

The Osteopathic Physician

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The Osteopathic Physician

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Spanish or Epidemic Influenza From the Treatment Side

By Dr. George M. McCole, Great Falls, Montana

THE successful treatment of sick folks calls for attention to little things. Some little thing properly cared for very often gives us our margin over adverse conditions and spells success in the care of our patient. I have no apology to offer for the small details I have brought into this discussion.

Examination

1. Temperature taken per mouth. In children I insert the thermometer between the cheek and gum or teeth and protect it with my finger, if necessary, talking to the child all the time and telling him that he does it just like daddy. If it is not possible to get the temperature in the mouth I usually use the groin.

Rectal temperature was often taken in both adults and infants and I have found it excellent practice, as it will often give information which oral temperature will not.

I often take the temperature after giving the treatment and find that the oral temperature is frequently higher than it was before the treatment. This is proof that the circulation of blood and nerve force to the head was very poor until normalized by the treatment. As far as my observations have gone, however, I have not found that the temperature per rectum shows much if any change after the treatment. During the epidemic there was not sufficient time or nurse help to make satisfactory records on this interesting subject. I will speak of temperature further on in this paper.

(Note: There is but one way to have a clean thermometer, that is, to wash it in soap and water and a clean cloth. The secretions from the mouth dry quickly and can only be removed by scrubbing. It is these secretions that carry infection.)

I have found a few cases which ran a temperature much below normal, sometimes as much as three or four degrees, and still with enough symptoms to be easily diagnosed as Spanish influenza.

I consider $99\frac{3}{4}$ degrees per rectum normal, especially in children.

2. Pulse was taken at the time the thermometer was in the mouth. Pulse was practically always bounding and hard. Its rate varied widely, being influenced by many other conditions. I often, early in the attack and where other symptoms were indefinite, made a diagnosis principally from the pulse.

3. Breathing rate and type were taken while holding the watch and with the finger on pulse so that patient would not know that breathing was being watched.

Many patients complained of a sensation of weight on the chest and difficult breathing—hardly what one would term true dyspnea yet a real air hunger and sensation of constriction in the chest.

4. The breath is often tainted with the odor of acetone, which is indicative of the high degree of acidosis and is an important diagnostic point.

5. The heart was then examined, both by auscultation and percussion.

6. The examination was then extended over the lungs and pleural rub listened for.

7. Patient was questioned as to having had a chill, general health, occupation, undue exposure, fatigue, what physic, if any, had been taken or other drugs used, bowel movements and bloody stools, food taken, sleep the night before, and dreams, headache and backache.

The full examination could not be given at each call and not all of it to each patient, as time would not permit during the height of the epidemic.

8. Throat was always examined. This is an important point.

Treatment

I consider it advisable to give a strong deep treatment if the patient is seen before the attack has gained full headway; after that I give short light treatments.

If the disease has not developed much at the time of the first visit and if vigorous treatment with adjustment of the deep-lying and tightened-up ligaments over the spinal cord is indicated, as it always is if the treatment can be given, a blanket is sometimes spread on the floor and

treatment given there. The upper dorsal spine is also given a popping with the knee, with the patient on a chair. This, of course, is not attempted unless the patient is strong and vigorous and has taken treatment before, so that he understands what is being done. Where the disease is well developed, the patient not strong, is nervous or is not acquainted with osteopathic principles, this treatment is not given, however advisable it might be.

Subsequent treatments are given to take out the invariable and recurring contractions along the spinal cord. The spine is gently sprung and the muscles pulled away from the intervertebral foramina so that arteries going in and veins and nerves coming out from the spinal cord are free to function.

I might note here that I consider Spanish Influenza does its damage through the attack, of its peculiar and virulent toxin and the accompanying acidosis, on the body's reservoir of energy—the spinal cord and related structures. Where the toxin is manufactured I will mention later.

If the patient is in a nervous condition he is often treated in the position in which found, so as not to disturb him. Care is particularly taken to keep a patient who is moist with sweat from taking cold or being exposed. An extra covering is thrown across the neck and shoulders, and pulled down as the bed covers are moved to get to the area to be treated.

The musculature of the upper dorsal and cervical region is given special attention, the region of the first and second cervical and the first to sixth dorsal being special seats of trouble. The region between the spine and left scapula, first to sixth ribs left, and the region of the suprascapular notch on the left side are given specific treatment to free them of contractions. The tissues of the suprascapular notch are in direct connection with the nerve supply of the heart muscle and treatment here is astonishingly effective. And I may say that I use the word "astonishingly" advisedly.

This treatment for the heart is best given with the patient lying on the right side, patient leaning a little forward, with his left forearm against the chest, hand at neck or chin. Stand then at the patient's head and with the thumbs give all the region on the left side at the base of the neck and around the suprascapular notch thorough muscular adjustment for circulation and remove contractions which disturb the heart's vitality. Treat first to sixth dorsal region.

I consider this treatment specific for the heart debility of Spanish or epidemic influenza and many other heart conditions, as well. I have found it especially effective in the weakened and nervous states following Spanish influenza and in so-called "run down conditions" generally.

Vibration with the tips of the fingers on the anterior chest wall is often used. Sore and contracted tissues are often found along the anterior ends of the ribs which are involved at their spinal ends. These are gently treated. Children are often given vibration, holding their little chests with my hands under their arms.

If the patient is fat and not easy to treat I have him sit up in bed and give the upper dorsal thorough percussion with the side of the hand. About 100 strokes at each treatment are usually given. I remember one very fat patient in the



The "Old Doctor" as He Was in 1907

eighth month of pregnancy to whom I could give hardly any other treatment. It was especially valuable here and we saved the mother after a hard fight. The baby died and was miscarried. (Note: This treatment was described by Dr. Stoel in THE OSTEOPATHIC PHYSICIAN about two years ago, and I have him to thank for it.)

Here I would like to discuss the mechanism of fever.

Unless the temperature of a patient has been reduced per rectum as well as orally we have no grounds for saying that a certain treatment reduces temperature.

The circulation of blood and nerve force to the head is easily effected by osteopathic treatment to the cervical tissues. This, however, does not prove that a fever has been reduced or the condition of the patient improved. A local congestion may have been relieved—probably has. If the treatment has been given with too much severity a local anemia may have been produced—probably has.

My experience is that the oral temperature is about as often raised as it is lowered, by a light but deep cervical treatment. Especially is this true in an ambulet patient or where the patient is in a cold room or in a mouth breather.

Further, we must remember that fever is not a disease. It is not even a part of a disease. It is a part of that necessary reaction which nature is setting up in her struggle to overcome an invading enemy.

If some treatment were to be discovered which would at once stop a fever it would be an exceedingly pernicious measure.

The temperature of the body is controlled by two nerve influences. One has to do with heat production, the other with heat distribution.

Heat distribution is at once effected by an osteopathic treatment because it breaks up congestions. It causes over-supplied organs to be depleted and under-supplied organs to be supplied. The unbalanced condition of the body as regards its blood and nerve supply is at once remedied by treatment. This effect of treatment is immediate and apparent.

The effect of osteopathic treatment on heat production is not so immediate nor is it so apparent. It is, however, more profound and it is more important in its assistance to nature in producing her cure.

The temperature of the body under normal conditions is maintained by substances in the blood reacting on each other. Under diseased conditions we have added to these normal reactions the reactions of the antibodies upon the bacteria of the infection. This raises the temperature of the body. This is fever.

The production of these antibodies (and antitoxins) is of the utmost importance in our battle against the invading disease.

It is here that osteopathic treatment justifies itself as the most valuable of all therapeutic measures.

Now these antibodies (and antitoxins) are formed under the direct control of the sympathetic nervous system. The sympathetic nervous system gets its energy and impulses from the spinal cord.

Further, we always find in epidemic influenza, as in all infectious diseases, a tightening up of the tissues covering the spinal cord. This reservoir of the necessary nerve energy is largely blocked off from the body which it is designed to control. The nerve fibres of the system which controls the manufacture of these necessary antibodies are not functioning. Antibodies (and antitoxins) are not being made.

Osteopathic treatment to the spine and spinal cord corrects this nerve control. The glands and tissues of internal secretion become active. Antibodies are formed. The blood stream distributes them. They overcome the infection. "Osteopathy cures" for "the rule of the artery is supreme."

When nature is meeting the emergency and holding her own in this battle we have a moderate fever—a benign fever. When the body is overworked with other duties and irritations the fever may rise dangerously high. Here it is that the physician must give further aid. Here it is that osteopathic treatment further aids by giving rest to the patient, easing pain and promoting general circulation. Here it is that the attention we give to clothing, diet, ventilation, quietness, good nursing, etc., comes in. The body is relieved of all duties but the one. Its functions are all turned to one end—the killing of the invading infection. The osteopathic physician adjusts. Nature cures. It is all a matter of adjustment.

The chill which accompanies the first invasion of an infectious or contagious disease is Nature's way of warning the individual that he must conserve energy and protect himself. It is the warning signal. Further, it is Nature's method of quickly waking up circulation and calling on the glands to take up their function promptly. Osteopathic treatment takes up and carries on this work.

For labored breathing, an effective treatment is to raise the patient with hands clasped and arms raised above the head, patient being in bed, face up. Stand directly at head of patient. Reach over patient's arms and under the upper dorsal and lift up against the heads of the ribs with your fingers, thus raising the chest, beginning as far down the spine as you can and working up as you treat. Relax the muscles at the same time.

Care of the Patient

I use no aspirin, quinine, morphine, opium, belladonna, whiskey or any other drug. They are all useless and only add more toxin to an already poisoned system. Next to purges, aspirin, through its depressant action on the heart and by destroying the red cells of the blood, was the most frequent cause of death during the epidemic in this community.

I explain to the patient that no drug can remove the cause of the headache or take the headache away. There is but one way to get rid of it and that is to get the kidneys and other eliminating systems active.

Morphine, opium and belladonna may lull the patient to sleep but they also check secretions and thus are often fatal in that the work of the body's system of glands of internal secretion, which are the body's defense, is stopped. The glands of excretion and elimination are also dried up.

To give a patient a drug to cause elimination by sweating, a drug to cause elimination through the kidneys, a drug to cause elimination through the bowel, and a drug which stops secretion and excretion is idiotic and criminal. It is a perfect expression of the fear and superstition of the ages.

The epithelium of the respiratory tract and its glands is controlled by the same system of nerve fibres as is the epithelium of the skin and its glands. A chemical virulent enough to cause the glands of one to throw out a copious secretion will react much the same on the other. Is it not probable that an artificial drug which will cause copious sweating of the skin will cause a similar action in the lung? This action once started in the weakened lung soon leads to its being flooded with its own secretions.

The use of serums and vaccines is pure abracadabra, nothing else. First—A disease which does not establish its own immunity for at least a few weeks cannot be immunized against by artificial chemicals. Second—A disease of unknown causation cannot be immunized against.

Supported by osteopathic treatment, the glands of internal secretion, under influence of the sympathetic nervous system, secrete all the serums, antibodies and antitoxins that the body requires. And "the rule of the artery is supreme."

I order a daily enema and give positive instructions (after having had one or two almost fatal cases from this cause) to use no physics. Purg-ing killed more people here than any one other thing. If a heavy physic be given two or three times and the patient comes to a crisis, so much vitality has been taken out of the blood that he does not have enough strength to carry him over and he dies.

Magnesium sulphate (Epsom salts), which is largely used, is especially dangerous, as some of the salt is absorbed through the mucous membrane of the intestine and in the blood stream acts as an active heart irritant and depressant.

Physics irritate either the intestine, the liver or the heart or all of them. Physics sap the energy which the body so urgently needs to conserve. Physics remove, along with the serum which they extract from the blood stream, the antibodies and antitoxins which the body is hastening to build up for its defense. Physics retard, in the intestine, that action which is being set up to destroy the multiplying germ life there.

The liquid of a fluid bowel movement is serum drawn through the mucous membrane of the bowel and from the blood stream either by osmosis or a toxic action or both.

If the patient comes to pneumonia I find it good and effective to use the "constipation treatment." It is best to let the bowel take care of itself. Nature can do many things, and caring for the bowel in a crisis is one of them, providing the correct diet has been given our patient. If the patient is getting nothing but fruit juices there may be a natural bowel movement, and even if he has been getting other food it is better to leave the bowel alone until after the crisis and then give the enema.

A patient with a frank pneumonia of Spanish influenza has but little chance of living if his strength is being sucked from the blood stream and out the bowel every few hours. Just once is often fatal, as witness the awful death rate of the past few months.

Especially is this true if the patient be a pregnant woman or if the attack be of what is called the "intestinal type."

I see to it that no draft blows on the patient's bed. Our city is in a windy location and a cold draft can appear suddenly and do great damage in a short time.

I order extra covering for the neck, arms, shoulders, back and chest. I like a wool work-shirt best but use pneumonia jackets, extra undershirts, sweaters, etc., when the wool shirt is not to be had.

The patient is instructed that if a sweat comes on, either from a hot bath, hot drink or as a result of the disease, to lie and take it, for throwing off the covers is a sure way of taking cold and inviting pneumonia.

If the house is cold or the patient weak or very sick the urinal and bed pan are used. In fact I prefer their use even when those conditions are not present, as the less the exposure the less chance of pneumonia and the quicker recovery. Rest lying in bed is absolutely necessary to a satisfactory course and quick recovery.

For lung congestions and bronchial irritation, in addition to osteopathic treatment along the spinal cord, raising the ribs and chest, and vibration of the chest wall, I sometimes use the old-fashioned mustard plaster (made with one teaspoon each of flour and mustard, mixed with either water or white of egg), keeping it on about ten minutes or until a good, red reaction is brought about. The feet must be kept warm with hot water jugs. A hot mustard foot bath is excellent when the feet persist in staying cold.

At first I did not use the hot tub-bath. I am now ordering it if I see the patient early in the attack and where there is no contra-indication.



Dr. Geo. M. McCole
of Great Falls, Mont.

If you like the stuff The OP is giving you, tell your fellow practitioner about it who may not be a subscriber.

HOW OSTEOPATHS TREATED THEIR FLU CASES

This *OP* Follow-Up Questionnaire is designed to supplant the invaluable statistical data of epidemic results now being collected by the AOA. This Questionnaire deals with **methods**. It is to disclose **how our patients were treated**. Let us pool our experiences that all may profit.

Please answer as many of these questions as you can and send your data to *The OP* for prompt printing and compilation into general articles. Answers are wanted especially for questions 1, 4, 5, 6, 7, 8, 21 and 22. You are requested to write more at length by letter on any of these points that interest you and pin your letter to the blank.

1. What kind of lesions were found?
2. Where?
3. How corrected?
4. What general manipulations were given for bedside treatment?
5. What was the **average time** used per patient for osteopathic treatment?
6. **How frequently were patients treated?**
7. Did you observe any unfavorable reactions from **too long** or **too thorough treatment**?
(This question is to bring out if over-conscientious work may not easily result in **over-treatment** of these cases.)
8. **How many days** were patients under treatment?
9. Did patients who had been drugged respond as well as others to osteopathic treatment?
10. What regulation of diet was prescribed for

{	Influenza alone?
	Pulmonary complications?
	Bowel and stomach complications?
	Nervous complications?
11. Did you use any substances like Antiphlogistine, Dionol or other local applications? If so, what?
12. What methods were used to keep the bowels active?

{	If enema, what kind, how much, how often?
	If manipulation, what kind and how?
	If laxative, what kind and how much?
13. What method used to keep kidneys active?
14. Did you sweat the patient? If so, how and at what stage of disease?
15. Did you use cotton jacket for pulmonary complications?
16. What about ventilation, that is, much or little?
17. What was average temperature of room?
18. Were any means used to reduce temperature of patients?

{	If manipulation, where, what kind, and how applied?
	If baths, what kind, how often?
19. Were any means used to overcome cough? If so, what?

{	If manipulation, what kind and how applied?
---	---
20. Were any means used to stimulate the heart?

{	If drugs were used, mention them and quantity used? If not used, state so definitely.
---	--
21. How many cases of influenza did you treat? How many deaths? How many cases of pneumonia? How many deaths?
22. How many patients were you able to treat a day during the great rush?

Sign your name here..... Address

Mail to Henry Stanhope Bunting, D.O.,
Editor The Osteopathic Physician,
9 South Clinton St., Chicago

You can help your fellow osteopaths by telling those not subscribers what The *OP* is giving on flu-pneumonia.

such as a dangerous heart condition. I do not now use it unless it can be given properly and without undue exposure to the patient. I never give it late in the disease.

A good method is to get the patient into the tub, lay two canes or sticks across the tub, and cover all with a blanket or rug. Place a bath towel for the head to rest on and pull the blanket around the neck. The patient can then take a good hot sweat in comfort. His arms and shoulders, his knees and legs will not be exposed to chill. When he gets up the blanket can be drawn about him if desired. He then gets to bed for a good rest and sweat. A cold towel is placed on the head and water given to drink.

Every patient should have a good sweat early in the attack. Cover with a blanket and place outside that fruit jars or jugs filled with hot water. Cold towel to the head and several glasses of water or lemonade to drink.

The use of cold compresses on the chest I do not favor. They are used by some osteopathic physicians, but I believe the result is better with other methods. Applied in a hospital where the technique is well in hand they might be successful, but personally I fear them. I am even very careful about putting an ice bag on the heart. Cold packs are sometimes used in my practice on the head for pain or delirium.

Neither do I favor "rub-ons" of camphor, turpentine or onions when they irritate the patient. If the patient has been used to them or has faith in them and wants them I order them. I also order something of the kind where "something must be done." When a family calls a doctor they "want something done," and it is best to do something; ever keeping in mind, however, that our patient's strength must be conserved. "Doing something" and that something being destructive to the patient's vitality is disastrous, as witness the death toll following the use of aspirin, morphine and calomel.

I do favor "rub-ons," in that I think it is well to keep the skin soft with some oil. It helps to keep an even temperature and the skin active. The skin should be wiped dry often, however, to remove the skin secretions which if left on become stale.

I have tried Dionol Ointment, which has been so highly recommended by some osteopathic physicians, and have been pleased with it; not that it has proven itself to have any great healing power, but it is an oil. It is clean and has no repulsive odor to make a patient restless, and it is something the doctor can bring with him and be "doing something."

I remember being called to see one little girl who could not get her breath, and found she was holding her nose with the bed clothes. She told me that the smell and stickiness of the lard and turpentine and the onions made her so sick and uncomfortable that she felt she could stand it no longer. When she was cleaned up, her little chest oiled with the clean ointment which the doctor brought, and that covered with a covering of nice clean white cotton she showed a wonderful improvement, and it was real as well as apparent.

As to baths in Spanish influenza, I instruct the nurse to bathe the patient only as necessary for cleanliness and his comfort. Dabbling around in water is not a safe procedure in a disease where pneumonia is so easily contracted and is so fatal.

