever
Whooping Cough; Group
"Rheumatism"
Foul Injuries, Poison Oak, etc.
Falls and Sprains

The Athlete’s Friend

You will surely want your community
folks to read this interesting information
about the value of osteopathic attention
in summer time. Better write today and
make your reservations. We are booking
orders now.

Other Good Things, Too

The talk on summer’s ailments
takes about half the issue. It is
followed by four dandy short ar­
icles by Irma G. Grise on "Osteo­
pathy and the Expectant Mother";
"Infantile Paralysis"; "Don’t
Spank that Child"; and "Attention,
Boys!" Then comes “Little Wo­
men” by Dr. Olive Walmsley, and a
contribution by Dr. M. L. Hartwell
on “Osteopathy Dependable.”

Fine for the Family

This issue, you see, has something
worth while to say about the
health of the family. The father,
mother, son, daughter and baby.
Ideal literature for spreading the
gospel of Osteopathy in the homes
of the land. Can you afford not
to use this August issue of OH?
You really can’t! Can you afford
to get along without the sort of
high-grade journalist-service sup­
plied which is offered you each
month through “Osteopathic
Health”? You really can not! It
is costing you money to do without
it. Take action. Put in your or­
der for 500 or 1,000 monthly
subscriptions, whatever your field requires. To
do so is just common justice to
Osteopathy, your clientele and
you.

BUNTING PUBLICITY SERVICE
for
OSTEOPATHS
Waukegan, Illinois
Harvest Leaflets
For Broadcast Sowing Your Field of Practice at Minimum Cost!

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Price in 1,000 lots, $60.00 with no extra charge for imprinting professional card. In less than 1,000 lots the price is $3.50 per hundred pamphlets, with extra charge of $1.00 if your professional card is imprinted.

Challeng to Next AOA President

I wish to state that every osteopath in Dallas is a member of the local, state and national associations. Who will be next with a like record?—S. L. Scothorn, President A.O.A.

The OP grows better each month and the profession is very fortunate in having such a publication. We appreciate very much the publicity given from our institution through the columns of The OP and wish you every success in your great work.—Dr. A. B. Turner, Terrace Spring Sanitarium, Inc., Rich mond, Va.
The Check Rein

When the \textit{Rumegulum mucoidis} is tightened and drawn back and the chin thrown back, the cervical points are held too close together and nerve and circulatory troubles abound, with pressure symptoms: dizziness, dizziness and syncope. Many patients found with this condition in greater or lesser degree. Can anyone suggest specific treatment for this, other than heroic stretching?—W. Rogers, D.O., Boston, Mass.

IN O.P.L.A.N.D.

The A. T. Still Research Institute Annual Meeting

The annual meeting of the Board of Trustees of the A. T. Still Research Institute was held in Chicago, Illinois, Fred M. Scott, D.O., secretary.

2nd District Illinois Meeting

The 2nd District Illinois Osteopathic Assn. met in St. Louis, May 1, Program: Dr. A. B. Haggard, President; Dr. Charles E. Johnson, Secretary; Dr. John P. Ellis, Treasurer: The meeting will be held in Falmouth, E. T., Elizabeth Shupert, Secretary.

Osteopathic Women's National Assn. Meeting

The third annual convention of the Osteopathic Women's National Assn. will be held at the A. T. Still Research Institute in Wilbraham Academy, Wilbraham, Massachusetts. This is a school for boys and has an enrollment of about one hundred. It was the first time any Osteopathic Physician ever addressed the students and also the first time they were ever told about Osteopathy. After his talk Dr. Dodge had a number of questions for further particulars about Osteopathy coming from members of the faculty as well as the student body.

THE OSTEOPATHIC PHYSICIAN

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Electronic Reactions of Abrams and
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Referred cases for diagnosis or treatment given special attention. X-ray laboratory.

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Fifty Minutes from New York City

Modern osteopathic institutional care in restful home surroundings. A limited number of cases are accommodated, insuring 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.
Chicago Osteopathic Clinical Group

Dr. Glenn S. Moore, 27 East Monroe Street, has found it necessary to rent larger offices and now has associated with him six doctors. They have organized the Chicago Osteopathic Clinical Group on the basis of one examination fee with no charge for general curative treatment and $25 for maladies of the right ankle together with soles of feet. They have also opened an office in St. Louis.

Dr. Glenn S. Moore are: Doctors G. E. Maxwell, Physician and Surgeon; Dr. C. F. Bowersox, Osteopathic; Dr. A. R. Elder, Wahoo, Nebr.; Dr. L. S. Larimore, Eye, Ear, Nose, Throat; Dr. W. Denniston, Dunlay, Iowa; Dr. H. M. Traylor, Ranier, Crater Lake, Ore.; Dr. Josephine Peirce, National School of Osteopathy attending the Central States Convention.

