

# **The Osteopathic Physician**

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# The Osteopathic Physician

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Number 1

## President Fryette Polls Leaders to Disclose Opinions as to Legislative Policy

UNDER date of September 12, 1918, I sent out a circular letter to thirty-six osteopathic physicians that contained practically the same subject matter as the article I wrote for one of the late issues of *The OP*, setting forth the claim that the thing that we are most in need of—if we would live as a profession—is the complete legal recognition of our graduates that they deserve, now that our course of study is equivalent to that of the M. D. colleges.

Of these thirty-six, two were opposed to everything that I had to suggest, two did not reply, twenty-two were in favor of the proposition as I had stated it, and five were in favor of changing our degree from D. O. to M. D., a feature that was not discussed in my letter; and two others, Dr. Tete and Dr. Willard, wished to feature the separate board rather than complete recognition.

I do not wish to be misunderstood in regard to the separate board. Personally I favor it if it can be had without sacrificing complete recogni-

tion. The separate board proposition was the millstone that drowned complete recognition in Illinois. We were offered complete recognition with a composite board, but would not accept it because we were set on a separate board, and the State simply would not create any more new boards.

As I said before, the trend of the times in State legislation is not only to refuse to create a multiplicity of boards, but to consolidate the boards that already exist. The tendency of the times is hard to buck as the liquor interests and anti-suffrage people will testify.

Now that we have established a four-year course, it is perfectly just that we should ask for complete recognition and it is imperative that we should get it as soon as possible. We should not get our main issue confused with rhetoric or things of less importance.—H. H. Fryette, D. O., President AOA, Chicago.

## Camouflaged Physicians—Get Right or Perish!

Address of Charles F. Bandel, D. O., Brooklyn, N. Y., Before the Philadelphia Osteopathic Society

IN the early days of osteopathy as first conceived and practiced by Dr. Still, there were of course no osteopathic colleges to guide him in the making of a progressive and well balanced science; he was alone, working out his salvation,—osteopathy.

When he had perfected his system, his first thought was, that in order to reach suffering humanity all over the world, a college must be founded wherein his principles could be imparted to others, and in this way, lasting benefit to coming generations would be assured. With this thought in mind our first college was founded; the course was a short one, but Dr. Still very soon realized the importance of a better preparation for practitioners, so all those who had graduated from the ten months course were recalled to college and made to complete a longer course as the extended curriculum demanded.

I well remember when in college the return of these osteopaths who re-entered classes to complete their work according to the Old Doctor's wishes; at that time these graduates, full of enthusiasm, began discussing state legislation.

As time went on, state after state was asked to legalize our profession. Our practitioners were so busy along their own particular lines of work that no one dreamed, or even suspected, the very clear methods that were being planned by our enemies as to our future existence.

As we became a power demanding state laws, we were gradually "let in" as it were; that is, state after state began to recognize us in "some form." That phrase, "some form," was accepted by us, because we did not realize, as I have said, that when accepting such legislation we were in reality signing the death certificate of our profession.

All the while we were legislating osteopathy

the Old Doctor was busy teaching and building up his college so that a science might be left by him "to his children" as he often called his students—a science, as you all know, remarkable for its pathology, miraculous for its cures, and its underlying principle placed in our hands as we saw fit.

The Old Doctor had no time to look after our work, the legalizing of his principles in the various states, since he was fully occupied in formulating the science and in founding our first college, we, as practitioners should have had the wisdom and foresight to make laws so as to be certain that our profession was safely guarded.

We have known from the beginning that the AMA was our enemy; and if we had been one-half as mindful of our affairs as was the Old Doctor of his college, we should not find ourselves to-day embarrassed and practically outcast as a school of medicine by the government of the United States.

As our progress continued, the field began to be well covered by our graduates.

New colleges began to spring up here and there, the demand for our practitioners created the need of more educational institutions, the pioneers who founded our colleges—which are the outward emblem of our security as a school of medicine—deserve the everlasting thanks of our profession. Instead of this, they have been poorly supported, criticized, and their institutions, from the Old Doctor's up to the most recently established college, have been "run down" by more members of our profession than by those who could be found to sing the praises of their Alma Mater. And, why? Because the profession, in some states, demanded aid did enact laws that were unjust to the colleges; the profession with all its prosperity and progress had forgotten

the colleges, the colleges were finally set adrift, to "paddle their own canoes"; and then the Old Doctor died.

At the time of the passing of our beloved founder nearly every state had enacted laws governing osteopathy, but as many of these laws conflicted with our colleges, our profession was repeatedly urged to amend these various laws, but the appeal fell upon deaf ears. Many osteopaths expressed themselves as satisfied, they were physicians in the eyes of the law, and there was neither time nor disposition to reopen legislative battle in order to satisfy our needs. We thought our laws were at least reasonably well drafted to protect us from imitation in many states we were under the mistaken impression that osteopaths were upon an equal basis with medical practitioners. But, where the law read that "surgery could not be practiced," we did not care, nor have we cared what effect this had upon our colleges. "And permit me, please, to impress once more upon you, that our colleges represent our sole sign of permanence as a science."

While we have been drifting along so well satisfied the AMA has been silently laughing at our attitude and taking advantage of our indifference and of its opportunities; it has seen to it that in nine-tenths of all laws regulating osteopathy there is a "restriction," a "stop" if you please, has been inserted in the wording of the law, which brands us as only partially educated, or as a class of people not fully prepared as physicians.

With the exception of about half a dozen states, we, as osteopaths, have not been sufficiently shrewd to discover these glaring defects in the laws; in plain English, there are many of our physicians who do not want to see them; speaking personally, I can vouch for many instances where the colleges have implored the profession to revise our laws so as to make it possible for the colleges to exist and to compete with the medical institutions.

It needs no argument on my part to make you realize that our colleges are the very backbone of osteopathy; they are the backbone of any science; and if our colleges should be forced out of existence that would simply mean no more osteopaths. Therefore, as soon as any one in the field pass away, our great healing science disappears from the earth. Is it a pleasant thought, fellow osteopaths? It has been our ambition, and deservedly so, to be classed as physicians; your prestige in practice, your greatest asset, is that you can say that with truth, that it required as much time, study, and money for you to become an osteopath as it did for an M. D. to earn his degree. I know I am proud to be able to make the statement to medical men and to my patients that our colleges are on a par with those of the medical profession.

It is the strongest argument and as I have said it establishes our prestige, extends our influence for good in the community.

For years we have lived in what we thought to be legal security for the perpetuation of osteopathy, state after state has come into line with its supposedly protective laws, and, not until the war broke out, did we discover the political evidence of our medical adversary. The war found us terribly camouflaged as physicians; we

*Osteopathy Stands for the Truth  
Wherever It Is Scientifically Proven*

had been accepting legal situations year after year without complaint; we have never realized that when all the state laws were taken together, considered together, they plainly proved that we are not physicians. Does that sound pleasant to you? The medical politicians had been careful to see that, in most instances, this "sop" has been introduced into our state laws, and what is the result? When our case comes to the attention of such a man as Gen. Gorgas (and my information may be relied upon) his legal department is asked to present copies of the medical laws of the states; and the foregoing statement is what was found to be the facts of the case; these written laws, if you please, naturally had a great deal to do with influencing the judge when forming his opinions.

More than one half of our states require the three-year course for the osteopath and the four-year course for the medical applicant.

Several states require the two-year and two-and-one-half year course, while medical requirements are four years.

About twenty states are on a four-year basis, both for osteopathy and medicine; are practically examined alike; but all these states, except six or seven, restrict the osteopath in some form of practice.

In such states as Pennsylvania, Texas, Massachusetts, Louisiana, Utah and New Hampshire, osteopaths enjoy equal privileges with the medical practitioner; their laws as to our science contain no wording that leads the reader to believe the osteopath is restricted or that he is partially prepared. This is exactly as it should be in every state if we are to be classed as physicians. In comparing medical standards with ours, if you were the judge, could you help feeling that the osteopath, legally speaking, was not entitled to be classed as a regular physician? Is it any wonder that the legal department at Washington found our case wanting, and that it recommended opposition to our plea for recognition in the army? When the national lawmakers read our state laws, they were immediately impressed with the fact that we are not fully prepared physicians, our standards are not up to those of the medical profession. Even when our requirements are the same as those of the M.D.'s the restrictions brand us as not being capable of recognizing certain physical conditions that are vital to those serving in the army, or the navy, or in general practice.

It is a fact that nearly all the state laws say that:

- (1) An osteopath *can not* practice major or minor surgery.
- (2) *Can not* prescribe drugs.
- (3) *Can not* practice obstetrics.
- (4) *Can not* use a surgical instrument of any kind.
- (5) *Can not* sign a birth or a death certificate.

In the face of all this, and when he reads all these restrictions, can any legal investigator help being influenced against us? No. He cannot help it.

Under these circumstances there was perhaps nothing else for our lawmakers at Washington to do, but deny our plea for recognition. If the states restrict us, how can we expect Washington, in time of war, legislate over the heads of the state law, especially since we ourselves have been thus far contented to accept the brand of the lawmakers expressed so aptly by Dr. Fryette, "as licensed to practice as half baked and uneducated physicians"?

Now, with these facts, what is going to become of our colleges?

Is it fair to demand of them that they establish a four-year course when only a half dozen states justify the change? The New York law insists upon this and still New York has a very unreasonable law; it demands the four-year basis and our graduates take the state medical examination which is exactly the same as that for the allopath and for the homeopath and osteopath, but when the osteopath receives his license to practice he is branded with a "sop" that says, "he can not use a surgical instrument, nor anti-

septics, etc.," the inference being that he does not know anything about surgery although he has just passed the surgical examination. Some "joker," is it not? After having read of many of our state laws, I was more than amazed to find that most of them restrict us in surgery.

"The state of Michigan," writes Dr. Conklin, "requires that medical practitioners serve four years in a medical college and osteopaths the same; the osteopaths of Michigan can do anything *except surgery* and give medicine. I think our law is very satisfactory."

This is the condition in many states; it is the wording in the law "*except*" and "*can not*" that has been the damper to our progress, and still many, like Dr. Conklin, are satisfied and call their law satisfactory. Just notice the unfairness of Dr. Conklin's statement, "our law is satisfactory." When the M.D.'s and the D.O.'s are compelled to undergo the same requirements, then osteopaths are restricted; but as I have said, this represents the sentiments in nearly all our restricted states, and yet many of us wonder why men and women are not crowding into our colleges! The student will no longer stand for this discrimination, especially when they write and pass a state medical examination—and can anyone blame them? No. Conditions in such a state as New York prove this statement, as *not one student* has so far entered their only recognized osteopathic college from that state during the year 1918-1919.

It is positively essential to our preservation as a school of medicine that we both teach and know minor and major surgery. It is impossible for an osteopath to be a diagnostician unless he possess knowledge of surgery.

We have no right to treat any case without first making a careful physical examination, and right here is where the knowledge of surgery is necessary; surgery and osteopathy should almost be synonymous; our Degree of D.O. should read as expressed in one of our good state laws, "osteopath and surgeon."

## "The Greatest Editorial for Osteopathy Ever Written"

Says J. C. HARTER, D. O., Leadville, Colorado

I JUST finished reading your peerless January issue of *Osteopathic Health*, "In the Wake of the Destroyer," and consider it the greatest and most convincing editorial in favor of osteopathy ever given to the public. I would love to see the contents of this little booklet reprinted in every magazine and newspaper in America. It is my conviction that one reason why osteopathy is not understood more generally by the public is because we do not make use of the press enough. When an M. D. does anything unusual every newspaper and magazine in the country rings with it. They keep the "medical profession" and the "idea of medicine" ever before the eyes of the people as the one great and scientific "cure" with nothing in favor of another science to dispute it. If we osteopaths could only get into the press occasionally with some of the cures which we perform upon patients which the M. D.'s claim cannot be cured, I feel that the future would not be far off when osteopathy would stand out in the world as the shining star of therapy, embracing every nation on the globe in its powerful and comforting arms of healing. With your permission I am going to have it put in the local paper, word for word, as it is in your booklet. Let me know at once if you give me permission.—J. C. Harter, D. O., Leadville, Colorado, January 16th.

A well-trained osteopath should be familiar with surgery so as to know just how far he dare to proceed with adjustments without the use of the knife; we all know that certain tumors, cancer, pus formations, aneurisms, etc., must be recognized from a surgical standpoint and treated accordingly. But when we permit the law in about thirty-six states to say that we can not practice surgery, can you blame the public for not classing us as physicians? No.

Dr. Norwood of Texas, commenting upon this subject, says, "Texas permits the osteopath to practice without restrictions as do the medical men, and since our present medical law was enacted, I have not been embarrassed with the frequent question, 'You are just an osteopath, not a physician, aren't you?'" Replying, the Doctor says, "I am a physician; my work is, and has at all times been, osteopathy."

The arguments supporting our laws have been that we do not want our practitioners to practice surgery; we do not want them to give drugs; and with restricted laws they are compelled to practice osteopathy. But, personally, if I had taken the same medical examination as did the M.D.'s, I would be inclined to practice what I pleased.

We have no right to dictate to such a graduate as to what he intends to do with his education. If he is rooted and grounded in the faith, he will practice nothing but osteopathy; if he is not, you can not compel him to do what is not in his heart.

Dr. Scothorn of Texas, chairman of the Education Committee, expressed his opinion as follows: "If the osteopathic physician is not thoroughly imbued with the principles and fundamentals of the science he will not practice it under any circumstances; he practices osteopathy, not because he is forced to, but mostly from predilection, and it certainly strengthens him in the popular mind."

Those who are afraid that some of our graduates are going to forsake osteopathy should see to it that their state makes a law that is not casting reflection upon our colleges, when it is up to our colleges to develop the principles of osteopathy, and impart these principles so clearly and forcibly upon their students that the medical phase of practice will be no temptation. The "faith" that has made so many of us successful can only be fostered and cultivated in our colleges.

In Maryland, Dr. Keiningham says, "the law requires thirty-two months course requirements same as those of medicine, and we have every restriction that can be imposed. We can not practice obstetrics or surgery of any kind nor sign birth or death certificates."

Many such letters have I received from different states. We should be far better without any law than to have such as herein described. And then when we force our colleges onto a basis equal to that of medicine, as the state of Maryland being a representative of the many, is it any wonder that our colleges are so distressed and that their students were not recognized by the army? No.

When we study such laws we need not wonder at our failure to prosecute our imitators, the chiro, who are permitted to run a diploma mill and a short-cut course on one side of our college, and with a four-year-medical school on the other side, giving their graduates unlimited licenses and unrestricted privileges, how, may I ask, can we expect our schools when thus surrounded to keep up with this sort of competition? We simply can not.

Could any business project succeed under such difficulties? No. Dr. Fryette says, "It is a business proposition now." The average young man or woman does not like the idea of putting in the same time in our colleges as in the medical colleges and then being restricted in practically all states, except half a dozen.

And when our schools are calling for students this is exactly the arguments they have to meet. And since the majority of our laws are defective, it is plainly seen that our precarious predicament

is not due to our colleges—but to the profession. The profession is responsible; we have been demanding higher standards at any cost, and now it's up to us to revise our laws by amendments; we must work to maintain higher standards, but if we are to be physicians the laws must be "evened up" and not be permitted to read against osteopathy. Such laws as Pennsylvania and Texas are splendid examples to follow; Texas, for instance, grants a license to the osteopath to practice medicine and surgery. Osteopaths and medical applicants are examined alike. This is exactly the way all the state laws should read, and if this had been the case, we should have experienced but little trouble in Washington during the war.

Dr. Halloway of Dallas, Texas, writes: "Our Texas law is a model composite act, in which no school is given preponderance of power, and I should heartily endorse such a course in other states."

Now the argument comes down to the question, Do we want to be physicians? Do we want our future graduates to be physicians? If we do, and we want to save osteopathy, *let us not wait until a bigger shock than the war comes to us, to make*

*us realize our situation.* Our recent experiences should be sufficient to awaken us. I am sure that when you study our legal situation and its relation to our colleges, you will agree with me that it is *our state legislatures* to which we must appeal to and not to *Washington*.

Several months ago your chairman, Dr. Muttart, asked me to present a paper to you, the Philadelphia Society. In accepting this honorable call from you, I selected this subject not because your state law needs amending, but because your state has not restrictions upon its osteopathic law. Therefore, being a state with a just law, you are in a better position to call attention to the errors of other state legislation, the need of reforms would receive more attention from a "reformed" state than it would from one whose laws needed amending. I therefore take the privilege of recommending that your society take action tonight and that it adopt a resolution earnestly urging the legislative committee of the AOA to begin action at once and co-operate with each state society, placing before such society the needs of such amendment as will free our science from further criticism.—Charles F. Bandel, 32 Court Street, Brooklyn, N. Y.

not realize that what we have today, in the way of rights, privileges and recognition, was obtained in the first few years of osteopathy's growth by the adherence to the principle of separate individual recognition?

Take the states in which a common board examines all under one standard and gives one certificate—like the state of Texas, for instance—do the medical sharks of that state look any more kindly on the little osteopathic fish? And when all is said and done—in the final analysis, it is the opinion of the *people*, the *great common people* whose opinions and estimates we should desire to reach and not the medical opposition.

In so far as these things bear upon the question of our imitators, we have but two remedies. If the imitators seek individual recognition, then demand that they comply with the standards required by osteopathy. This they either can not do or will not do. But suppose they do raise their standards—well, would they not get as much recognition from the composite board? We in Louisiana have killed off the Chiros in two ways. We encompass them with the definition of the "practice of medicine" and we set standards that they can not meet. We have no chiros in Louisiana.

Doctor, you said a whole lot when you said that at present no one takes up the practice of osteopathy as a religion. No one laments the fast vanishing osteopathic fervor more than I do. Gone is our Great Leader, gone are many of the early disciples who sat at his feet and imbibed the spirit that sent them forth to preach the Gospel of Osteopathy, and to cure the sick and lame. Going are the men and women who gave you and me and all the rest of us what we have today in osteopathy. We need an Osteopathic Renaissance, we need a return of the fervor and zeal, and the do-or-die spirit that held osteopathy up to the public in such a way that the public came back and demanded the recognition that we now have. Alas, that we have profited so little from

## Dr. Tete Argues Against Dr. Fryette's Recommendations

**D**R. H. H. FRYETTE—Dear Doctor: I have given careful consideration to the points which you make in your legislative article, upon the merits of which you ask my opinion.

I regret exceedingly that I am unable to agree with your conclusions. I am, and so are the other pioneer osteopaths of this state, absolutely set against any change from the present independent-board, high-standard, equal-

privilege law enjoyed by osteopaths in the state of Louisiana. By virtue of our law there is no difference between a homeopath, allopath or osteopath—they are all practicing medicine in the broad sense (healing art). They all can give any treatment they want, including surgery. Their ability to pass the examination given by the respective independent boards determines their fitness to do what they claim to do. For instance, our Osteopathic Board examines them in surgery and obstetrics, and when they receive our independent license it means that the sovereign state of Louisiana has passed upon their merits and has conferred the right and privilege of practicing the healing art according to their conception of it in this state, without any reservation, evasion, or restriction.

We are considered physicians and surgeons by the people and we so hold ourselves to be.

Now, Doctor, the trouble with most osteopathic laws is that they are not specific enough, firstly; they are not broad enough, secondly, and they do not ask for enough for osteopathy. First, they should clearly set forth the fact by specific language that osteopaths are physicians and surgeons. Secondly, they should include among the subjects to be examined in *all branches that are desired to be practiced*, thereby unmistakably setting down the principle above mentioned, that the state in delegating a Board of Osteopaths to examine into the fitness of the applicants in *all these branches* has ipso facto declared the right to the successful applicant to practice them.

So much for the independent board idea. Now the composite board, or the common board, or whatever kind of a board you may designate, will be dominated by the medical dog with a small osteopathic tail. Even let us grant the possibility of an unbiased board, for the sake of argument—do you or any other experienced osteopathic legislator for one moment think that the medical wolf will grant any more privileges or standing to the osteopathic lamb than he is compelled to do by specific law? Do you lay the flattering unction to your soul if we sacrifice our individuality, our osteopathic identity, our very osteopathic selfhood, and put our heads in the medical wolf's jaw, that he will say "Arise, good osteopathic brother; you have done well; you now have my approbation"? Surely, Doctor, you can not get a single sane osteopathic pioneer to believe any such Utopian dream. Do you

## And There Are Others



Looking back to the time when I knew nothing about Osteopathy, I can plainly remember that I gained my first conception of just what it was through a piece of your literature published in Osteopathic Health.

A. W. Brockway, D. O.  
Waukesha, Wis.

Office of the Secretary  
Canandaigua, N. Y.

NEW YORK  
OSTEOPATHIC SOCIETY  
Incorporated

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1919

### Approves "The Day of Therapeutic Reckoning"

My dear Doctor Bunting:

I am very much pleased with the February, 1919, issue of **Osteopathic Health** for several reasons.

First, no matter what efforts we may make in legislative halls, the final result will depend upon what the public thinks of osteopathy. Either we awaken the public to the dangers of "state medicine" or that very condition will be upon us before we know it. Already the stage is set for the final act, even though we will not recognize it, after the repeated warnings which have been sounded.

Second, there never could be a better time for osteopathy to make an appeal to the general public. Following the lamentable record made by medicine in the recent epidemic of Influenza and Pneumonia is the correct time to bring out our strongest arguments and pleas, for the whole world is familiar with the facts.

Third, you have written in a manner understandable by the layman. I sincerely hope that this issue will be distributed by the million as it is the most favorable time for hearing our voice and in no other way can we bring the facts before so many.

Hopefully yours,

C. M. BANCROFT, D. O.



the words of our Founder, that we should lay the iron to our soul, because, forsooth, the medical octopus should elect to have a four- or a six- or a ten-year course. Read "Research and Practice" by the Old Doctor. What will it profit the medical men if they have a ten-year course with super-standards, if their patients die by the hundreds and thousands when their ability to cope with disease is put to the test, as it was in the recent influenza epidemic? And what, conversely, is the public attitude of the final arbiters, the people, when on all sides the reports of osteopathic cures are heralded? When we go before the legislative assemblies in search of recognition and protection, whose voice, if any, will be lifted in our behalf but the people who have seen the mighty works done by osteopathy, and who, like the blind man in Scripture, will know only that whereas they were sick and afflicted that osteopathy has made them whole. What will they care if we have the M. D. degree, or if we are licensed by a separate board, or if we excel or conform to the medical standard or what not?

My dear Doctor, the *crying need of the osteopathic profession today is popular education*. We need, I reiterate, EDUCATION of the PEOPLE. If you have the right methods of education you need not worry about the *legislation*. It will follow. Any osteopath today who is not disseminating Osteopathic Propaganda is a rank slacker. He is a parasite, and he will be

eliminated. Our motto should be "service to osteopathy—not self."

As to our standards, the standards of the present Associated Colleges of Osteopathy are sufficient—if anything, a little too high. I am very much of the opinion that the three-year course of osteopathy was many times the coefficient of the four-year medical course in *efficiency*.

Now, Doctor, I have spoken from the fullness of my heart at your invitation. Now that I have spoken I feel that possibly I should leave what I have said to be spoken in our councils by those better fitted to present our ideals. If aught that I have said seems dogmatic and self-opinionated, blame my weakness of expression. My twenty years' experience in ten legislative assemblies in Louisiana as a representative of osteopathy has led me to feel very strongly on the subject. I have watched the evolution of osteopathy very jealously and I will fight to the bitter end for those rights, titles and privileges which were secured by the hardest kind of fighting.