I do not favor the use of oils containing camphor. Camphor tends to close the pores of the body and hardens the skin. We do not want this. The oil is excellent, but it is better without the smell and without the hardening effect of the drug.

I do not use alcohol rubs for the same reason, where the patient is in anything like a serious condition, as alcohol closes the pores and dries out the skin. A good rubbing or massage by the nurse is good for a restless, nervous patient, but it had better be done with olive oil or some other good oil. An alcohol rub is often useful after a hot bath when the individual is going out of doors as it is then advisable to close the pores. In Spanish influenza we do not want the pores closed. We need elimination, and all we can get.

A small saving of vitality or a little elimination of toxins may be the margin that saves a patient for us. The one chance, in thirty-two, against the player in roulette is the one that breaks him.

I do not favor the use of turpentine, for if it is absorbed it irritates an already sick kidney; if it is not absorbed it is useless. Why disturb the patient?

For the bronchial irritation, in addition to osteopathic treatment, and the accessory mustard plasters and anointing with oil, steam is often given to breathe. A pan of boiling water is set by the bed and the patient leans over the edge of the bed with a bed-sheet or paper over the head and steam vessel, breathing the steam as long as it lasts.

I have had the nurse try in the steaming water the use of compound tincture of benzoin, creosote, eucalyptus oil, peppermint oil or some other of the often recommended preparations, but could never see that they were any better than the plain steam—hardly as good.

We have, however, used the following with good results: Take one teacup of warm molasses and pour nine teacups of boiling water over that. The steam from this does seem to make viscid sticky mucous leave the bronchial tubes with much less effort in coughing, and I now often advise its use.

A child will often fight against being under the steam tent, but if the nurse will lay on the bed with the patient and place one or two corks on the bubbling water the child will give its attention to them and forget to complain.

The steam treatment can be given every hour, or more often if desired.

For the throat most any cleansing gargle can be used but I prefer the use of the common baking soda gargle. I have about one-half teaspoon of soda placed in a glass and boiling hot water poured over it. As soon as this is cool enough to use I have the patient gargle thoroughly. The idea is to get the mouth, pharynx and tonsillar area clean and free from accumulations. Lemon-water gargle is often gratefully accepted.

If a very sick patient breathes through a dirty and dried-out mouth, all the stage is set for him to draw into the devitalized lung large quantities of infectious material. For this reason if not for the comfort of the sick one it is necessary that the mouth be kept clean and also moist if possible.

It is not possible to kill this germ life with so-and-so's antiseptic. The field must be made and kept clean.

The nasal passage also should be looked after, to keep it as clean as possible and also to allow the patient to breathe through the nose as nature intended he should and not through a dry mouth.

For the nasal passage any good non-irritating oil is good but I like best 2½% iodine in oil. It is a good lubricant and as far as possible we do get the germicidal action of the iodine.

Patients asking me what to do to avoid influenza are advised to keep the mouth clean and closed and to use the oily solution of iodine in the nasal passages.

On the day I entered practice seven years ago I began looking for a nose and throat application or spray and atomizer. I considered them all—eucalyptus, menthol and the rest—but did not find anything which I could advise a patient to invest his two dollars in. Recently, however, I have been using the 2½% iodine in oil in the glass Vitospray atomizer and believe that in this treatment there is much of merit.

And when treating the respiratory tract we must keep in mind the fact that all healing comes from the blood side of a membrane. No healing ever comes to a membrane from its exposed surface. Local treatment to a membrane must be a treatment which removes irritation, not one which adds more. Healing must come from within. "The rule of the artery is supreme."

Diet

The diet used is liquid, so that the digestive functions will be taxed as little as possible, for they are weak at this time.

Of liquids, fruit and vegetable juices only are used.

The Spanish influenza germ propagates largely in the intestine and if the intestine has in it bread, potatoes, milk, sugar, etc., the bacterial growth in this hotbed soon overpowers the patient.

Germ life cannot develop on fruit and vegetable juices and for this reason we hold closely to them.

Another reason for using the liquid and fruit diet is that Spanish influenza is a disease running a short course and feeding is not necessary. If it were a disease such as typhoid, running a fever for several weeks, we would then give a more liberal diet, but the patient's strength will not be lost on a liquid and fruit-juice diet in three or even eight days.

To activate the kidneys and thus relieve the headache we give always plenty of water and often hot lemonade.

Orange juice and lemonade are used frequently as are blackberry, raspberry, pineapple, loganberry and grape juice. When the acid juices are not well borne we use non-acid juices, such as pear juice. A ripe pear mashed with a fork and mixed with one or two different fruit juices makes a satisfying dish.

Bottled sweet cider is also a most valuable food and a good beverage. We use it in almost every case and find it the most acceptable to the patient of any food offered. I am of the opinion that apple cider has been neglected as an article of diet, both in disease and health, but especially in fevers. It contains considerable iron for the blood, as well as having considerable food value. It has the added virtue of being pleasing to the patient.

In addition to these juices we often use spinach juice. I have the nurse get a can of the best grade spinach and serve the juice hot, as a broth, with a little salt and pepper and perhaps celery salt and a piece of bacon in it to flavor it and to appeal to the patient. Spinach juice contains much iron and iodine in a form readily absorbable by the blood. It also is useful in maintaining the alkalinity of the blood and body fluids, thus counteracting the acidosis of the disease. It renders the urine alkaline and thus relieves the kidneys of the irritation of acidosis and of an acid urine.

All the mentioned fruit juices tend to counteract acidosis and produce alkalinity, but are not so effective as the spinach juice. They have the advantage, however, of being used in larger quantities. The spinach juice has considerable food value and has the added value of appealing to the patient's reason, when the iron and iodine content is explained to him. It is especially useful when treating those patients who are wondering if they should not be getting some sort of "tonic."

The juice taken from ground fresh lettuce is also valuable. It contains more iron, iodine and phosphates than the spinach but it is not so easy to prepare. I have used it in the cases of several anemic and quite sick babies and consider it well worth all the expense and effort it took to secure it.

The breaking down of the alkaline reserve of the body and the consequent acidosis, comes early in the disease and is disastrous, and all the attention given to the diet is amply repaid in results. Careful attention to the diet is the only way the acidosis can be overcome.

Alkaline substances such as bicarbonate of soda, milk of magnesia, lime water, potassium citrate, etc., have been used to counteract acidosis. Their use is not logical when such perfect results are attained by the use of the fruit and vegetable juices which are nature's own specifics for building blood, keeping it alkaline and supplying it with iron, iodine, phosphates, etc. These juices will never produce an alkalosis, which the artificial substances often do.

Note on acidosis:

Catabolism is the process, or the chemical change, of elimination, following the process (anabolism) of producing heat, energy and nutrition in the body tissues.

The American School of Osteopathy

Has found it necessary to run a course for the "war babies," otherwise those returned soldiers, who had "time" to make up.

A number of the faculty donated their time for this work during the summer.

As is often the result, under such circumstances, the course has materialized into one of the finest clinical and lecture courses ever given anywhere in any school.

Visiting doctors dropping in for a day or two have asked us why we didn't advertise the course and make some money out of it as a post-graduate course, stating that it was the finest work they had ever seen.

We are not going to do this, but—

ANY OF THE ASO ALUMNI WHO MAY BE SO INCLINED ARE HEREBY INVITED TO DROP IN FOR A DAY, WEEK OR MONTH AND ATTEND THIS COURSE.

At present, the following daily lectures and clinics are being given:

Surgery and Diagnosis	<i>George A. Still</i>
Physical and Clinical Diagnosis	<i>Hi Henry</i>
Osteopathy	<i>Daddy Platt</i>
Orthopedics and Cast Work	<i>Harold Hain</i>
Osteopathic Obstetrics	<i>Dee Turman</i>

Most afternoons there are extra clinics.

This course will run, at least, until August first, except during the Convention. There will be no pay courses organized this summer.

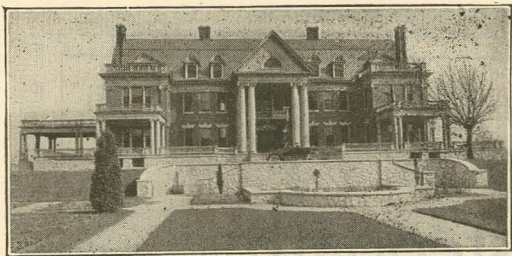
Incidentally, we already have matriculated, for the fall class, as many students as were ever matriculated at this date by the largest class in the school; and

By the time this notice reaches you the newest catalog will be out. Read the catalog, read the last JOURNAL and the next JOURNAL and send us the names of your prospective students.

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Take this for a case: The body has been invaded by some infection—say influenza. The poisons of this infection have stopped catabolism (elimination). Acidosis then sets in.

Acid poisons are formed so rapidly and are of such virulence that they cannot be handled by the body's system of elimination quickly enough, and we have the picture of a feverish, sick and prostrated patient. Here, to escape disaster, the physician's aid is needed.

This acidosis is a constant factor in all infectious diseases as well as in all conditions wherein pus germs, staphylococci, streptococci and pneumococci are virulent.

Since writing this paper the March number of the Journal of the A O A has been received and the symposium "Epidemic Experiences" read with interest. Some especially interesting points are brought out and I wish to add a discussion of them to this paper.

The contributors are good representatives of our profession and they report uniform and excellent success in handling the recent epidemic.

It seems to be the consensus of opinion that the treatment should be specific and light to avoid fatigue, with the possible exception of the first treatment, which often should be general and vigorous.

All are agreed that the patient should be kept in bed, not even leaving it to go to the bath room. The patient must be protected in every way from fatigue and exposure.

The enema was used by all. A number of writers state plainly their opposition to the use of physics and laxatives.

A hot tub bath is recommended by several, but there is opposition to much bathing.

Practically all the writers used the fruit-juice diet. However, a few gave a heavier diet and were successful with their patients, which is one more proof that the osteopathic treatment is the deciding factor in bringing about a cure.

Dr. Thornton wrote after having had about 100 cases. He speaks especially of three cases of pneumonia. They resolved by crisis. There were no deaths.

He says, "All cases were, preceding the first treatment, given a generous plain water enema. Orders were left for two enemas per day until told to discontinue, and in most cases the patient got the enema. A few cases, with the highest fever, the stationary fever, were given tap-water enemas, one each hour until the temperature dropped two or three degrees.

"Sponge baths were given to reduce fever in every case. Diet was liquid until the temperature was normal.

"The osteopathic treatment of the usual spinal work, paying special attention to cervical and dorsal areas, and strong inhibition always, 10 to 12 degrees.

"Pneumonia cases were treated three or five times a day and had as much time as they required at each visit. They required action. Heating compresses were used on each case. The ice bag to the heart when rapid. One case of delirium was treated with ice caps to the head and neck. Normal salt solution per rectum, Murphy drip, was given in each case. Diet, liquid, consisting of egg-nog, milk, strained soup and broth."

Dr. Patton: "Treatment should be quick, every motion significant so as not to tire the patient, for exhaustion is always present. Each patient was treated two or three times a day until temperature became normal. The nasal douche was given twice a day followed by K-Y jelly. Hot soap bath followed by soap enema and enteroclysis when fever persisted."

Dr. Brigham ordered "Hot packs the full length of the spine twenty to thirty minutes,

three times a day. This will produce profuse sweating and often put the patient to sleep."

I have used this same treatment, especially in the nervous cases, and hold it in high esteem. I have the patient put a bath robe on backwards so that the arms and legs are well protected, but the spine easily accessible. The hot packs can then be used and covered over and the patient not exposed.

Dr. Nuckles maintains that lung and ear troubles will not follow influenza where osteopathic treatment has been given to adjust the cervical and upper dorsal circulation. I believe that all osteopathic physicians will agree with him in this.

Dr. Price: "We have kept particularly in mind, first, the nerve, blood and lymphatic supply to the lungs; second, the circulation to the spine (meaning spinal cord); third, the internal secretory functions and to the general excretion."

Dr. Crane says: "A great deal of my work is among the Italians. It was necessary to give quick specific treatment that I might do as much good as possible to the greatest number. I did not treat them as often as I would like to, and because of this fact I learned that osteopathy got control of the "flu" immediately, the first treatment sufficing to start them on the road to recovery; in fact, many of them got no more than one treatment.

"The results were accomplished through the vaso-motor nerve centers, in the third and fourth dorsal—especially on the left side. So from this you can see why I say, influenza is controlled specifically by treatment directed there. If I had had time to treat all the apparent indicated centers I could not have made the above conclusion, for I, as well as others, would no doubt have covered all the indicated areas, such as cervicals, lower dorsal, lower ribs, etc.

"Pneumonia cases require no more attention as a rule than has already been outlined, except that they must or should be treated more often.

* * * The osteopath has all the stimulants he needs in his fingers without the danger of "beating the horse to death" if he will remain calm and does not lose his nerve; and I admit it does require nerve while waiting for a respiration of 75, a temperature of 104 3/5 and a thready pulse of 145 up, to begin to come down.

"Time after time I have done this by no other method than first springing the upper dorsal with the ends of my fingers intermittently for about ten minutes and then with the patient on his back, slide the hands under and with the backs of the hands resting on the mattress lift the spine with the fingers and keep them there until it is felt to give in a way that only experience can teach. A general relaxation results—temperature, pulse and respiration gradually lower. With the crisis passed there is still much to do, but the worst is over.

"The whole picture is one of extreme toxic invasion, congestion and faulty elimination. Your treatment is specifically one of controlling the vaso-motor nerves, elimination and relaxation."

Dr. Crane's letter has three paragraphs which make an osteopathic classic. They sum up for many of us the emotions crowding an eventful six months.

He says, "The past six months have been to me a kaleidoscope of emotion; in fact, I know of no emotion I have not felt to the utmost—fear, worry, shock, surprise, happiness, anger, and the greatest of all, the emotion of realizing that I am a member of a profession that has shown to the world what we have all known ourselves—that osteopathy is a real agent of relief and cure.

"I feel that I owe an everlasting homage to the founder of osteopathy and a dedication of all my powers to the advancement of his science.

"I can sum up the past six months by saying that I have developed a reverential regard for the science, and all I can do toward helping our organization as a whole is the least I can offer."

To develop the best there is in a student
is the great paramount duty of a teacher

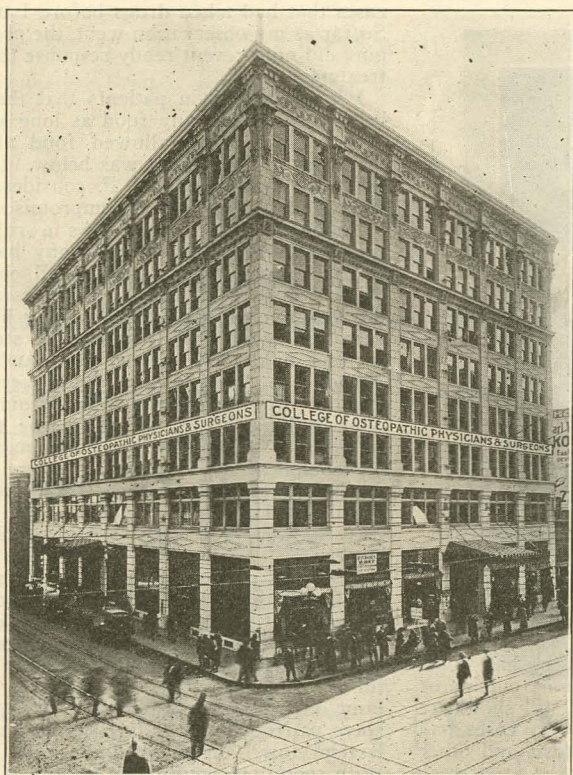
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has kept this important fact constantly in mind while forming its staff of educators. Step by step its faculty has been developed by intelligent selection until today it represents a teaching body of highest capacity in which every member is distinctively fitted for his work by temperament, knowledge, and experience. The native ability of the student is sympathetically considered and given every encouragement.

Faculty Members—Their Qualifications and Subjects:

(Continued from last issue)



JAMES STROTHARD WHITE, D.O., Pacific College of Osteopathy, 1898; Post Graduate, American School of Osteopathy, 1904; Graduate, Beloit, Wisconsin, Academy, 1896; Student in Science, University of Southern California, 1896-1897; Professor of Diseases of the Heart, Pacific College of Osteopathy, 1906-1914.

Lecturer on Osteopathy.

DAIN LOREN TASKER, D.O., Pacific College of Osteopathy, 1898; D.Sc.O. Pacific College of Osteopathy, 1899; Post Graduate American School of Osteopathy, 1904; Professor Practice of Osteopathy, Pacific College of Osteopathy, 1900-'06; Member of California State Board of Osteopathic Examiners, 1901-'06, and President of Board 1901; Member of California State Board of Medical Examiners, 1907-1918, and President of the Board, 1910.
Teaches General Diagnosis and Practice.

JOHN MAYS CLARK, D.O., Los Angeles College of Osteopathy, 1911; Professor of Obstetrics, in same, 1912-1914.
Teaches Clinical Obstetrics.

DAISY DUFFY HAYDEN, D.O., Pacific College of Osteopathy, 1899; Post Graduate in same, 1909; Post Graduate work, Great Ormand Hospital, London; Queen Charlotte's Lying-in Hospital, London, 1909; Polyclinic, Vienna, 1909; Professor Pediatrics, Pacific College of Osteopathy, 1910-1914.
Teaches Pediatrics.

ANNIE STOW CLARK, D.O., Pacific College of Osteopathy, 1906; D.Sc.O. Pacific College of Osteopathy, 1912; Assistant Professor Laboratory work, 1906-1907, Pacific College of Osteopathy; Professor Applied Anatomy, 1909-1914, Pacific College of Osteopathy.

Teaches Laboratory Anatomy.

NORMAN FREDERICK SPRAGUE, D.O., Los Angeles College of Osteopathy, 1911; Instructor in Practical Anatomy, 1911-1912; Associate Professor of Surgery, in same, 1911-1914; Professor of Chemistry, California Eclectic Medical College, 1909; Professor of Pathology and Practical Anatomy in same, 1910-1911; Senior Orthopedic Surgeon, Los Angeles County Hospital Staff, 1918.

Teaches Orthopedic and Osteological Surgery.

WILLIAM CAREY BONDIES, D.O., Pacific College of Osteopathy, 1908; Graduate, Bailey University, Texas; Professor of Osteopathic Technique, Pacific College of Osteopathy, 1912-1914.

Teaches Medical Gymnastics.

FRANK LEWIS CUNNINGHAM, D.O., Pacific College of Osteopathy, 1906; Graduate of Los Angeles Optical College, 1909; Post Graduate work in Central London Ophthalmic Hospital, 1912; Instructor in Ophthalmology, Pacific College of Osteopathy, 1911-1914.