Osteopathic Health for July

This issue, gives, in a new way, some facts about health and Osteopathic and osteopathic practice that will make any one get a new vision. The theme idea of themselves and their health and their attitude toward Osteopathy and Osteopathic Physicians. Prejudiced thinking won't make a sick body well. Something must be done. Osteopathic can do it if given a chance as proven by cases aptly quoted and explained. You'll be wanting to use this magazine. Get your supply now. Later on may be too late.

Annual Meeting of the Toronto Association of Osteopathic Physicians

A very fine three day program was provided for the annual "get together" of the Toronto Association of Osteopathic Physicians, May 3rd, 4th and 5th were the dates selected and everyone was present at each meeting. Wednesday evening was devoted to a real live business session which was followed by an instructive discussion of Electrolyte Reaction by F. B. Sharp, M.D. Thursday evening we had Dr. S. L. Scott who demonstrated a large number of clinics the post method of treating feet, and also delivered a talk on Osteopathic Publicity. Friday evening was selected for a banquet at the Carlton-Hotel where the members and a number of laymen heard Dr. Clarke Browne deliver a delightful and interesting discussion on the osteopathic axiom: "The body is the head office of the universe;" W. W. Lake, speaking for the laymen, paid a high compliment to the work of the profession in Toronto.

Dr. H. J. Pocock was elected president and Dr. J. J. O'Connor sec.-treas. of the association for the ensuing year.

Dr. G. R. Starr of New York City, has announced his removal of offices from 306 Fifth Avenue to 313 Fifth Avenue, Suite 404.

Dr. W. L. Laslett announces change of address from 1048 Hicks Street, Santa Monica, California, to 3008 Fourth Avenue, Port Huron, Michigan.

Dr. Glenn S. Moore announces removal of his office from 601 to Suite 1301-1302 Goddard Building, 27 East Monroe Street, Chicago, Illinois.

Dr. D. R. Moore announces that he will be in Petoskey, Michigan, during the months of June, July, August and September. From November on he conducts his practice in St. Augustine, Florida.

Dr. L. L. Wade of Casper, Wyoming, has returned from a forced two week's vacation and will continue his practice in Casper.

Dr. William L. Drubb of Wilmington, Pa, in force to increase his office facilities in order to handle his general osteopathic practice as well as his osteopathic eye work. He has also stated he will continue his practice as an osteopathic nose and throat work.

Dr. W. J. E. Bowerman, of St. Louis, Mo., has succeeded in interesting several of the best fruits of St. Louis, in founding the new Institute of Osteopathic Physics.

Mrs. Mina M. Wade, mother of Dr. L. L. Wade of Casper, Wyoming, of cardiac asthma, age April 16th, Waukegan, Illinois, of acute bronchitis, April 12th.

FOR SALE—One McManis Deluxe treatment table, complete. A No. 1 condition. A bargain. Address '0.

WANTED—Good Osteopath located in Chicago whose specialty is general surgery; Dr. Benoni Bullock, O. C. M. N. A. Branch, O. W. N. A., Chicago, to be in line for Pike's Peak, the Royal Gorge, the Rocky Mountains, for at least two weeks. Address '0.

FOR SALE—Well established and good practice in one of the best up state cities of New York. Good reason for selling. Address No. 101, care of The OF, Waukegan, Ill.

WANTED—Good man Osteopath with an 0.1 license to take charge of my practice this coming winter. A good chance for the right man. Address No. 102, care of The OF, Waukegan, Ill.

FOR SALE—One of the best established practices in state of Wisconsin, with all the business. Address No. 103, care of The OF, Waukegan, Ill.

WANTED—Osteopath to assist in general hospital work. Single. Reference required. Salary with maintenance to right Osteopath who will do the work. Address Dr. W. G. Van Dyke, Townsend, Maine.

FOR SALE—A growing practice in the two large east towns in the North of England, each town having a population of two thousand. New Osteopathic fifty miles to the south, the next large two hundred miles. Large country and no opposition and house between eighteen hundred and two thousand feet high and two thousand dollars are practically paid. This can be increased by a casual offer. Expenses are low and an enjoyable climate. Reason for selling is illness which necessitates a change. Address '0, care of The OF, Waukegan, Ill.

WANTED: A few book agents to sell the new "crowning glory" of the osteopathic profession, a beautifully bound book on "The Physician Himself." Rare characters. Address G. W. Cathell, M.D., 708 Fourth Street, Petoskey, Michigan.

"Where There Is No Vision the People Perish"