In order to focus the thought of the profession on this momentous question, and in order to stimulate discussion which may lead us to the light, I will send a copy of this reply to *The Osteopathic Physician*, to Dr. Asa Willard and to the *Journal of A.O.A.*—Very Fraternal Yours, *Henry Tete, A. M., D. O., New Orleans.*

## Why No Examination in Therapeutics?

By Asa Willard, D. O., Missoula, Mont.

**W**HAT are the principles and practice of osteopathy? Recently we have been urged to abandon our professional independence in regulation, and launch ourselves upon a legislative campaign for medically dominated boards, all applicants taking the same examination, but no examination in therapeutics being given. Now, in consideration of one feature of that proposition, why no examination in therapeutics?

Are our osteopathic colleges so perfect in the principles and practice department and turn out practitioners uniformly of such unquestioned osteopathic merit that no test is required of their output along that line, but in anatomy, chemistry, etc., there is such doubt that it is necessary that the public be properly protected, that state examinations be conducted in these subjects. Are the medical colleges all perfect in therapy, yet doubtful in other subjects? Without any reflection upon the osteopathic colleges and without any reflection upon the medical colleges, I think I can cite a number of specific instances which are all too common, to glaringly disprove any such assumption, and while I will not now do so, at some other time, if this discussion continues, it may be worth while.

What are state board examinations for? Are they not first to insure to the public the best possible professional service of the kind which it seeks? And then, secondarily, to insure justice to each profession and its individual representatives. There is consistency, too, as a corollary of the last in considering the bearing of state regulation upon the development of the healing art, that all practices which benefit humanity have opportunity to develop and become the utmost possible benefit. If state board examinations are to insure to the citizen, in so far as possible, that the professional man he employs is qualified in his line, then isn't it as pertinent to insure to the citizen who wants an osteopathic practitioner that that practitioner knows the theory of osteopathy and how to apply it, as it is that he knows something about chemistry? Suppose that citizen's child is dangerously ill with pneumonia. I take it that that citizen is as interested in knowing that the osteopathic physician whom he calls understands principles of osteopathy and how to

practically apply those principles, to the end that his child may get well of the pneumonia, as he is in whether or not that osteopath can define valence, give the chemical formula for alcohol, or a few other items of chemical information.

Yet, we have it urged that to insure this citizen qualified osteopathic service we must have a board examine him in chemistry yet it isn't necessary that he receive any examination in principles and practice of osteopathy.

So much for the public. Take the profession. Is it the fairest test of an osteopath's ability after he has studied four years in an osteopathic college to have him tested by a medically toned examination? Is it the fairest test for a medical man to be tested by a proper osteopathic examination? I think not, unless we have misrepresented ourselves all the time, for we have urged the necessity of the osteopathic colleges because throughout the courses they considered subjects in professional training from an osteopathic viewpoint, and that such was necessary for the development of the real osteopath. Along that line let us consider that an osteopath in college is still very human in his inclinations and if he is expected when he gets out to take a medically toned examination he will figure on that examination; that is, a goodly percentage of them will, anyway. In Fryette's article he says that "the days when students flocked to our osteopathic colleges with a religious fervor are past. It is a business proposition now." (I feel and pray that that isn't true.) If the student belongs to that type, then in order to put his business proposition through, he must pass that state board, and as a business proposition he deliberately or more or less unconsciously will prepare for the state board examination, and if there is no Therapeutics in it he will not have to prepare for any examination in Therapeutics and will probably slight that. I think with an examination of Therapeutics before him he will dig along that line, too. His motive, that is getting by the examination, may not be the most altruistic. It may be purely selfish, but he will dig just the same. I have been examining on principles and practice on the state board for the greater part of twenty years. Almost without exception, prospective applicants ask, "What do you consider

## Broadening Out

The flu-pneumonia epidemic did more to make the osteopathic profession realize the value of osteopathic therapy in infectious diseases than has 25 years of professional experience with the non-communicable diseases of mechanical origin.

the best works on principles and practice?" and I believe that nine out of ten who have taken the examination in this state in preparation for the examination in principles and practice have then bought at least one, and a number of them several books on principles and practice and have studied them. I might remark here that the fewness of works owned on osteopathy by some osteopaths is deplorable. The prospect of a real examination in principles and practice on osteopathy is a stimulus to osteopathic study along that line from which the public benefits because the study makes those studying more qualified to benefit humanity. Our growth and development is indissolubly associated with that of our osteopathic college.

In Ontario the governor recently appointed a commission to investigate medical practice and its regulation. The commissioner, a learned judge, formed his conclusions as to what was best as to osteopathy in no small measure from some of the writings and statements of osteopaths. Following the report and rather in harmony with its tone, the medicos of the Province of Ontario suggest and seem to consider themselves more than fair and liberal in suggesting an osteopathic chair in the medical department of the Toronto university. All students will study the same subjects and the graduates will practice medicine or osteopathy or whatever they want to practice.

Now, why isn't that a fair proposition? If there is no difference in the handling, in the viewpoint, in the application of subjects in an osteopathic college as compared with the medical college, then why isn't a chair in the medical college just as ideal an arrangement as for us to have our own osteopathic colleges? If there is a difference, then we should have our osteopathic colleges and if there are state laws, there should be a test in principles and practice of osteopaths to see whether or not an osteopath has been

# The Editor Who Would Not Quicken to a Message Like This Would Have a Heart of Stone

**DR. JAMES G. MORRISON**  
**OSTEOPATH**

Rooms 205-6-7 Terre Haute Trust Bldg.  
 TERRE HAUTE, IND.

January 22, 1919.

Dr. Henry Stanhope Bunting,  
 Chicago, Ill.

Dear Doctor:

Both the public and the osteopathic profession owe you a great debt of gratitude for the last four numbers of *Osteopathic Health*, written in your characteristic editorial vein, in which you have so grandly told how the osteopathic physicians, trailing in the path that Dr. Still blazed for them, have saved and restored thousands of lives to health that were in the death clutches of the "flu."

Though you have told all and more than we, the osteopaths, and the public could have expected you to tell, and have told it better than anybody else could tell it, yet you have told nothing but the truth, and you have as yet not really told half of what osteopathy has done for the American public in this fight against the dreadful epidemic.

Dr. Bunting, please do not lay your pen down yet. You must tell the public that the osteopaths have saved practically all their patients from the so often deadly, as well as annoying, after-effects of the "flu," which most always manifest themselves in some form in those who have been treated for "flu" by the drug methods.

You must say, too, in the forthcoming issues of *OH*—which must be largely "flu" numbers for several months yet to come, as that is the one subject uppermost in the minds of the public—that the osteopaths, by aborting so many cases of "flu" that otherwise would have been severe and deadly, have very appreciably lessened the spread of the disease. Osteopaths very seldom let the whole family get down sick all at one time, for prophylactic treatment, given to other members of the family engaged in nursing "flu" patients, seldom lets them get sick themselves. Now, you must tell the public of this, for they are entitled to know it, for they know already that drugs are no such preventive.

The public must be informed many times during coming months that osteopathy holds the key that will unlock the door

of escape from the many after-effects that will be sure to come trailing one after another for the drug-treated cases.

Your pen has been valiantly busy for us during the past four months—no two messages seeming anything alike, but we are looking to you to continue to show the public what to do in their great hour of need.

It is a sacred duty you owe both to the osteopaths and to the public, and, in turn, we both owe much to you. You can get it across if anybody can. Keep on going.

The public must know that osteopathy is the one and only method of treatment that can be relied upon to enable the body to ward off and destroy the wolfish "flu" germ that feeds upon the weak and defenseless tissues of the human body.

It even delights to turn on the wife and mother who has nursed her loved ones to her own vital cost, and no method but osteopathy is safe to use when such a mother becomes thus stricken.

How many mothers have been saved to their families by osteopathy, and how many more you may help to save for their little children if you do not lay your pen down just yet, doctor!

I cannot take you by the hand, but in spirit I am with you. May God bless you and multiply your efforts and prosper your activities.

I thank you for what you have done.

The "flu's" after-effects will keep hanging on and manifesting themselves one by one for months to come, jeopardizing many an additional precious life—somebody's darling mother, or child, father, brother or sister—so please let each succeeding number of *OH* for some time to come point out the only certain means of relief, if sought in time.

Yours for success, with most heartfelt congratulations,

J. G. Morrison, D. O.



Dear Doctor Morrison:

Let our answer be our work. With great appreciation for your timely approval and encouragement—H. S. B.

## First Aid—The Prevention of Infection

Thanks to the teaching of the medical profession, the application of first aid principles in the home, in the office, and in the factory has greatly reduced the menace of accidental injuries and saved much needless suffering.

As an adjunct to first aid treatment, Dioxogen has long filled a conspicuous place. Many physicians have recommended that a bottle be constantly kept in the medicine cupboard, or first aid cabinet, because, appreciating the value of peroxide of hydrogen as an antiseptic, they have wanted to be sure that the purest, most stable and most effective peroxide was the one available when needed.

Dioxogen is such a peroxide, and the medical men who use and recommend it in preference to any other antiseptic, or product of its class, do so because

Dioxogen surpasses U. S. Phar. standards for purity and strength, being 25% stronger.

Dioxogen is more potent in germicidal power than the usually employed bichloride of carbolic solutions—without their toxicity or danger.

Dioxogen, owing its germicidal action to pure oxygen, is the safest antiseptic, totally devoid of poisonous or irritating properties.

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produced, a test to insure the public that they are getting the different thing. If a medically toned examination with no test in Therapeutics is a thorough professional test of an osteopath, can we consistently object to the establishment of a chair in a medical college in substitution of our osteopathic college? Some of the medical colleges are heavily endowed. A chair in them would be a beautiful arrangement. Osteopathy could have nice upholstered, hand-carved chairs in several of them, maybe have a nice plate with the name "Osteopathy" engraved on it, hung in a dignified manner across the top. Why not?

In concluding, anent Fryette's suggestion as to composite board without Therapeutics examinations we see this statement: "This kind of laws would eliminate all our short course imitators and all others of their kind, and it is probably the only thing that will eliminate them." That statement is in no wise proved by the experience of states having that arrangement, nor by the comparison of that arrangement with the application of other legislative arrangements. Certainly the element of no examination in Therapeutics hasn't a thing to do with the practical examination of the law as to pretenders and fakers.

#### Hiccough Victim Saved by Osteopath

DR. WILLIAM ROHACEK, of Greensburg, Pa., was recently summoned to Connellsville by the serious illness of Deputy Sheriff William C. Bishop, of Fayette county. Mr. Bishop had an attack of hiccoughs which continued for over three days. Dr. Rohacek not only stopped the hiccough, but cured the patient.

Some time ago Dr. Rohacek saved a similar patient when his life was threatened. For this reason he was summoned to attend Sheriff Bishop.

## We Must Be Osteopathic Physicians and Surgeons in General Practice

By Harry G. Palmer, D. O., Bakersfield, California

THE old question of being a progressive or a stand-patter looms again! Ours is either a trade or a profession! Which? If a profession, why be ashamed of it? Did you ever see any back-woods M. D. who learned his profession working in some city doctor's office, hang out his shingle as physician? I should say not—always physician and surgeon—even if his pocket-knife and a pair of scissors were the only instruments he ever had in the house. No matter how well we are prepared to handle emergency work, it will come very slow as long as we let people believe that the M. D. is the wizard with the knife and the one to serve them best in such a case.

A superficial survey of the activities along legislative and propagandic lines of some of our practitioners in the East would lead one to believe that they think themselves the self-appointed watchdogs to take care that none of the rest of us use or practice anything that they think we should not. I do not wish to cast any reflections on the ability of any of our profession who have not had the advantage of the four-year course, or who have had the four-year course and don't feel the ability or inclination to handle a general practice, including obstetrics, surgery and emergency work; but I do want to eulogize the kind of law we have here (tho unfortunately those already licensed to practice osteopathy were forgotten) in Oregon, Texas and Michigan, where we don't have to ask some highbrow to come and write a prescription for morphine to relieve suffering till we can get to a hospital, if we have an accident case. May God hasten the time when we have such beneficent laws in all of the states!

Those who think such a law makes M. D.'s or dopers out of us don't understand the western brand of osteopathy. It only enables us to meet

all emergencies intelligently and sanely and in most cases with far better results than M. D.'s can attain.

Besides that, I think I am safe in stating that our services are much more appreciated than those of the limited digital osteopath, who must call an intolerant M. D. to administer an opiate or do a circumcision or render some other little service; that is part of a *real* doctor's business.

I have no other degree than D. O., nor want more, but I thank God that I was fortunate enough to graduate from an osteopathic school that was not afraid to put the osteopathy it taught squarely up against materia medica and prescription writing, in addition to an incomparable course in osteopathy. I refer to College of Osteopathic Physicians and Surgeons, Los Angeles.

If, after completing the four-year course, our people are not able to handle an unlimited practice, then two of those years are wasted, because I know of some two-year graduates who can handle a splendid office practice.

I have some college mates, even classmates, who choose to call themselves osteopathic physicians only, and avoid all surgery, obstetrics and some of them, acute work. It is all right for them to do that if it is of their own choosing, and I wish them God-speed in their field, and conversely, if I choose to engage in general practice, I want their good wishes.

I have in my possession catalogs of recent issues of four of our colleges. Each seems to have splendid hospital facilities and strong surgical departments. The Chicago College of Osteopathy gives 450 hours of surgery, only 6 less than the University of Illinois. Are our people to spend that much time in order to know which eminent surgeons in large cities are capable of doing their

surgery for them? Or is the course *practical*? If medical students can learn anatomy, a pharmacopeia and surgery, our people ought to learn anatomy, osteopathy and surgery. Personally, I don't make surgical cases out of osteopathic cases, but when I find a badly lacerated perinaeum I repair it and let osteopathy have the credit. I don't send it to some M. D. When I need help, I call one of *our* surgeons from a larger city.

Here are three cases from my practice in the last two weeks. How would you handle them without drugs and without surgery?

1. Called to a woman three months pregnant; was cramping like labor pains; had expelled nearly a quart of blood and fluid—cause, overwork. Had been in bed six hours, but was getting worse. Treatment—Rest in bed, enemas, morphine. Twice later, at two-month intervals, cramps appeared with showing of blood and I had to repeat similar treatment. Last week I delivered her an eight-pound boy. She wanted him circumcized, so I did it yesterday. Excepting the morphine and a physic on third day after labor, she has had no medicine but plenty of osteopathic treatment before and since labor. Result—I am their family physician, and *they like osteopathy*.

2. A young woman was brought to me with torticollis—congenital. Under local anesthetic, I cut the tendon of sternomastoid, turned head to opposite side and applied a cast. Later will give treatment and expect 100 per cent result. Would you have called an M. D. to do the operation, showing osteopathy to be incomplete?

3. Was called to see woman bed-ridden for two months with painful sciatic neuritis. Had had two M. D.'s, was gradually getting worse. On first visit I got case history and made examination. Urine 800 c. c. in twenty-four hours and contained albumen and pus; otherwise normal. I diagnosed posterior innominate on affected side. The next day I turned her onto her stomach and set the lesion. It snapped loud enough to be heard in the next room and she screamed loud enough to be heard a block away. During the next forty-eight hours she had five or six severe attacks of pain of three or four hours each that would make her scream at the top of her voice. What would you do for the pain? Let her suffer during the attacks? Rub it out? Risk chloroform on these kidneys? Call an M. D. to give an opiate, or prescribe such? I used a bottle of chloroform and prescribed morphine. At the end of forty-eight hours inflammation subsided (three days ago) and she has been free of pain since, walks about the house each day and can even sit down five minutes at a time without pain. Have given her three light treatments since "setting" this lesion; no medicine except above mentioned. Do you call this mixing or dope-dabbling?

All of the above procedures are not included in the *definition* that some would like to chain on our profession, but I call every bit of it osteopathy. I look upon osteopathy as a *complete system of therapy, including surgery*.

### Big Osteopathic Educational Campaign Inaugurated in Louisiana

UNDER the leadership of Dr. Henry Tete of New Orleans, a big state-wide osteopathic educational campaign is being conducted in Louisiana. The work is being put forward under the auspices of the Louisiana Osteopathic Council of Defense and Education.

Supervision of the work will be under district councillors. A number of leading osteopaths in the state have been called upon to act as Councillors and have given their acceptance and expressed their willingness to cooperate in the movement. The Councillors are as follows: New Orleans: Dr. Henry Tete, Dr. J. G. Roussel, Dr. R. W. Conner; Shreveport: Dr. Paul W. Geddes; Lake Charles: Dr. Carlisle W. Hamilton; Baton Rouge: Dr. Coyt Moore; Monroe: Dr. Cecilia Evans; Crowley: Dr. Mary M. Hathorn; Alexandria:

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Chicago College of Osteopathy

5200-5250 Ellis Avenue



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*The A. S. O. Hospital at Kirksville is the only place I know where this treatment is given all cases after operation.*

Sincerely,

GEO. STILL

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Learn to Stop the Leaks at the periphery as well as to recharge the nerve centers

You may be able to fill a leaky pail by pouring in at the top, but when you stop pouring, the holes in the bottom empty it again

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Dr. L. A. Mundis; Ruston: Dr. W. P. Simpson; Jennings: Dr. John Hathorn.

Other osteopaths interested in the movement are: Dr. Charles E. Perkins, Dr. Delphine Meyronne, Dr. J. J. Lafont, Dr. Lou B. Flemming, Dr. Josie Richardson, all of New Orleans; Dr. Earl McCracken, Dr. E. B. Otts, Dr. Daisy E. Watson, of Shreveport; Dr. H. W. Mackie, Dr. Caroline B. Chance, of Lake Charles; Dr. Julie B. Matsler, of Monroe; Dr. W. Hyde, Dr. George W. Dinning, of Crowley; Dr. B. A. Harry, of Lafayette.

The Councillors of the different districts will hold informal meetings of the osteopaths of their district on regular occasions and at

least once every three months the Councilors will meet together at some convenient place and exchange reports and ideas and review the work that has been done. Educational pamphlets and magazines and posters will be distributed and occasionally there will be issued special bulletins. Every friend of osteopathy among the laity will be furnished with educational literature and urged to cooperate with the movement and every nook and corner of the state will be thoroughly canvassed.

This is a remarkable educational movement for osteopathy and it will be found to produce excellent results if the plan is carried out vigorously.

## Advanced Tips on the Big AOA Convention at Chicago June 30-July 3

I WILL give you a few preliminary facts regarding plans for the AOA convention which is to be held in Chicago June 30th, July 1st and 3rd, 1919. Below is a list of the chairmen of the various committees. I have tried in the different chairmen to select ones whom I thought were most capable of handling this work.

Dr. Conklin of Battle Creek, who has charge of the program committee is, I am sure, going to give us a very fine program. There are to be a few changes from the general routine which we have followed in the past years.

The main convention is to be put on in the forenoon and the sections are to be put on in the afternoon, no "rival show" conflict between these attractions. Do you like that?

In looking thru the different hotels, the committee decided upon the Hotel Sherman. We received the best concessions and, to my mind, have the best rooms there in which to hold the convention, as our convention can be held *all on one floor*, and it will be much easier to keep the "bunch" together. There is also excellent space for exhibits. The hotel is centrally located, both to the big stores and the theatres and is also very handy to the elevated station and surface lines. Mr. Hutchins, who is manager, has taken care of us at three or four of our different conventions, as hotel manager, and he assures us of excellent service.

Dr. A. A. Gour has charge of clinics and he will tell his story later.

### Massage

[From the London Daily Mail]

MASSAGE has made good. During the war massage has freed itself of suspicion, emerged from the darkness of ignorance and beaten down the conservatism of the doctors, to rank almost as a science in remedying the disabilities of the limbs of the wounded. When surgery and nursing have done their utmost massage completes their work; the surgeon saves or sets the limb, the nurse nourishes the patient and heals the wound, and the masseuse amends neglected use.

The neat, little-known badge, consisting of the letters "A. P. M. M. C." on a red cross, enclosed in a blue circle, from which spread two small red wings, proclaims the member of the Almeric-Paget Military Massage Corps—the body to whose work is due the present high position of massage. All that science can offer has been introduced into the treatment; and the masseuse today must possess not only a knowledge of physiology, the methods of massage and movements and the numerous remedial appliances, but she must be something of an electrician as well.

In the massage room of a military hospital the air resounds to the buzz of electric batteries and the slapping of flesh. A constant procession of patients walks or hobbles in and out.

You will also hear shortly from Dr. Conklin regarding the program.

### CHAIRMEN

General Chairman—Dr. J. M. Fraser.  
Vice General Chairman—Dr. S. V. Robuck.  
Secretary—Dr. O. C. Foreman.  
Membership—Dr. W. Elfrink.  
Registration—Dr. F. W. Gage.  
Hospital—Dr. J. Deason.  
Financial—Dr. A. W. Young.  
Banquet—Dr. A. E. Walker.  
Information—Dr. J. O. Connor.  
Reception—Dr. G. L. Smith.  
Health Sunday—Dr. E. R. Proctor.  
Halls—Dr. Nettie Hurd.  
Hospitality—Dr. Fred Bischoff.  
Transportation—Dr. D. B. Holcomb.  
Badges—Dr. J. R. McDougall.  
Clinics—Dr. A. A. Gour.  
Sergeant-at-Arms—Dr. C. H. Morris.  
Publicity—Dr. E. J. Drinkall.  
Press—Dr. H. S. Bunting.  
Program—Dr. H. W. Conklin.

All surely understand the possibilities of Chicago as a convention city, and also what it means to us this year as a profession to have the convention with us. This is the first time, outside of Kirksville, that we have been able to hold our surgical clinics in our own hospital! That is very, very important, too! Fraternally yours.—James M. Fraser, D. O., General Chairman, Evanston.

On each bed, raised by a 6-inch block for the convenience of the masseuse, sit or lie patients in various degrees of undress, undergoing various kinds of treatment. Some are being massaged by hand or with a small pad connected by wires to the battery; some sit contentedly reading, with a limb immersed in a bath charged with electricity. Others, bandaged with chemical-soddened cloths in which are wrapped metal plates electrically connected, smilingly watch the humorous spasmodic effect of an intermittent current, obtained thru the agency of an ordinary musical time-teacher, to whose lever two arms are attached, making contact in turn. With set lips others suffer their stiff joints to be gently but firmly forced.

In the exercise room treatment is continued on appliances resembling the apparatus of a mediæval torture-chamber for the purpose of restoring movement by natural means. Here are rowing-machines and treadle-worked fret-work machines for exercising legs, inclined planes up which cripples shuffle weakly.

Arms regain strength in climbing ropes and horizontal bars ranged up the wall. The patient with a stiff shoulder sits sideways to a cartwheel, to a spoke of which is attached an adjustable handle, regulating the size of the circle it causes an arm to make when in motion.

A miniature skittle-alley, in which the ball is

(Continued to page 17)

# WHY OSTEOPATHS *are* STRONG in the FAITH

## Treated 467 Epidemic Cases—Deaths: 2 of Pneumonia, 1 of Myo-and Endocarditis and 1 of Cerebral Meningitis

By Drs. R. M. Wolf and C. W. Starr, Big Timber, Montana

INFLUENZA, the epidemic, in Big Timber, Montana, and Sweet Grass County, of which Big Timber, a town of 1,300 population, is the county seat, has now about run its course. It began October 10, 1918.

We have been required to furnish a bi-weekly report of our cases to the county health officer and the city board of health throught the epidemic and, as we have kept for our files a copy of these reports, we know we are not guessing when we make the statement that to date (January 7th) we have treated 467 cases. The highest number of new cases that we saw in one week was eighty-one. We lost two cases of pneumonia, one case of myo- and endocarditis, and one case of cerebral meningitis.