Teaches Optometry, Diseases of the Eye.

WALTER PRESCOTT DRESSER, D.O., Los Angeles College of Osteopathy, 1911; Instructor, Anesthetics, same, 1913-1914; Student, Tufts College, Boston, 1891-1894.

Teaches Anesthetics, X-Radiance.

OLIVE IVES BONDIES, D.O., Pacific College of Osteopathy, 1909; Professor of Gynecology, Pacific College of Osteopathy, 1912-1914.

Teaches Dietetics.

Other Members of the Faculty, with their subjects and qualifications, will be given in a later announcement.

Members of the teaching staff in the professional departments of the College of Osteopathic Physicians and Surgeons conduct clinics in connection with their didactic work. These clinics are open several hours each day. The total number of hours of clinical work given by the college is, therefore, much greater than is indicated in the outlined course of study. In each practice subject a minimum number of hours of clinical work is required of each student. After the student has credit for this minimum he may attend further clinics in any department he elects. Clinics are conducted during the summer vacation period and students may attend these without additional fee.

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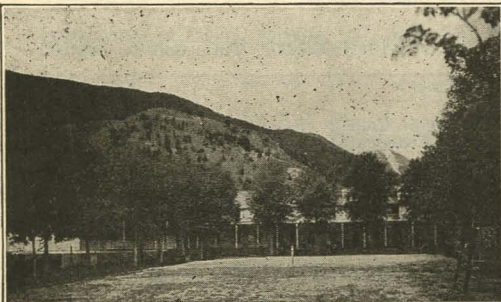
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My Way to Treat Influenza

By Dr. C. W. Young, Grand Junction, Colorado

DR. GEO. M. McCOLE'S offer of cash prizes to stimulate the profession to make known their "practical work" illustrates the growing spirit of the profession. We are developing open-mindedness. We want to know what it is that makes sick folks well. We are learning to be unhampered by theory. We want the facts. We are never satisfied with what we already know. We are always eager to learn more. We are willing to work or pay cash for more knowledge. We care nothing about the source of our information. What we are after is truly effective "practical work."

The writer has treated 119 cases of Spanish influenza. Thirteen of these cases came to him after having had medical treatment. Four of the thirteen were desperate cases where death was imminent. We had the good fortune not to lose a case.

In all cases there were contracted muscles, impacted vertebrae and tenderness in the upper

patients would have been benefited by longer the average time as fifteen minutes. I believe the treatments, but sometimes I was so busy that I was glad to get as much result as possible by directions to the nurse.

A few desperate cases were treated three times in a day. Some had treatments twice a day. Many only once a day. And some severe cases in the country did nicely with one treatment given every other day.

I had no case that I thought suffered from overtreatment. My impression is that flu, like most other acute diseases, can not as a rule be easily overtreated. To be sure, some cases require very gentle treatment, and some few can be easily exhausted by overtreatment.

One of my cases made a good recovery in two days. One was sick two weeks before she was out of bed. A few were in bed a week or ten days, but the average began to leave bed in five days.

I secured successful reactions in all the thirteen cases that had taken drugs before I treated them. So far as my observation went, the previous drugging did not prevent ready response to osteopathic treatment.

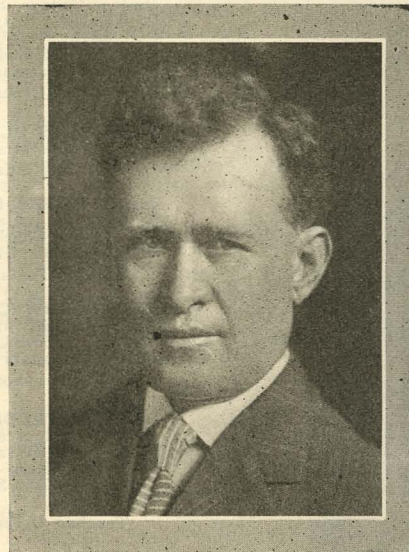
I informed all flu patients that they would be better off without any food as long as there was fever. Some were allowed food after two or three days, if the fever was below 101 F. Where the fever was about 101 F. considerable emphasis was put on fasting. I compromised with many by allowing fruit juices. As a rule the fruit juices seemed to do little if any harm. Those caring for infants or very small children were instructed to feed lightly, if necessary to keep the sick one quiet. When feeding began, insistence was made that it should be strictly liquid, such as milk, cocoa, orange juice and beef broth. No solid food was allowed while there was fever. Copious water drinking was enjoined, the patient to have his choice as to the temperature. In cases of pulmonary, bowel, stomach and nervous complications, as a rule, greater insistence on fasting was made, unless these complications greatly prolonged the sickness, when liquid food was allowed, especially if the patient became hungry.

I did not use antiphlogistine or dionol because I believed there were other less expensive applications that were just as effective or more so. The applications I liked best were the corn meal-bran poultices and cold compresses. Take a panful of corn meal mixed with one-third part bran. Pour on boiling hot water. Stir with large spoon. Have patient sit up in bed stripped to the waist. Extend towel on the bed, back of the patient. With spoon put poultice on middle of towel. Put thin linen cloth over poultice. Have patient lie down over this cloth and poultice. Put another cloth over patient's chest. Put more poultice on this cloth. Draw ends together and pin. Draw ends of towel over patient's chest and pin in front. Keep poultice on for an hour or more. If tightness in chest is not loosened, renew with another fresh poultice.

I myself had the flu, and I will never forget the delicious sensation produced by this poultice. It seemed to reach deeply to the very heart of the lungs and loosen the tightness and relieve the congestion.

Cold vinegar water compresses, if rightly applied, are of great value in treating the flu, but you must know how to use them or they may do great harm. In all instances you must have a warm reaction. In some cases it may be necessary to put hot water bottles at the feet and have Mason jars full of hot water placed over the shoulders or sides. Sometimes it is advisable first to warm up the thorax and abdomen by wrapping in hot flannel that may be either moist or dry. Always put the first compress on yourself and show the nurse or attendant how it is done and observe the reaction.

Very few people understand the art of using cold compresses. The compresses may cover the



Dr. C. W. Young of Grand Junction, Colo.

dorsal region, and most of the cases had some one or more bony or muscular lesions outside of the upper dorsal, and nearly all had stiff shoulders and contracted neck muscles. Many cases had a tilted pelvis. Many had enteroptosis and other abdominal lesions.

I treat the shoulders and upper dorsal while the patient is on the side. The muscles are gently and firmly stretched until they relax. The vertebrae are separated with as much smoothness and gentleness as possible consistent with efficiency. Usually the scapulae are rotated. Bony separation along the entire spine was attempted in almost every case. The neck muscles were relaxed with patient in dorsal position. The flu greatly increases the pain in the lumbar or sacroiliac articulations caused by the tilted pelvis, and I corrected the lesion by technique shown in AOA Journal, July, 1914, page 637, securing marked relief from pain in nearly every case. Usually some rib adjustment was made and some attempts were made to loosen the cough by elevating the ribs, while the patient took deep breaths, though this treatment was not always successful.

Sometimes the treatment was general in character, relaxing muscles of neck and spine, manipulating the abdomen, etc.; but as a rule time was too short to give much besides specific treatment. As a rule not much effort was made to correct bony lesions outside of the tilted pelvis and impacted upper dorsal, while the patient was acutely sick.

Some treatments lasted thirty minutes and some not longer than three. I would estimate

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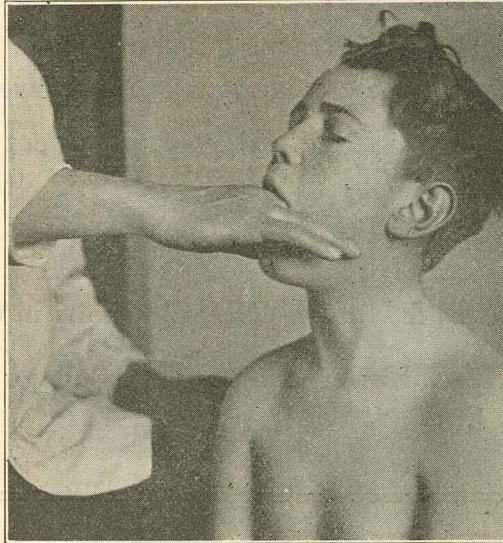
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abdomen alone, or the chest alone, or encircle all the body between the axillae and the ilia. In case of high fever, pain in abdomen or great heat there, with absence of symptoms of much lung congestion, one may compress the abdomen alone. If patient is of vital temperament, with a well-developed body and high fever, one may compress both thorax and abdomen. If râals are heard in the back of the lungs, one should compress the thorax alone.

In some cases I have had cold vinegar water compresses over abdomen and hot corn meal-bran poultices over the thorax at the same time. Take a small blanket and fold so as to be thirteen to twenty inches wide. Take a linen towel narrower than the folded blanket and wring it out of cold vinegar water, half and half, and then place over the flannel. Draw the compress under the nude back with towel next to the patient. Draw the ends of the towel over the abdomen, or the chest,



Illustrating Windpipe Technique as Used by
Dr. C. W. Young

or both, as the case may be, then bind the flannel over the towel in such a way as to cover completely and shut out the air. One should regulate the force of the compress treatment the same as an osteopathic treatment. As a rule the vigorous and robust and those with high fever need a more forceful treatment than the weak or those with but little fever. The force of the treatment is increased by the coldness of the water, the largeness of the towel, the quantity of water in the towel and the frequency of application. As a rule frequent renewals are required.

Generally a compress should not be left on for more than a half hour at a time. The frequency of the application of the compress and of renewals and the force to be used can be determined in some measure by the reactions. As a rule, compresses are to be applied where they rest the patient or make him sleepy or reduce the fever. The cold compresses are of most signal value where the lungs begin to congest, as evidenced by râals heard over the back. Pneumonic consolidation following flu need be a very rare occurrence where cold compresses are properly used and the expectoration is kept free by methods hereinafter described. In one case of a three-year-old girl with high fever and râals in the lower lobes of the lungs, six strong compresses were applied one after the other and the lungs cleared up. One prominent high school principal seriously threatened with the flu—pneumonia with râals, high fever, etc., declared that the cold compresses certainly accomplished wonderful results.

Considerable discretion should be used as to methods for keeping the bowels active, after beginning the treatment of flu. To be sure, the cleaner the bowel the safer the patient, but often one can overtax the vitality or reacting power of the patient by overzealous effort to secure a clean

bowel. If called early in the case, before there is much fever or prostration, it is well to order enemas. Splendid results can be obtained by the Noble's enema—one gallon hot water, one tablespoonful turpentine, one tablespoonful epsom salts and 12 ounces glycerine. Instruct for continued injections until the entire gallon of water has been used.

If the history shows free bowel movements prior to the sickness and no accumulations can be palpated in the colon, and the patient has considerable fever and prostration, one may make no attempt to induce bowel movement until a later stage of the disease is reached. The liver may be discharging waste into the bowel in copious quantities, even though the patient is fasting, and measures should be employed to secure bowel movement in some cases after once securing a clean bowel in a fasting patient. The fact that there is free bowel movement every day during the sickness should be considered in determining whether to use enemas or laxatives, but it is not conclusive against such use. The greater the accumulations palpated in the colon, the greater the need of methods to secure discharge, and yet one must bear in mind the greater the accumulations, the greater the strain to eject them. The fact that an attempt to clean the bowel produced weakness and prostration may properly lead to a discontinuance. On the other hand, relief from distressing symptoms may justify continued efforts to clean the bowel. Sometimes lack of progress in the case may justify special methods to clean the bowel, even though the patient is weak and prostrated. Oftentimes high fever and great restlessness can be greatly relieved by the enema. Pain in the abdomen, nausea or presence of gas may indicate the need of bowel cleansing.

In all cases of flu, one should carefully palpate the abdomen and note the condition of the colon. Sometimes a lifting up or straightening of the bowel will induce free bowel movements, and sometimes one can get such results by spinal treatments. Certain it is one should always secure bowel movements by manipulations if possible, but many cases seem totally unresponsive to anything one may try to do by manipulation. There are some cases where the osteopath is justified in ordering laxatives as a second choice. Where there is no nurse, or where attendants are careless or incompetent, one may take the second choice. One or two spoonfuls of epsom salts in a glass of water according to age, size, vitality of the patient may secure copious evacuations that will surely bring relief. Some patients may prefer or may have better results with one or two spoonfuls of sal hepatica in the glass of water. Children may be best helped with a spoonful of castor oil.

Copious water drinking is very helpful to keep the kidneys active and to prevent congestion. In all cases of inactivity of the kidneys one should give these organs thorough manipulative stimulation. The old familiar method of placing one's knuckles on the bed and pressing up with the fingers against the angles of the lower ribs, while the patient is in the dorsal position, is probably the best technique.

I have never used the cotton jacket for pulmonary complications, as I get such satisfactory results with the manipulative treatment and water compresses, corn meal-bran and onion poultices and a portable 50-candle power therapeutic lamp. This lamp is of great value, where there is any consolidation or beginning empyema. The light is applied over the nude area of the lung involved after applying camphorated oil over the skin. It may be applied 15 minutes at a time, several times a day, as needed to relieve pain and ameliorate conditions. It is very important to recognize empyema promptly and secure drainage by aid of surgery, as the operation often saves life.

A patient with flu should be kept warm and comfortable. If he can be kept well covered for several hours at a time, especially at night, it is good practice to have the windows open and the air fresh and cold, say 60 degrees F. or lower. But when he is exposed, the room should be warm, with temperature 70 degrees or over. Be-

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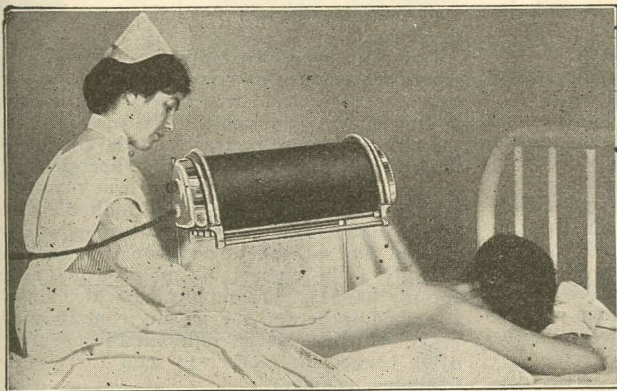
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lieving that few nurses could be trusted to regulate the temperature, according as the patient was exposed, I usually directed no windows open in the bed room, but kept the door open into another room with windows open, so that no direct draft should strike the patient. Great pains should be taken to avoid chilling, but the more fresh air the better, if a chill can be avoided.

I believe it the physician's duty to know the temperature of his flu patients and to use means to reduce temperature when it is high or of long continuance. Any manipulative treatment that ameliorates conditions may reduce the fever, such as a stimulation of bowels or kidneys or the correction of an enteroptosis. Sometimes a good general treatment followed by an inhibition of the vaso-motors will accomplish wonders, and often the windpipe technique, hereafter described, proves of signal value. On the other hand, there are many cases or conditions where the osteopathy by manipulation alone seems unable to reduce the fever, but it can almost always be reduced by a wise use of enemas, sweats, compresses and poultices described in this article.

To illustrate: One young woman under medical care for several days had a continuous fever of 104 and 105 degrees F. Death seemed imminent, when I was called on the case in the evening. An osteopathic treatment was given, and after that all night the nurse applied cold vinegar water compresses over the abdomen and hot corn meal-bran poultices over the chest to relieve lung congestion. By morning the temperature was 101 degrees F. and a most wonderful change had been wrought in the appearance and condition of the patient. The windpipe technique cleared away the slime and the patient made a very satisfactory recovery. As a rule very positive measures should be taken to reduce a temperature above 102.5 degrees, and if you understand your work, you can almost always succeed and keep your patient out of danger.

Sweating is very important in the treatment of flu. The sooner one can get a big sweat the better. It is the best way to get the jump on the disease. Often the sweat will make the patient very comfortable and render the subsequent course of the sickness very mild and free from complications. As a rule, I order the sweat to follow the first treatment, and sometimes I superintend the sweating to see that it is done right and that the patient has good reaction. Hot water bottles are placed at the feet and Mason jars full of hot water are placed all around the patient's body and extra bed clothes are piled on. As a rule a better reaction is secured if wet cloths are placed around the legs or the trunk. Sometimes a cold vinegar water compress can be placed around the body, followed by the hot water bottles. Sometimes lying in a tub of hot water for twenty minutes before the Mason jar sweat is applied is very helpful. I usually prefer this, where the patient can have access to such a tub. A blanket should be placed over the tub while the patient is in it. Let the patient sweat several hours. Sometimes he can sweat all night. It may be time to stop the sweat when the Mason jars are no longer hot, or the hot water may be renewed. The length of time of the sweat may be regulated somewhat according to the effects. Copious sweating may need less time. Great discomfort to patient may suggest discontinuance, etc. After the sweat the patient should be sponged off in such a way as to avoid chilling. One good sweat is usually all that is needed, though some cases may be helped by subsequent sweats at least three days apart. The cold compresses frequently induce sweating that is very helpful.

It is highly important that all flu patients have free expectoration, and when this is accomplished there is but little danger of the flu "going into pneumonia." Tightness in the lungs is relieved to a marked degree by osteopathic manipulation, the sweats, the cold compresses and corn meal-bran poultices already described. But often there will be a tight cough, that is very annoying and sometimes almost unbearable. Under medical treatment, codiene pills or morphine or other opiates are given, and the all-important eliminating activ-

ities of the body are held in abeyance. In these cases I found great help in the windpipe technique that I had worked out some time ago in cases of asthma, bronchitis and other diseases that might affect the passage of air through the trachea.

If the patient has a large mouth, place the palm of your hand over the top of the tongue and thrust the whole hand downward and backward. When you reach the epiglottis, gently push it down out of the way so as to admit your hand. It will often reach up firmly against the roof of the mouth, but one can almost invariably reach up to the upper border and break a way through. After passing the epiglottis, extend the hand downward until the large finger reaches the trachea. If the mouth is too small to admit the whole hand, thrust in three fingers or two fingers as illustrated by the photograph. The upper border of the trachea may be indurated or there may be a partial stricture or there may be both induration and stricture or the upper portion may be bent forward. You can thrust your finger in the opening and penetrate a fraction of an inch, and then dilate or straighten as the case may require. Often the finger can extend down the oesophagus back of the trachea for an inch or two. You can then gently but firmly push against the posterior wall of the trachea and force it to disgorge its contents. Very soon after manipulating the trachea in any manner as above described, the patient begins to cough forcibly. Withdraw the hand quickly, and as a rule he will expectorate liberal quantities of slime. Probably the first impulse of the reader is to assert that the treatment is "terrible," "awful brutal," etc., and that the gagging would be terrible, etc., but the writer can cause less distress than he does by the posterior nares treatment or by tonsil manipulation, and gagging or vomiting is rare, where care is taken not to palpate the post-pharyngeal wall. After the patient is accustomed to the treatment he is distressed by it very little. The treatment may be repeated a number of times, care being taken to wash the hand after each insertion. The number to be given according to results. More as you steadily secure more and more slime, and less as you exhaust or weary the patient. Sometimes five or six times is enough. I have repeated the treatment thirty times in a bad case of asthma. Sometimes I have secured a half tea cup of slime at one sitting. The imprisoned accumulations often contained thick chunks or thick ropy material that nature unaided was not able to discharge.

I had one severe case of a young man with flu, where the cough was constant but the expectoration was slight. He was restless in the extreme, and sleep was impossible. The first insertion of the large finger in the trachea acted like the opening of sluice gates. Out came liberal quantities of ropy mucous. The treatment was repeated several times and complete relief took the place of almost unbearable distress. Soon he was sound asleep. On subsequent occasions he would smile joyfully as he opened his mouth wide, as eager for my hand as the young bird with mouth outstretched waits for the worm from its mother's beak. He lived seven miles in the country, and often begged his mother to send for me for the windpipe technique.

I never used any drugs to stimulate the heart. All agencies that tend to lessen the ravages of the flu tend to take away strain from the heart. Weakness of the heart does not counter indicate use of sweats, compresses, poultices, etc., though it may indicate caution, and care not to secure too rapid or too violent reactions. One great peculiarity in most cases of flu is slow heart action as compared to the high fever, and agencies that reduce the fever tend to take the strain from the heart. Special osteopathic attention to the upper dorsal area often helps greatly to relieve the heart.

Many flu cases have nausea, sometimes followed by vomiting or violent attempts to vomit. The best remedy is to have the patient drink from a pitcher or pail three pints of lukewarm water as fast as he can drink it. Following the drinking

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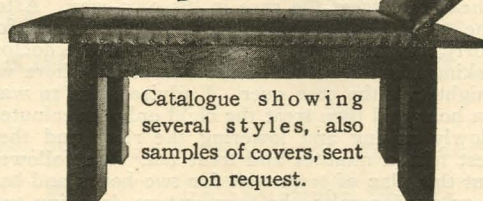
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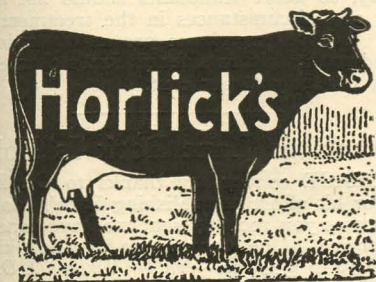
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The Osteopathic Physician

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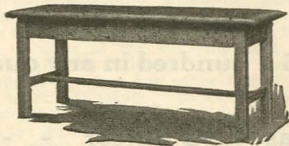
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should come easy vomiting with final ejection of slime and mucus. Sometimes one may need to place the finger down the throat and against the posterior wall of the pharynx to start the vomiting. If no vomiting takes place, the stomach is cleansed just the same by passage of water and mucus through the pylorus.

It is always important at the first treatment to allay fears; let the patient understand what you expect to accomplish; and inspire him with a determination to follow directions. Talk as follows: "Flu is a systematic poison and we are going to clean you of body impurities. You will secure thorough elimination through the lungs, bowels,

kidneys and skin, and you want no added impurities brought by the indigestion of food. Deep breathing of pure air for the lungs, plenty of water for the kidneys, enemas for the bowels, sweating for skin, and we'll conquer the flu. The osteopathic treatments will do wonders to remove obstruction to elimination. Don't fight the flu. It will floor you if you do. Have no fears. Don't be like a piece of glass. If you are, the flu may strike you and break you; but be like an empty flour sack, and the blow won't hurt you. Just be quiet, relaxed and limp and the storm will blow over, leaving you in better condition than you were before you had the flu."

Warning Against Giving Too Prolonged Exhausting General Treatment in Flu

A Plea for Shorter Treatments and More of Them

By Dr. James M. Fraser, Evanston, Illinois

KINDS: Lesions found in the general run of flu cases were muscular, ligamentous and bony.

2. Locations: Atlas and axis, third, fourth and fifth dorsal; spastic condition of the cervical muscles and also those of the lumbar region.

3. These were corrected in the usual way, giving a deep relaxing treatment, nothing severe or rough, also using the hot compress.

4. The ill effects of too-long-drawn-out general treatment, or in short overtreatment, I consider one of the most important questions for osteopaths because I incline to the belief that in many acute infections more harm may be done by such fatiguing over-treating than if the patient were really not treated at all. A flu or pneumonia patient should never be treated over fifteen minutes at the longest in one treatment. It is much better to treat often and not to treat so long, as some osteopaths do in their desire to be thorough. If we always would only stop and think what we are doing and just what we are trying to prevent we would be more careful when we treat these infectious cases. A patient's resistance may really be lowered, his bowels inhibited, his heart overstimulated, his muscles fatigued and his nerve force depleted by treating overtime. When the reaction begins, stop! I treated a great number of flu and pneumonia cases and found it very easy to reach this point of overtreatment when the reaction began to be unfavorable.

I was called by an osteopath to see a case of pneumonia in a child six years old. This osteopath said that after every treatment he gave there was a rise in temperature instead of the reverse, so he called me into consultation to find, if possible, the cause for it. I requested the doctor to go ahead and treat the case in his own way. After the child had been undergoing treatment for forty minutes by the clock, I stopped the doctor, asking him to retire to another room where we might talk the case over. I advised him to wait an hour and then treat the child only ten minutes, slowly raising and lowering the ribs; and then rest fifteen minutes and treat ten. We followed out this plan of treatment for two hours and had very good results, the temperature dropping two degrees, and the patient going to sleep. It was evident that the doctor in his anxiety to help his case had been overtreating, producing weakness and untoward reaction, the opposite to the therapeutic effects wanted; this was just as certain as the fact that the end-effect of too much stimulation is inhibition.



Dr. James M. Fraser of Evanston, Ill.

I think that this question No. 5 of The OP's Questionnaire is the one we must lay the most stress on in the treatment of acute and infectious diseases. We do not need to give a thorough general treatment every time we treat an acute fever. The osteopath who thinks that he must spend a half hour or three-quarter of an hour with a patient every time he administers treatment "in order to accomplish results" reminds me of the story of the allopathic physician called in to see a child who was very ill with an acute fever and who told the mother he really never had seen a case of this kind before, as his specialty was fits, but if he could only throw the child into a fit he might be able to accomplish something! The osteopath who feels he must give a full general treatment in every case to get results uses about the same amount of logic and mother wit as this fit specialist.

In working on the abdomen and treating the bowels I find that a short, stimulating treatment of two or three minutes, following the course of the colon, gets much better results than if I spend ten to fifteen minutes at it. Prolonging treatment gives the opposite effect. The average case of flu, if treated twice or three times a day at the start and given from five to fifteen minute treatments, will respond very readily.

Stop all food as long as patient has a high fever; give fruit juices when the fever subsides.

I did not use Antiphlogistine in my cases of pneumonia or flu because from experience I find that the chest feels heavy enough without loading it down with a heavy weight. If a compress is needed, I use a light compress of flaxseed and mustard. When first called in on all flu cases I immediately order a pneumonia jacket made of cotton and put this on as a prophylactic treatment, as I believe it helpfully preventive of pneumonia.

In answer to question 20, I did not use any drugs to stimulate the heart. I took care of the heart by osteopathic treatment. Drugs are not of any use in the treatment of flu; this has been admitted by the best medical authorities in the country, so heart stimulants should not be used under any circumstances in the treatment of flu cases. Whose experience proves otherwise? In my judgment it lessens the patient's chance of recovery probably 25 per cent.

What the Lane Book Is Doing

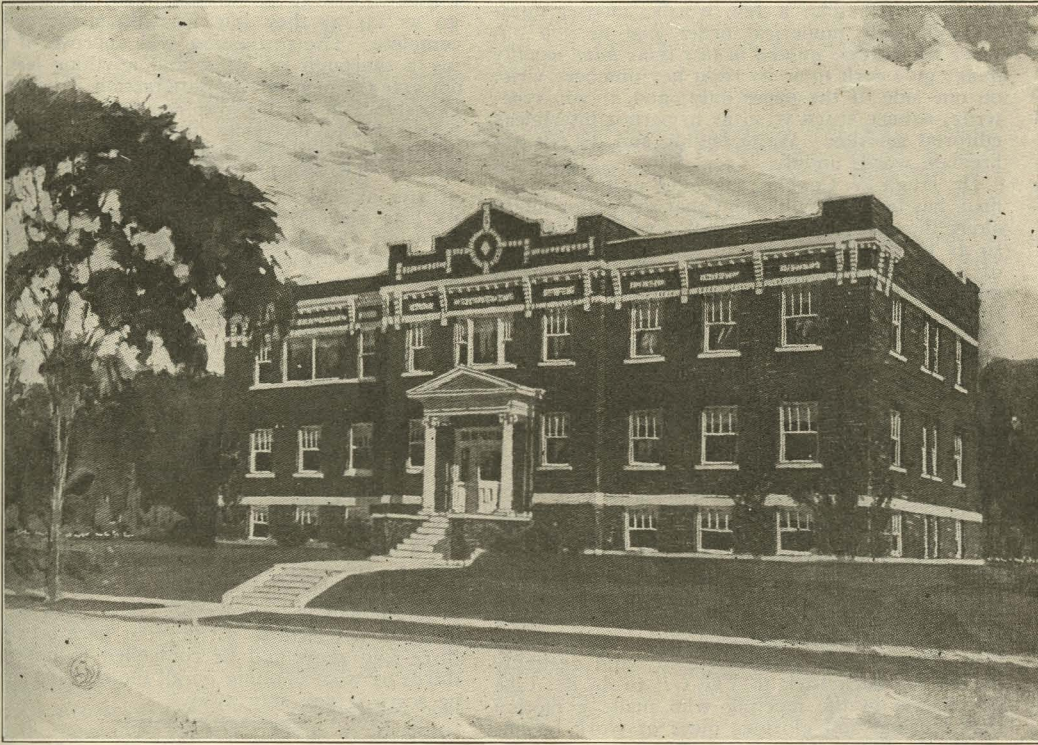
PLEASE convey my thanks to Dr. Bunting for his effort in publishing Lane's book. The copies you recently sent me have done splendid service. One copy alone resulted in more than \$100 in practice.—Ira W. Drew, D. O., Philadelphia, Pennsylvania.



Kindly send me another copy of Professor Lane's book, entitled "A. T. Still, Founder of Osteopathy." It is certainly a fine book.—Fred T. Hicks, D. O., Erie, Pennsylvania.

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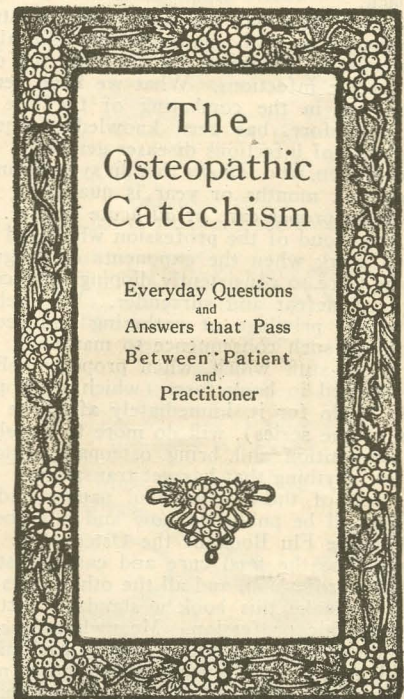
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The Osteopathic Physician

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 JUNE, 1919

No. 6

RECORDING THE PROUDEST CHAPTER IN OSTEOPATHIC HISTORY

We start off this week with the first installment of the profession's questionnaire on "How Osteopaths Treated the Flu." We are proud to be able to present such thoughtful and helpful material to the profession. You may expect this kind of stuff to run right along in *The OP* for the next six months and probably longer—as long, to be sure, as the supply lasts. By the way the good stuff is rolling in by every mail we have little doubt that the discussion will run along for another year.

Read every word of it carefully and tell us if you think the profession ever produced more practical and helpful stuff on any subject.

The flu will return.

The profession will be prepared for it.

And the people will be better prepared to have osteopaths care for them on its next appearance.

This symposium will have canvassed every phase of the recent epidemic and the best osteopathic ways to hold it in check by the time of the comeback.

Not only that, but the osteopathic treatment of influenza is, with appropriate modifications, the osteopathic treatment for most of the other acute specific infections. What we have verified and learned in the combating of the late epidemic, therefore, has been knowledge acquired for the care of infectious diseases generally. The osteopath, then, who follows this flu symposium for the next six months or year is qualifying himself for the proper care of all acute disease.

We are proud of the profession which did such glorious work when the exponents of "regular" medicine were so consistently dipping their colors in sign of defeat and surrender. We feel exalted at the privilege of gathering and recording data of such consequence to mankind. It is the sort of stuff which, when properly collated and presented in book form (which we hope to be able to do for it, immediately after the conclusion of the series), will do more to smash the drug superstition and bring osteopathy into its own than anything that has yet transpired.

The best of these thoughtful papers and reports will all be published now and later be included in the Flu Book of the Osteopathic Profession. Also the final cure and casualty statistics of the profession, and all the other facts that will go to make this book a standard text for the osteopathic profession. Meanwhile *The OP* will continue to give this data serially each month and will give it preference over all other news, departments or features. As already announced, we have cleared the decks for concentrated action—for conscientious editorial specialization in this work of studying flu-pneumonia from the osteopathic point of view; and we hope this course (which is somewhat of a novelty in professional

journalism) will meet with the approval of the whole profession and win their co-operation with a unanimity that is new to professional traditions.

If you have not already sent in your answer to this questionnaire on how flu was treated osteopathically, please do so at once. Preferably write it on supplementary sheets where the answer is more than a few words; answer questions in their numerical order just as you observe the doctors quoted in this issue have usually done; give each topic its right key number; write on one side of the paper only; and, if you type-write, DOUBLE SPACE IT so as to permit interlinear editorial revision. Write legibly and do not abbreviate words unduly.

Dr. Hugh W. Conklin, the AOA program chairman, has been very insistent that the editor hurry along the collection and collation of this material so as to be able to present an important digest of it to the convention—which will be done. It may not be as complete as it ought to, owing to the slowness with which such work proceeds when so many busy people have a share in it, but we think it will be significant and very acceptable at that. So if you have not already sent in your report, please do so within one week after receiving this message, and that will still be time to get under the wire.

The editor may add that he felt in the beginning it would be well for Dr. George W. Riley to undertake the collection of this Treatment Questionnaire in conjunction with the casualty statistics, and urged that course to be adopted. But Dr. Riley saw that he had his hands already more than full to complete what he had set out to do. It is a gigantic task really to collect reliable reports on cases treated—which is his minimum goal. So George very eloquently and feelingly passed the buck back to *The OP* to do it. Like the fellow in the meeting who made a motion that a grand and glorious piece of work be immediately done, as soon as the motion prevails he is appointed to go and do it. We tried to hand an assignment to George W., and got hoist on our own petard by being delegated to do it ourself. Well, we will try to do it acceptably to the profession, and we must add that we enjoy doing it and find our heart in the work thoroughly. When we shall have gotten all that army of practitioners who reported to Dr. Riley what they accomplished with flu-pneumonia to report to us how they did it we shall all say a glorious piece of work has been recorded by the profession.

DR. M'COLE'S PRIZE OFFERS FOR THE FLU DISCUSSION

Don't forget that Dr. Geo. M. McCole of Great Falls, Montana, has hung up two cash prizes, of \$10 and \$5, for the two best articles, short or long, on the "Treatment of Influenza."

The money will not exactly make the prize winners rich, but the ability which makes the winning possible ought to and the honor achieved will be better than riches.

No, the doctor is not competing for his own prize. The very meritorious article in this issue by Dr. McCole is not entered in the competition. But Dr. Young's frankly is. Can you beat it? Never mind if you can't—your contribution will be worth a lot to the profession and you ought to be identified with such a valuable compilation for the science and profession. Send in your best piece of work on Flu and we will do the rest.

VERITABLE CRUSH OF GOOD STUFF

When we went to press this month the editor found himself wishing that *The OP* were a weekly or else had a hundred three-column pages, so bountiful was the array of good stuff claiming attention which had to be carried over or left by the wayside. But we are specializing on flu-pneumonia and we feel that the profession would rather have us pay all due attention to this essential subject and omit things of less importance, however interesting or important in themselves. If you don't see what you sent us in print you will know the reason.

THE RENAISSANCE OF THE AOA

We hear only good reports about the proposed work of reorganization of the AOA. Evidently it is proposed to make the reconstruction work thorough. Well, the profession is ready and waiting. We all feel that a radical reorganization of our national society is necessary and the committee in charge of this all important work can go as far as they like in making the revision complete. The profession will approve of making a thorough job of it and anything less will not give the membership satisfaction. The world's experience in the big war has demonstrated how wasteful and inefficient the historic method of doing business by big aggregates of people generally is. The world has taken to short-cuts and greater direction of method. The world has lost its love and reverence for red tape. The sole criterion of organization nowadays is the pragmatic test, "Does it work successfully?" We must revamp our national society just as completely as world governments have reconstructed their working methods if we are to realize its due amount of efficient service to the science and profession. We have faith that this is fully realized, is being undertaken in the right spirit and will be satisfactorily realized for the profession. All success to this important work!

COME TO THE GREAT AOA MEETING

Everybody is expected to show up at the great AOA meeting at Hotel Sherman in Chicago, June 30th to July 3rd. In many ways it promises to be the best and biggest meeting ever held. The program will be wonderful. It is fixed so that you will not have to divide your gaze between a three-ring show and be compelled to miss two-thirds of what is going on all the time. You will be sorry if you stay away.

Wants Light on Angina Pectoris

DURING the influenza pandemic I chanced to have an asthmatic under my care for the influenza. Osteopathy had afforded her much relief and her asthma had apparently cleared up. However, her influenza was not to be aborted, and the case ran into a double pneumonia. And that was not the end; pains simulating those of "heart pang" were recognized; it was at first thought to be a pleurisy, but this pain was not to be relieved by pleurisy treatment (that is, remaining in bed, light diet, strapping, etc.), nor by osteopathic treatment. Pericarditis and endocarditis were not clearly recognized, although precaution and treatment were instituted early. Pain at times was relieved by heat, at other times by cold. During the major paroxysms relief was best obtained in sitting position. Consultation brought out neurotic angina pectoris, which it certainly was. Would like to hear something about the osteopathic relief and cure of this disease. Would like to hear from genuine well-developed cases only. These cases are certainly real, but imaginary and text-book treatments do not usually work. Of the drugs, amyl nitrate worked. I desire osteopathic information.—Nat W. Boyd, D. O., 71 Herman Street, Germantown, Philadelphia, Pennsylvania.