Those patients who called us early usually ran a light course. Those patients who would not go to bed at the onset, those who called us late or those who would not follow instructions, suffered complications. We treated thirty-eight cases of pneumonia, eleven cases of endo- and myocarditis, five cases of colitis, two of phlebitis, two of otitis media, two of cholangitis and one of acute nephritis, all of which were complications of the "flu."

As this section of the country is only sparsely settled and many homesteaders live thirty and forty miles from town, we were obliged to handle many cases against great odds. One of our pneumonia cases was forty miles from town and we had to depend on a farm laborer for this patient's nursing. Many times the entire family was taken sick at the same time, with no help procurable.

In handling thirty-eight cases of pneumonia our loss was but 5 per cent, while the medics, with the advantage of hospital facilities, lost 25 per cent, as near as we can estimate. Only two of our cases were in a hospital, the Red Cross Emergency Hospital, which was open only two weeks. The remaining thirty-six cases were attended in their homes and on only one case did we have a trained nurse thruout the course of the illness. The success of osteopathy in treating the "flu" and "flu"-pneumonia only increased the people's confidence in the efficacy of osteopathy in handling acute diseases, as Dr. Wolf had treated sixty-five cases of pneumonia previously without the loss of a case. Yours truly,  
—Drs. R. M. Wolf and C. W. Starr.

## One Hundred Nine Cases—No Deaths

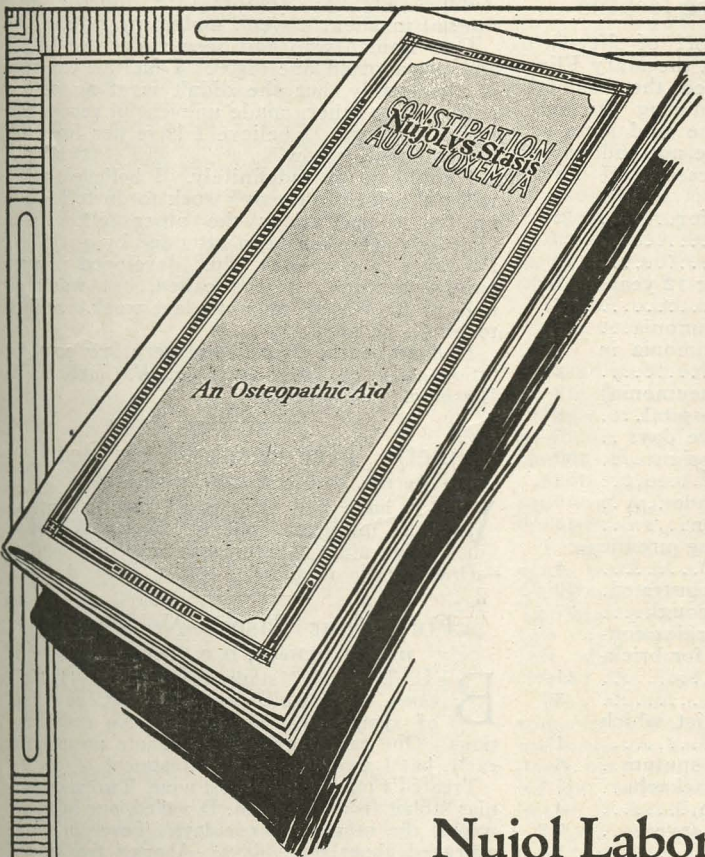
By Drs. Corbin & Templeton, Chickasha, Oklahoma

WE have treated 109 cases of "flu" from October 1st to January 2d. Three of these were followed by pneumonia. No other complications. Some of these were pretty sick for a while, but under osteopathic management all made an uneventful recovery. Doubtful cases are not included in this record, all of the above cases being well authenticated.  
—Drs. Corbin & Templeton, Chickasha, Okla.

## One Hundred Cases—No Deaths

By Chas. A. Champlin, D. O., Hope, Arkansas

DR. ETTA and myself to date have handled between seventy and seventy-five cases of influenza by osteopathy only, and have had about thirty more cases where the patient had had an M. D., or was taking medicine in connection with the osteopathic treatment, or where we treated with an M. D. We have not lost a single case, nor had one case develop pneumonia. This is attracting considerable attention, of course. Our total number of cases is not so large as it would have been, either, had it not been that during the first appearance of the epidemic in October we went to Kirksville to the Missouri State Convention, and thence to Illinois to visit relatives, and all of us, including the office girl, had the "flu" while absent. We are taking note of the fact, also, Dr. Bunting, that the M. D. who gives the least medicine and directs most of his efforts to the care and direction of the nursing of patients is having a smaller number of pneumonia cases and deaths than is the M. D. who gives the dope. One M. D. here who is rather free in prescribing calomel for this type of patients has lost more cases and had more cases of pneumonia than all the other physicians of the town.



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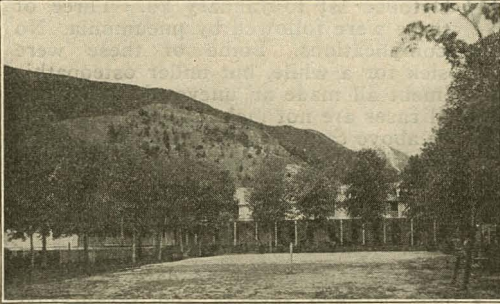
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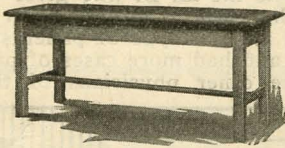
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There's a reason. Yet the Southerner is long on calomel and that doctor is still getting a goodly percentage of the new cases which develop. With good wishes, I am—*Chas. A. Champlin, D. O., Hope, Arkansas.*

## Seventy-six Cases and One Death, Aged 76

By Victor C. Hoefner, D. O., Waukegan, Illinois

UP to now have treated seventy-six cases. Had two cases complicated with broncho-pneumonia, one patient, an old lady 76 years old. I was not called to see her until the eighth day after she began feeling badly. From symptoms and questioning she evidently had had the "flu." When I saw her she had broncho-pneumonia, but was apparently on the road to recovery up to the third week of her sickness, temperature was normal; beginning to sit up some; suddenly took worse and died four days later.

Another case, a lad of 6 years, had a light attack of the "flu," but because of negligent nursing contracted broncho-pneumonia. Went along about four weeks, improving and relapsing. Parents apparently did not know how to look after him. Patient got feverish, tender and sore, so mother decided for herself I had better quit treating him, so withdrew from the case. He got very bad after that, but I understand is improving now. I called up yesterday to find out. Under medical care now. This patient developed broncho-pneumonia on December 12th and could have been well in three weeks had he had proper nursing and care and kept from taking relapses. Was a very unsatisfactory experience for me. —*Victor C. Hoefner, D. O., Waukegan, Illinois.*

## Fifty Cases of Influenza Cared for at the Mary Elizabeth Hospital, Raleigh, N. C.—Three Deaths

I AM sending you the report of fifty-two cases of influenza treated at the Mary Elizabeth Hospital. We turned the hospital absolutely over to influenza during the epidemic. This is a report of the cold facts as kept by the hospital. They are not padded or painted and show a variety of cases.

Dec. 31, 1918.	
Total number of cases cared for.....	52
Total number of women.....	29
Total number of men.....	23
Total number of children under 12 years of age.....	7
Total number of cases of pneumonia... the hospital.....	6
Total number developing pneumonia in the hospital.....	2
Total number of deaths (all pneumonia)	3
Average number of days in hospital....	8½
Average number of temperature days..	5
Average temperature on admission....	102
Average highest temperature.....	102
Total number of urinalyses made.....	30
Total number showing albumen.....	13
Total number of cases showing uremic symptoms.....	5
Total number of females who menstrated.	20
Number of cases with severe cough....	37
Number of cases with marked râles considered as pneumonia except for brick-dust sputum.....	11
Cases of pregnancy.....	3
Cases included in the death list which aborted.....	1
Total cases having brick-dust sputum..	6
Number cases having severe backache..	15
Cases having bleeding of nose.....	4
Cases where the vomiting was severe...	7
Cases that aborted.....	1
Cases developing seninitis.....	1

Note: In this report a case was not considered pneumonia unless there was brick-dust sputum. All cases of pneumonia were of the

septic type. Very respectfully,—*Harold Glasscock, D. O., M. D., Raleigh, North Carolina.*

## Seventy-five Cases—No Deaths

By P. T. Corbin, D. O., Anadarko, Minnesota

OF seventy-five "flu" cases treated, three developed bronchial pneumonia and one lobar. Complete recovery took place in every case treated. A 100 per cent recovery ought to satisfy the most skeptical.—*P. T. Corbin, D. O., Anadarko, Oklahoma.*

## Thirty-seven Cases—No Deaths

By George Moffett, D. O., Elizabeth, Illinois

MY experience with the "flu" was thirty-seven cases handled by myself. Recoveries, thirty-seven. Duration of fever, average 2¾ days. Average period under treatments, 4½ days. None reached pneumonia.—*George Moffett, D. O., Elizabeth, Ill.*

## 137 Cases and No Deaths

By E. K. Clarke, D. O., Washington, Missouri

ONE hundred and thirty-seven bedside "flu" cases. No deaths.

Eight of these started with M. D.'s.

Two left me for the M. D. Had to "take something."

One (only) filled up, as per my former letter to you.

Two cases (one eight days and the other ten) had no physician. Well developed cases of pneumonia when I got to them. Both recovered.

"Flu" fever ranged anywhere up to 105. All subsided by lysis. Some had more severe symptoms than others. All ran subnormal for a few days to weeks, the average being 97.

One fellow, an M. D. patient, was discharged by his physician as well. Couldn't get his head off the pillow. No appetite. "Pep" gone. Temperature 94. Temperature, appetite, etc., normal in about a week under my care.

One woman who had been under the M. D. and up, aborted one night. I had all the rest of the family, but she didn't want an osteopath. Four others made uneventful recoveries under my care. I believe I have her lined up for osteopathy now.

I could go on indefinitely. I believe that I will get a lot of "repair" work to do following up the complications the other fellow left. One lady who had been attended by an M. D. for three weeks, with "flu," developed a very painful sciatica. I was called, but was not able to fix her all up until last week. Seems to be O. K. now.

Had no deaths myself and very few complications, if any. Yours truly,—*E. K. Clark, D. O., Washington, Missouri.*

## Ninety-Three Cases—Two Deaths

By Drs. Gordon & Gray, Newton, Iowa

WE have had very good success during the influenza epidemic here. We handled ninety-three cases with two deaths.—*Drs. Gordon & Gray, Newton, Iowa.*

## Forty-four Cases—No Deaths

By L. E. O'Keefe, D. O., Toulon, Ill.

RELATED "flu" statistics: Treated 44 "flu" cases, 36 of which were taken at beginning of symptoms. No deaths. No complications. One case I got late went into pneumonia early, but I aborted it in one treatment.

Treated 4 pneumonias—lost none. Two pneumonias stolen from me by M. D.'s died, one in three weeks, the other in three days. Fever in "flu" averaged about three days. Aborted two pneumonias with all symptoms present.

M. D.'s made a "flivver" with serum as relapses and second attacks seemed more frequent following its use and cases were slower to recover.

## DIONOL AND OSTEOPATHY

Osteopaths throughout the country are reporting Dionol to be the greatest coefficient to osteopathy they have yet found. We are prepared to *confirm* this statement with definite data from osteopaths in widely different localities, many of whom use several dozen a month.

### IN PNEUMONIA AND INFLUENZA

Here Dionol Treatment has justified every claim as to its remarkable value in supporting osteopathic measures. Hundreds of cases have been treated without the loss of a *single life*. Both pneumonia and "flu" run much shorter courses. A rapid fall of temperature results followed by quick recovery without after complications. Ask us for names and definite data, Doctor, if you doubt.

### IN OTHER LOCAL INFLAMMATIONS

Not only in these epidemics, but *wherever* local pyrexia occurs, the physician should visualize Dionol Treatment as especially in line with the precepts of osteopathy—correcting abnormalities *without drugs*, for Dionol has no drug content whatever, the results obtained being wholly neuro-pathic (mechanical) hence no drug reactions are possible. This is more fully developed in our literature, which with Dionol samples will be sent gratis on request.

We guarantee absolute satisfaction to any osteopath who will carry out exhaustive tests in a *series* of cases, and no other tests are sufficient to arrive at positive conclusions with a treatment covering so wide a range of action.

**The Dionol Company**

Department 12  
864 Woodward Ave.

**Detroit, Mich.**

One M. D. used intravenous injections of five body salts. Results, nil. Used same for all cases from T. B. to corns and headache. Got five to ten dollars a shot and has moved on to greener pastures for fresh victims.

M. D.'s empyema, otitis media and stomach and bowel complications and sequelae. The latter are an almost constant sequel of medical treatment.

One M. D. case developed general pelvic congestion. I pulled her thru.

Hope this isn't too late.—*L. E. O'Keefe, D. O., Toulon, Illinois, Jan. 21st.*

#### Twelve Cases—No Deaths

By *Mary E. Noyes, D. O., Pensacola, Florida*

REACHED my office October 5th, to find the city nearly paralyzed as a result of the "flu." It is now nearly normal and as I have been here only a year I did not get as many calls as some D. O.'s. I did have twelve cases, two of which were hard cases: One staid at 103 for three days. The other, 103 8/10 for twelve hours. All are now well. No complications of any kind and no back-sets. Next worse case was in bed a week. Husband paid bill yesterday—it was \$20. He said, "No drug bill to pay and my wife is in better shape than before she was sick, and not many can say that!"—*Mary E. Noyes, D. O., Pensacola, Florida.*

#### Thirty-one Cases—No Deaths

By *L. L. Cutler, D. O., Berlin, New Hampshire*

HAVE treated thirty-one cases of influenza; number of influenza cases developing into pneumonia, none; number of cases developing empyema, none; number of deaths from influenza, none.—*L. L. Cutler, D. O., Berlin, New Hampshire.*

## "They Shall Not Pass"—And Nearly 200 Cases Did Not!

By *J. L. Fetzer, D. O., Dalton, Missouri*

I HAVE not had time to write one word in the last two months. The "flu" has had me going. I was working for my goal and I reached my goal with 196 cases to January 1 and only one death, and he was an old man with a hypertrophied heart, bed-fast for the past year with a stroke of apoplexy.

I have tried osteopathy to a finish and it works every time. Osteopathy will do wonders.

I had eight patients that had been given up by the M. D.'s and osteopathy did the work in time of need. It never failed when applied in time. I can never do enough for the profession when I see what good it has done.

My next goal I am going to work for is to see how many students I can get into our colleges—we need so many.

I am doing a country practice. Wholly acute work of all kinds as well as obstetrics. Christmas day I delivered a nine-pound boy. The mother had recovered from the "flu" only two days, but had not gotten out of bed before she went into labor. Osteopathy answered the need.

Why should an osteopath when in practice some time, seeing the better results over medical practice, hanker for an M. D. degree? I don't need it. See no place for it. I know we get tired when working day and night, but it is inspiring to one to see the results.

I have just gone thru a three months' practice, including a number of cases of typhoid, and not one fatal case, while one M. D. had twenty-one deaths! My last (two) typhoid patients had not fully recovered when the flu began heavy and five months of practice,

day and night, kills your ambition, but, after all, when you look over the past and see what osteopathy has accomplished, you feel like the boys who have gone "Over the Top" and want to go over again, for you know now you can depend on your science, and you know now that when applied in the right way and pure—not mixed—it will answer the demand of the day and make you feel happy that your profession is a safe and sure art, based on a true science, and will do to tie to in the trying times of life when death is staring you in the face.—*J. L. Fetzer, D. O., Dalton, Missouri.*

Armed with osteopathy, you may stand between your Patients and Death, courageously and constantly, and, like the heroes of France, declare, "They shall not pass!"

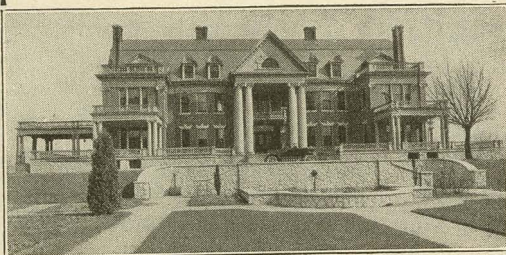
#### Reports 170 Cases of "Flu" Treated Successfully

By *R. L. Starkweather, D. O., Goshen, Indiana*

I HAVE successfully handled 170 cases of "flu" up to date and more coming daily, not a one developing pneumonia, and all cases received treatments and "Dionol" applications only, and in all but one case the cough loosened up in a very few hours' time and was kept so, easily, thereafter. Six cases of pneumonia when first seen were also handled as above and cleared up quickly. Five pneumonia cases, all given up by M.D.'s and unconscious when first seen by me, were treated in same way, three are well today; in another case the lungs loosened up and I felt sure was saved, but I was not able to stay continuously on this case and they could not

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The only institution of its kind east of the Mississippi river. Devoted to the treatment and cure of nervous and mental diseases, general and constructive surgery. On the Lincoln Highway, five miles east of York, Pennsylvania.

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### Facial Eruptions

A PROVED SPECIFIC

A trial order, amounting to a few dollars, has put over 1000 Osteopathic Physicians in a position to clear up thousands of skin diseases which have baffled skin specialists, thereby making many grateful friends. Why not you? Ask me to refer you to a user in your vicinity.

Price: Less than one dozen, \$12.00 per dozen f. o. b. St. Paul; in one dozen lots, \$10.50 per dozen, express prepaid.

Schieffeln & Co's Sulphur, Camphor and Balsam Peru Soap, used in connection with Dr. Parker's Lotion, is prepared of the purest materials and contains three remedies of acknowledged value in skin eruptions. Price \$3.00 per dozen. Address

DR. F. D. PARKER

New York Life Bldg. St. Paul, Minn.

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Some day you will want to live in the great West. Get acquainted thru this journal.

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C. J. Gaddis, D. O., Editor  
First Nat'l Bank Bldg., Oakland, Cal.

get the bowels to act or perspiration started and she died the next evening from extreme toxemia. The last case never had a chance, as his wife was a "scientist" and I feel sure instructed the nurse to let matters take their course as she did not follow my orders and never called me when the tide turned for the worse, and all this after I had gotten a very favorable reaction in an unconscious patient whose systelic pressure was 80, pulse pressure 18, and pulse 145, respiration 50, when I first saw him; eight hours later I had him up to systelic 110, pulse pressure 30, pulse 124, respiration 32, and he had roused enough to answer some questions I asked him. However, I had urgent calls to make and left orders, but no word came the remainder of the night, hence I judged he was progressing nicely, but it seems that three hours later he became worse but no word was sent to me until after eight hours, when his sister called me saying he was dying and I found his lungs about filled, and he died three hours later, suffocating. He could have been saved, I feel positive, but fate was against him.

In my estimation the advertisements of the Dionol Company are conservative and I base this statement on a thorough trial of their products, having used and paid for fifty-two dozen of their goods this summer and fall. I tested Dionol in every conceivable condition I could before the "flu" epidemic arose and it was so completely trustworthy that I became wildly enthusiastic about it and tried to buy some of their stock, but they wrote me the company had decided it was such a huge success they had withdrawn all stock offerings and decided to keep the balance in the treasury. In such conditions as caked breast, it acts miraculously; in asthma it has given complete relief, a marked help in hay fever, caryza, boils, felons, etc. One case of irreducible hernia I decided to risk twelve hours longer and applied Dionol and in the morning the mass was gone. Enlarged glands clear up quickly under it, prostatic troubles and piles clear up. The emulsion and osteopathy cleared up two typhoid cases completely in less than four weeks and the emulsion helps wonderfully in making the start to clear up very bad cases of constipation, so-called chronic appendicitis, auto-intoxication and kindred troubles, on all of which I speak from actual cases. In fact, I cannot remember half the good things it has helped me to do and many families come to me for it

now, whom I have never served as physician, they having heard of it from patients of mine. So many, in fact, that I had a druggist put in a full line to enable these people to procure it.—  
R. L. Starkweather, D. O., Goshen, Indiana.

## Thirty-nine Cases and No Deaths

By J. M. Ogle, Moncton, New Brunswick

REVISED "flu" reports as follows, corrected to January 4, 1919: There have been over 5,000 cases reported in this community. Between 175 and 200 deaths. I have had thirty-nine cases, no deaths.

1. Ages, 22 months to 45 years.
2. Temperature, subnormal to 104 $\frac{2}{5}$ .
3. Pulse, 60 to 148.
4. Breathing, 20 to 36.
5. Treatments, 1 to 4 in 24 hours.
6. Duration of illness, 48 to 90 hours.

When the temperature returned to normal it would be 36 to 72 hours more before they went out of doors. One case was about well and went into a cold room and got a fresh cold and had a relapse, which came near pneumonia, but I got it checked before that developed; only a pleurisy—slight.

7. Temperature dropped within 18 to 72 hours.
8. Treatment, rest in bed; fast; enema; hot lemon stew; hot baths; windows wide open; osteopathy as in line No. 5 above.
9. Complications: Slight bronchitis in seven or eight cases; one tonsillitis; one suppression of urine (twelve hours); one pleurisy as in No. 6 above. Doctors of other systems of practice lost the 175 to 200 reported above.

These are the facts. Yours truly,—J. M. Ogle,  
D. O., Moncton, New Brunswick.

## Thirty Cases—No Deaths

By H. E. Stahlman, D. O., Clarion, Pennsylvania

IT may be interesting to readers of *The OP* to know that I have been in practice here for the past three months and have been busy. Have treated thirty cases of "flu," with no fatalities. How's that for a new man in a community of 2,500 and five "medics"? Results count—and practice is growing. Hello! to all my D. M. S. C. O. friends and classmates. Fraternally,—H. E. Stahlman, D. O., Clarion, Pennsylvania.

## 252 Epidemic Infections—2 Deaths, Both "Death Warrant" Cases When the Osteopath First Saw Them

I HAVE treated 252 cases of influenza and pneumonia during this epidemic and have been lucky enough to lose but two cases of pneumonia, neither one of which had any chance for life when I was called to attend them. Fifty-four of the above cases were pneumonias.

One of my two fatalities was the case of a man who was sick with the "flu" one Friday, by Sunday he had a temperature of 103 degrees, yet on Monday drove in an open car from Evanston to Great Lakes Naval Training Station (about a forty-mile round trip) and by Wednesday night had a temperature of 105 $\frac{1}{2}$  degrees when I was called in. He simply had no chance and I did not expect any. He died Friday morning.

The other lost case was a poor washerwoman who washed all week, altho sick with the "flu," and was taken with the pneumonic chill while hanging up clothes on Thursday. That night I was called. She had lost all power of resistance by neglecting herself. It was a death-warrant case from the first examination and she died Saturday morning.

As a matter of exact justice, neither case can justly be called an osteopathic failure, any more than a suicide would be a failure. Neither

was an "osteopathic case" and each received eleventh hour attention out of proper humanitarian considerations with no expectation of staying off the inevitable.

But for these two which were "death-warrant" cases when first seen, osteopathy would have made a record here of treating 250 cases without a fatality, as that is just what it did.

The "flu" has started up afresh here—I have had eleven new cases since January 10th—so I cannot write anything about treatment now, but will give that to *The OP* in a later issue.