Who Will Inherit Tomorrow?

["Bannie" in The N. Y. Society Blotter]

Tomorrow is the evening of today, and while the morning of today is here we must prepare for the evening of tomorrow.

In the world of therapies either the drug or the adjustment theory must become dominant.

Domination depends largely upon numbers—not upon precepts—and numbers are the result of specific effort on the part of the individual.

You are the individual, therefore, the future depends upon you. What efforts are you making?

It's a Wonder She's Alive!

Heard on a Chicago suburban train one morning:
Lady: "I intended to take an aspirin tablet this morning, but forgot it."
If this poor soul could only know!

The Last Call for Chicago—Chicago Makes Ready for the World's Biggest Osteopathic Convention

CHICAGO, the wonder convention city of America, has completed her clean-up week and is now awaiting the world's biggest osteopathic convention, June 30-July 3.

The Program

Dr. Hugh Conklin, Chairman of the Program Committee, has prepared a wonderful program, with the object in view of giving us an efficient post-graduate course and a discussion of all the new things which have been developed during the past year.

The program was arranged with the object of not tiring or boring us to death. If you will carefully go over the program as listed in all the magazines, you will note this to be true.

Monday evening will be the opening reception, given by the officers of the Association and the profession of Chicago.

Tuesday evening there will be a big public lecture under the direction of the Women's Bureau of Public Health.

Wednesday evening is the big banquet, at which Judge Kenesaw Mountain Landis, Judge of the United States District Court, will be the main speaker.

Each morning at 8 o'clock Dr. Evelyn R. Bush and Dr. A. A. Gour will conduct class and special corrective gymnastic exercises.

From 7:30 to 9 each morning surgical operations will be performed at the Chicago Osteopathic Hospital, 5200 Ellis avenue.

From 10 to 1 is the main program, and just at the time of day when we will be glad to sit and listen to these wonderful papers.

In the afternoons the various sections will hold forth in rooms used for that purpose at the Hotel Sherman.

Best Ever

You can't beat the program and you can't beat

the arrangement; you can't beat the time and you can't beat the place. The only person you are going to beat is yourself, by not attending the convention. The convention does not need you, but you need what you will learn at the convention.

A Vacation

Have you taken a vacation each year? Chicago is the vacation city of America. You can go bathing, boating and fishing from the numerous piers which run out into the lake along Chicago's shore line; you can spend days visiting the museums, art galleries, libraries, and still not have seen one millionth of all there is to see in Chicago. Chicago has 60 miles of boulevards, making a complete loop through the city, traversing from six to ten parks, of which Jackson Park is the second largest in the United States.

Chicago Calls!

Chicago calls you to pause in the duties of your busy practice and come and abide with her the few days that the convention is in session.

It would be well to make your hotel reservation now. The Hotel Sherman, corner Clark and Randolph streets, is the convention headquarters. There are other hotels in the downtown district where a more reasonable rate may be obtained. Out near the school and hospital is the Hyde Park Hotel, corner of Hyde Park boulevard and Lake Park avenue. This is but a few minutes' walk from the hospital, on the shore of Lake Michigan, and 12 minutes from the downtown by the Illinois Central suburban service.

Chicago can care for you at any price you wish to pay; Chicago calls you to come and enjoy her summer beauties and find that knowledge you have been seeking, at the annual convention. Come!

Tentative Program for AOA Convention Chicago, June 30 to July 3

TENTATIVE program for the AOA convention at Chicago, including only sections of Eye, Ear, Nose and Throat; Obstetrical and Gynecological. Also subject to several changes, especially in the latter part.

Sunday, June 29

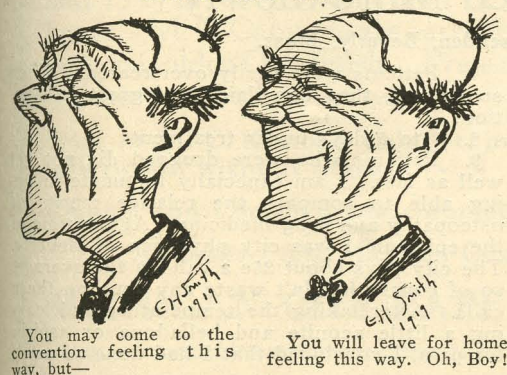
Special services in all churches. Pulpits filled by prominent osteopaths.

Monday, June 30

MORNING

- 8:00 Special corrective gymnastic exercises by Dr. Evelyn R. Bush and Dr. A. A. Gour.
- 7:30 to 9:00 Eye, Ear, Nose and Throat Section. Surgical operations at the Hospital—Drs. C. C. Reid, John Deason and W. V. Goodfellow.
- 10:00 Chicago's greeting to visiting osteopaths.
- 10:30 "Treatment of Spinal Curvature and Flat Feet"—Dr. A. A. Gour.
- 11:00 "Goiter"—Dr. Carl P. McConnell.
- 11:30 "Diagnosis in Gynecology"—Dr. L. Alice Foley.
- 12:00 "Unsolved Problems"—Dr. W. B. Meacham.

Coming and Going



- 12:30 to 1:00 "Results Obtained in the Treatment of 523 Cases of Mental Derangement Thru Osteopathic Treatment"—Dr. L. Van H. Gerdine.

AFTERNOON

- 2:00 Examination of Clinics—Drs. T. J. Ruddy, C. C. Reid, J. D. Edwards and L. S. Larimore.
 - 3:00 "Source of Infection"—Dr. C. C. Reid.
 - 3:30 "Reflex Nervous Disorders Related to Eye Strain and Their Osteopathic Management"—Dr. C. L. Draper.
 - 4:00 "Sinus Affections and Reflex Involvement"—Dr. J. Deason.
 - 4:30 "Relation of General Nutrition to Diseases of the Eye, Ear, Nose and Throat"—Dr. G. V. Webster.
- Gynecological Section*
- 2:30 "Lesions Causing Pelvic Congestion"—Dr. Louisa Burns.
 - Clinical Aspects of Sane—Dr. Georgia Carter.
 - 3:20 "Felic Reflexes"—Dr. L. Alice Foley.
 - Discussion—Dr. Ella D. Still.
 - 4:00 Clinics conducted by Drs. Jessie O'Connor and Dr. Ella D. Still.
- Obstetrical Section*
- 2:00 "Osteopathic Technique in Obstetrics"—Dr. C. B. Blakeslee.
 - Discussion—Dr. Josephine Peirce and Dr. J. A. Chapman.
 - 3:00 "Gynecology Due to Obstetric Injuries"—Dr. Percy H. Woodall.
 - Open discussion.

Tuesday, July 1

MORNING

- 8:00 Special corrective gymnastic exercises by Dr. Evelyn R. Bush and Dr. A. A. Gour.
- 7:30 to 9:00 Surgical Operations at the Hospital—Drs. W. V. Goodfellow, T. J. Ruddy, L. S. Larimore and J. H. Bailey.
- 10:00 Opening Address by President, H. H. Fryette.
- 10:20 "Bedside Technique"—Dr. C. J. Gaddis.
- 10:40 "Hay Fever and Asthma"—Dr. J. H. Bailey.
- 11:00 Osteopathic Principles—S. H. Kjerner.
- 11:20 "Statistics on Influenza"—Dr. G. W. Riley.
- 11:50 "Psychiatry"—Dr. Edward S. Merrill.
- 12:10 to 1:00 "Dissected Specimen"—H. V. Halladay.

AFTERNOON

Eye, Ear, Nose and Throat Section

- 2:00 Examination of Clinics—Drs. J. H. Bailey, W. S. Nicholl, Stanley Hunter and E. J. Bretzman.
- 3:00 "Brain Tumors and Their Detection by Eye, Ear, Nose and Throat Symptoms"—Dr. T. J. Ruddy.
- 3:30 "Acute Mastoiditis"—Dr. W. V. Goodfellow.
- 4:00 "Finger Surgery of the Orbit in the Treatment of Incipient Cataract, Glaucoma and other Intra-Ocular Diseases"—Dr. James D. Edwards.
- 4:30 Ear, Nose and Throat Complications Due to the "Flu"—Dr. E. H. Cosner.

Gynecological Section

- 2:30 "Relation of Focal Infection to Pelvic Disease"—Dr. George Conley.
- Discussion—Dr. W. Curtis Brigham.
- 3:10 "Diagnosis of Pelvic Lesions Exclusive of Tumors"—Dr. Dana Hansen.
- "Diagnosis of Fibroid Tumors of the Uterus"—Dr. Betsy Hicks.
- Discussion of the above two papers on Diagnosis—Dr. H. C. Wallace.
- 3:50 "Osteopathic Treatment of Pelvic Diseases"—Dr. Mary Emary.
- Discussion—Dr. Mabel Andrews.
- 4:20 Clinics conducted by Drs. George Conley and W. Curtis Brigham.

Obstetrical Section

- 2:00 "Asepsis and Antisepsis"—Dr. B. D. Truman.
- Demonstration of Birth Room Technique in the Hospital—Dr. R. L. McCarthy.
- Demonstration of Birth Room Technique at Home—Dr. Alex M. Walker.
- 3:00 "Puerperal Sepsis"—Dr. Fannie E. Shutts.
- Open Discussion.

Wednesday, July 2

MORNING

- 8:00 Special corrective gymnastic exercises by Dr. Evelyn R. Bush and Dr. A. A. Gour.
- 7:30 to 9:00 Eye, Ear, Nose and Throat Section. Surgical Operations at Hospital—Drs. C. C. Reid, T. J. Ruddy, J. Deason and W. V. Goodfellow.
- 10:00 "Genito Urinary Diseases"—Dr. Edward B. Jones.
- 10:20 "Diseases of the Colon, Rectum and Prostate Gland with Their Etiological Relation to Other Human Ills"—Dr. C. E. Amsden.
- 11:00 "Orthopedics"—Dr. G. M. Laughlin.
- 11:40 "Effect of Lower Dorsal and Lumbar Lesions on Labor"—Dr. Lillian M. Whiting.
- 12:10 to 1:00 "Diagnosis of the Submerged Subluxation by the Galvanometer"—Dr. J. D. Edwards.

AFTERNOON

Report of Nominating Body and Election of officers of AOA

Eye, Ear, Nose and Throat Section

- 2:00 Examination of Clinics—Drs. J. D. Edwards, G. V. Webster, L. M. Bush and C. M. La Rue.
- 3:00 "Otosclerosis, Differentiation of, and Prognosis"—Dr. Chas. M. La Rue.
- 3:30 Ear, Nose and Throat Work Combined with General Practice—Dr. Harry Semone.
- 4:00 "Adenoids"—Dr. L. M. Bush.
- 4:30 "Finger Surgery of Waldeyer's Ring"—Dr. F. E. Magee.

Gynecological Section

- 2:30 "Indications for Surgery in Gynecology"—Dr. J. B. Littlejohn.
- 3:00 "Orificial Surgery"—Dr. Benoni A. Bullock.
- Discussion—Dr. O. O. Bashline.
- 3:40 "Some Obscure Causes of Malpositions"—Dr. Louisa Burns.
- Clinical Aspects of Same—Dr. Lillian Whiting.
- Election of Chairman for Gynecological Section 1920.
- 4:20 Clinics conducted by Dr. Lola Taylor and Dr. Ella D. Still.

Obstetrical Section

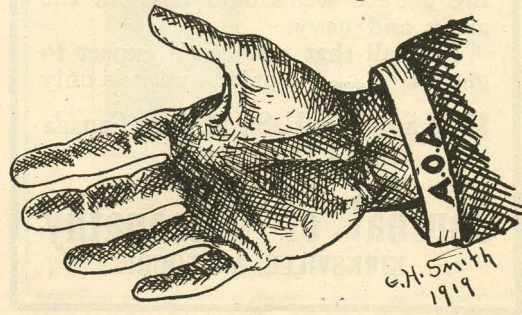
- 2:00 "Anomalies in Pregnancy and Labor"—Dr. M. E. Clark.
- Personal experiences.
- "Ectopic Gestation"—W. Curtis Brigham.
- "Errors in Mechanism in Head Presentation"—Dr. Blanche Mayes Elfrink.
- Open Discussion.

Thursday, July 3

MORNING

- 8:00 Special corrective Gymnastic Exercises by Dr. Evelyn R. Bush and Dr. A. A. Gour.
- Eye, Ear, Nose and Throat Section*
[Continued to Page 29]

Meet Me at Chicago



DEASON-MOORE CLINIC

Special Hay-Fever course during the two weeks following convention, at which time both didactic and clinical work will be given thoroughly, and **those in attendance will be required to do the treatment.**

Write for details

J. DEASON, M. S., D. O.
27 E. Monroe Street
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For the most modern styles and lowest priced Osteopathic Tables and Stools; also Books, etc. and assured satisfaction, address only where you get the benefit of 22 years' experience.

THE
J. F. JANISCH SUPPLY HOUSE
KIRKSVILLE, MO.

It Will Pay You

I suppose you're getting the Journal of Osteopathy and reading it regularly.

But if not, it will pay you to get on the list.

It will keep you posted on the best methods and the latest discoveries.

It will tell you what others are doing, and the results.

It will report our progress toward the chance we should have in the army and navy.

It is all that you could expect to get for twice the price, and it is only

\$2.00 a year in U. S., \$2.15 in Canada and \$2.25 foreign.

Journal of Osteopathy
KIRKSVILLE, MISSOURI

Advocates Vigorous Treatments for Flu-Pneumonia so Long as It Gives Comfort with No Exhaustion Reaction

By Dr. E. S. Detwiler, London, Canada

LESIONS: Noted were mostly muscular. Location: Practically entire spinal area and in many cases the intercostals.

3. Correction: Heat: Dry with hot water bottle between the shoulders. Moist: Hot fomentations along entire spine. Manipulation: Slow, deep stretching and steady inhibitory pressure on tender areas; then, later, gentle motion, when possible to lesioned areas wherever found.

4. General manipulations: Patient on back; gentle rocking motion and lateral traction to all articulations for motion. Raise ribs from their angles.

5. Average time: 10 to 15 minutes.

6. Frequency: One to five per day, average about 2.

7. Over-treating: No. With few exceptions did I feel that I was in any danger of over-treating. Personally I should like to enlarge slightly on this phase of the work. I had flu-pneumonia myself and received five vigorous treatments per day during the most severe period. I should like to have had ten per day as far as my personal sensations were concerned. I did not treat my own patients prior to my illness as vigorously as I was treated, and now am of the opinion that I might have used more vigor to advantage. I think vigorous treatment indicated so long as it gives solid comfort, improves conditions and does not produce the reaction of exhaustion.

8. Days under treatment: Average between 3 and 7.

9. Drugged patient: I cannot honestly say that the patients I treated who had received drug treatment first showed any definite or uniform hesitancy in recovering. I thought they should have, though!

10. Diet: General: No food during febrile stage, either in flu or in pneumonia. Second day of normal temperature, semi-solid, light diet. Third day, light solids, and so on.

11. Applications: I used Antiphlogistine in pneumonic cases usually. Mustard was also used a few times. Both were used even where pneumonic conditions were not clearly marked but feared, or where there was marked thoracic soreness.

12. Bowels: Enemata: These were given from the first at least once daily, usually twice, and occasionally three or four times. I used soap very occasionally at first but favored Deason's salt, borax and soda solution. Manipulations: Flexion, extension and rotation to lower dorsal and lumbar; flexion of thighs on body, and slow deep manipulation to abdomen. Laxatives: I used cascara or olive oil in a few stubborn cases. Dose:

teaspoonful, once, twice or thrice daily, as indicated. Discontinued this as soon as enemata, which were used coincidentally, became effective.

13. Kidneys: Drink: Urged patient to drink at least 2 quarts of fluid (water, orange juice, lemonade) daily. Manipulations to mid- and lower dorsals. Heat to lower dorsal and over bladder in stubborn cases.

14. Sweating: I used only the hot fomentations to the spine. These I used freely, 3 or 4 sessions per day, whenever temperature went up 102 or over, or where it came down too slowly, or where patient was very sore or restless. This was applied as follows: Patient face down. Back bared and covered with single flannel. Flannel fomentation laid over this as hot as could be borne. Fomentation covered thickly and left 5 to 10 minutes. Repeated four or five times. Back bared and sponged with tepid cloth. Rubbed well with hand or alcohol and patient wrapped up well.

15. Cotton jacket: I used this only once or twice when Antiphlogistine was not procurable at once.

16. Ventilation: I insisted on free ventilation, protecting patient from direct drafts.

17. Average temperature of the room was, I should judge, about 64 to 66 degrees Fahr.

18. Reduction of temperature:

(a) Rather vigorous manipulations for motion in lower dorsal and cervico-dorsal regions.

(b) Hot fomentations as per above.
(c) Tepid sponge baths, 2 or 3 per day.
(d) Enemata.

19. Cough: Manipulations: Relax up dorsals and cervical. Relax anterior throat structures. Steady pressure over anterior part of upper lateral processes of cervical vertebrae. Hot drinks: water, lemonade, honey and lemon.

20. Stimulate heart: Manipulations for motion in upper dorsal and cervical region. Raise left ribs. Hand vibration over heart. Cold packs to precordium. This last I have found to be a most satisfactory cardiac stimulant.

This measure—a large piece of ice over heart—on one occasion, not a flu case, revived an unconscious patient whose pulse when last perceptible was 33 and later lost, who was pronounced dead (slightly prematurely) by a trained nurse and who remained in that state about 30 minutes. He revived, had air-hunger mania for 20 minutes, and then recovered. This happened twice in one day. In three days, patient apparently O. K. Attacks followed physical overstrain of weak heart.

City Health Physician Found that Drugged Patients Recovered More Slowly

By Dr. Wendell W. Fessenden, Beverly, Mass.

LESIONS: Muscular. Location: Cervical, upper and middle dorsal. Correction: Study relaxing.

5. Average time of treatment: In a few cases where the whole length of the back was contracted the treatment lasted perhaps 20 minutes. In the majority of cases, however, much more than 10 minutes was consumed.

6. Frequency: The frequency of treatment was determined by the severity of symptoms. The first day or two from one to five treatments were given a day. After the 3d day not more than one treatment a day was ever indicated.

7. Patients were easily overtreated. When so treated, they complained of great exhaustion.

8. 3 to 5 days under treatment.

9. Patients who were drugged did not get well as fast. I am especially fortunate in being able to compare the relative merits of osteopathy and drug medicine. At the time of the epidemic I was city physician of Beverly. The city pays about 25c a call on the average, so of course I didn't waste any time on these calls. After taking the temperature and leaving a little aconite and belladonna or aspirin for pain, I concluded that I had done as much

For the Industrial Physician and Surgeon

Industrial medicine and surgery make many special demands on the medical practitioner. Of these demands, that for an efficient, non-toxic and cleanly antiseptic is one of the most constant. The industrial physicians and surgeons who use

Dioxogen

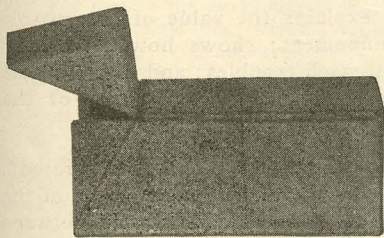
have no trouble in this direction, however, for they have learned to appreciate its unique advantages as an antiseptic for routine surgical purposes.

Indeed, extended experience in practical every-day surgery has conclusively demonstrated that peroxide of hydrogen is peculiarly adapted for cleansing infected wounds, or dressing fresh cuts or abrasions.

But it is primarily essential to make sure that the peroxide of hydrogen employed is free from adulteration, of constant unvarying character, and of high germicidal potency. It is the possession of these properties in such a marked and uniform degree that has made Dioxogen the standard peroxide of hydrogen. No other antiseptic is so prompt in its control of suppuration, so gratifying in its promotion of tissue repair, or so satisfactory in every way to use.

A supply of Dioxogen in the workshop clinic, and a bottle in the first-aid chest or surgical grip gives the attending physician the gratifying assurance that he is prepared to meet any demand for antiseptic treatment.

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M. C. Kimono Boxes

Just the thing to beautify your office. Keeps every patient's Kimono clean and out of the dust. Boxes are made of extra heavy Chip Board, covered with fine black binder's cloth. Each box has

a brass card holder to insert patient's name. Size of box 13x5x5. Prices as follows:

1 Doz. Lots \$5.50 2 Doz. Lots \$10.50
5 Doz. Lots \$22.00 100 Lots \$33.00

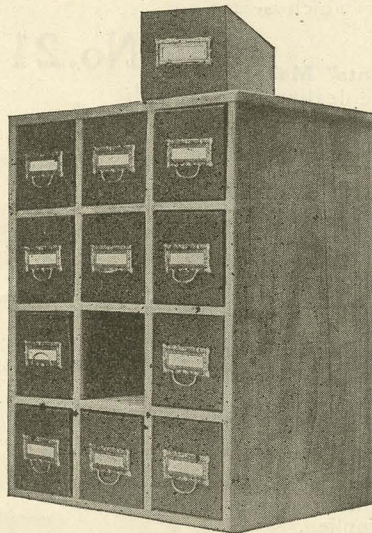
M. C. Kimono Cabinets

Size of cabinet is 21 in. high, 19 in. wide and 13½ in. deep. Will hold 12 Kimono boxes. M. C. Cabinets are carried in stock only in Golden Oak finish. Price on other finishes can be had on request.

Price of M. C. Kimono Cabinet, in Golden Oak finish, without boxes - - - - \$8.50

Cabinet and 1 dozen boxes, complete, \$13.50

All prices f. o. b. Michigan City.



MICHIGAN CITY PAPER BOX CO., Michigan City, Ind.

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

"Osteopathic Health" Standard Literature

We offer the following brochures, all of which are standard numbers. It is a good plan to have a varied assortment of literature on hand at all times. One can never tell when a prospective patient will make inquiry regarding some particular ailment. Be prepared for such an inquiry.

The supply of many of the issues is limited and it is doubtful if they will be published again for many years. There is no time like the present to lay in a good supply of assorted standard field literature.

If you would prefer to look the issues over before you buy, send us 25 cents and we will send you a complete set of sample copies.

Please Order by Number

- No. 2** **A. T. Still, Scientist and Reformer:** The first of the now famous brochures by Professor M. A. Lane, of Kirksville. Supply very limited.
- No. 3** **Bursitis; Glass Arm; Brachial Neuritis; Flat Foot and "Broken Arches"; Hay Fever Cured by Osteopathy.** This brochure tells how "foot troubles" are associated with spinal and pelvic lesions. Also how baseball pitchers are cured of "Glass Arm." A fine story about osteopathy and Hay Fever, telling importance of early diagnosis and prompt treatment.
- No. 6** **Osteopathy in the Infectious Diseases:** A brochure by Professor Lane. A popularized, scientific exposition showing why osteopathy is the most efficient and effective system for combating the infectious diseases.
- No. 7** **Most Diseases Are of Spinal Origin:** A modernized edition of Dr. Bunting's famous brochure which was the first classic in osteopathic popular literature; originally issued seventeen years ago and has been through six large editions. It is always in demand and stands today as the most complete and comprehensive brief, general statement of osteopathy ever prepared.
- No. 8** **Osteopathy in the Inflammatory Diseases:** The fifth of the documents by Professor Lane and deals with boils, chronic dysentery, tonsillitis, etc.
- No. 11** **A Chronic Dyspeptic Greatly Surprised—Strains and Sprains of the Back and Limbs—Osteopathy for Men—A Fall From a Chair Gave Baby Constipation—"Neglecting a Fine Machine."** A very useful brochure for getting people interested in osteopathy who are afraid to tackle any reading matter which seems to be "heavy."
- No. 12** **How "Bad" Mechanism in Our "Joints" Makes Sickness:** A splendid illustrated brochure dealing in detail with lesions. Shows how sub-luxations may cause pressure on nerves and how the free circulation of blood supply and nerve force is interfered with. One of Dr. Bunting's most valuable brochures which has been through several editions.
- No. 13** **What Osteopathy Does for the Welfare of Women:** A special edition dealing with the peculiar troubles of women. General in statement. The leading article is: "How Mrs. J. Investigated Twentieth Century Medical Advancement and Found Out What Every Woman Should Know About Osteopathy."
- No. 16** **Osteopathy Potent Where Serums and Vaccines Fail:** Shows how little can be expected of the various serums and vaccines in view of scientific knowledge of today and why osteopathy has a particular potency in most of the diseases for which these serums and vaccines have been experimentally applied.
- No. 17** **The Osteopathic Catechism;** everyday questions and answers that pass between patients and practitioner: Part I of a new edition of this famous brochure which was written by Dr. Bunting seventeen years ago. It has been revised to date and is printed in large type. It covers the main questions likely to be asked by a person interested in osteopathy and considering the wisdom of taking osteopathic treatment.
- No. 18** **A. T. Still as a Medical Thinker:** Professor Lane's great tribute to the "Old Doctor" and a most lucid and comprehensive estimate of osteopathy. Tells briefly of the great reforms in medicine and shows that Dr. Still was the first to give the world a really scientific therapy. Shows also that the evidence of all modern scientific research supports the therapy of Dr. Still.
- No. 19** **Children's Ills Stopped in Their Beginnings:** This brochure contains an excellent article on children's ills. In addition, it explains the value of osteopathic treatment after confinement; shows how osteopathy can help liver and stomach troubles; and also explains the benefit of osteopathy in the treatment of the various forms of pneumonia.
- No. 20** **Nervous Prostration or Neurasthenia (illustrated):** This brochure is a frank and careful statement of the marked difference in diagnosis and treatment between osteopathic and medical practice in this illness. Just how sore spots in the spine become significant in nervous prostration is made especially evident.
- No. 21** **Osteopathy Synonym Surgery:** The point of departure of this article from all others explaining osteopathy for lay understanding is that instead of the ordinary negative statements telling that osteopathy is *not* drug practice, *not* massage and *not* other things, it swings directly into *positive* description and tells that osteopathy is surgical work minus instrumentation.
- No. 22** **Facts and Fallacies Regarding Osteopathy:** This brochure voices just the facts you have so often presented to your patients to set them right on things osteopathic. It proves the untruth of the statements that osteopathy is rough, painful and severe; that patients are treated nude; that osteopathy is "scientific massage"; and gives other important information.
- No. 23** **The Osteopathic Catechism (part 2):** Sets forth the facts which establish the educational status of our profession, as well as a lot of plain, understandable talk about the osteopathic diagnosis and treatment of disease.

"Osteopathic Health"

Published by
The Bunting Publications, Inc.

9 So. Clinton Street, Chicago

damage as was warranted. (They were, of course, the poor ignorant class who insisted on having medicine.) Invariably they got well in spite of my medicine, because they were kept cleaned out by enemas, but it took two weeks to perform the cure.

With those who were not so ignorant, and would listen to reason, no medicine was given, but reliance placed on hot water bottles, ice cap, enemas (1 or 2 day) and a bath, fruit and milk diet. These patients got well in 10 days.

The third class, my private patients, received osteopathic treatment, plus baths, liquid diet, enemas, etc., and recovered in from 4 to 7 days.

It may be seen from this that the further a patient gets from straight osteopathy the longer he will be sick.

I hope this may help some pseudo-osteopath such as emanates from our Middlesex Medical College to find himself in therapeutics.

Conviction Strengthened by the Epidemic that Osteopathy Is THE Treatment

By Dr. H. Viehe, Memphis, Tenn.

STATISTICS: Number of cases treated, 130. No deaths. No pneumonia.

1. *Lesions:* No specific lesions.
2. *Where?* Above the diaphragm; both physical and mental.
- 3-4. There is a subtle something, a certain combination of knowledge and horse-sense, a something that I cannot quite express, that prompts me to do the right thing, which includes time, place, frequency, degree, circumspection, anticipation, etc., which is supposed to be part and parcel of every physician—natural or acquired—and without which he fails, no matter how minutely directed.
5. *Time:* Five to twenty minutes each visit.
6. *Frequency of treatment?* Circumstances permitted usually but one visit a day. Treatment twice a day in the early stages is of more value as a prophylactic than several visits later, when complications have appeared.
7. *Easy to overtreat?* Yes; not only in influenza but in all the infectious diseases, as well as in chronic conditions.
8. *How many days under treatment?* Home treatment, average four days.
9. *Drugged patients do as well?* No; two conditions to care for, instead of one.
10. *Diet?* (Influenza.) Anorexia usual; strength sustained by liberal allowance of beef broth; no feeding urged until after cessation of temperature. Liberal potions of water, preferably hot.
11. *Local applications?* None used.
12. *Bowels?* Warm alkaline (soda) enema given in early stage, and usually repeated once or twice a day, general conditions suggesting.
13. *Kidneys?* Hot neutral or slightly acid drinks. Stimulation of kidney centers is indicated in all infectious diseases.
14. *Sweat?* Yes, early in the stage of disease. Fruit jars filled with hot water placed about patient.
15. *Jackets?* Had no pulmonary complications.
16. *Ventilation?* Fresh air, but no draught.
17. *Temperature of room?* Comfortable to well person.
18. *Control of temperature?* Strictly osteopathic; cervic and thorax.
19. *Cough?* Strictly osteopathic to cervic and thorax.
20. *Heart stimulants?* No drugs needed or used.

Neurasthenic symptoms a prone sequelae. (My flu experience reported in February number of *Journal AOA*, 1919, to which please refer; page 300.)

My experience with influenza has only strengthened my contentment of mind and satisfaction of soul that osteopathy is the method of treatment par excellence.



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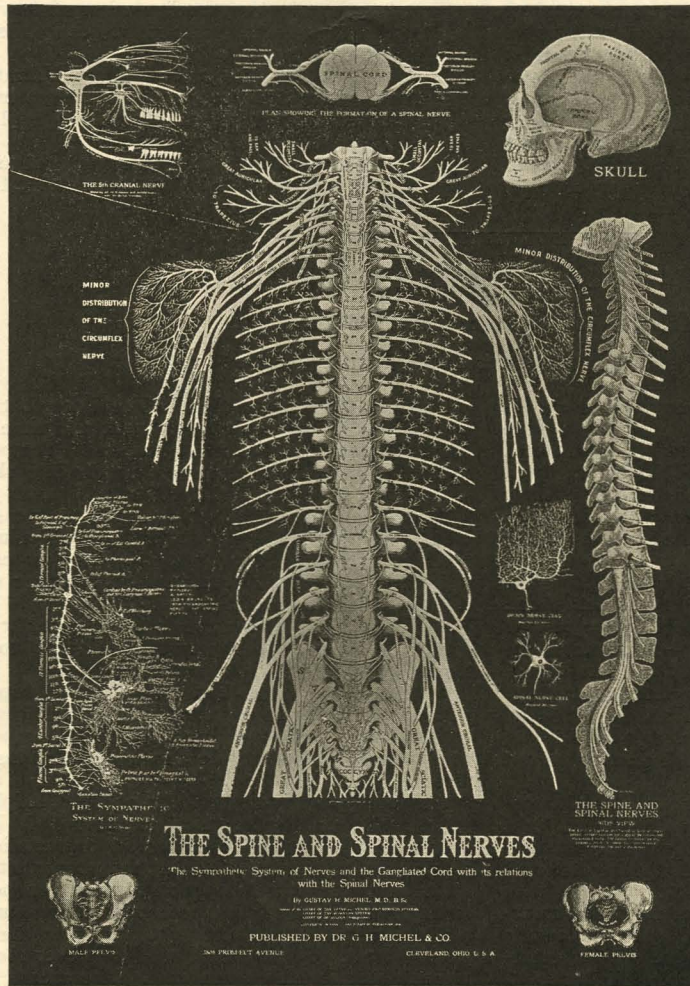
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How an Idaho Osteopath Battled With Death in the Mountains

By Dr. George A. Aupperle, Idaho Falls, Idaho

KIND of lesions: Muscular.

2. Where: Cervical and upper dorsal regions.
3. How corrected: Deep, firm relaxation treatment.
4. Strong manipulation of the neck, especial attention to the trapezius and entire dorsal region.
5. Average time for osteopathic treatment: Ten to fifteen minutes.
6. As to frequency of treatments: Idaho Falls is in Snake River Valley, about 30 miles out there are foot hills, really mountains, where we have a large number of dry ranchers. I was called out to the hills, found seven families down with "flu," twenty-eight cases at one place; seven children and the mother down in two beds, age of children 11 months to 12 years; the father was dead in the third bed, had died at 3 p. m. I arrived there the following night at midnight. I got the body of the father sent to town and patients in three beds in a room 12 by 14 only, there being but two rooms in the shack. I stayed in the mountains eight days, used a saddle horse to make my rounds and was able to see my patients just once a day. I did not lose a patient. When I got back to town where I could treat patients twice a day I found that they recovered faster; the duration of illness was cut down about three days, evidently by more frequent treatment. Those with pulmonary complications I treated as often as four and five times in twenty-four hours. Two such cases, one 12 and the other 25 miles in country, it was simply impossible to get to more than once a day and, as a consequence, I lost both of them. I am morally sure if I could have treated them three or four times a day I would have saved them.

7. Did you find it easy to over-treat? I had no trouble in this respect.
8. Patients were under treatment an average of five days.
9. Did patients who had been drugged respond as well as others to osteopathic treatment? Not by any means.
10. What regulation of diet was prescribed for "flu": Twenty-four hours fast, milk, soft boiled egg, milk toast.
Pulmonary complications? Milk only.
Bowel and stomach complications? Fast.
Nervous complications? Meat juice, broths.
11. I used antiphlogistine in some cases.
12. Methods used to keep bowels active: Enema, luke warm soap water, two quarts twice a day. Pluto water, third of glass filled with hot water.
13. Method used to keep kidneys active: Direct manipulation thru kidney area, drinking large quantity of water.
14. Did you sweat the patient? If so, how and at what stage of disease? Yes, whenever fever got above 102 5/10; used glass fruit jars filled with hot water.
15. Did you use cotton jacket for pulmonary complications? Always.
16. What about ventilation, that is, much or little? Very much; as a rule I was compelled to have more than one patient in a room.
17. What was average temperature of room? About 68° Far.
18. Were any means used to reduce temperature of patients? Yes, manipulation of cervical and upper dorsal muscles. If this failed I used sweating.
19. Means used to overcome cough: Vibration over lungs and bronchial tubes, deep manipulation between shoulders, cold applications.
20. Means used to stimulate the heart: A stimulating treatment to 7 Cer. and 1 and 2 Dor. Vert.; no drugs were used.

Fear Is One of the Deadly Lesions in Flu

How It May Be Successfully Combated

By Dr. Roberta Wimer Ford, Seattle, Wash.

LESIONS: Muscular and bony. In every instance after the first stage of Yellow Journalism scares with their glaring headlines I found much of FEAR and FRIGHT in each case, as well as indigestion toxins, with bony and muscular lesions. I made a urinalysis once daily of every case and found albumen in a little more than half of them.

2. Where: Cervical, dorsal, lumbar.
3. How corrected: Manipulations and heat. Some were not corrected at all. Where lesions were evidently of long standing—say, rotated innominates, spinal curvatures and the like—I did not attempt correction while the temperature was on. In several cases, after patients were up and about, they did not feel it necessary to come to the office for further care, so all lesions were not corrected.
4. General manipulations, if any: Special treatment to all cervical and upper dorsal; all tight muscles relaxed throughout body when possible.
5. Average time: Varied, depending on age, size and condition; 5 to 25 minutes. Varied with conditions. Heavy-fat patients could not be treated so heavily as thin or muscular ones, so in such cases I found it necessary to give a light treatment and repeat it oftener. This applied also to elderly persons and weak ones.
6. Frequency: While temperature lasted, visited daily. Light treatment one day, heavy treatment the next.

I always treat *my patient* before I try to treat his *illness*. Frequency of treatment and time required depend on the given patient. Temperament and personality enter so largely into these things that to generalize is difficult for me.

7. Did you find it easy to overtreat your cases? Not if one pays close attention to one's clinical findings and nurse's records. Saw a few cases daily and gave osteo. treatment every other day. All depended on conditions.
8. How many days were patients under treatment? Varied with age and nursing, 2 to 10 days.
9. Did patients who had been drugged respond as well as others to osteopathic treatment? No.
10. Diet: Absolutely no food while temperature was above normal in any case. Gallons of water.
11. Did you use any substances like Antiphlogistine, Dionol or other local applications? No; only hot saline packs, compresses, fomentations, electric pads, hot water bottles, soapstones, etc.
12. To keep bowels open: I made it a point to be certain that we had removed all fecal matter, and were not permitting toxins from the intestinal tract. To do this I used whatever means seemed best for the given case. The means depended on the amount of temperature, age of patient, amount of care his family or nurse could give and things in general. Manipulations, castor oil, citrate magnesia, saline enema.

13. What method used to keep kidneys active? Gallons of water in small drinks, plenty soda bicarbonate.

14. Did you sweat the patient? Yes, I sweated as soon as I saw him, continued at intervals till temperature dropped. I sweated profusely and as often as possible (if the heart seemed strong enough). Sometimes I was forced personally to give hot moist spinal compresses (when nurses were scarce and all members of a family in bed), with copious drinks of hot water in my absence.