This epidemic has surely put osteopathy on the therapeutic map, and what is more important, even than that the people have discovered us is that we have found ourselves. We know what we can do now in the acute infections when all other helpers fail and regular medicine is as a "jibberish of superstition and impotence and worse"—a fatality itself! Fraternally yours.—  
James M. Fraser, D. O., Evanston, Illinois.

I am greatly pleased with *The OP* and look forward each month for its arrival. You are certainly doing good work and giving us the worth of our money. More power to you.—Asa B. Smith, D. O., Fairmont, West Virginia.

Fifty Plus and No Deaths

By B. J. Still, D. O., Elizabeth, New Jersey

I TREATED more than fifty cases of the "flu" without the loss of a case. No case developed pneumonia that I treated early. I had several pneumonia cases, however, without a loss. Nothing has ever promoted my practice and impressed my patients as this epidemic has done. Practitioners have made great mistakes who have sidestepped "flu" and "pneumonia" cases.—B. J. Still, D. O., Elizabeth, New Jersey.

Seventy-Five Cases—No Deaths

By James A. Cozart, D. O., Canonsburg, Pennsylvania

AFTER my report on "flue" cases, nine new cases without a death, without pneumonia, or any other complications. Total number of cases to date, 75.—James A. Cozart, D. O., Canonsburg, Pennsylvania, January 7th.

Influenza Is Putting Osteopathy on the Map

Says Dr. F. I. Furry, of Cheyenne, Wyo.

THIS influenza epidemic is doing more to "put osteopathy on the map" than anything that ever happened. We sent out 1,400 copies of your November and December issues of *Osteopathic Health* and they set everybody to talking osteopathy. One copy went to a woman fleshy and five months pregnant, who had been sick about ten days, double pneumonia for four days, whose physician had practically given her up; in less than twenty-four hours under our treatment her temperature was sub-normal and she was on the road to recovery. So far, she has not even miscarried.

You mailed the magazines for us at a cost of \$59 and we will get more than that out of the one case, to say nothing of others that have come as a result of that educational work.

We believe every D. O. should mail these "flu" numbers to the limit. There has never been such an opportunity to boost osteopathy.

We are enclosing list from our telephone directory to receive the January magazine. We have not counted them, but we will take 1,500 of the January number. You mail one to each name on our list and send the rest direct to our office. You will find herewith our check for the last order.

We have been too busy to do much reading the past year, hence didn't realize that we were without *The OP*. On checking up we find that we have not received it for several months. Kindly put us back on the list and send us the back numbers, if possible. If we haven't paid for it, send us a bill.—Drs. Furry & Ireland, Cheyenne, Wyoming.

Will Establish Firmly in Acute Practice

[From the Colorado Osteopathic Physician]

THE large number of influenza cases treated by osteopathy is a very encouraging omen. It indicates that osteopathy is rapidly invading the field of acute disease. That osteopathy is breaking away from the field of chronic conditions, where it has been hedged about by prejudice, and is assuming the importance which it should, in the treatment of acute diseases. Incidentally the wonderful record made during the present epidemic by osteopathic treatment everywhere, more than everything else, is going to establish osteopathy firmly in acute practice.

Kindly renew my subscription for *The OP*, as I consider it my vade mecum at all times.—Dr. J. J. Lynch, Huguenot Park, New York.

*The OP* gets better all the time. Please send it to my new address.—Nora Haviland Moore, D. O., Grand Junction, Colorado.

Please note enclosed check for \$2.00 in payment of my subscription for *The OP*. Your paper has been coming very regularly and is the most welcome of visitors.—F. W. Hamilton, D. O., Robinson, Illinois.

NOW IS THE TIME TO ANSWER THE QUERY "WHAT CAN OSTEOPATHY DO IN ADDITION TO CURING INFLUENZA AND PNEUMONIA?"

In the recent pandemic many people came into contact with osteopathy for the first time and were dumbfounded to find it effective beyond their greatest hopes. Now many of them are speculating on what osteopathy does in other sorts of disease. "Is it as good for this and for that as it is for the "flu?" is the question they ask themselves.

Give these people the information they need while they are curious for it. Get busy and push forward the work of education. Convince your "flu" patients and all other inquirers that osteopathy avails much in all kinds of disease. Do not generalize—be specific. Give them documentary evidence on the various diseases. We can supply you with osteopathic popular literature relating to and naming a score or more of different ailments.

Ask for complete set of samples of our standard popular brochures on osteopathy or send your order for an "assorted" supply. The price is \$4.00 per hundred copies. Your professional card imprinted, if desired.

Some of the brochures offered are:

Mark the quantity of each issue you desire in the blank space just before the number on each line. Then make out the total order below.

- .....No. 2—A. T. Still, Scientist and Reformer.
- .....No. 3—Flat Foot, Hay Fever.
- .....No. 6—Osteopathy in the Infectious Diseases.
- .....No. 8—Osteopathy in the Inflammatory Diseases.
- .....No. 9—Remarkable Cure of an Imbecile Child by Osteopathy.
- .....No. 11—A Chronic Dyspeptic Greatly Surprised.
- .....No. 12—How "Bad" Mechanism in Our "Joints" Makes Sickness.
- .....No. 13—What Osteopathy Does for the Welfare of Women.
- .....No. 16—Osteopathy Potent Where Serums and Vaccines Fail.
- .....No. 17—The Osteopathic Catechism, Part 1.
- .....No. 18—A. T. Still as a Medical Thinker.
- .....No. 19—Three Hundred Cases of Pneumonia Without One Fatality.
- .....No. 20—Nervous Prostration or Neurasthenia.
- .....No. 21—Osteopathy Synonym Surgery.
- .....No. 22—Facts and Fallacies Regarding Osteopathy.
- .....No. 23—The Osteopathic Catechism, Part 2.

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A. T. Still Memorial Issue

WE HAVE on hand a limited supply of the December, 1917, issue of *THE OSTEOPATHIC PHYSICIAN* which was the big A. T. Still Memorial number. It contained nearly 30 characteristic pictures of the "Old Doctor." Also tributes by many of the leading members of the profession. You ought to have two or three copies of this issue to keep for the years to come. Place your order now. The price is 25c a copy.

THE OP CO., 9 So. Clinton St., CHICAGO

## To Understand Why Osteopathy Conquers Influenza Read

**A. T. Still, Founder of  
Osteopathy**

By Prof. M. A. Lane

This Book of popular science tells in simple language about Infection, how the body creates its own Immunity against Infection, and how Osteopathy aids the body in its work of fighting Infectious Diseases generally.

Written for the lay public, it yet contains in easily accessible form much advanced information of inestimable value to the osteopathic practitioner. Indeed it absolutely is the most advanced and scientific statement of Osteopathic Therapy that has yet been produced while as a popular statement of advanced Biology and Pathology there is nothing to touch it in the whole medical book field. Studied carefully, it will serve as a text and reference book of the greatest usefulness to the doctor himself.

Make yourself familiar with the facts and theories set forth in this work. Discuss its revelations briefly with your patients. Each of your good patients should be presented with a complimentary copy. Such thoughtfulness and generosity will pay you many fold.

Thinking people who have been brought quickly and safely through a siege of Influenza or Pneumonia by Osteopathy are interested to know WHY it works so successfully. This book, "A. T. Still, Founder of Osteopathy," gives the answer. You will find it a revelation to everybody that exact harmony exists between Osteopathy and the most modern scientific Laboratory Research. This fact, once understood, will advance immeasurably your prestige as a physician in the minds of your clientele.

The price of the book, well bound in dark green cloth, stamped in gold, is \$2.00 delivered, postage paid. Order today. Feast on it tomorrow. Derive benefits in practice the day following.

The OP CO., 9 S. Clinton St.  
Chicago

## My Experience in Pneumonia, Influenza and Other Diseases in Which There is Local Inflammation

By Benoni A. Bullock, D. O., Detroit, Mich.  
Former Secretary American Association of Orificial Surgeons

ONE of the greatest questions confronting the osteopathic and medical profession today is the treatment of influenza, as most all parts of the United States has been reached by this dreaded disease, and what makes it more complicated, in laying out a treatment is the many forms in which it appears—some of plain influenza, some complicated by a broncho-pneumonia, others with meningitis and many later cases a semblance of the black plague.

Medical literature deals with theories and possibilities and denounces the many heralded remedies.

While my practice is very little general practice, I have taken care of about thirty-five cases of influenza. The only complication which I have met is broncho-pneumonia, and for the benefit of the profession I want to give my treatment, because it has with it one agent in the form of a deionized hydro-carbon oil put up under the proprietary brand, "Dionol."

Something over a year ago an official of the Dionol Company of this city brought a member of his family to me for treatment. Quite naturally, questions as to the uses and value of Dionol were asked, more as a matter of courtesy, I may as well admit, than from any real interest. But from time to time I learned of definite results from Dionol usage of so unusual a character as to determine me to make careful tests. I did so, and the results I have obtained during the past year were so valuable in my practice that I should feel remiss in my duty to the profession if I failed to give others the benefit of them. And right here I may say that I am actuated by no other motive, as I hold no stock in the company and have no financial interest either in its success or failure.

Briefly stated, the treatment is intended to cover but one thing, and that is *local inflammation*, no matter in what part of the body it occurs or under what name it may be classified. This is stating it from the company's viewpoint. The research work into the electro-pathology of inflammation which led to the development of the treatment is certainly very original, interesting and worthy of perusal.

It shows how certain abnormalities hitherto but little understood are present wherever local inflammation exists. That the results obtained are due to a restoration to the cells of the neuro-electric currents of the body which, their experiments show, are invariably dissipated wherever there is local inflammation. That as a result of the loss of this neuro-trophic influence *metabolism* is always impaired in direct ratio to the loss of nerve current taking place. That Dionol treatment stops this leakage and prevents a further escape of neuro-electricity, with the result that *normal metabolic action* is quickly resumed, when recovery follows as a natural sequence. Further explanations occur in the company's brochures, which they are glad to send to physicians, gratis.

Theory aside for the moment, it is my experience that the treatment certainly has a far wider range of action and accomplishes better results than any other therapeutic agent with which I am familiar. However, the makers are in no sense insistent on their theories, but offer them purely as a matter of interest and because they are unable to explain the brilliant results obtained in any better way.

One outstanding fact is its perfect harmony with the precepts of osteopathy, viz.: Correcting abnormalities *without drugs*, for neither preparation has any drug content whatever, hence no possible drug reactions, but the results obtained are strictly electropathological, as explained.

Another significant fact is its wide and rapid adoption by osteopaths throughout the country and the unbelievable quantities they soon come to use. For instance, I have seen orders from one live D. O. for *forty dozen*, all within the last seven months. In fact, I think I have used that many myself. I always carry three or four jars of the ointment and as much or more of the emulsified dionol in my car door, as influenza and pneumonia are only a small part of my practice in which I use "Dionol."

*Pneumonia and "Flu."* I have used two to four dozen Dionol preparations a week during the epidemic and have not lost a single case. In conjunction with osteopathy, with which it works beautifully, it is incomparably ahead of any other treatment. In pneumonia the temperature falls rapidly, either coming to normal or to safe limits in from eight to twenty-four hours. Under this treatment it is exceedingly rare that the disease goes to crisis, and my patients are usually out again in from eight to fourteen days.

*In Influenza* it quickly reduces the temperature, limits the course of the disease and prevents after-complications. In both diseases, the ointment and the Emulsified Dionol are imperative, and the directions must be followed to the letter. Indeed, I exceed the directions as to the amount of Emulsified I administer.

In a recent case of lobar-pneumonia with pleural effusion, there was an absorption of the fluid, and about three weeks later began a reappearance. I immediately operated, resecting a section of the seventh rib, and found the cavity filled with blood and adhesions of the pleural-sack, which were broken up. As soon as the patient regained consciousness, the pleurisy pain was terrific. A half-grain of codein was administered and the cavity filled with liquid dionol. The dressings were changed every morning and the cavity filled with "Dionol," which relieved the pain. The wound was entirely healed in about three and a half weeks' time.

*Other Local Inflammations.* The treatment has been very successful in pleurisy, acute rheumatism and inflammatory conditions of the alimentary tract and urinary system. Also in inflammatory skin infections, furunculosis, etc. Also in nasal and eye and ear inflammations. Almost instant results may be seen in acute inflammatory ear troubles.

In prostatitis, endometritis, hemorrhoids, ovaritis and pelvic congestions generally the results are very gratifying.

I can especially recommend it in burns, sprains, strains, minor wounds. In *infected wounds* the results are nothing short of remarkable.

Tonsillitis, acute bronchitis, quinsy, etc., rarely need over a couple of days' treatment. In fact, wherever there is pain or local inflammation the physician who makes this treatment his first thought in such conditions will be amply rewarded by the results obtained.

Obviously, such a treatment is a welcome advance, and in my opinion is destined to be a potent factor in the treatment of practically all diseases where local pyrexia is present. It has the special merit of not only being rapid in action, but of an entirely harmless character, even for infants. To the obstetrician, Dionol is invaluable, removing edematous conditions and relieving hemorrhoidal suffering more quickly than any other method. I have never known a failure in relieving mastitis or caked breasts under this treatment.

**"Flu" Deaths Pass War's—Toll of Epidemic in America Since September 15 More Than 300,000**

[From the Chicago Daily News]

INFLUENZA has been responsible for the deaths of more Americans than the great war, according to a statement contained in a bulletin just issued by the New York Life Insurance Company. The bulletin makes the assertion that the company has paid out more death claims on policyholders who died of influenza and its attendant diseases than it has on policyholders who died in the military service of the United States.

C. L. Stevens, cashier and acting manager of the Chicago branch of the company, said the bulletin was based upon figures compiled by the actuarial department in New York City. He said he could not give the proportion of policyholders who have been in the army and navy, but thought it was large.

**350,000 Die Since September 13**

"Our company, of course, quit soliciting business from men in the service when the government started its war risk department," he said. "In fact, our agents were instructed to boost the government plan at every opportunity. Even so, a great many of our policyholders entered the various branches of the service and were in uniform when the armistice was signed."

A recent compilation of statistics in Washington disclosed that between 300,000 and 350,000 civilians have died from influenza and pneumonia since September 15. That is many more than the total number of Americans killed in action or dead of wounds since the war began. The government war risk bureau, which is carrying liabilities in excess of \$170,000,000, has reported nearly 20,000 deaths from "flu," pneumonia and similar maladies in the camps and cantonments of the United States.

What has interested insurance actuaries more than anything else is the effect influenza has had upon the death rate of the country.

Any abnormal increase in the average number of deaths concerns the insurance companies, because the rates they charge for policies are based on averages.

Reports from the forty-six largest cities of the country show that the death rate in them has increased 19.6 to the thousand over the normal. The total of deaths from all causes in those cities was 442,374 out of an estimated aggregate population of 20,514,520. Chicago showed a smaller increased death rate than any of the larger cities in the group except Cleveland. The Chicago increase was 2.2 to 1,000 population.

**You Will Have It in the March Installment, Doctor**

THOSE *OH's* of the past three months written by Bunting and presenting osteopathy's work in the epidemic have been great—simply great—and I know have brought me additional practice. They have also done much to advance osteopathy. A good many people around here are going to the M. D.'s for vaccination against "flu" and pneumonia. Let us have another *OH* along the lines of Lane's "Osteopathy Potent Where Serums and Vaccines Fail," but written by Bunting and applied more specifically to the present epidemic.—Yours truly, E. C. Dymond, D. O., Jackson, Minn.

Let them obey that know not how to rule.—*Shakespeare.*

Let him who desires peace prepare for war.—*Vegetius.*

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M. J. BEETS, D. O."

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**"Most Diseases Are of Spinal Origin"**

Sixth edition. This pioneer brochure originally appeared in 1901 as Vol. 1 No. 1, of *Osteopathic Health*, becoming at once the prototype of all popular presentations of osteopathy that have followed. Dr. A. T. Still in 1908 pronounced it "the most literary production on the subject" he had ever read. Price \$3.50 a hundred.

OP Co., 9 So. Clinton St., Chicago



## The Osteopathic Physician

The Organ of News and Opinion for the Profession

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### EDITORIAL

Fairness, Freedom, Fearlessness  
"Hew to the line, let chips fall where they will"

VOL. XXXV JANUARY, 1919 No. 1

#### SEND IN YOUR "FLU" EXPERIENCES TO THE OP

Now that the storm of infection has abated considerably in most localities and you have had time to pause and catch your breath in the midst of your heroic work of life saving, we are impatiently awaiting a letter (or even a post card) from you, giving the main figures and so much of the facts as you are able to supply for these columns.

We are sure that nothing you have ever read in your professional life is of any more concern to you than these few meagre reports that have already been published over the signatures of your fellow practitioners. Your only regret doubtless is that all of them have not as yet found time to write more fully of their experiences.

You can be sure our four thousand osteopathic readers are just as anxious to hear from you!

The profession hasn't time to meet face to face and discuss the great experience and the great awakening of therapeutic consciousness which this pandemic produced for the osteopathic profession—not at least until the big Chicago convention convenes which you must try and attend in justice to your professional future—but now while there are several issues of *The OP* intervening, which will find room for every report that comes in pertaining to the treatment of influenza and pneumonia by our osteopathic practitioners, we may one and all feast upon these exchanges of experience in print.

Just read over these pages devoted to this all-important subject in this issue and realize how valuable it would be to you and the profession to have the paper chock full of such reports next month—and then send in yours. Make it as detailed as you can.

#### THE SHIFTING EMPHASIS

The present influenza-pneumonia situation and the results achieved by osteopathy, if only properly cultivated and made known to the public, will forever estop the medics from casting slurs upon osteopathy and in fact will turn the tables and set the "regulars" to apologizing for their own deficiencies in practice.

#### THE OLD ORDER CHANGETH

Of greater moment than the revelation of osteopathy to the public—which is one prime accomplishment of the great pandemic—is the revelation of osteopathy to the osteopath himself. Not one osteopath in ten really realized what a wonderful therapeutic agency he held in his own grasp until the influenza-pneumonia ordeal put him into active competition with the drug school and he was made to realize—perhaps with utter astonishment in some cases—that he had a walk-away for first honors, and in fact there was none other to actually compete with him. And to think of that considerable number of timorous osteopaths who try to limit their practice to chronic cases! And others who, by the circumstance of maintain-

ing offices in second floors, in towns where elevators are not common, limit their work, practically speaking, to such cases as are strong enough to climb one flight of stairs for treatment! How the old order changes with the osteopaths, who undeniably made most of their early fame on abandoned chronic cases, now establishing dominion over the infectious diseases and conquering them in just the way that Father Andrew always said we could—yet how many of us actually believed it possible? How many? Did you? The fact is, it's true, just as he said. And now many an osteopath who, until recently, thought Professor Lane also was exaggerating or pipe-dreaming when he gave the osteopathic practitioner his chart and compass of correct scientific theory to explain his power in practice over the forces of immunity and in the rout of infection, is now buying his book, "A. T. Still, Founder of Osteopathy," and reading it as his bible in practice and treasuring it as one of his most precious possessions! My, oh my! How a new and deep experience will broaden the mind, change one's preconceived views and give a new outlook to a whole complex situation. It is not too much to say, in this sense, that the pandemic has meant the renaissance of osteopathic practice and that it will broaden it from a *specialty practice* to a *general therapy*—just as Doctor Lane laid down as the correct measure of osteopathy in this admirable and prophetic book.

#### DR. WM. A. EVANS ADMITS RELUCTANTLY THERE'S NOTHING BUT HOPE TO VACCINATIONS AND SERUMS FOR "FLU"-PNEUMONIA

##### "FLU" VACCINE AGAIN

B. W. writes: "Would you advise a man who had the 'flu' about a month ago, but who is seemingly well now, to receive a 'shot' of Rosenow serum? Kindly explain this serum; also give your opinion of this serum in preventing pneumonia and lowering the 'flu' death rate. Is a person who has had an attack of the 'flu' doubly susceptible to another attack?"

##### REPLY.

Your questions are difficult to answer. I may say that I heard or have read all the papers and discussions before the recent convention; likewise I participated in the informal discussions of the committee reports. The evidence as to the efficacy of vaccination is, as the report said, contradictory and irreconcilable. The report also said that in vaccination lay the hope of the future. While most of the evidence related to other vaccines, the report said there was more basis for the vaccine containing pneumonia bacilli, of which the Rosenow vaccine is one.

I have been vaccinated. Unless I learn of evidence to the contrary, I shall be revaccinated with Rosenow vaccine or some similar vaccine later this winter and twice during each of the next three winters. I shall continue to advise the people to follow that course unless proof of a better policy is offered. If I learn of such proof I shall not hesitate to change my advice. By vaccines similar to Rosenow's I mean United States army lipovaccine, containing pneumococcus, and other vaccines containing pneumococcus in considerable dosage.

I do not think a person who had influenza is doubly susceptible to another attack. I know of persons who have had a second attack, but they are exceptions. I know of persons who have had second attacks of small-pox, but, of course, they are very few in number.—Dr. Wm. A. Evans' Department in the Chicago Tribune.



Why is it so hard to admit the plain truth, Doctor? Why so much verbiage to hide the obvious that there's nothing to "regular" medicine's hopes for preventives and cures for influenza and pneumonia but exaggerated claims and blind experiments, which proceed along the old shot-gun prescription route of crass empiricism?

To the person who is disinterested and gifted with common sense the statement that the evidence is "contradictory" and "irreconcilable" as to the value of vaccination as a preventive of influenza is equivalent to saying simply that it doesn't work. Unfortunately your "hope of the future" therapeutically, as a "regular," is tied to a lot of things that don't work.

We think in view of your inside knowledge of medical matters in Chicago that you might have been somewhat franker about the "Rosenow vaccine" and said—what is true—that a great many responsible M. D.'s who know Dr. Rosenow very well scouted the report that he had "discovered" anything of scientific

value the moment he first launched his claims. They said among themselves very freely that they did not think the doctor was capable of making any discovery of value in a field where really trained technicians had made such exhaustive experiments but without therapeutic advantage.

And now, after the medical profession try it out, reports are "contradictory" and "irreconcilable"—in a word, refute the claims made for it.

It is quite heroic in a way, Doctor, to use your tissues in this sort of guinea-pig business, taking blind chances of finding prophylactic aid in expirial adventures; in another sense it is mock heroics; but if you are really searching for a preventive and cure of influenza and pneumonia and similar infections and are anxious to "learn of such proof" if such a therapy exists, read the current issues of *Osteopathic Health* which have been sent you. These will give you the osteopathic statistics of success—will show you a better way, a safe and sane way, and one that has enough potency to command confidence by all who would safeguard themselves against this deadly scourge.

When army doctors let such a terribly high percentage of their influenza patients develop pneumonia and lost 38 9/10 per cent of all their cases that got pneumonia, would you mind giving the reason why you cherish so much faith in the "United States army lipovaccine containing pneumococcus"?

Physicians of the osteopathic school had but 7 1/2 per cent of their influenza patients contract pneumonia—in fact, less than that share, as this percentage includes the proportion of their cases which were developed pneumonias before calling in osteopathic attendants. You have a pretty fair idea as to how many times this osteopathic record of but 7 1/2 per cent of influenza cases developing pneumonia was multiplied under "regular" medical practice in the army. The percentage of patients developing pneumonia in spite of so-called prophylactic treatment in the army was enormously higher—wasn't it? Then, why the faith that is in you?

While army doctors were losing 38 9/10 per cent of their pneumonia patients—practically speaking, two out of five—osteopathic physicians were losing but 8 1/4 per cent of their cases—one case out of twelve. Do you call that a successful demonstration of therapeusis?