15. Only one of my cases ran to pneumonia, so did not use pulmonary jacket. She recovered. Used teaspoonful soda every hour with her during night of crisis. Gave soda by mouth. Albumen 75 per cent for two days in ruine.

16. Ventilation: Normal ventilation. Whenever it rained our patients were better. In some cases had steam heat and normal amount in room; others no heat.

17. What was average temperature of room? 60-70 degrees.

18. To reduce temperature: Sweats, enemas and much water drunk.

19. Means to overcome cough? Usual treatment over cervical and upper dorsal regions.

20. Drugs to stimulate the heart? No.

23. *Extra question supplied and answered by the writer:* "What did you say or do to combat fear?"

Panic possessed so many patients and their families that I assured my patients I was not taking *more* than I could give *proper* care to, and that at any time they could get in touch with me in 30 minutes, because I kept in constant touch with my office attendant and my housekeeper, and I assured patient I would go to them any time, night or day, if they needed me. This gave wondrous assurance, and was a real help to each one of them. The doctor's poise, assurance, cheerfulness and constant touch was never more needed than during that panicky period. To make doubly sure, I gave each family my driver's phone, too. No one abused my willingness, and it did beget confidence and assist in recovery.

Personally, I never told a single patient he "had the flu." To many persons the very fear of it was almost enough to prostrate them. I referred to the sickness as "old fashioned gripe," and assured them it was nothing to fear, if they were sensible and followed my instructions.

I said to a patient: "You are a little below par, because you have been eating substitutes, working overtime, and having too little relaxation and jollity on account of the war. Now, if you will follow instructions, rest, stay in bed and do as you are told, letting me carry all the responsibilities of your case, very soon you will be out again."

With the modifications and changes necessary for different temperaments, I carried this idea through; was not dismissed from a single case; had but one pneumonia develop; and retain all the families that I carried through the panic. I am almost a tyrant for having things done as specified, for having thorough reports, and for knowing all about a patient, and have an almost seventh sense for knowing the thing he is trying to keep from me. Little details like taking a bite when I had forbidden food, or sitting up before I had given permission, etc.; but I think in acute illness much depends on the detail and management of a case.

I was busy eighteen hours a day, for I had my regular practice of cases that were not flu; but I did not have a single death, so it was really worth while, to work so hard.

Twice a Day Till Fever Subsided: Then Once

By Dr. Mary Gamble, D. O., Salt Lake City, Utah

LESIONS: Upper dorsal and upper rib lesions; sometimes clavicle displaced.

2. *Where?* Lesions in cervical region were any place in that region. Usually an axis lesion.

3. *How corrected:* Gently, according to con-

dition of patient, with patient on the back if very sick.

4. *General manipulations:* General loosening of whole dorsal region and also cervical region.

5. *Average time used:* I think about fifteen minutes.

6. *How frequently treated:* Twice a day until fever subsided; then once.

7. *Did you find it easy to overtreat your cases?* If I overtreated I didn't know it.

8. *How many days were patients under treatment?* One week except in three or four instances, and they were treated three days.

9. *Did patients who had been drugged respond as well as others to osteopathic treatment?* Decidedly not.

10. *Diet:* Influenza: Liquid. Pulmonary complications: Liquid. Bowel and stomach complications: Liquid. Nervous complications: Liquid.

11. *Did you use any substances like antiphlogistine, dionol or other local applications?* No.

12. *To keep the bowels active:* Gave enema twice a day sometimes until I could get them to move naturally. If manipulation, what kind and how? Bowel region of spine and gentle local manipulation. If laxative, what: I don't use laxatives.

13. *To keep kidneys active:* Manipulation over the kidney region and plenty of water.

14. *Did you sweat the patient?* If so, how and at what stage of disease? I gave three patients sweats because of lack of nurse, but they got along no better than the others.

15. *Did you use cotton jacket for pulmonary complications?* Yes.

16. *Ventilation?* Much.

17. *Average temperature of room?* 75 degrees.

18. *To reduce temperature of patients?* General relaxation in upper dorsal region and sponge baths two or three times per day.

19. *To overcome cough?* Raising ribs, and good cervical treatment, correcting any lesions that exist in cervical region.

20. *Any drugs used to stimulate the heart?* I am an osteopath and don't use drugs.

Principally Muscular Lesions

By Dr. Burrell Russell, New Philadelphia, Pa.

STATISTICS: 197 cases of influenza, 7 cases of pneumonia—4 deaths. Only one death among cases which I handled from the start and three deaths among cases where others had treated them.

1. *Lesions:* Principally muscular. Bony not constant.

2. *Where?* Cervical and upper dorsal. Some lumbar.

3. *How corrected:* All depends on the case or condition.

4. *General manipulations:* General treatment to entire body. Special to upper dorsal.

5. *Average time per patient:* 15 to 20 minutes.

6. *How frequently treated:* Once or twice per day.

7. *Did you find it easy to overtreat your cases?* Yes. The only case lost I believe was partly due to this.

8. *How many days were patients under treatment?* Usually five to seven days, some ten.

9. *Did patients who had been drugged respond as well as others to osteopathic treatment?* This is hard to answer. The one I lost had taken some drugs.

10. *What regulation of diet?* Nothing to eat at all if patient would stand for it. If anything, fruit juice.

11. *Did you use any substances like antiphlogistine, dionol or other local applications?* Dionol in a few cases. I think it helped some.

12. *To keep the bowels active:* Enemas and manipulations. Laxative only at the first. Strong laxative, usually Pluto water.

13. *What method used to keep kidneys active?* Nothing but manipulations and heat.

14. *Did you sweat the patient?* Only at the onset. After the onset it proved bad.

15. *Did you use cotton jacket for pulmonary complications?* No.



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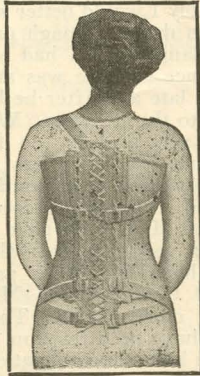
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16. *What about ventilation?* Room warm. Plenty of good air.
 17. *Average temperature of room?* About 70 degrees F.
 18. *Means to reduce temperature of patients:* Enemas, baths, cold compresses to body.

19. *Were any means used to overcome cough?* Treatment and cold packs. If manipulation, what kind and how applied? To cervical and clavicular region.
 20. *Were any drugs used to stimulate the heart?* No drugs.

511 Cases With 4 Deaths, All From Previous Heart Lesions

By Dr. L. A. Howes, Ord, Nebraska

STATISTICS: 511 cases—4 deaths. Not one developed pneumonia. The four fatalities were from the heart, previous lesions.

1. *Lesions:* Seemingly strains and contracted ligaments.
2. *Where:* Few upper cervical. Mostly upper dorsal and lumbar.
3. *How corrected:* Relaxation mainly.
4. *General manipulations:* Loosening up cervical, upper dorsal and lumbar regions but not neglecting 9, 10, 11 and 12 dorsal.
5. *Average time:* 10 minutes.
6. *Frequency:* Some twice a day, some once, a few only three times per week.
7. *Did you find it easy to over-treat?* Yes.
8. *How many days were patients under treatment?* Average 6½ days.
9. *Did patients who had been drugged respond as well as others to osteopathic treatment?* No, surely not.
10. *Diet:* Hot soups; occasionally grape juice and orange juice; plenty of water, warm.
11. *Did you use any substances like Antiphlogistine, Dionol or other local applications?* Analgesic Balm.

12. *To keep bowels active:* Castor oil. Enemas as often as necessary. Luke warm water. Relax spine and bowels.

13. *To keep kidneys active:* Osteopathic and hot soups.

14. *Did you sweat:* Yes, always first part of treatment.

15. *Did you use cotton jacket for pulmonary complications?* Yes.

16. *Ventilation:* Plenty fresh air—no draughts. Room about 67 degrees.

17. *Average temperature of room?* About 67 degrees.

18. *Were any means used to reduce temperature of patients?* Sponge baths and osteopathy only. *If manipulation, where, what kind and how applied?* Baths, as necessary. Loosening tight tissues and inhibiting cervicals.

19. *Were any means used to overcome cough?* Loosening throat muscles thoroughly. *If manipulation, what and how applied?* All around neck and care to clavicles and upper ribs.

20. *Means used to stimulate the heart:* Osteopathic only. *If drugs were used, mention them and quantity used?* If not used, state so definitely: No drugs used to stimulate heart.

My Conclusions from Treating Flu

By Dr. Theodore Paul, Tarkio, Missouri

DURING or rather after the flu epidemic I felt like I could write a book on the disease, but it has now been three months since our last epidemic, so I have begun to grow rusty. Osteopathic management of these epidemic cases has been wonderfully successful, while in one case in which I requested medical help, the patient died, so I have said "never again." I'll manage them, or the M. D. can manage them, but no mixtures of therapy for mine.

Probably I would better say that I had 120 cases with two deaths, though one of these was really out of danger and I had told the parents to call me at once if there was any backset. This they did only late and after he had needlessly exposed himself to the elements. When I went back I saw that he was already too far gone to be saved. I felt that his death was wholly needless. The other, a woman five months pregnant, was very sick, and I became scared and called, or had called, an M. D. He gave sleeping capsules, etc., and in a very few days they buried her. Since then I have had other precarious cases, but I will not treat with an M. D., and I have not had any more deaths. Their pills, powders and potions have no attraction for me. I know I can do much better for my patients without them.

Answer to The OP's Flu Questionnaire

No. 1. Lesions found were generally muscular and ligamentous, involving the cervical and lower dorsal areas. Though where bronchitis or pneumonia complicated, there was involvement of the upper thoracic region of the spine.

2. They were generally a tightening or stiffening of the articulations of that area and were often painful to the touch and otherwise.

3. The correction consisted of firm but not harsh treatment designed to relax and give motion to that part of the spine. I do not care for rough treatments ordinarily, and very seldom use any manipulations that any one could object to. I have found through fourteen years of experience that more people like easy rather than rough treatments.

4. I will only add to the third question rather than give the exact manipulation used. I am not

sure but that all D. O.'s are acquainted with the simple manipulations I used during our epidemic of flu. The two sides and neck were my main places of attention, though sometimes, if I had a large, thickly and firmly built man with a very stiff back, I generally turned him on his face and tried to loosen him up. If my patient were a poorly nourished woman, I used less strenuous measures. I tried to use great care and did my best to correctly gauge the strength of my patient.

5. Our variety of flu we had to deal with here was a fairly severe form and our average cases ran temperatures from four to eight days, many running as long as ten to twelve days, others from two to four. Consequently I deemed it best not to take too long to treat my patients, as we were so very busy, anyway, and we could not hope for the reaction to come very early, so from fifteen to thirty minutes was my average duration of treatment.

6. For the same reason as given in the previous answer, I saw my cases not over twice a day, nor less than once, except where I did not have full charge of the patient. If the patient was in the country we could hardly see him oftener than once except where the patient became dangerous. This of course when no complication had developed.

7. I did find it a temptation to overtreat, and I believe there were times when the patient was actually made worse by too rough, too prolonged or too frequent treatments. There is much we do not know about the real body reactions to stimuli and especially to an osteopathic treatment. If we possessed enough knowledge along this line we might be able to tell when a ten-minute treatment would do more good than a forty-five minute one. I believe that more good is accomplished in most cases by a short treatment, directed to one or more specific spots or areas, than to a long drawn out grueling such as some D. O.'s employ. I am trying my best to shorten and emphasize my treatments in all cases.

8. On account of the volume of cases with which we were swamped, my cases were generally

discharged from one to three days after the fever had reached normal. I just did not have time to see them more. I always left word that if they didn't continue to improve to notify me promptly. In some cases I was called back.

9. Patients who had been drugged did not seem to respond quite as readily as others, and I had a great time trying to explain why they did not improve like their neighbors who had enjoyed osteopathy from the start.

10. In ordinary flu I cut out all foods save soups. In some cases my instructions were not followed, with resulting continued headaches and prolonged fever. My first articles of diet after the temperature had remained normal a day were toast and eggs. I always advised all the water patients wanted.

11. I used neither dionol nor antiphlogistine save in one pneumonia case. I like a cotton jacket about as well as anything.

12. I advised two enemas a day. Where it could not be done, I allowed patients to take whatever purgative they had been used to. Found that many times copious enemas did much better work than purgatives. My most satisfactory cases resulted where enemas were depended upon—mostly soapsuds. I always manipulated the abdomen, following the colon around with firm, steady pressure. I never use fast or harsh manipulation on the abdomen.

13. Evidently my treatment assisted the kidneys. I had no case where there was inactivity.

14. In most instances, and especially when I was the first physician on the case, I advised a hot foot bath and hot drinks and rest in bed. Most of them sweat and sweat long. Generally after from two to three hours' sweat I allowed the covers to be gradually and partially removed until they were dried. Then I advised sponging off with a hot cloth under the remaining covers.

15. I consider the cotton jacket as good or better than anything in pulmonary complications. To my mind the main thing is to keep an equable temperature over the chest walls.

16. As to ventilation, I advised plenty of fresh air and always had at least one window open in the sick room. It was surprising, some of the conditions I found as the results of advice taken from medical men.

17. Can not say as to room temperature, as very few families had thermometers in the house. However, I never advised a sick room temperature of over 68 degrees.

18. The main procedure to reduce temperature of my patients was the cold pack to the head, hot foot path, enemas and sweating. Many times treatment would increase the temperature for a few hours, but I always figured it was because of toxins being thrown into the blood stream. I was never very quick to say that I could reduce the fever in fifteen minutes, although I have done it in a very few cases. I really believe that most of the obstinate headache and fever cases with which I have come in contact were the results of not getting the bowels sufficiently emptied.

19. The only means I would allow for stopping cough was the cold compress to the throat with a dry cloth covering, not changed for hours, some harmless cough syrup, or some hard candy. Oftentimes treatments to the neck and anterior structures did more good than anything. At other times they coughed on after we did everything. I never saw any real harm come from it, however.

20. In some cases where I thought the heart was weak, I used alcohol baths, and raised ribs of left side; this seemed to work finely. In one case I allowed a few doses of whiskey, though we could see very little benefit from it. In this case we got our best results from saline enemas. One man was on the verge, I and the nurse thought, but the family stayed with us despite relatives and friends, and we stayed with them—at one time three whole nights, and the man is running his farm today.

Our results in flu have made me believe more strongly that osteopathy in the hands of a careful physician is all that is needed for all acute diseases. I am osteopathic stronger than ever, and so is my community.

Treated 830 Flu Cases, 25 Pneumonias, With But 2 Deaths

By Drs. Gibbons & Gibbons, Concordia, Kans.

STATISTICS: 830 well-defined cases of influenza, with no deaths; and 25 cases of pneumonia, losing two cases. Ten of the latter 25 had been given up by M. D.'s.

1. *Lesions:* Muscular and bony.
2. *Where?* Cervical; upper and mid-dorsal; lumbo-sacral.
3. *How corrected:* By relaxation; adjusted when indicated.
4. *General manipulations:* Special attention to cervical; dorsal and lumbar.
5. *Average time used:* 10-15 minutes.
6. *How frequently treated:* One to three times per day.
7. *Did you find it easy to overtreat your cases?* Yes.
8. *How many days under treatment?* (Not answered.)
9. *Did patients who had been drugged respond as well as others to osteopathic treatment?* No.
10. *What regulation of diet was prescribed for influenza?* Water only. *Pulmonary complications.* Nothing until they dropped milk and broth. *Bowel and stomach complications?* Fast. *Nervous complications?* Nothing
11. *Did you use any substances like antiphlogistine, dionol or other local applications?* If so,

what? No; ceased using foregoing; cotton flannel jacket served purpose better.

12. *To keep the bowels active:* High soapy enemas, one quart, one per day.

13. *To keep kidneys active:* Water and stimulation to kidney center.

14. *Did you sweat the patient?* Yes; daily, first three days.

15. *Did you use cotton jacket for pulmonary complications?* No. Used hot compresses over bronchial tree; excellent results.

16. *What about ventilation, that is, much or little?* Much.

17. *What was average temperature of rooms?* 65 degrees.

18. *Were any means used to reduce temperature of patients?* High enemas. *If manipulation, where, what kind, and how applied?* Cervical and dorsal inhibition. *If baths, what kind, how often?* Soda sponge.

19. *Were any means used to overcome cough?* No. *If manipulation, what kind and how applied?* Relaxation of muscles, anterior cervical.

20. *Were any means used to stimulate the heart?* Osteopathic treatments only. *If drugs were used, mention them and quantity used?* If not used, state so definitely: No drugs were used by us.

Not Much Concerned With Reducing Temperature

By Dr. J. W. Skidmore, Jackson, Tenn.

STATISTICS: 123 cases with 1 death.

Lesions: Muscular Rigidity.
Location: From the occiput to the end of spine.

3. *Correction:* Manipulation, and hot applications, water bottle and electric pad.

4. A general relaxing treatment to contracted muscles.

5. *Average time used:* ten to fifteen minutes.

6. *Frequency:* Once per day and sometimes twice, as the case demanded.

7. *Did you notice any unfavorable reaction from too long or too thorough treatment?* Most of them would stand all the treatment I had time to give.

8. *Time under treatment:* From five to eight days.

9. No; patients who had taken aspirin and fever powders were slower to recover.

10. *Diet:* About the same in all cases: fruit juices, egg albumin, buttermilk, and vegetable broth, as long as they ran any temperature at all; after fever left them I would start them in on soft eggs and toast, crisp breakfast bacon, milk toast, well baked potato.

11. I used Antiphlogistine in a few cases.

12. *To keep bowels open:* At the beginning I had patient take a very large dose of castor oil, then two enemas a day; if a great amount of gas on the bowels, soap suds enema in the morning and a saline enema at night.

13. *To keep kidneys active:* A glass of hot lemon water every hour.

14. I did not sweat my patients intentionally, but kept them good and warm.

15. I used cotton jacket for pulmonary complications.

16. Gave patient plenty of ventilation, doors and windows wide open.

17. Average temperature of room was 60.

18. I paid very little attention to reducing the patient's temperature. I think this suggests one reason the medical profession lost so many of their patients, to wit, when called and finding these patients with high fever they proceeded at once to reduce the fever with fever powders and aspirin, causing the patient to break out into a profuse perspiration, with a weakened heart, developing pneumonia, and too often the next call was for the un-

dertaker.

19. The only means to reduce cough was a thorough relaxation of the muscles of the neck and shoulders anteriorly and posteriorly; sometimes this would overcome the cough, and sometimes it would not.

20. No means to stimulate the heart other than treating the innervation to the heart and raising ribs off of heart osteopathically. No drugs used "for the heart," of course.

Dr. G. W. Riley Delighted with Our Flu Treatment Questionnaire

MY Dear Dr. Bunting: I am just in receipt of your Questionnaire on the "Clinical" phases of the flu-pneumonia cases treated by the members of the osteopathic profession.