With this "proof of a better policy" attested by these comparative statistics, and with the osteopathic profession willing and anxious to demonstrate anew the success of their methods on any scale that you may require in order to be satisfied as to the dependability of their therapy, will you use your newspaper influence to give the world this valuable knowledge? Or will the treatment that wins your approval have to be either a drug or a vaccine or a serum?

#### A Shot That Should Ring Around the World

I HAVE just read the February *Osteopathic Health* entitled "The Day of Therapeutic Reckoning." It certainly does have the osteopathic viewpoint, the osteopathic punch and true democratic fire. I congratulate you on getting out such a fine number.

My brother and I are publishers of the *Herald of Osteopathy*, but however good I think that is, I want two hundred copies of this February number of *Osteopathic Health*. I think every osteopath in the United States—in fact, in the world, should use large numbers of this number of *Osteopathic Health*.—C. C. Reid, D. O., Denver, Colorado.

#### "Ban" Likes It

Please send me another copy of the Lane book. I hope to see you sell a million copies of this work.—C. M. Bancroft, D. O., Canandaigua, N. Y.

# British Royal College of Physicians Deny Virtue to Drugs or Inoculation as Prevention or Cure for "Flu"

[From The Literary Digest, December 28.]

A STATEMENT issued by the *British Royal College of Physicians*, and published in the *London Times Weekly* (November 15), declares that this outbreak is essentially identified, both in itself and in its complications, including pneumonia, with that of 1890," and "has no relation to plague, as some have suggested." The following timely advice is given to the public:

"Well-ventilated, airy rooms promote well-being, and to that extent, at any rate, are inimical to infection; drafts are due to unskillful ventilation, and are harmful; chilling of the body surfaces should be prevented by wearing warm clothing out of doors. Good, nourishing food, and enough of it, is desirable; there is no virtue in more than this. Alcoholic excess invites disaster; within the limits of moderation each person will be wise to maintain unaltered whatever habit experience has proved to be most agreeable to his own health. The throat should be gargled every four to six hours, if possible, or, at least, morning and evening, with a disinfectant gargle, of which one of the most patent is a solution of twenty drops of liquor of soda chlorinate in a tumbler of warm water. A solution of common table salt, one teaspoonful to the pint of warm water, is suitable for the nasal passage; pour a little into the hollow palm of the hand and snuff up the nostrils two or three times a day.

"Since we are uncertain of the primary cause of influenza, no form of inoculation can be guaranteed to protect against the disease itself. From what we know as to the lack of enduring protection after an attack, it might in any case be assumed that no vaccine could protect for more than a short period. But the chief dangers of influenza lie in its complications, and it is probable that much may be done to mitigate the severity of the affection and to diminish its mortality by raising the resistance of the body against the chief secondary infecting agents. No vaccines should be administered except under competent medical advice.

"No drug has as yet been proved to have any specific influence as a preventive of influenza. At the first feeling of illness or rise of temperature the patient should go to bed at once and summon his medical attendant. Relapses and complications are much less likely to occur if the patient goes to bed at once and remains there till all fever has gone for two or three days; much harm may be done by getting about too early. Chill and overexertion during convalescence are fruitful of evil consequences. The virus of influenza is very easily destroyed, and extensive measures of disinfection are not called for. Expectoration should be received, when possible, in a glazed receptacle in which is a solution of chlorid of lime. Discarded handkerchiefs should be immediately placed in disinfectant, or, if of paper, burned.

"The liability of the immediate attendants to infection may be materially diminished by avoiding inhalation of the patient's breath, and particularly when he is coughing, sneezing, or talking. A handkerchief should be held before the mouth, and the head turned aside during coughing or sneezing. The risk of conveyance of infection by the fingers must be constantly remembered, and the hands should be washed at once after contact with the patient or with mucus from the nose or throat. Each case much be treated, as occasion demands, under the direction of the medical attendant.

No drug has as yet been proved to have any specific curative effect on influenza, tho many are useful in guiding its course and mitigating its symptoms. In the uncertainty of our present knowledge considerable hesitation must be felt in advising vaccine treatment as a curative measure.

"A period of enfeeblement following an attack of influenza should never be disregarded, as it is apt to mask the presence of other morbid conditions."

[Italics ours.—Editor.]

## THE FRUITS of STATE MEDICINE

### Finds "Dope" Used in 104,010 "Flu" Prescriptions —Morals Board Is Told Narcotics Led to Pneumonia

[From the Chicago Tribune, Issue of Jan. 12th]

CHICAGO'S health department has completed a survey of drug stores and has shown that during the height of the influenza epidemic physicians made widespread use of medicines containing habit forming drugs.

The result of this survey was made known yesterday to the morals commission, which met in Health Commissioner Robertson's office to continue its investigation of the uses of drugs. Dr. H. O. Jones, assistant chief of the health department's medical bureau, directed the drug store survey.

There are about 1,200 drug stores in the city. The survey covered 946 of these, and was for the period between October 1st and November 1, 1918. The work was done by 143 health officers.

#### 104,010 "Dope" Prescriptions

The survey showed that a total of 741,825 prescriptions were filed in the 946 drug stores during this period. Of these, a total of 441,641 obviously were for influenza and pneumonia cases. Of the latter number, 104,010 were found to contain narcotics, as follows:

Opium	17,504
Morphine	10,003
Codeine	50,081
Heroin	17,812
Cocaine	1,383
Miscellaneous	3,331

There also were found 3,866 prescriptions containing chloral, making a total of 104,010.

#### Says It "Invited Pneumonia"

The commission then heard Dr. Bernard Fantus, assistant professor of therapeutics at

the Rush Medical College, declare that the use of medicines containing narcotics in influenza cases invited pneumonia. Dr. Fantus, considered an authority on this subject, said that it was positively dangerous to give narcotics in most cases of influenza.

"In most influenza cases," Dr. Fantus continued, "the patients cough. This is good for them, and should not be stopped by the use of narcotics. To give narcotics invites pneumonia."

The commission was told that it is possible to eliminate the use of narcotics in a big institution. Dr. Allen J. Hruby, medical director at the municipal tuberculosis sanitarium, explained how a month ago, on Dr. Robertson's orders, the use of narcotics and intoxicants at the sanitarium were discontinued.

"How did this affect the death rate?" asked Coroner Peter M. Hoffman.

#### Would Halt Use of Opium

"It had no effect on the death rate," Dr. Hruby replied. "For the first week there was some uneasiness among some of the patients. This soon passed away and all the patients are now normal and we have not resumed the use of drugs."

"Does this show that you can get along without the use of narcotics?" Dr. Robertson asked.

"Yes," Dr. Hruby said. "We are giving substitutes for narcotics and have been successful."

#### Toll of Influenza in 46 Large Cities Reaches 111,688

WASHINGTON, D. C., Jan. 5.—The influenza epidemic which swept the country last year caused 111,688 deaths in the forty-six largest cities, and increased the combined death rate for those communities in 1918 to 19.6 per thousand.

Baltimore, with 26.8 per thousand, and Nashville, with 26.4, had the highest rates of the registration cities, while St. Paul, with 13.9 and Minneapolis and Grand Rapids, with 14 each, had the lowest.

There were 442,374 deaths from all causes in the forty-six cities, the estimated population of forty-two of which aggregated 20,514,520. There was no estimate of population for the other four.

The year's total death rate in New York City was 18.8 per thousand, compared with 15.2 in 1917. In Chicago it was 17.1, against 14.9 the year before, and in Philadelphia, where the influenza epidemic was very severe, it was 24.2, compared with 17.1 in 1917.—*Chicago Tribune*.



Observe, gentle reader, that this government report gives the death rate per thousand of normal total population—not the percentage of cases actually treated. What is the matter with "state medicine" that it has to disguise its fruits under this sort of misleading camouflage? Why not give the deaths from influenza and pneumonia on the basis of the estimated number of these cases treated? If the plain blunt truth were told, would deaths under "regular" medicine be so appalling that the medical chiefs fear the revolution? Very likely.—*Editor*.

#### Massage

(Continued from page 8)

propelled by the fingers with the hand palm downwards; a series of finger-holes, widening in span, and gloves whose fingers are suspended by elastic give strength and movement to the joints concerned. Cucumber-shaped air-hags of varying degrees of inflation are squeezed to restore grip.

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## Could Drugless Doctors Have Saved These Four Hundred Thousand Lives?

By Bernarr Macfadden, in "Physical Culture" for February

FOUR hundred thousand human souls are said to have passed away as a result of the influenza epidemic. The dreadful scourge cost us more than six times the number of lives lost on the battlefields of France. The actual loss of lives in the war was less than 60,000.

Huge sums were spent to add to the comfort and safety of our soldiers.

And rightly so! They deserved everything that money could buy.

But here at home what efforts are we making to protect the lives of our people?

We are in the hands of the practitioners of various schools of healing. Each school follows certain principles of therapeutics. Their methods of treatment differ widely, and even among practitioners of the same school methods vary greatly. Among allopaths, for instance, some will use strong medicines, others will treat diseases without; some believe in the value of dieting, others do not. There may be more uniformity in the homeopathic school of medicine; but when we consider all the varying methods that are employed in the treatment of a serious disease by practitioners of the various schools, we are sorely perplexed.

Human lives are at stake—thousands, yes, millions.

And every individual must decide for himself.

Let us say you reside in the city. You have no previous prejudice as to methods of treatment and you are taken with a sudden illness. In the block in which you live are the offices of several practitioners of the art of healing—an allopath, a homeopath, an eclectic, an osteopath, a chiropractor, a naturopath and a Christian Science healer. Now, which one of these practitioners shall you call in your emergency?

You can be excused for your bewilderment in trying to make a decision.

Can the government not render important service in saving human lives here at home by separating the sheep from the goats in the healing profession?

All these practitioners cannot be right; some must be wrong. Those who are wrong are murdering people by the wholesale. Is it right and proper that these murders should continue?

Is it not time for us to put aside precedent and prejudice and learn the true principles of the cure of disease?

The allopathic schools of medicine have for generations controlled practically all governmental positions. Is it right that they should have a monopoly of this sort? Have their theories as to the cure of disease been tested in comparison with the various other schools of medicine? If any such test has been made, no publicity has ever been given to it.

The New York "Globe," in a recent issue, calls attention to the claims of the drugless physicians, of which there are several hundred in New York, that thruout the entire influenza epidemic not one of their patients was lost. In other words, these doctors maintain that all their influenza patients recovered.

Is this simply an idle boast, or is it truth?

The very suggestion is appalling, staggering! For if it be truth, we are justified in assuming that if all the victims of influenza had been treated by these methods, this country would be richer by nearly a half million lives.

Think of it! Four hundred thousand people estimated as having died of influenza would be alive and well today!!

Even the suspicion of such a possibility

would warrant an expense of millions to learn the truth.

Why not have a governmental investigating committee composed of non-medical men who would investigate without prejudice the claims of all the various schools of medicine?

Why cannot we have the truth about a matter which concerns us so vitally?

## WHERE PEGASSUS BROWSES

Perhaps It's the Flu

[By Charles MacFadden, D. O., Bad Axe, Mich.]

If you've got the pip or gout,  
It's the "flu"!  
If you don't know what you're about,  
It's the "flu"!  
If you're wobbly in the head,  
And you feel like one half dead,  
And what you think is best unsaid,  
It's the "flu"!

If you have the belly-ache,  
It's the "flu"!  
If you're tired when you awake,  
It's the "flu"!  
If your memory's off the track,  
And your liver's out of whack,  
And you're sore across the back,  
It's the "flu"!

If you're skinnier than some guys,  
It's the "flu"!  
If you see things before your eyes,  
It's the "flu"!  
If your jaws hurt when you bite,  
If you've an awful fright,  
Or you can't sleep well at night,  
It's the "flu"!

If you're mentally confused,  
It's the "flu"!  
If you cannot be enthused,  
It's the "flu"!  
If you dream you own a mine,  
If you've shivers down your spine,  
Or you've no desire to dine,  
It's the "flu"!

If you're dry when you're a-talking,  
It's the "flu"!  
If you're shaky while a-walking,  
It's the "flu"!  
If you seem a trifle ill,  
Then you send for Doctor Pill,  
And on summing up his skill,  
It's the "flu"!

There's no need to diagnose,  
It's the "flu"!  
There's no cause to change the dose,  
It's the "flu"!  
With much practice he's been blest,  
There's no use to make the test,  
He'll just bunch you with the rest,  
It's the "flu"!

## "A Masterful Journalistic Service," Is Dr. Fraser's Opinion

RECEIVED your January issue of *Osteopathic Health* today and it sure is just what we want. It gives us facts and statistical proof and quotes the "medics" condemning their own treatment. You have been giving us a masterful journalistic service in "the little patient educator" for several months past—ever since you began to tell them the truth about osteopathy's place in the great epidemic. I am going to see to it that every one of my patients gets a copy of this January issue with the understanding that they read it and pass it along. Keep the good work up and hurry along my order for another hundred copies.

I received Professor Lane's book and have only had time to glance through it, but it sure looks good. Several of my patients have read it and think it great. *Better send me another copy.*—James M. Fraser, D. O., Evanston, Illinois, January 17.

What Was It?

By F. E. Dayton, D. O., Escanaba, Michigan

JUST today finished a case that has caused me much worry and complicated somewhat. Had to make a pulmotor of myself about thirty times to keep her breathing—convulsions, cramps, enter-colitis, cystitis, pneumonia, infantile paralysis, first stage continued.

Began with cramps, 12 p. m., December 31; called in at 2:20 a. m. M. D. said, "Get the flowers, use a hypo and make the last end easier." Well, I climbed a taxi, was there in a few minutes before 3 a. m.

1st. Opened up the cervicals and upper dorsals while the folks were getting a Dionol jacket ready; fastened that on unit tapes.

2d. Two ounces emulsion dionol enema, followed by more osteopathy to middle dorsals and sacro-iliacs.

3d. Had to use fingers of left hand to get feces—no power of expulsion. Orificial dilation of sphincter ani; stimulate heart, elevate left arm and alternate pressure on heart.

4th. Inflation of lungs when angles of nares showed lack of oxygen.

5th. Then began the oposthotonus and torsion of cervicals and rolling of eyes; more osteopathy to cervicals, bandage to hand, crepe bandage, works better.

6th. Then used a Gleason return irrigator and carried tube well past sigmoid, Mgs., saturated solution, one quart above six ounces retained, and the gas began to roll.

7th. Used stomach tube (Turek Double) and flushed out froth and heavy mucus. A few minutes later a slight hemorrhage of frothy reddish appearance.

8th. And the battle was won! No more convulsions, hand partly relaxed, only could not move it without assistance.

The little one—a girl of ten years—was living! That's all we could say. Parents willing to have her live, even if dumb and crippled! Told them God only knew, but I believed all would be right in three days. She sat up today alone, using both hands, and talks as well as ever.

No dope was used to mask the condition. She voided eleven ounces urin, specific gravity 1036; now, seven days later, down to 1005, and drinking two quarts distilled water per day. First poached egg today. Puzzle, what was it? Temperature during convulsion, 95-104; resp., 25-60; pulse, 100-140. No body sweat, alternate contraction and relaxation of musculation. If ever in fifteen years' practice I worked for a life, this was the time, and good old simon pure osteopathy, with the aid of some heat at feet and besides legs and a cold water cap at the head, plus the few things already mentioned, not forgetting the absorbent cotton jacket, which helped some, grandpa, dad and mother working on the right side and at both feet—well! quite a scene, but we won—she lives. Nuff said. But what was it?—Fraternally yours, F. E. Dayton, D. O., Escanaba, Michigan,

"Should Be in the Hands of Every Person in the U. S."

Dr. Molyneux Ipse Dixit

SEND *Osteopathic Health* to enclosed list of 400 names until further notice. Would you kindly make a copy of same returning original and copy of your copy so that I can check up. Please begin with the January issue (In the Wake of the Destroyer). This issue is certainly super-fine and should be in the hands of every person in the U. S. What method have you for keeping track of removals? Please let me know so that we can keep our list correct. Use card imprint on back as it now is and send us 25 for office use. We have already received 50 for office use for this month. Note additional names in long hand and on margin. Also names crossed out.—Albert J. Molyneux, D. O., Jersey City, New Jersey, January 12th.



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Pat. Jan. 10

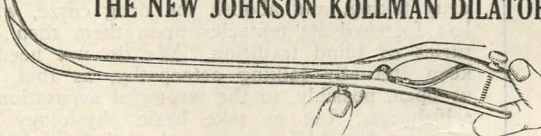
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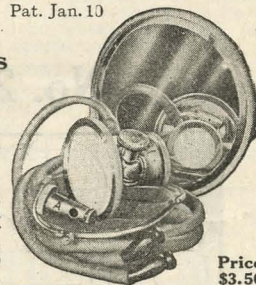
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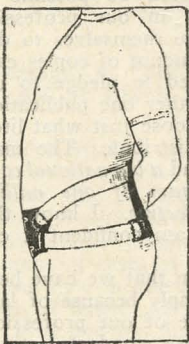
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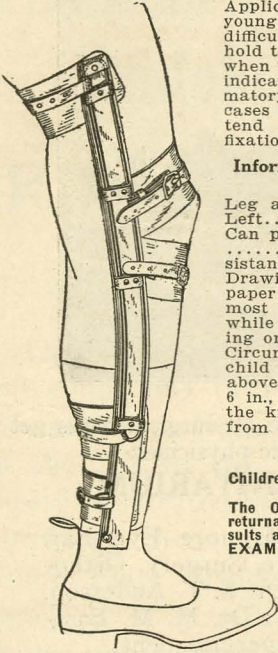
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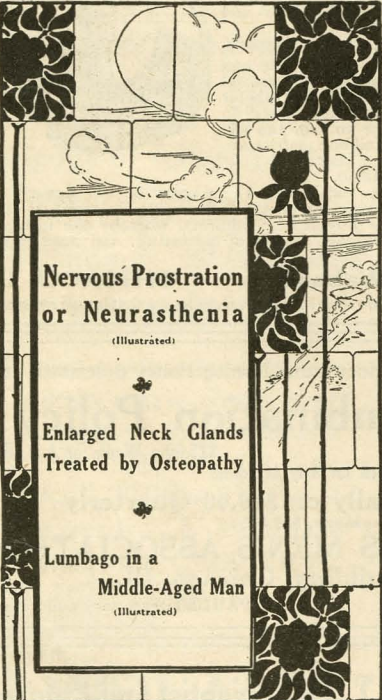
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Robert R. Norwood, D. O., Mineral Wells, Texas.

## No. 20



**Nervous Prostration or Neurasthenia**  
 (Illustrated)

Enlarged Neck Glands Treated by Osteopathy

Lumbago in a Middle-Aged Man  
 (Illustrated)

## OSTEOPATHY IN THE GROUP OF SO-CALLED RHEUMATIC DISEASES

Another of the wonderful Lane issues discussing many forms of so-called "rheumatic" troubles.

**PRICE \$4.00 A HUNDRED**

THE longer I remain in practice, the bigger the responsibility of the osteopathic physician toward the public appears to me. The highest function of any physician should be that of a teacher along health lines. This statement seems to me so obvious as to need little argument. Simply from the economic standpoint, and leaving aside the question of the human misery and happiness, the saving in wealth thru a properly educated public would annually run into the billions of dollars, and make our war loan appear like every-day financial operations.

It appears to me that our profession is not even yet awake to the full duty of distributing osteopathic literature, giving public health talks, becoming interested in state and local health matters, etc., etc. It is true that we are improving along these lines, but things are moving pretty fast these days, and we must move a lot faster as a profession if we wish to make good with our opportunities, and our responsibilities.

The wonderful work that Dr. Jennie Ryel has undertaken in connection with her department of the AOA should receive the heartiest co-operation of every member of our profession. There is no community of the country, regardless of its size, location, or degree of education, which cannot be awakened thru proper channels to an understanding of the serious economic losses and physical unhappiness due simply to ignorance of fundamental laws. If we can educate our great public along the lines of natural physiological law, they will of their own account throw out drug taking, and abolish the drug curse, which has fastened its tentacles upon them thru centuries of blind tradition. We do not need to keep eternally talking osteopathy, as that lays us open, possibly, to the wrongful accusation of selfishness. Let us take basic physiology and educate the public up to a knowledge of their own bodies, and they will automatically become believers in the rational osteopathic philosophy.

I shall be glad to see the day when our profession is distributing a million copies per month of osteopathic literature. I do not care how big a man's practice may be. He may already have a lot more patients than he can properly take care of in justice to his health. Even under these conditions he cannot afford to become selfish and figure that his duty to humanity is ended because he is himself working to the limits of his physical capacity. His duty as a broad-gauge physician should impel him to devote a certain proportion of his income to the education of the public along health lines, either by interesting himself in matters of public hygiene, giving public lectures along fundamental health lines, or distributing quantities of osteopathic literature where it will benefit the uninformed.

I wonder whether it would be possible to form some sort of a club in our profession whose members would pledge themselves to distribute a certain minimum amount of copies each month? They would not need to pledge to use *Osteopathic Health* or any other one publication, but should have liberty to choose just what literature they would wish to distribute. The main thing is to get co-operation and a big national campaign started with a minimum of one million copies per month as the objective. I know this is a whole of a job, but I am confident it can be done.

When I consider the reason that we have been blocked out of the army, simply because of lack of sufficient public knowledge of our profession, and then when I look at those wonderful statistics gathered by Dr. George W. Riley, regarding

the osteopathic treatment of influenza and pneumonia, I feel almost ashamed of myself and my profession, when I think how relatively little we have done along the line of public education and health lines.

Had we tackled this job intensively years ago, we would not have been turned down by the bigotry and intolerance of the army medical control, and we would have therefore been the means of saving the lives of thousands of poor fellows who have passed to the Great Beyond because they could not avail themselves of our ministrations!

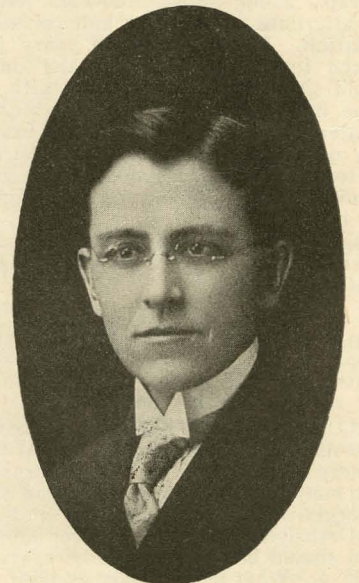
We cannot escape this responsibility, and the main thing at present is to drive it home to every member of our profession. We do not need to discuss Osteopathy. The basic truth which underlies it will compel its recognition in due course, but we do need to get busy right now with the education of the thinking American Public along health lines, and that is a duty worthy of much sacrifice.

Those four consecutive recent issues of *Osteopathic Health* having to do with the epidemic are real heavy guns directed toward the medical ignorance of the public, and I sincerely hope the profession will back you up handsomely in continuing efforts of this character. You can't do much good for us unless we give your good stuff wide circulation.

With all good wishes for your success, I remain, Fraternally, yours,  
 —Francis A. Cave, D. O., Boston, Mass.

### OH Silences the "Knocker"

I AM strong for *Osteopathic Health* and the work it does. I certainly would not have been using the magazine for eight years continuously if I did not know that it keeps my patients enthused and posted on osteopathy. I make it a special point to send it to the "knocker."



Dr. E. B. Carney.

He will read it on "one side" to be sure, but some day he will lay his hammer down and boost. The solution of the problem of the progress of our science with the public lies in getting the people to know what it is, what we believe and what we do.—E. B. Carney, D. O., Fort Scott, Kansas.

# OSTEOPATHS in WAR SERVICE

## My Experience with Uncle Sam

By Chester D. Miller, D. O., Lexington, Ky.

**M**ARCH 27, 1918, I answered my country's call by enlisting in the medical department of the army. I was sent to Jefferson Barracks, Missouri, and there assigned to the Mercy Hospital Unit, then forming, as surgical assistant, my pay being that of a private. I was then sent to Walter Reed General Hospital, Washington, D. C., for training, marked up as "overseas." I arrived at Walter Reed Hospital April 10, 1918. It so happened that there was an outgoing unit that very day and the man who had charge of the clean surgical dressings at the hospital was in that unit. I was ordered to fill the vacancy thus created in the hospital surgical dressings department.

I was told that my unit would be going in four or five weeks and that I must do intensive training, so I went at it hard and heavy, working from five-thirty a. m. to as late as twelve and one o'clock at night, and every fourth night being on call all night long. It was great experience as at that time they were using three operating tables in the main room and two auxiliary ones for septic cases.

At first the Walter Reed Hospital was a general army hospital and all sorts of cases were taken. Later that was discontinued to a certain extent and the institution was converted into an orthopedic hospital for "overseas" cases.

Everything went smoothly—with plenty of work dressing appendectomies, hernias, amputations, etc.—until after about five or six weeks when I began to get very anxious to go over with my outfit. I inquired and was notified that the *Mercy Unit had been gone two weeks* and that my place had been filled by a surgical assistant from New York. When I had been told that my unit had left, I approached the C. O. and asked him why I had been left behind. His answer was that, "we need men here so badly and especially trained men, your place has been filled by a man from New York." I told him that I thought I had been treated very unfairly and he said now to square matters I will recommend you for Hospital Sergeant, and that will pay you more money and give you more honor. I asked him as a mason to put himself in my place just two minutes, while I told him the following story:

Being a graduate osteopath from the original school under the founder, A. T. Still himself. Having license to practice in five states, being a registered physician in the city of Chicago, where I have practiced for six years, being admitted to all the hospitals there. Having about two and one-half years in the Medical Department of the University of Illinois.

I am wondering if you, taking these qualifications in mind, consider a hospital sergeancy as a great honor or otherwise. He said, well, I can't say. Then I said I beg your pardon, sir! But I am forced to consider it an insult. He said, he guessed I was about right, and promised that I would be put on the next outgoing list, *which I was not*. I was then assigned to the Genito-Urinary department, in the Cystoscopic room, with Major Kemble in charge. I made no secret of my being an osteopath at any time and while I was only an assistant, I was treated with as much respect as I have been on the outside, and I must say that the experience was congenial.

If I asked questions they were answered and demonstrated. I was taught the technique of cystocopy as a favor from the Major in charge, and

without bowing to his every whim or fancy to gain any favor.

I was next placed in the Skin and Venereal department and put in charge of the Salvarsan room. I was treated here with the same consideration as I had been in the Genito-Urinary department. I picked no fuss but from the start told them that I was an osteopath. I found some of the men very radical and when I did I simply steered clear.

Having charge of the dressings in the mornings, I naturally come in direct contact with many of the boys and they talked to me much more freely than with the ward surgeon. Yes, I used my knowledge when I found an appreciative boy who would keep quiet! Of course, I was not supposed to treat any cases but I told the major what I was doing and he didn't court-martial me for it, which I expected.

There were many good cases. One was especially interesting: A certain Major of the infantry whose outfit was to go in four weeks, slipped an innominate and was put in a cast from the girdle of the body to the tip of the heel. The pain was so great that he did not sleep from the time it was put on until it was taken off. Finally, orders were given to cut it off and let him rest for two days and to then put on another cast. I got a hold of him and *he went with his outfit the next week*. They don't know yet what happened to him, so don't tell! You have seen the prints of cases that were cured of blindness after six months in the hospital where they had been "incurable." You probably are aware as to the communication that took place concerning these. You can understand, therefore, why I did not go beyond my authority.

The "flu" certainly hit that section hard and we lost a good many cases. Just what was administered in each case I am not prepared to state but whiskey was given rather freely. Statistics, when it is compiled, will show the benefit (?) of such treatment. I had no way of keeping track of the deaths, but I know the boy who had charge of the flags and as each body is wrapped in one, it is a simple matter of counting flags.

I have my discharge, thank the Lord! I would not be willing to part with the experience gained, yet I would think twice before I would again enlist in the medical corps under the same status. I think next time I will join the fighting forces of the Army.

Dr. Miller has decided to locate at Lexington, Kentucky, where he will establish an osteopathic sanitarium. There should be a good field for such an institution at Lexington and we wish Dr. Miller all success and hope the profession will assist him by sending to him a number of referred patients.—*The OP.*

### "Dozens" of "Flu" Patients Seek Osteopathic Aid as Result of Information Received thru "OH"

Enclosed find draft to pay for 300 copies December *Osteopathic Health*. Until further notice, please send us 300 magazines monthly. *Osteopathic Health* has done wonders for our practice and our distribution of recent issues brought us dozens of cases of "flu," every one of which has come thru in fine shape and so far not a single case of pneumonia has developed.—*Dr. Cora W. Trevitt and Dr. Edith Trevitt, Monroe, Wisconsin, December 26th.*

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# No. 23

## The Osteopathic Catechism

(Part 2)



Everyday Questions  
and  
Answers that Pass  
Between Patient  
and Practitioner

Part II.

# Hay Fever Can Be Cured

J. Deason, M. S., D. O., Chicago

**D**URING the past summer a certain osteopathic physician was severely ridiculed by the local medics for stating that hay fever could be cured, he, not having had extensive experience in the treatment of this disease, I was asked for aid in the form of letters from successfully treated patients.

During the past five years I have kept case records and know that practically complete relief for the season has been accomplished in about 90% of all cases. I have also tried to determine by writing to the patients or their family physicians the permanency of results, but this is very difficult to determine because usually those patients who have either been entirely cured or not benefited at all will not take the trouble to answer letters and so we usually hear only from those who have been partially benefited, because they wish further treatment. As far as I have been able to determine, I have had about 70% permanent cures.

At the request of The *OP*, and with permission of the writers, I am submitting some of the letters to show, first, that hay fever can be successfully treated, and, second, why we fail to get relief in other cases.

Here is a case of a man who came to me late in the season of 1917. He had had hay fever and asthma for thirty-nine years and at the time I saw him had not been able to lie down for several weeks on account of difficulty in breathing. The only sleep he had had was an occasional snooze in a chair. Dr. McDougall and I both treated him several times during the first day, Dr. McDougall working on his ribs and neck, and I at his nose and throat. That night he slept all night in bed. After two weeks he seemed to be entirely relieved and went home. Illness of his wife prevented his return for further treatment in 1918. His letter follows:\*

My Dear Dr. Deason: I am happy to tell you that while I had the hay fever this year, it was very light and there was not a time that I could not lie down at night, something that has not occurred before for forty years through the hay fever season.

I had several letters from some parties asking about your treatment, but it was early in the season and I could not then tell whether you had helped me or not, but now I am sure the treatment that I had last fall saved me from a severe attack this year.

I would love dearly to have you treat me again next year before the attack comes on. Trusting you are well and with best wishes.—*C. D. Webster, Oklahoma City, Okla.*†

In another letter he asked that the above statement be given publicity, and further states: "I am a well, hearty old man of 67 and owe it largely to osteopathy."

Cases that are not cured the first season usually respond much more readily the second season and require less treatment to get and maintain relief. Many persons are so situated that they must remain in cities and be exposed to dust and coal smoke constantly, and these patients are not so easily cured. The following letter, however, shows that they can have continued relief:

Dear Doctor Deason: Now that you have advised me that I need not come around to see you any more this season, I want to take this opportunity to express to you my appreciation

\*Foot Note 1. These letters have been selected from my collection of about two hundred. These letters are selected for the purpose of showing certain types of cases and why we have succeeded or failed. If these letters were to be used for other purposes, it might be well to make some additions and omissions.

†Foot Note 2. Most patients do not care for publicity and therefore they do not care to be bothered with letters of reference. That is why, in most cases, I have not given names and addresses.

of what you have done for me both last year and this year.

As you know, prior to last year for over twenty years I have suffered with hay fever so that I had to go north every year. Your treatment, both last year and this year, has been such that I have been what I consider practically free from hay fever. I have had comparatively no trouble with it and I feel that I owe the relief that I have had to you and your treatment.

I feel especially appreciative because every year, for years, I have tried some kind of a treatment that had practically no beneficial results. After this experience you may imagine how gratifying it has been to find a treatment that gives relief. With kindest personal regards, I am, *R. W. C.*

It is my opinion that most long standing cases of hay fever can not, as a rule, be completely cured by any method of treatment in a single season. A chronic pathologic state requires time for normalization. I have, however, had many cases that seemingly have been completely cured during one season, as the following letters show. Most of these letters are self-explanatory and need no comments.

Dear Dr. Deason: A letter to you has been on my mind for some time, for I know you care about how I got thru the hay fever season.

Considering the six or eight treatments of last year, and none whatever this year, the result is marvelous; no sneezing whatever, just a little "drip" from the nose; no trouble with my eyes itching. I had none of the disagreeable features at all; could breathe thru both nostrils all the time; slept as usual.

Had I been free to do so, would have gone to you for more treatments this year, and made a thoro case of it, for you hardly had me long enough last year to cure a "cold." Your system of nose irrigation is the right idea. Several light cases here tried it, and it had its effect in each instance. Good luck, always!—(*Miss Olive H. Corwin, Des Moines, Iowa.*)

Dear Dr. Deason: I am happy to say, after you treated me for hay fever, I was greatly benefited. In fact, I am almost cured, for I only had a slight attack this summer after suffering 22 years. Respectfully, (*Mrs. F. W. Laird, Chicago, Ill.*)

The pollen theory of the cause of hay fever has many adherents and I believe that pollens of certain plants, especially the ragweed, often does act as an exciting cause to an already irritated and weakened mucous membrane, but there is ample evidence to show that pollen is not the sole cause nor even the most important cause. I have often kept bouquets of ragweed, golden rod and other pollen-producing plants in my office, and, after having built up the resistance of the mucous membrane, had the patients plunge their noses into these flowers with no effects. I believe, as the following letters show, that in most cases, the mucous membranes of the nose and throat can be made completely resistant to these irritants:

Dear Dr. Deason: Last year was the first time I remained in Chicago for sixteen years, which was made possible by your treatment of hay fever, and I experienced only one day of discomfort. I played golf most every day, traveling on the train some twenty-five miles each way to the Flossmore Country Club. I was one of the surprises at the club, as many had known I was taking hay fever treatments, watching results. Dr. T. Watkins, one of the eminent Chicago doctors, also Dr. Menge, nose and throat specialist, and many others watched my case with pleasing results. Your treatment will cure hay fever, and I am grateful to find this relief, also

the benefit you are giving to humanity with your work.—*W. D. S.*

This patient had had both vernal and autumnal hay fever for more than fifteen years.

Dear Dr. Deason: To say we are delighted with the results of your treatments for hay fever last year is stating our feelings very mildly.

There has not been the slightest symptoms either in June or August. I have taken no precautions whatever. Last Sunday afternoon we drove about fifty miles thru dust and along highways lined with goldenrod and rag-weeds without a sneeze.

We read the Hay Fever and Asthma leaflet with interest. Would be glad to pass out some of them to friends who don't know any better than to sneeze and wheeze their lives away, as I did for years.—Yours for hay fever's eradication, *Winifred Heaston, Huntington, Ind.*

**Probable Causes of Failure in Treatment**

The cases whose letters are given above are of the ordinary resistive type, the cause of which seemed to lie in the deficient resistance or increased sensitivity of the mucous membranes of the nose and throat to air-borne irritants. The treatment given was comparatively simple namely: local treatment and irrigation to the nose and throat and osteopathic corrective treatment to the cervical, upper dorsal and upper ribs. This treatment alone seems to be effective in about 40% or 50% of cases. Many cases, however, will not respond to this treatment alone because there are often complications such as a markedly deficient nasal breathing space due to polyps, deflected septum, permanently hypertrophied turbinates, etc., that will not permit the passage of a sufficient amount of air to allow the patient to breathe freely and thus a constant irritation results.

Infected sinuses and spongy adhesions in the epipharynx are also sources of constant irritation and demand surgery.

Following is a letter from a patient who was permanently cured after fifteen years of hay fever suffering and the only treatment was directed to maintaining a permanent drainage of the frontal and maxillary sinuses:

Dear Dr. Deason: I am very glad to be able to tell you that since your osteopathic treatments for hay fever last summer, this year I have been absolutely free from any symptoms of hay fever. This cure I attribute to the success of your treatment.—*H. J. S.\**

I have found sinus affections in about 80% of all hay fever cases. Many of these will be completely and permanently cured by irrigation and local treatment only, but most of them, I believe, require more radical treatment. The following letter is from a patient that had a sinus operation supported by local treatment and irrigation:

Dear Dr. Deason: For the past twenty years I have been a sufferer with hay fever, and have found it necessary every fall, beginning about the 15th of August, to go to some other part of the country, preferably the Lake Superior region. If I did not do this I was generally laid up with asthma. During these past twenty years I have been practically unable to do any business during hay-fever time.

This year, at the suggestion of my wife, who had had treatments from you with satisfactory results, I decided to try your treatments, and began these treatments some time in July and continued until the first of September, and this year have been practically immune from hay fever and stayed at my work all fall.

During the twenty years I have tried a good many remedies, but your treatments are the first that have been any benefit to me, and, judging from the results this year, I believe that I am entirely cured. Wishing you the best of success.—*A. P. W.*

\*Foot Note 3. All of the patients whose letters appear above have been treated two or more years, so they have had time to know the permanency of results.

The following letter is from a patient that had a submucous resection of the septum:

Dear Dr. Deason: I have your letter of September 19th asking what results I have experienced since being under your care for hay fever. I first came under your care on the 31st day of July and remained under your treatment until about the 30th day of August. I have not been under your treatment since.

I have had hay fever since August 15, 1906, and have received no relief from any treatment until the nasal operation which you performed for me on the 31st day of July last. I cannot say that I have been entirely free from the symptoms of hay fever, but this year I have had no attacks. I have suffered no distress whatever, and at no time have I been unable to breathe through my nose. What inconvenience I have had has produced none of the former symptoms of distress so well known to hay fever sufferers and from which I suffered for twelve years throughout the hay fever seasons. I am quite sure that, had I commenced my treatment with you at an earlier date this season, I would have had a still better result. You advised me that I could not expect absolute freedom from hay fever symptoms the first season of your treatment. I consider that the result of the treatment in my case has been much better than I expected.—*Arthur L. Hubbard, South Bend, Ind.*

In nearly all of these cases in which there is a surgical complication, as mentioned above, the patient has asthma with or following the hay fever attacks, and I doubt whether satisfactory results can be obtained without the necessary surgical treatment. Surgical treatment alone, however, is seldom sufficient to effect a complete cure. It must be followed by the local treatment to the nose and throat, irrigation and the proper osteopathic corrective work. This is where we succeed in cases in which the medical specialists fail. Medical specialists, many of them, do good surgery, but they quit at that. They do nothing to restore the normal resistance of the tissues after one cause of the irritation has been removed and they certainly never correct the interosseous or ligamentous lesions which underlie the deficient nutrition.

A complete cure requires the removal of all of the underlying causes and a restoration of the tissues to their normal resistance.

**Hay Fever in the Army**

The following is from a patient who was completely relieved of hay fever and asthma in two weeks of treatment:

Dear Dr. Deason: As you can plainly see, I am now in the service of the United States Army.

You ask me to state what results I have experienced through your treatments for hay fever.

It was during the 1917 season that I took treatment from you, after the season had already started. In spite of the late time for taking treatments, I was very much benefited, and would have come back to you this year for the same treatments if it were not that I was in the Army. I might mention the fact that after taking a couple of treatments from you I did not sneeze any more except when you worked on my nose. I had the hay fever this year and am just about getting over it.

There was many a time I wished I were in a position to take your treatments. I asked the Army doctor about it, but he didn't seem to know of any way to give me relief except to inject serum and the Army didn't make any allowances for such a thing, so I just had to suffer as before I met you.

Hoping you may keep on being successful with your patients as they appear, I am— \* \* \*

I had several patients, hay fever and asthma sufferers, among the boys in camp near Chicago, and their reports were all like the above. The Army doctors offered no treatment and in most cases treated such cases as if they were simply neurotics and needed no treatment.



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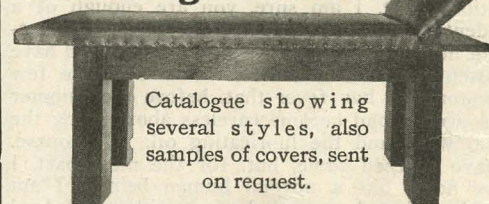
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The following letter is from a young man in the service who was treated last year (1917) and had no attack: He refers to the present (1918) season.

My Dear Doctor: I have your letter of September 19th, in which you asked me for a statement as to what success I had with my treatments for hay fever which you administered.

I must say that while I have not been entirely cured of hay fever, nevertheless, your treatments have certainly given me wonderful relief, for I have not had hay fever nearly as bad as I formerly did. I also think that if I had come to Chicago this year that you would have been able to entirely cure me of this condition— \* \* \*

Several men who had been successfully treated for hay fever from one to three years previously have told me that they had no trouble while in the army service. The following is from a man who was treated while he was in the service:

Dear Dr. Deason: Some time ago I received a letter from you asking for a statement of my condition after taking treatments for hay fever and, as that was immediately after the treatment, I thought I would wait a week or two to see how I progressed. I can now say candidly that for the present I am absolutely cured. While I am not saying that I am permanently cured, because it will take another season to decide that, yet, so far as this one goes, I have received absolute relief, as I go for days not sneezing and the hay fever season is not yet over. I have none of the tickle in my nose as I even shoveled a winter's ashes out of the basement with all the dust that goes with it, and did not sneeze once, which is as good proof as I can think of to show my present condition.

I can also say that I never was as happy over anything in my life as I never had anything that was as disagreeable as hay fever, as it was the dread of my life. You need never fear that I will be backward about advertising you as a hay fever specialist, as I cannot say enough— \* \* \*

The names of the three above letters are intentionally withheld because of their being in the service.

#### The Easy Cases

All of the cases whose letters are given above are not only of long standing, but were very resistive, most had surgical complications and asthma, and therefore did not respond to treatment as readily as the uncomplicated or easy cases do.

The following letters are from patients who had no surgical complications and who therefore responded quickly to a short course of simple treatment:

Dear Dr. Deason: You think me a careless and ungrateful creature, and I accept the nomination. But, I am sure, you are enough of a student of human nature to know that your treatment helped me. In case it had not I should have written you soon and often. I have had so few symptoms of hay fever that, before the summer was over, I had become careless about using the nasal wash and the lubricating oil. Of course, I have sneezed some, but, for the most part, I have acted like a normal human being. I am confident that the month I spent with you helped me get through this summer with more comfort than I have known in years and I'm going to give you an opportunity to ward it off next spring before my cold is due.—I. B. M.

This patient was treated two weeks:

Dear Dr. Deason: You will be interested, I am sure, in knowing how much I have been benefited by your treatments for hay fever. It seems wonderful to be able to sleep without experiencing any difficulty in breathing. The sneezing has stopped entirely. I consider it a pleasure to recommend you and to wish you prolonged success.—C. E. R.

This patient had four treatments:

Dear Doctor: I have had hay fever for the past ten years, and since taking the osteopathic cure of yours I have been entirely cured. Thank-

ing you for the suffering you have relieved me from, I remain.—J. M.

This patient had both hay fever and asthma, but it was of only four years' standing. He had a sinus involvement, the relief of which removed all the irritation:

To whom it may concern: After suffering four years with violent attacks of hay fever I went to Dr. J. Deason, osteopathic physician, 27 E. Monroe Street, Chicago. In the presence of other doctors, he gave me one treatment, which chased all the symptoms away. I went to him with eyes nearly closed, incessant sneezing and flowing at the nose. I could not rest at night, but was obliged to sit up in a chair. The evening of the treatment all these ailments vanished, and I ceased to expectorate. For the first time in many weeks I had a good night's sleep. The hay fever disappeared after that one treatment. This statement is supported by immediate friends, who complimented me upon my appearance, and were surprised at the result of Dr. Deason's method.—William H. Watson, M.A., L.L.D., 1043 E. 47th St., Chicago, Ill.

If we could get these cases in their early stages, I believe our results would be much better. The following letter is from a patient whose hay fever was of long standing, but there were no surgical complications:

Dear Doctor: I wish you to know the benefit I have derived from your treatments for hay fever. I have had hay fever for thirty years. By the first of August I was so miserable (never had it other years until 12th to 15th). I went to you on the 9th. After the first treatment I was greatly relieved, after the second one no symptoms whatever, altogether had eight treatments. I am unable to express myself on paper, but I do know I am entirely free from it at this date, the first time in that many years, and I can truthfully say your method is a success in my case. My friends with whom I have associated

for many years can scarcely realize that I have been able to enjoy auto rides, exposed to the dust, and which I have never been able to do before.—Cora B. May, 2458 Indiana Ave., Chicago, Ill.

During the past five years I have treated 362 cases of hay fever with relief from the attack and symptoms in about 90%, and permanent cures, as nearly as I can determine, in about 70% of all cases. I have not cured all cases, of course, and in some cases (about 10%) I have not been able to give complete relief even during the attack, but I have never had a case of hay fever that I could not give at least temporary relief during the attack. During the past three years I have been treating hay-fever asthma with practically complete relief in about 80% of all cases.

To those who are interested in the treatment of hay fever, let me urge you to attend the next annual meeting of the American Osteopathic Society of Ophthalmology and Oto-Laryngology, to be held in the Chicago Osteopathic Hospital in June. The methods of treatment will there be demonstrated.

#### "New Thoracic Murmurs"

By Frederick D. Parker, M. D., in the Journal of Experimental Medicine, with Huston Suggestion

MY early impressions of the complexity of acoustic and their relations to thoracic murmurs soon led me to realize the futility of their further study with the ordinary stethoscope, for within the compass of the thorax it will be seen that there exist the most complicated compound tones. Some of these are blurred to our perception by variations in their intensity or by sounds of a relatively greater intensity which overshadow them.

There exist sound shadows, of which we have been ignorant, and of these there are two varieties, respiratory sound and shadows and cardiac sound shadows. [By regulating its Acoustic Rheotome, the Huston Akouophone enables us to differentiate and to examine these sounds carefully.]

Heart sounds appear to take on the characteristics of chamber sound in a degree greater than we have realized; and dilated hearts with poor muscle respond to more harmonies than does muscle with better tonus. [The Huston Akouophone re-enforces these sounds for purposes of study, when desired.]

The so-called third heart sound, noted by many observers and discussed by both Barie and Thayer, does exist as a true heart sound. It is the sound produced during auricular systole and is heard best at the apex. [Use the small end of the Akouophone.]

There is a cardiac sound which I shall call the outflow sound. The heart is a tube resonant walls. These walls are set in vibrations: (1) while the heart is filling; (2) when the auricle contracts; (3) when the ventricle contracts, thus causing the valves to vibrate; (4) while the ventricle is being emptied; (5) when the semilunar valves close. The flow of the blood into the heart is too gentle to cause vibrations sufficient to give rise to audible sound. The second or auricular vibrations causes the sound of Barie and Thayer. The third sound is that now termed clinically the first sound. The fourth is an outflow sound. The fifth is the so-called second sound. The outflow sound is heard between the first and second valve sounds of the heart. During this period the outflow sound does not appreciably vary in intensity, but it noticeably rises in pitch. When the ventricle shoots its considerable mass of blood into the great arteries, it is a priori probably that the rushing flood would set the elastic walls in vibration. The outflow sound cannot be a continuation of the so-called first sound, because the intensity of the outflow sound does not perceptibly diminish.

Vesicular breathing and bronchial breathing have the same origin, but in vesicular breathing there are vibrations added by the parenchyma of the lungs, and in bronchial breathing there are fewer partials muted.

## Our Soldiers Slaughtered In Their Sick Beds!

The death rate for influenza under osteopathic treatment during the 1918 epidemic was 0.78 per cent. or less than one death in every 120 cases. For pneumonia it was 8.25 per cent. or one death in every 12 cases. Army medical doctors lost twelve or more influenza cases in every hundred and almost five pneumonia cases of every twelve! Why should the boastful, grasping, intolerant "regular" who "monopolizes" the care of the sick in the United States Army lose five times as many patients in pneumonia as the osteopaths? Who will be responsible for perpetuating such a monopoly? "State medicine" has got to be abolished in the interests of public health.

The ratio of inspiration to expiration during any one phase is dependent upon the domination of one tone with its chain of partials over the other—by reason of improved or impaired reso-

nance in that phase, and this may be altered somewhat by reinforcing the other tone or chain. [Use the large end of the Akouphone and have the Rheotome turned to the maximum.]

**"CHIRO" STANDS for FALSE PRETENSES and LAW EVASION**

**One Montana Veteran to Another on Chirobunkery**

**F**OLLOWS a letter written by the Hon. John T. Smith, of Livingston, Montana, to Col. O. F. Goddard, of Billings, Montana. Mr. Smith is a veteran attorney, now retired, and owner of large farming interests near Livingston. He is an outstanding representative of the bar in the State of Montana. Besides enjoying the respect of his profession on account of his legal ability, thru the winsomeness of his personality, he holds the affection of the members of the bar in Montana to a greater degree, perhaps, than any other attorney in the state. Col. Goddard also is one of the outstanding members of the bar in Montana. Both are "old timers" in that state, and along with two other old-time Montanans they presented a public argument against the licensing of "chiropractors" in that state because of their ridiculously inadequate educational equipment. This was published as an open letter in the *Butte Miner*, November 3rd:

Oct. 29th, 1918.

Hon. O. F. Goddard,  
Billings, Mont.  
Dear Goddard:

You will recall that some time ago you and I and certain other citizens of this state made formal protest against legalizing a certain spurious form of the healing art, the votaries of which style themselves "Chiropractics." Our protest was based upon the fact that our state was to be overrun with a horde of ignorant pretenders, some of whom were violating our state laws relating to the practice on the healing art with impunity, and having of education, medical or otherwise, fitting them for the responsible calling, and who based their right upon diplomas given out by certain bogus schools, which said diplomas, like German treaties, were only pieces of paper which could be had for the asking and a very small stipend, if accompanied with a promise to aid the outfit in securing a legal status in this state.

Our legislature and those of most of the other states have repeatedly turned down all such applications, and our courts, including our Supreme court, have held the practitioners of the alleged art violators of the laws of our state. Two or three schools at Davenport, Iowa, and one in Chicago are turning out "chiropractors" at a rate that makes the manufacture of Ford cars look like a slow and tedious process.

This state will vote in a few days to determine whether or not we will legalize the worst of all empirical dogmas yet discovered in the line of alleged healing. A medical board, or its equivalent, consisting of three members is sought to be established, the members of which, it is proposed, be appointed by Governor Steward, whose sole qualification is that they shall be men of good moral character and shall have practiced their profession for the period of one year in this state, next before the passage of the act authorizing their organization. This will be put up to the Governor, the herculean duty of finding three men "of good moral character" who have been for at least one year violating the laws of the state in defiance of the courts of the state.

Recent events, however, are such that should render us perhaps more cautious in our opposition to this new departure in necromancy. You

will recall some of those letters we looked over some time ago, which he did not intend for the public, but which B. S. Palmer, head of the "chiro" propaganda, and president of the Palmer School at Davenport, Iowa, weekly mails out to his "graduates," advising, anent evading state laws, how to make the most money, etc. Recently several more of these were shown me by a friend. The last page (page 8) of one dated July 22, 1917, is made a question and answer page. From what is chronicled on one portion of this page, it seems that a "chiro" in the field was treating a young man affected locally with lice (crab lice, commonly called). As "chiros" religiously insist that all maladies are curable by more or less vigorous manipulation of the human vertebrae, and ignore all forms of bathing and sanitation, the "doctor" had been manipulating the lumbar vertebra in order to have the lice leave his patient. The malady, it seems, however, yielded but slowly to his efforts, and he writes to his old preceptor, "Dr." B. J. Palmer, the "peer of all chiropractors," as he is designated, and tells him that he has found trouble with the young man's first lumbar vertebra, but though he has "adjusted" that condition twice the lice do not seem to leave the patient. He wants to know if it is a surgical case.

Answering this letter, which is reproduced in full, under the heading of Inquiry No. 1013, Palmer says that the "1st lumbar vertebra is the right place" to keep on at that point. "Continued adjustments is all he needs. Don't get discouraged." (Keep the \$2.00 per coming your way?)

Now, if there is a vertebra that you can "adjust" to remove local lice, there must be one that you can twist to remove ordinary gray-backs, or "cooties." What a boom to our boys at the front this would be! Now, of course, to you and me it seems incredible that such a process should be effective, but remember this is an advanced age, and if we can save water and soap by eliminating our old-fashioned baths and just get a vertebra twisted when we happen to get infested with lice, let's not stay the march of progress! Instead, shall we not recommend to the government the appointment of an official "cootie board," "chiropractors," "official hokus pokuses?" Faithfully yours,

JOHN T. SMITH.

**Army Medics Try Osteopathic Diagnosis**

**F**ROM a letter written in a hospital in France to a brother who is an osteopath: "A new patient was examined tonight by the assistant surgeon. It amused me to see him attempt to locate the trouble at the base of the fellow's spine. After several leg twists and jabs he pronounced the ache as sacro-iliac something. I could not help thinking how much more scientifically you could have diagnosed the case. Another fellow has been here three weeks with sciatic rheumatism—a healthy looking lieutenant. He has been fed on aspirin until his stomach aches and feels no better than when he came in. There is surely room for osteopaths over here."

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## Federation of Chiropractors

By N. C. Ross, D. C., M. C., President of the Organization

[From a Pamphlet Sent Out by the Hangnails]

SOME wise man said, "You can get anything you want if you want it bad enough." Only a short time ago if any man had thought that the Chiropractors of the United States could be moulded into one compact whole, he would have been denounced as a dope fiend. Yet the dream of yesterday is a reality of to-day. The Chiropractic Profession of America can to-day boast of having in a true sense a National organization. How this came about is now well known and needs no further elaborate explaining. A great common cause crying out to us accomplished this marvelous result. It took a great world war with all its attending miseries and suffering to shake the Chiropractic profession out of its sleep and pointed out distinctly the path to duty.

The Federation of Chiropractors was born of necessity. On every hand members of the profession were bemoaning the fact that Chiropractic Adjustments were not given a chance with our sick soldiers and sailors. Many isolated efforts were made to overcome this condition, but with heart breaking results. In fact, individualistic efforts were but so much time wasted. Then came the great inspiration. Chiropractic could win if all the Chiropractors of America were working solidly as one. No sooner thought than done. The proposition was presented at the annual meeting of the International Association of Chiropractic Schools and Colleges and was unanimously accepted. The plan of procedure emphasized speed. Indeed, all action was to be planned with that idea foremost in mind. This explains fully to any intelligent person as to why the Federation was started as it was and why it is conducted as it is. Concentration of action and authority is driving Germany to the extremity of unconditional surrender.

Any one who for a moment doubts that the Chiropractic Profession is not supporting this Federation should go through the experience of reading the avalanche of letters that have been pouring into my office for over three weeks. These came from all parts of the United States. The sentiments expressed are overwhelming in their fervor and praise. Let there be no mistake. The Chiropractors everywhere are wild with enthusiasm. The key note has been struck and success now appears upon the horizon in bright lights. All that is necessary now is for the whole profession to be liberal in the present drive for funds, and then and not until then will we be able to carry out our plans to achieve our purpose. The question of the hour, therefore, is the success of the drive.

In order to produce simultaneous action in every state of the Union, a state executive for each state has been appointed. Therefore, he has full charge of the drive in his state. He in turn appoints an assistant for every ten Chiropractors. Each assistant canvasses his or her field and are hereby instructed as soon as they read this to immediately get in touch with their own state executive offering their support. The quota for each state is estimated on the following plan: It is assumed there are 5,000 active Chiropractors in the United States. The total minimum funds to be raised are \$50,000 and if possible a maximum amount of \$100,000. This means that the general average contribution from each Chiropractor in order to reach the minimum will have to be \$10.00; \$20.00 for the maximum. So if a state has 200 Chiropractors the minimum quota will be \$1,000; the maximum will be \$2,000. Those states that reach the maximum quota will be especially honored. Already the state executives of the various states are heavily engaged in carrying out their program. So it will readily be seen from the above that this is not a local affair, but a Nation wide movement. It is to be hoped that no state will go through the shame and humiliation of having shirked its duty. Com-

parisons will be published and it behooves the various states to make a good showing when the time of examination comes.

The question may very properly be asked "What are you going to do with this money when you get it?" The purpose, generally expressed, is to bring Chiropractic to our soldiers. Therefore, the money is to be used for accomplishing this purpose. As to the methods to be pursued and adopted, they have not yet been definitely formulated. That is entirely up to the board of control. Various ideas have been advanced. Our best resources are Congress and popular education. But it is useless to attempt any mode of procedure before we have the money necessary with which to go ahead. An organization like this without funds, would be like guns without ammunition. Formidable in appearance, but utterly worthless. Ornamental but not useful.

It has been suggested that some of the money could be well spent in organizing Chiropractic reclamation camps and offer their use free to the government. Another idea is to buy whole page advertisements in the *Saturday Evening Post* acquainting the public with what we want. Congressional consideration of our cause would naturally involve no small expense. But no matter what the plan is, let it be here emphatically understood that under no circumstances will we accept medical supervision or control. The Federation will oppose any such consideration or compromise.

A contract has been let for 10,000 Celluloid Buttons bearing the insignia of the Federation. Its red, white and blue color scheme will give it a patriotic appearance. There will be a white cross upon which will be a spinal column. Here will appear the words: "Chiropractic for our Soldiers." There are twenty-six letters in this slogan and the spine has twenty-six bones. One letter to a vertebra. Dr. J. C. Hubbard of Kansas City, Mo., is to be given credit for originating this whole idea. Surrounding the button will appear the name of the organization. Altogether this will be a very beautiful and appropriate design. These buttons will be soon ready for delivery. The same design will be printed in full colors in the form of posters the size of a newspaper page. Chiropractors will hang them in their reception rooms. Furthermore, stickers with the same design are being printed to be pasted on stationery and on all literature issued by the Federation. All of these as soon as they are delivered will be immediately sent out to the various state executives for them to distribute to the Chiropractors.

The question might quite naturally rise as to what the situation will be in case peace is suddenly declared. A change of this kind should not in the least diminish the value of the Federation. It is true that with the cessation of war, new casualty lists will disappear. But the thousands of casualties already incurred will be on our hands. Therefore, reconstruction work will proceed on a vast scale. We must be prepared for peace equally as well as for war. There will be many months of great effort to restore men to physical and mental fitness. Do not be deluded by the thought that peace will lessen our usefulness. We must now prepare for peace as the emergency will be great.

A warning. The greatest danger to the existence of the Federation may come from within rather than from without. False rumors and gossip are the most insidious influences that undermine any noble effort. Therefore, we must be on our guard. One foolish rumor now in circulation is to the effect that the Federation has introduced a bill in Congress to amend the Osteopathic bill now in consideration of that body. This rumor is absolutely false. Take heed. The Federation has drawn up no bill of any kind and has none in contemplation for the immediate

(Continued on page 29)

## PUBLISHER'S DEPARTMENT

### "The Day of Therapeutic Reckoning"

Reviewed by Ralph Arnold

THIS is the timely topic stated, and well stated, in the current issue of *Osteopathic Health* (February). In fact, by universal consent among leading osteopaths afield, Editor Bunting has never penned a more brilliant, forceful and timely editorial in all his twenty years of osteopathic service.

The moving story of osteopathy's place in the forefront of the world's work of conquering this appalling pandemic—still unfortunately taking its toll of thousands of lives, is told with a simplicity of diction and literary charm that is even unique among Dr. Bunting's already long line of notable literary productions for the science and profession. The literary vehicle in which this—the fourth consecutive telling of the story of Osteopathy vs. the Plague—is carried on is so unlike all his preceding efforts as to constitute an entirely new theme. Those with a taste for analyzing the structure or organization of literary effort must be entertained and delighted to see the new resources of the writers' art that Dr. Bunting displays at his command in this moving story of truth that is stranger than fiction and of consequence as far-reaching for mankind as the settlements of wars and peace tables.

From the moment that the tired osteopath drops into his easy chair in the opening paragraph of this February article and begins to state the case for osteopathy and humanity against the impotency, intolerance and failures of "state medicine," until the last page when the complete subjection of federal government to AMA dictation is moderately and truthfully revealed, the story reads as smoothly as the feel of satin ribbon. It will hold you enthralled and it will hold all enthralled who read it.

"Regular" medicine is called to the bar to plead to the indictment of inadequate and unavailing therapeutics with which to meet the responsibility it assumes of treating influenza and pneumonia. The plain facts are simply and moderately told. The responsibility of losing lives that osteopathy would save cannot be evaded. We who know the truth must tell the people and tell them over and over till they understand. They will listen now. They will understand. They will act when made to understand. Now is the appointed time to clip the wings of "state medicine" and break its tight monopoly which shuts out osteopathy from its just position of public leadership in life-saving.

The main outstanding effect of this brilliant stroke of pamphleteer journalism will be to humble the pride of state medicine and turn the slurs, criticisms and misrepresentations of osteopathy by the AMA crowd into embarrassed explanations and apologies of their own shortcomings. In short, Dr. Bunting in this effort has exhibited the well-recognized principle of defending osteopathy by putting allopathy on the defensive for its own shortcomings—surely, a welcome change of base for osteopathic practitioners.

This February number of *OH* will sell out ahead of time as the November and December issues have already sold out ahead of time—not a copy left on our shelves—and scores of orders coming in clamorously that cannot be satisfied. We warn you February will sell out earlier because it is stronger and better. So be in on the earlier orders if you are particular about getting it.

It is Dr. Bunting's own idea that this February issue is above the best and most useful issue of *OH* he ever put to press; so, if you value his judgment, you have your opportunity. We wish

it were possible for us to print up as big an edition as the utmost possible demand that might be expressed for it—but it is not. We can only print as many as we feel sure in advance will be promptly sold out. Our judgment would be for the profession to use a million copies of this issue—as several leaders in the profession are saying ought to be done—but when it comes down to paying printing and paper bills, with the present extremely high costs of production, we can only afford to print what we know will be the prompt and sure demand, and to oversell each edition is our line of safety. Still, friends and customers of the profession, you can have a second edition printed to supply the rest of that million edition if you insist on having it!

Come on with your orders and hasten "The Day of Therapeutic Reckoning." We can guarantee to produce the Good Stuff if you will help us circulate it. You will hear from this February number—mark what I say—hear publicly of it. It will make a stir.

### Sow the Seed While the Soil Is Mellow

OSTEOPATHS have been doing great work in fighting the "flu" and as a consequence their fame and reputation is spreading and they are being called upon more and more with the result that a great many of our practitioners are really overworked in looking after their cases.

Some of our good friends in the profession while thus weary with work have taken the time to write us and congratulate us on the splendid recent issues of *Osteopathic Health* dealing with the "flu" situation, but some of them have said, "I am so busy treating 'flu' cases that I have no time nor energy left to look after the details of distributing *Osteopathic Health*, and in fact if I did so I fear that the extra practice that would come to me would be more than I could manage in any way to take care of."

Now, of course, while not wishing people to be sick, osteopaths are glad to be busy and we are glad that our practitioners are busy and that they are accomplishing great results, but this is no time to "let up" in educational propaganda work. On the contrary it is exactly the time to be more energetic than ever, for the reason that the public is aroused to the great menace of "flu" and pneumonia and it is more than anxious to learn what can be done to combat these dread diseases. The message of osteopathy about "flu" and pneumonia as put forth thru *Osteopathic Health* will be welcomed by the general public and will be read and studied as never before. Patients who have been brought successfully thru an attack of "flu" will be more than glad to take copies of *Osteopathic Health* and hand them to their friends and to the various members of their family. This great opportunity for spreading the truth about osteopathy should not be neglected; it should be used to the very best possible advantage.

We sympathize with those osteopaths who feel weary with work in these times of urgent demands upon them, but they should not be discouraged and they should not neglect their duty to support osteopathic educational propaganda. We are ready to take care of all the details in connection with distributing the various issues of *Osteopathic Health*. All we need is the list of patients of any osteopathic practitioner and

then we can go ahead and address envelopes and prepare magazines and distribute them accurately and promptly month by month. Just call in a public stenographer and dictate to her the names and addresses on your record; have her make a carbon copy while she is on the job; mail one copy to us and retain the other for your office reference. Do this and let the good work of osteopathic educational propaganda go on in larger measure than ever before.

As to such propaganda producing more practice than an osteopath can look after, that is a problem that is easily solved. It is something that has to be solved anyhow in a situation of this kind whether or not propaganda work is done. When the demand for treatment becomes overgreat, it is the duty of the osteopathic physician to refuse to take on too many new cases. Select the cases that you can attend and look after conscientiously and thoroughly and as one by one they are brought thru and restored to health, or at least to a condition of convalescence, then take on new patients. The refusing to take cases because of physical inability to handle a greater number of patients will never bring discredit to any osteopathic physician, man or woman. On the contrary, it will add to the prestige and reputation of such a one because it makes the people of the community realize that osteopathy is an effective safeguard in time of peril from influenza and pneumonia and it makes them more than ever anxious to learn about this new system of therapy and to put themselves under the protecting care of an osteopathic physician in time of illness and disease.

This is a great seed time for osteopathic publicity. The public mind is ready—the soil is mellow. Do your part in the work of seed sowing so that the harvest may be rich and abundant.

### The Federation of Chiropractors

(Continued from page 28)

future. It was the sense of the meeting held on the 22nd of September, 1918, to have nothing to do with the *Osteopathic measure* before congress. Indeed, we could wish the *Osteopaths no greater harm than to hope that they get what they ask for*. If their bill should by chance become a law, the Osteopaths would then come under *medical domination*.

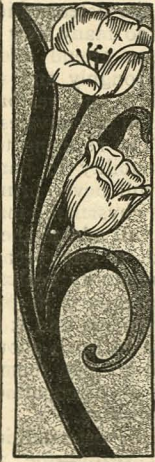
Chiropractic is out to win on no other basis but that of self determination to regulate and control its existence. This settles that question. It is sad to think how idle gossip will travel like a prairie fire whereas truth has to fight its way.

Also, some are under the impression that I am the sole director of this organization. Some more gossip. The board of control, as the constitution and by-laws plainly show, is the supreme power. Being, however, too large in number to be efficient, they delegated this power right now to what is known as the executive committee of three consisting of Dr. B. J. Palmer, Dr. Willard Carver and myself. The executive committee in turn is divided into three subcommittees of Publicity, Auditing and Finance. However, all three constitute one joint committee and all policies are brought to the attention of all three for approval. I have consulted the rest of the committee repeatedly on all important issues so far and will continue to do so in the future. As a matter of truth, I was literally pushed into my present position against my wish. I did not desire to assume so much responsibility. But I am no slacker and will do my utmost for the cause. I consider myself honored by having the privilege of striking so mighty a blow for the science of Chiropractic.

To Chiropractors. You are urged to guard against any gossip or slander that tend to misrepresent and injure the glorious efforts of the Federation. You should be jealous of its honor. There will be no slackers who will shirk their duty under the guise of criticism. Therefore, be quick to show your contempt for such tactics.

## No. 22

## Facts and Fallacies Regarding Osteopathy



How People Get Ideas About  
Osteopathy

Some Insist It Is What It Is Not

Osteopathy Not Severe—  
Osteopathy Not Rough

Mistaken Fears Prevent Relief

Some Think Patients Are  
Treated Nude

How Patients Dress for  
Treatment

Many Believe Osteopathy "Good  
Only for One Thing"

What Osteopathy Can Do for  
Diabetes Mellitus

### Met the Flu-Pneumonia Test Successfully

I consider both the November and December issues of "Osteopathic Health" on the influenza situation were educational. They dovetail into each other so nicely.—*J. Lowell Lawrence, San Francisco, Cal.*

Your December number of "Osteopathic Health" entitled "Osteopathy Met the Flu-Pneumonia Test Successfully" is sure a good number. I wish I could place it in every home in Wichita.—*Dr. Geo. O. Shoemaker, Wichita, Kan.*

The last two issues of "Osteopathic Health" on the influenza situation received. I consider them very timely articles.—*S. Gertrude Crandell, D. O., Wooster, Ohio.*

I was so pleased with your December number of "Osteopathic Health" entitled "Osteopathy Met the Flu-Pneumonia Test Successfully" that I telegraphed my order for 100 copies, stating in my letter that check would follow.—*H. J. Sanford, D. O., San Diego, Cal.*

The issue of "Osteopathic Health" entitled "Osteopathy Met the Flu-Pneumonia Test Successfully" is truly inspired work and seems to me to be perfect in every respect. I wish you to send me a special order of 325 immediately and I intend to use more soon.—*R. W. Shultz, D. O., Garner, Iowa.*

The December issue of "Osteopathic Health" is the best yet. Give us more with the same "punch." I have treated many "flu" cases, cannot say just the number at present, but I have not lost a single case and have had only one with complications.—*L. E. O'Keefe, D. O., Toulon, Ill., December 31.*

Please send at once 100 extra copies of the December issue of "Osteopathic Health" entitled "Osteopathy Met the Flu-Pneumonia Test Successfully." This number is great and I want to send out more of them. The fact is I have had many phone calls requesting copies to send or give to friends. I congratulate you on this number.—*W. S. Mills, D. O., Ann Arbor, Mich.*

## IN D. O. LAND

### Chicago Association Meets

Chicago Osteopathic Association held its monthly meeting at Hotel Sherman on Thursday evening, January 2. The feature of the evening was Dr. Earl J. Drinkall, who took for his subject "Infectious Diseases of Children." The meeting was started at 7:45 p. m., at which time all matters of business were conducted.

### Chicago College Will Hold Post Graduate Course

The Chicago College of Osteopathy will hold a post graduate course at the hospital building, 5200 Ellis Avenue, Chicago, Illinois, from February 10th to 22nd. The entire work of the course will be given by the following Doctors, each of whom stands high in his particular branch of practice. The Doctors are: George M. Laughlin, H. H. Gryette, C. P. McConnell, J. B. Littlejohn and J. Deason.

### Dr. George A. Townsend of Chico Hot Springs Laid Up With the "Flu"

Dr. George A. Townsend, of Chico Hot Springs, Montana, is convalescing at Los Angeles, California, following a severe attack of influenza. He is doing nicely and expects to be back at his hospital at Chico Hot Springs within the next month or five weeks. While he was away his two assistants had charge of the work, Dr. L. L. Ferguson looking after the osteopathic branch and Dr. J. M. Biggs, giving attention to the surgery end of the work.

### Future Meetings of the Chicago Osteopathic Association

February 6, 1919, Symposium on Pneumonia, speakers to be announced later. March 6, 1919, Dr. Carl P. McConnell, "Osteopathy in Acute Diseases." April 3, 1919, Lora C. Little, "The Health Board Menace." The program committee reserves the right that should there be any visiting osteopath in the city, and available for the meeting, any of the above can be postponed and the program advanced one month.—*O. C. Foreman, D. O., Secretary.*

### New York City Meeting

The New York City Osteopathic Association met at the Murray Hill Hotel, December 21. This meeting of the society was given exclusively for the consideration of the interest of the New York Osteopathic Clinic. The following were on the program: Dr. R. S. Coryell, Dr. Richard Wanless and Dr. Ralph Crane, a good presentation of cases treated at the New York Osteopathic Clinic, Dr. H. V. A. Hillman on "Case Records" and Dr. H. F. Underwood and Mr. W. Strother Jones on "Is the Clinic Worth While?"

### A Real Booster

Dr. F. B. Dayton of Escanaba, Mich., recently purchased a large, almost full column ad in the Escanaba Daily Mirror, boosting osteopathy in general and the recent petition to Congress. The article contained information on our House and Senate bills, the fact that clinics were refused at the cantonments, comparative courses in medicine and osteopathy, why osteopaths were denied commissions, some reasons why the bill should be enacted, the "Osteopathist and the Army" from the New York Tribune, "Ask His Mother" from Life, and also news of the Skeyhill case. This is certainly fine on the part of Dr. Dayton and it would be well for other osteopaths in the field to follow his lead.

### Dr. John E. Haskins of Piqua, Ohio, a Victim of Influenza

Dr. John E. Haskins, of Piqua, Ohio, died October 15th of influenza, cerebral meningitis and pneumonia. Dr. Haskins was a graduate of the A. S. O., June, 1911. He located at Piqua, in seven years built up an immense practice. Few men have ever succeeded in osteopathy in as large a way as Dr. Haskins. His practice included everything, surgery, obstetrics, acute and chronic diseases amongst all classes of people—rich and poor, high and low, Americans and foreigners. He was possessed of unusual enthusiasm coupled with good sense and foreseeing vision. The whole city of Piqua was shocked by his death, as well as the surrounding country, for his practice extended for miles. The profession has lost immeasurably by his death, for it is thru such men that osteopathy is best interpreted to the world.—*Robert H. Miller, D. O., Washington, Pa.*

### Western New York Osteopathic Association Meets

The Western New York Osteopathic Association meets regularly the first Saturday evening of each month at Lafayette Hotel, Buffalo, N. Y. The association will be pleased at any time to welcome at its meetings any osteopath passing thru Buffalo or visiting Niagara Falls about the time of its meetings. If possible, however, they should get in touch beforehand with the president or secretary of the society so that any further information about the meetings can be given. The officers of the association for the year 1919 are: President, Dr. E. R. Larter, Niagara Falls; vice-president, Dr. Grace Learner, Buffalo; secretary, Dr. Grace H. Stauffer, Buffalo, and treasurer, Dr. J. F. Krill, Buffalo.—*Grace H. Stauffer, D. O., Secretary.*

### New York Osteopathic Clinic Benefits Recital

The New York Osteopathic Clinic at 35 East Thirty-second street, New York City, will hold a joint benefit recital on January 24, at 8:15 p. m. The artists will be Louis Graveure, well known baritone, and Miss Mildred Dilling, eminent American harpist. An excellent program has been arranged and it is hoped that a large attendance will be present. The New York clinic was opened July 13, 1914, and since that date 2,100 of New York's worthy poor have received care at the institution. Ninety osteopathic physicians have cheerfully given their gratuitous services to the extent of about 32,000 treatments. This is certainly a worthy cause.

### Wants Chicago Doctors for New York Meeting

The following letter was received from Dr. J. A. Detienne of New York City while he was taking a vacation with his family at Hot Springs, Va.: "My dear Bunting: Why can't you, Drs. Fayette and McConnell come down to New York City for our April meeting (third Saturday) and take charge of our program for that meeting? The Philadelphia boys will be with us January 18 and Boston February 15. I am sure you would receive a royal welcome. Am down here at the Homestead, Hot Springs, Va., with my family for a ten day rest. The golfing and the crisp air are certainly fine.—*J. A. Detienne, D. O., Brooklyn, N. Y.*

### Massachusetts Society Meets

The annual meeting of the Massachusetts Osteopathic Society was held January 4th at the Hotel Bancroft, Worcester, Mass. The following program was given: Cervical Technique, Dr. G. N. Bishop, Cambridge; Osteopathic Service League, Dr. F. A. Cave, Boston; Diagnosis, Dr. A. B. Clark, New York; Technique of Ribs, Dr. S. L. Gants, Providence; Our Legislative Needs, Dr. M. T. Mayes, Springfield; Public Health, Dr. Helen G. Sheehan, Boston; Luncheon in banquet hall, Speaker, Arthur Dudley Hall, D. M. D., of Worcester; Subject: "Psychotherapy," Miss Hazel Child of Worcester; Soloist, Technique of Feet, Dr. G. W. Reid, Worcester; Lumbar Technique, Dr. Mary Emery, Boston; All 'Round Technique, Dr. A. B. Clark, New York; Influenza Forum, Dr. Ward C. Bryant, Greenfield, Dr. W. Arthur Smith, Boston; Dr. M. T. Mayes, Springfield; Dr. F. A. Cave, Boston; Dr. G. W. Reid, Worcester; Dr. R. K. Smith, Boston; Dr. H. P. Frost, Worcester, Moderator; Ideas on Osteopathic Needs as Gained from Army Experiences, Dr. Lester R. Whitaker, Camp Devens; Dr. Myron B. Barstow, Boston; Orifical Work, Dr. H. S. Beckler, Stanton, Va.; Business Meeting; Clinics at "The Now Home" upon invitation, Dr. Lewis M. Bishop. The following officers were elected: President, Dr. George W. Goode, Boston; vice-president, Dr. Lewis W. Allen, Greenfield; secretary, Dr. Frances Graves, Boston; treasurer, Dr. Charles G. Hatch, Lawrence.—*Dr. Frances Graves, Secretary, Boston, Mass.*

### New York City Society Meets

The New York City Osteopathic Society held its first meeting of the year at Murray Hill Hotel, New York City. A very interesting program was arranged and prepared by the Philadelphia Osteopathic Society. The following program was given: "Practical Considerations of Epidemic Influenza," by Dr. A. M. Flack, dean and professor of pathology, Philadelphia College of Osteopathy; "An Orthopedic Clinic," by Dr. Ivan Dufur, professor of orthopedics, nervous and mental diseases, Philadelphia College of Osteopathy; "Certain Diseases of Stomach and Intestines and Their Dietetic Treatment," by Dr. Charles J. Muttart, professor of diagnosis and gastroenterology, Philadelphia College of Osteopathy; "Nisserian Infection in Women," by Dr. D. S. Pennock, professor of gynecological surgery, Philadelphia College of Osteopathy.

### Colorado Association Meets

The Colorado Osteopathic Association held its twenty-second annual mid-winter convention at the Albany Hotel, Denver, Colo., on January 2, 3 and 4. The program was as follows: Thursday, January 2, 9 a. m., president's annual address; 9:15 a. m., business session; 10:30

## No. 21

## Osteopathy: Synonym Surgery

A Lame Back Cured

Typhoid Spines

Disabled Wrist Restored to Usefulness

Intercostal Neuritis Caused by a Slipped Rib

Sagging Stomach or Gastroptosis

a. m., Dr. C. C. Reid, "Sources of Infection"; 11:00 a. m., Dr. G. W. Bumpus, clinic; 11:30 a. m., Dr. D. L. Clark, clinic; 12:00 a. m., Dr. R. E. Daniels, clinic, Prepatellar Bursitis; 12:30 a. m., Dr. E. E. George, Case Report. Thursday evening, 6:00 p. m., banquet. Friday, 9 a. m., Dr. R. R. Daniels, clinic, Splanchnotoses; 9:30 a. m., Dr. F. A. Luedicke, clinic; 10:00 a. m., Dr. C. C. Reid, Psycho-Neurosis; 10:30 a. m., Dr. J. P. O. Givens, clinic; 11:00 a. m., Dr. U. S. G. Bowersox, clinic, Tuberculosis; 11:30 a. m., Dr. C. L. Draper, clinic, Varicose Ulcers; 12:00 m., Dr. W. R. Benson, clinic, Influenza and Pneumonia; 12:30 p. m., business. Saturday, 9:00 a. m., Surgical Diagnosis, Dr. W. L. Holcomb, clinic; 9:30 a. m., Dr. E. A. Moore, clinic, Potts' Disease; 10:00 a. m., Dr. L. B. Overfelt, Experience with some recent hospital cases; 10:30 p. m., Maddux, clinic; 11:00 a. m., Dr. C. C. Reid, Tic doloureux and Gastric Disturbances; 11:30 a. m., Dr. J. H. Bolles, clinic; 12:00 m., Dr. H. S. Dean, Laboratory Methods; 12:30 a. m., election of officers.

Elizabeth Broach, from 34 Colquit Ave. to 640 Highland Ave., Atlanta, Ga.  
 Clara Busse, from Chicago to 104 N. Commercial St., Neenah, Wis.  
 F. C. Card, from Turner Bldg. to Mayo Bldg., Tulsa, Okla.  
 P. M. Claussen and B. C., from Indianola, Iowa, to Signal Mount, R. F. D., Chattanooga, Tenn.  
 J. W. Deane, from Beresford, S. D., to Brownsville, Tenn.  
 W. J. E. B. Dillabough, from 615 Fifth Ave. to 117 W. 58th St., New York City, N. Y.  
 A. H. Doe, from 523 Main St. to Case Bldg., Racine, Wis.  
 Fred S. Eiler, from Meadville, Pa., to Wick Bldg., Youngstown, Ohio.  
 G. C. Flint, from Huntington Chambers to 706 Huntington Ave., Boston, Mass.  
 A. M. Fuller, from Bellevue to 153 E. Forest St., Clyde, Ohio.  
 S. E. Higgins, from Whitewater to Hayes Block, Janesville, Wis.  
 Grace L. Hurd, from Brooklands to Woodward Bldg., Washington, D. C.  
 A. R. Kinsman, from 182 Upland Road to 18 Prentiss St., Cambridge, Mass.  
 Barbara Mackinnon, from Los Angeles, Cal., to North Shore, N. S., Canada.  
 W. W. Markert, from Petoskey to Merrill Bldg., Saginaw, Mich.  
 A. V. Mattern, from Des Moines, Iowa, to Minahan Bldg., Green Bay, Wis.  
 E. A. McLaughlin, from Mason Bldg. to Black Bldg., Los Angeles, Cal.  
 E. A. Moore, from Belleville, Kan., to 35 S. Lincoln St., Denver, Colo.  
 Jessie O'Connor, from 5223 Winthrop Ave. to 17 North State St., Chicago, Ill.  
 L. E. Osgood, from 83 Bradford St. to 26 Willis St., Pittsfield, Mass.  
 R. M. Perry, from 715 E. Ninth St. to Hotel Tanner, Kansas City, Mo.  
 E. H. Price, from First and Main Sts. to 921 N. Monroe St., Hutchinson, Kan.  
 Hallie Stubblefield, from Rock Hill to Greenville, S. C.  
 B. E. F. Beal, from New York City to 116 Lenox Ave., East Orange, N. J.  
 J. A. Cook, from Orange, N. J., to First National Bank Bldg., Paris, Tex.  
 E. L. Harris, from Marietta, Ga., to 836 S. Fourth Ave., Louisville, Ky.  
 R. B. Peebles, from Kalamazoo Bank Bldg. to 205 Elm St., Kalamazoo, Mich.  
 E. A. Roe, from 538 Fourteenth St. to Fegler Bldg., Joplin, Mo.  
 D. C. Ward, from Sanford to Orlando, Fla.  
 Avis M. Withers, from Umatilla to St. James Bldg., Jacksonville, Fla.

**PERSONAL**

We are associated together in practice. We enjoy every issue of the OP, considering it indispensable.—*Dr. Olive Ailes and Dr. Donna G. Russell, Charleston, W. Va.*

Dr. A. U. Jorris of La Crosse, Wis., had the misfortune to lose his wife December 13 through carcinoma of the liver and colon. The sympathies of the profession will go out to Dr. Jorris, who is thus with his two children left alone.

The following letter was received from Dr. H. H. Christiansen, now of Pender, Neb.: "I opened up my office here last Monday. Business is fine. I was discharged from Central Officers' Training School at Camp Pike, Arkansas, December 7. I am sure glad to get back and fight for the truth in D. O. land."

On November 5 a son was born to Dr. and Mrs. Ernest W. Robson of Hastings, N. Y., at the Lying-In Hospital of New York City. Mrs. Robson died the following day. The baby, however, is doing nicely. Mrs. Robson was Dr. Joanna Miller Brooks of Running Water, S. D. She was a graduate of the A. S. O., June, '06, class.

Dr. H. E. Peckham, formerly of Middlebury, Vt., is now located at Kirksville, Mo., where he has joined the faculty of the American School of Osteopathy. He has the chair of normal psychology, nervous and mental diseases and hygiene and dietetics. He is also teaching a new course of professional ethics, which is being very well received by the students.

The Idaho Recorder of Salmon, Idaho, gave Dr. Cora Pippenger a very nice write-up just recently. The notice was entirely unsolicited and showed the good work Dr. Pippenger was doing at Salmon. In part of the write-up it tells that a well-known rancher near Salmon was critically ill at the home of a friend where the entire family were down with the influenza. Dr. Pippenger was their physician thruout the entire time and the Idaho Recorder gives her credit for saving the life of the well-known rancher.

Dr. John J. Henderson of Charleston, W. Va., formerly of the Solon Building, has recently moved into spacious offices in the most up-to-date skyscraper structure of the city. The building is located on Postoffice Square, in the heart of the city. Dr. Henderson has put in the best possible equipment and furnishings and he now has the most extensive offices of any physician in Charleston. He is enjoying a very extensive practice, about as much as he can handle, but he is still interested in osteopathic popular propaganda and is distributing 200 copies of "Osteopathic Health" a month.

Dr. St. George Fechtig of New York City has just recently gone down to his Florida house for the winter. The house is called St. George's—A Garden Spot in Florida. It is on the west coast of Florida, between the Gulf of Mexico and Tampa Bay, four miles from Sutherland station, twenty miles from Tampa and twenty-six miles from St. Petersburg. The location is in the midst of rolling hills covered with forests of pine and oak. The extremes of temperature modified to an average of 72 in winter by the large bodies of water which almost surround the Pinellas peninsula.

Dr. Clifford B. Hunt, formerly of 530 World Herald Building, Omaha, Neb., was a recent visitor at the offices of *The Osteopathic Physician*. Dr. Hunt, altho above the draft age, enlisted May 1, 1918, at Fort Cook, Neb. He was a graduate of the American School of Osteopathy, class of 1903. Dr. Hunt spent four months at Fort Cook doing hospital work, especially surgical. He then spent four months at Nitro, W. Va., with the U. S. Guard at a Munition plant. During his army career he had three weeks' experience with medical treatment of some sixty-five cases of influenza. Dr. Hunt is now returning to Omaha to his former location.

**LOCATIONS and REMOVALS**

Geo. Barrett, from 816 E. 45th St. to 2408 N. 45th St., Seattle, Wash.  
 M. V. Baxter, from Stamford to Graham Bldg., Greenville, Tex.  
 L. G. Billings, from Messinger Bldg. to Produce Exchange Bldg., Toledo, Ohio.  
 Nat. W. Boyd, from Philadelphia to 71 Herman St., Germantown, Pa.

**PROFESSIONAL CARDS**

Dr. Percy Evan Roscoe  
 Osteopathy and Minor Surgery  
 601 Guardian Bldg., Cleveland, Ohio

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Morris M. Brill  
 18 E. 41st Street, New York City  
 Specialist—Catarrhal Deafness and Hay Fever

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Dr. W. Bruce Lynd  
 Osteopathic Specialist  
 Practice Limited to Eye, Ear, Nose and Throat  
 514 Ridge Arcade, Kansas City, Mo.

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

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Wm. Otis Galbreath, D. O.  
 Adenectomy, Tonsillectomy  
 Ear and Nasal Surgery  
 321 Land Title Bldg., Philadelphia

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James D. Edwards, D. O., M. D.  
 Originator of "Finger Surgery" in Catarrhal Deafness, Hay Fever, Eye, Ear, Nose and Throat Diseases  
 408-9-10 Chemical Bldg., St. Louis, Mo.

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Chauncey Lawrance, A. B., D. O.  
 301-2 Legal Bldg., Asheville, North Carolina  
 Referred cases given careful attention

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Dr. C. E. Amsden  
 Diseases of the Alimentary Tract  
 2 Bloor St., East Toronto, Canada

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Hubert F. Leonard, D. O., M. D.  
 Consultation and Surgery  
 Eye, Ear, Nose and Throat Surgery a Specialty  
 756-757 Morgan Bldg., Portland, Oregon

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Riley D. Moore, LL.B., Oph. D., D. O.  
 Osteopathic Physician  
 1410 H St., N. W., Washington, D. C.  
 Careful attention to referred cases.

---

Charles MacFadden, D. O.  
 Temple Bldg., Bad Axe, Michigan  
 Specializing in the Non-Drug Treatment of Bright's Disease and Bronchial Asthma  
 Referred cases given every consideration

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Dr. T. J. Ruddy  
 Eye, Ear, Nose and Throat  
 302-9 Black Building  
 Originator (Bowling) of "Finger Method" for Hay Fever and Catarrhal Deafness, etc.  
 Pres. Am. Soc. Oph., Rhinology & Otolaryngology  
 Chief of Eye, Ear, Nose & Throat Dept., C. O. P. & S.  
 Los Angeles, Calif.

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

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Dr. J. C. Howell,  
 Osteopathy, Orificial and Finger Surgery,  
 3 N. Orange Ave., Orlando, Florida.

**BORN**

To Dr. and Mrs. Chester L. Doron, on Thanksgiving Day, November 28, a nine-pound boy, Chester Leidy, Jr.  
 To Drs. Theodore C. and Blanche A. Corlis, of Albion, New York, on December 7, 1918, a baby girl.  
 To Dr. and Mrs. Robert W. Rogers of Somerville, New Jersey, on November 14, a daughter, Jane Cameron.  
 To Dr. and Mrs. Ernest W. Robson of Hastings, New York, on November 5, a son.

**EXCHANGE and MARKET**

For Sale—Blickendorfer Typewriter No. 8, with tabulator and leather case. Machine has not been used 30 days and is as good as new. Former list price of machine was \$70. Will sell for \$30 cash. Address No. 131, c/o The OP, 9 S. Clinton St., Chicago, Ill.  
 Have you a standardized McManis table you wish to dispose of? The McManis Table Company of Kirksville, Missouri, will pay you spot cash. McManis Table Company, Kirksville, Missouri.

Lady, D. O., university graduate, five years' field experience, wishes to become associated in practice with city doctor in any state. Address No. 132, c/o The OP, 9 S. Clinton St., Chicago, Ill.

For Sale—Practice and equipment (office and home combined) of the late Dr. F. Hudson, Edinburgh, Scotland. One of the largest and most select practices in Great Britain. The right man can take \$1,000 monthly. Practice at present taken over by a Boston osteopath, who will continue until buyer arrives. A rare opportunity. Write, cable or come over. Apply to Mrs. Hudson, 14 Charlotte Square, Edinburgh, Scotland.

Office to rent. Monday, Wednesday and Friday, to lady osteopath. Address 1131 Stevens Bldg., Chicago.

Wanted—Position as assistant or to take charge of practice on a salary or percentage basis. Have just received honorable discharge from army service. Address No. 134, c/o The OP, 9 S. Clinton St., Chicago, Ill.

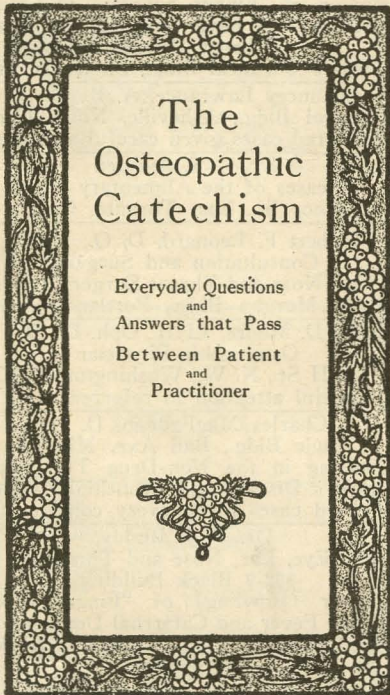
Wanted—to buy practice in Missouri, full particulars first letters. Address No. 133, c/o The OP, 9 S. Clinton St., Chicago.

It pays to advertise the truth, if you do it properly



*Osteopathic Health* edu-  
cates your patients. It  
makes the patient have  
more confidence in osteop-  
athy by explaining its  
therapy.

No. 17



(PART I)

*Osteopathic Health*  
saves your office time. In-  
stead of explaining every  
detail to the patient by  
mouth, hand him a copy  
of *OH* and let that do much  
of the work for you.

*Osteopathic Health*  
for February, 1919



The Day of  
Therapeutic  
Reckoning

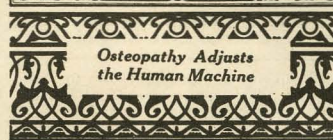
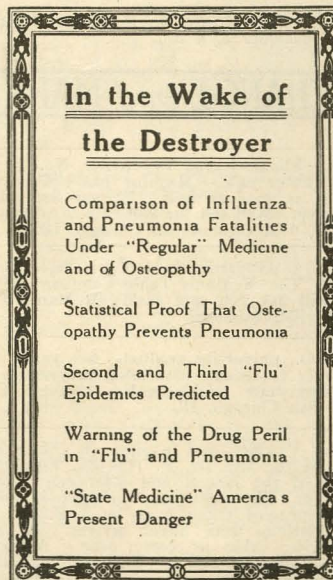
An Indictment Must Now be Drawn  
against "Regular" Medicine for Its Re-  
sponsibility for an Increased Death Rate  
in the "Flu"-Pneumonia Pandemic

Osteopathy Reduces Allopathy's Influenza  
Mortality 99% and Its Pneumonia  
Mortality 66 2-3%!

This Allopathic "State Medicine" Has a  
Strangle-hold Alike on People and Govern-  
ment in the United States and Canada



No. 28



*Osteopathy Adjusts  
the Human Machine*

*Osteopathic Health* will  
increase your practice. It  
will keep your name and  
profession fresh in the  
mind of a cured patient or  
prospective patient.

No. 19

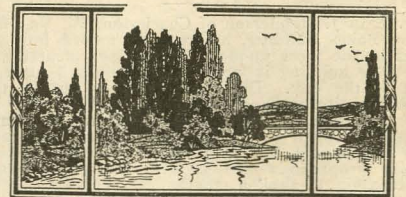


Three Hundred  
Cases of Pneumonia  
Without One Fatality!

The Story of a Lost Voice

Osteopathy After Confinement

Facial Neuralgia	Lame Knee
Nervousness	Liver Diseases
Gastralgia	Children's Ills
Inflammatory Rheumatism	



*Osteopathic Health*  
makes satisfied patients. A  
patient who knows why  
osteopathy is successful is  
a real booster for you. A  
booster means new patients.