I am delighted that you have done this. As I wrote you some time ago, I had hoped that a very large number of the profession would send this information to Dr. Snyder, president of the Academy of Osteopathic Clinical Research. I am afraid, however, that very few of them followed that suggestion.

The combined information that this Questionnaire contemplates, and the statistical data in the Questionnaire I have sent out, will prove, in my judgment, one of the most valuable compilations of information that the profession has ever gotten together.

I trust further that your replies will be more easily forthcoming than they have been those to the statistical Questionnaire. The total of the latter, however, is now very gratifying. The disappointing part of it is that so many of the profession have failed to reply. But I think we can safely say that never in the history of the profession has there been such a large and widely distributed response to any request for information, as to this statistical Questionnaire.

Habit is a great factor in controlling the actions of our lives.

The fact that so many have responded to the request for this Statistical information, I feel sure should help wonderfully your most laudable effort to secure the "Clinical" data.

I personally, appreciate your efforts immensely. All success to the excellent work—Fraternally yours,—G. W. Riley, New York, May 8th.

Special Information for Osteopaths

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

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

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

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

25 Pupil Nurses

will be accepted at once
by the

Chicago Osteopathic Hospital

Three-Year Course,
Excellent Training,
Opportunity for
Institutional Employment
after Graduation.

Preliminary Education---
Two-Year High School
or Equivalent.

Nurses receive Room,
Board, and Laundry at
Expense of School.

No Tuition Charge.

Separate Nurses' Home.

Additional information furnished
on request.

Address Superintendent

Chicago Osteopathic Hospital

5200-5250 Ellis Avenue
Chicago, Illinois

Galli-Curci Gives an \$8,000 Song Benefit for Chicago Osteopathic Hospital

MME GALLI-CURCI, the world's most famous coloratura soprano, out of appreciation for what osteopathy has done for her in keeping her voice and health in good form, gave a benefit concert at the Chicago Auditorium Sunday afternoon, June 8th, for the benefit of the Chicago Osteopathic Hospital.

It was the first and only benefit the diva ever gave in her life. So the depth of her devotion to osteopathy was registered accordingly.

The affair was the last appearance of the season for the immortal singer. She sang 17 numbers and played her own accompaniment for "Home, Sweet Home," and "Annie Laurie." It was a great social function and the house was packed.

The affair was one of the greatest advertisements osteopathy has ever had. The following were the patronesses:

Mrs. J. Ogden Armour, Mrs. W. J. Chalmers, Mrs. W. S. Forrest, Mrs. A. C. McCord, Mrs. Edward Leight, Mrs. Phillips Hoyt, Mrs. Bruce McLeish, Mrs. Allen M. Clement, Mrs. John Alden Carpenter, Mrs. Frank P. Smith, Mrs. Arthur Meeker, Mrs. Henry C. Durant, Mrs. Leeds Mitchell, Mrs. F. H. Rawson, Mrs. Robert Carr, Mrs. Francis C. Farwell.

The Chicago Evening Post said of the affair:

When Mme. Galli-Curci sets out to do the generous thing she does not haggle over details. Yesterday afternoon she gave a concert at the Auditorium for the benefit of the Chicago Osteopathic Hospital to which she not only donated her service, but paid all the necessary expense for her accompanist, Homer Samuel, and the flutist, Manuel Berenguer.

It was impossible for me to learn the sum in which the hospital will benefit, but one who understands such matters stated "the house would run to about \$10,000." A reasonable sum also must have been realized from the sale of the programs. Therefore, putting it all together, Mme. Galli-Curci made a munificent gift to the hospital.

Said the Chicago Daily News:

When Mme. Galli-Curci was told that somewhere in the neighborhood of \$10,000 was realized for the Chicago Osteopathic Hospital, at her recital at the Auditorium yesterday afternoon, she said: "I am very glad, indeed."

The Auditorium was packed, as is to be expected at all her concerts, and the recital was given by her without any compensation of any kind. She went so far as to remunerate her accompanist, Homer Samuels, and her assistant, Manuel Berenguer, the flutist, out of her own pocket.

"If it's a benefit, it should be a real one," was her remark in answer to the question of remuneration for her assistants.

With the exception of Bishop's "Lo, Hear the Gentle Lark," "Sylvain," by Sinding, and the mad scene from Donizetti's "Lucia di Lammermoor," the program was new.

She was again in very fine vocal condition, and sang with her usually liquid, easy flowing tonal utterance with her stylistic and musical phrasing and her artistic taste.

In bringing before the musical public such a very fine song as "Oh, in My Dreams!" by Liszt, she showed very good taste. It is one of the best songs we have heard in recital this season. Its poetic text—she sang the song in English—its fine melodic line and its qualities as a musical work by a master of song, made of it one of the outstanding selections of the afternoon.

Bishop's song and the "Lucia" air were both accompanied with flute obligato, and to these was added a very florid, tricky Spanish song, "Carceleras," by Chapi, sung in Spanish, in all of which Galli-Curci displayed her wonderful vocal flexibility.

Mr. Samuels contributed a pleasing song, "The Little White Boat," and the air, "Ah, non credea mi," from Bellini's "La Sonnambula," was sung with fine, sustained, lyric tone.

There were the customary encores, there were flowers and, of course, the stage and orchestra pit both held their quota of admirers.

Mr. Berenguer varied the program with a concerto for the flute (in one movement) by Chaminade, which he played with virtuosic accomplishments.

The recital was the ninety-eighth and last public appearance of Mme. Galli-Curci for the year, 1918-1919.

The hospital and profession are indebted to Drs. H. H. and Myrtle Fryette for this good fortune. The benefit was the diva's generous way of thanking her doctor for his good services, and we understand that it was to Mrs. Fryette whom Mme. Galli-Curci first communicated her wish to do something unique for osteopathy, which resulted in hanging a pot of gold on the rainbow that hangs over the Chicago institution.

dled as private, semi-private and clinical cases as requested by the referring doctor.

The meetings will be held at the Chicago Osteopathic Hospital. Dr. L. J. Blakeman, Stevens building, Chicago, acting secretary, will furnish more detailed information upon request and will make arrangements for the reception of patients.

Colored Physicians Think Consulting Osteopath Used Black Magic

AN Illinois osteopathic physician who has a fashionable suburban practice was called in to see a little colored girl who had had a bad fall three weeks previously. Following the fall she complained of severe headaches for about a week. On the eighth day she went into a state of delirium, remained in this condition for about two hours and from that went into a state of coma, which lasted about an hour. The patient falling off in sleep, awoke and was perfectly normal as far as mind condition. There continued spells of this kind two or three times a day for a period of eight or ten days. Several medical men were called in to see the case, but all were finally discharged except two colored physicians, a woman and a man.

At the end of their rope the osteopath was called in by the family to examine the case. The girl was in a state of delirium and had been so for about fifteen minutes prior to the arrival of the osteopathic physician. He found a badly rotated atlas and axis. Turning to the colored physicians, he asked "Why do you not bring this girl out of this state of delirium?" Their reply was that she had only been in this condition for about fifteen minutes and that all her spells lasted from two to three hours, and that nothing could be done for her.

The osteopath, with a show of confidence that was much greater than he actually felt, said, "Oh, no; she can be brought out of it all right." He stepped forward and corrected the atlas-axis lesion. The child immediately came out of her delirium. The expression of blank amazement on the two negro physicians' faces was comical to see. They thought, of course, that some sort of black magic had been used to revive the patient. "He sure drove the devil outen her!" exclaimed the aged grandfather who had been a silent on-looker from a corner of the room.

The child was treated osteopathically for a period of ten days and then treatments were stopped, and for two weeks during which the case was kept up with by the D. O. no "spell" of any kind returned and she seemed perfectly normal. No track of the case was kept after that period.

Busy Days at the ASO Hospital

ON two successive days Dr. George A. Still operated on the following major cases: 5 abdominal cases, 3 emergency cases, 4 ankylosed knees and an elbow tenotomy. The range of geographical distribution of these patients shows something of the territorial range from which the ASO Hospitals get their clientele, viz:

Mrs. G. W. Lynn, Harlowtown, Mont.
Mrs. W. H. Swift, Miami, Fla.
Miss Eugenia Colvin, Sonora, Calif.
Miss Leona Hadfield, Maywood, Mo.
Mrs. E. M. Savall, McAllen, Texas.
Mrs. Ira Furnish, Sublette, Mo.
Dr. F. M. Geeslin, Mexico, Mo.
Mr. Orville Kelley, Gibbs, Mo.
Mr. Joe Ruddy, Novinger, Mo.
Mrs. Effie Bowles, Palmyra, Mo.
Miss Edith Leblin, Nevada, Mo.
Master Paul Rethjen, Janesville, Wis.
Mrs. O. P. Ogier, Willard, N. Mexico.

In addition to these a peculiar coincidence occurred during the same week, in that on the same day two different women from the little town of Williams, Arizona, neither one knowing the other, came to the ASO Hospital to be operated on by Dr. George A. Still.

Lydia Gray Walks Eight Blocks Without Assistance

By Dr. J. M. Fraser, Evanston, Illinois

IN regard to improvement of the Lydia Gray case I am able to report that progress has been very rapid in the last two weeks. She is able to walk—in fact, has walked eight blocks by herself without the support of a cane or an assistant. She is rapidly improving in every way, and I hope in a short time that she will be perfectly normal. The child says she is "perfectly all right," the only trouble being that her muscles are quite stiff. I believe under relaxing treatment, hot applications, this can be overcome. Her improvement has been very rapid when we consider that

Easter Sunday was the first time that she sat up. She is still not able to get her heels flat on the floor when standing in an erect position, but when she walks, by taking a little longer stride than normal, she is able to place the foot flat upon the floor.

I would like correspondence with any other D.O.'s who may have treated "sleeping sickness."

I also have to report that I have been entrusted with a second case of "sleeping sickness" as a result of success with little Miss Gray and I shall hope to have progress to report before long.

Organization of the American College of Osteopathic Surgeons

FOR several years osteopaths interested in surgery have been casting about to find a means to increase the present high standing of osteopathic surgeons. With that end in mind, Dr. Robert Dudley Emery of Los Angeles came to Chicago a week ago and, with the aid of others, interested formed an Organization Committee for the purpose of working out ways and means of accomplishing this result.

The following men were appointed on the Organization Committee: R. D. Emery, of Los Angeles, and J. B. Littlejohn, J. Deason and L. J. Blakeman, of Chicago. Dr. Blakeman was appointed secretary.

This committee deemed it advisable to organize a society similar in many respects to the Royal College of Surgeons of England whose ethical standing is unquestioned and to call the society the American College of Osteopathic Surgeons.

Letters have been sent out inviting all members of the profession, who are interested, to meet with the committee June 26th and 27th for the purpose of completing the organization.

The program as outlined will consist of a business meeting at 10 a. m. and 2 p. m., Friday, the 27th, and Saturday will be devoted to the scientific program and surgical clinics.

A cordial invitation is offered all members of the profession who are members of the AOA to attend the meetings and bring or send any patients who are in need of surgical treatment or diagnosis.

The patients will be carefully examined and operated upon, if necessary, by the men specializing in their particular field. Every case will be given a thoro physical, X-ray, laboratory, and cystoscopic examination as indicated, and will be han-

June Sale of "OH" Field Literature

We take pleasure in announcing this June sale of *Osteopathic Health* stock numbers. All of the issues offered are worthy of distribution to your patients. Your opportunity is at hand. Buy now while you have the chance.

IMPORTANT:—All of the assortments listed below have been carefully prepared. They cannot be altered or changed in any manner. No extra charge for professional card imprint, but all magazines will be sent blank unless card imprint is asked for.

See page 20 for description of each number listed.

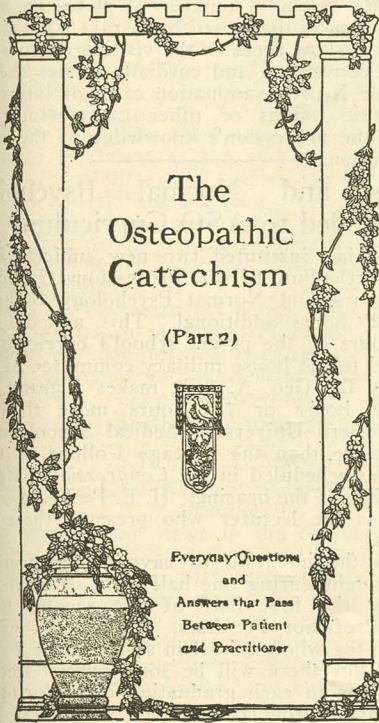
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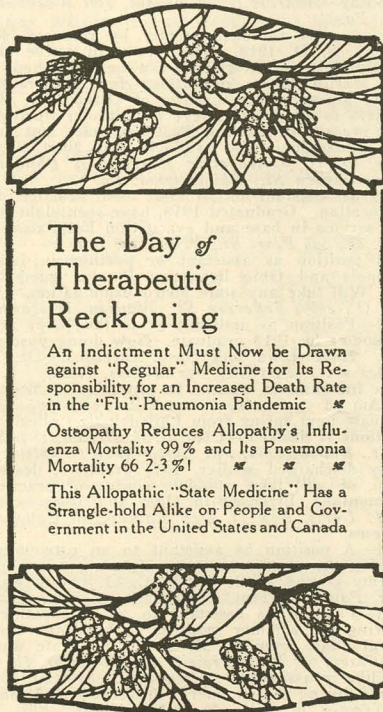
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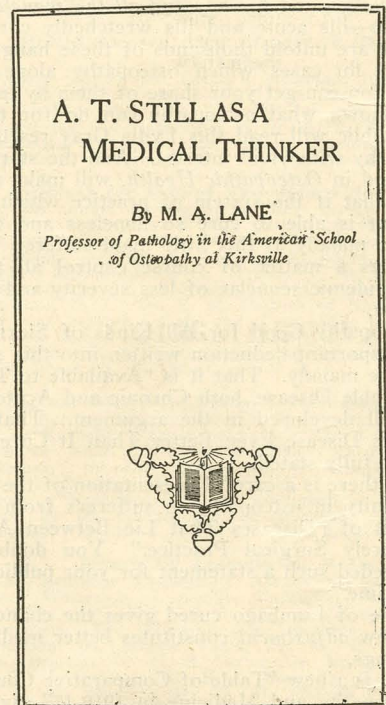


Part II.

No. 29



No. 18



PUBLISHERS' DEPARTMENT

Anybody Who Wants Practice this Summer
Can Make It

By Henry Stanhope Bunting, A. B., M. D., D. O.

YOU have an ideal piece of advertising literature for summer campaigning in the July issue of *Osteopathic Health*, just off the press. It is a human interest story—one that already has claimed considerable attention from the Chicago newspapers—and what is regarded as "big news" and "good reading" by the newspapers is surely not of less concern to our patients, ex-patients and prospective patients when put out in authoritative form under osteopathic auspices.

The lead story of the number is entitled "How a Case of Sleeping Sickness Found a Cure." It was one of the most serious cases of this mysterious malady that has been puzzling medical societies, health officers, army and navy doctors, and medical journals. The M. D.'s had this case for 40 days and gave it up as hopeless. It was a sequela of influenza plus strychnine and caffeine. In less than 60 days osteopathic treatment had the patient cured of her total spastic paralysis of the body and walking without assistance.

As Dr. Fraser, who had the honor of applying osteopathic principles to the relief of this patient, says, "The cure is one that any average osteopath could have made who had the chance." That fact makes this story a good piece of propaganda literature for you to circulate. While the case seems quite miraculous to the layman, it dealt with a condition that you would thank your stars to have come to you for salvation. And while sleeping sickness itself is a rare disease and you probably will never have a case of it, there are all kinds of mean sequelae that are following the recent flu epidemic, and all of them are proving amenable to osteopathy, and if it will cure up an abandoned case like this affliction of little Lydia Gray it is easy to convince the public that it is equally good for any and all the sequelae of influenza—ills acute and ills wretchedly chronic.

There are untold thousands of these hang-over uncured flu cases which osteopathy alone will save. You can get your share of them by letting it be known what osteopathy can do for them. Your public will read this Lydia Gray rescue by osteopathy with vivid interest. And the story, as recounted in *Osteopathic Health*, will make them realize that if the system of practice which you represent is able to cure so hopeless and deep-seated a malady as this little maid suffered with, it will as a matter of course control all these other epidemic sequelae of less severity and consequence.

"Osteopathy Good for All Kinds of Sickness" is the important deduction written into this story of a rare malady. That it is "Available to Treat All Curable Disease, both Chronic and Acute," is also well developed in the argument. That "It Prevents Disease Even Better Than It Cures" is also carefully stated.

Then there is a careful presentation of the new opportunity in osteopathy to sufferers from that long list of "Diseases That Lie Between Acute and Purely Surgical Practice." You doubtless have needed such a statement for your public for a long time.

A case of Lumbago cured gives the chance to show how adjustment constitutes better medicine than drugs.

There is a new "Table of Comparative Courses in Osteopathy and Medicine in 1916-17" given—the one taken from the *Congressional Record* and showing the curricula of ASO and Chicago College compared with Northwestern Medical School, both osteopathic colleges showing up with the longer course—more actual hours of instruction.

This issue of *OH* is one that will be largely read if you give the people a chance in your community. They are ready for it. Why not let them know that the only such cure on record is set down to the credit of the system you practice? Don't you see a distinct advantage in telling them that?

Do You Need an Assistant This
Summer?

THE Osteopathic Physician has made arrangements with the various colleges whereby the students and recent graduates who desire to act as osteopathic assistants during the summer months may advertise their qualifications without cost to them. Several ads are listed below.

If you are an osteopath in practice, here is your opportunity to take a vacation or cut down your working hours during the warm weather. Also it is your duty to help the coming osteopathic physicians in their struggle to make a success. If you employ any of the students whose names are listed below please notify us so that the ad may be stopped.

If you are a student at one of the colleges or a recent graduate with a desire to act as an assistant during the summer months send in your ad at once. We will gladly publish your want ad of not over 30 words free. Be sure to write your name and address clearly.

Will act as assistant or take practice for summer. Age 23, 5 feet 8 inches tall, weight 145 pounds. Will graduate from Philadelphia College next spring.—F. H. Burdett, Fort Lee, N. J.

Wanted position by upper senior either assisting or to take over practice during summer months. Location preferred middle or western states.—George A. Roulston, 1025 High St., Des Moines, Iowa.

Wanted, for the summer, position as an assistant, in an office or sanitarium by a senior at Philadelphia College of Osteopathy.—Address E. D. Bryant, 1321 Washburn St., Scranton, Pa.

Position wanted for the summer by returned soldier. Graduate A. S. O. 1913. Have been in active practice five years. Best of references can be furnished if desired.—J. Merlin Achor, 605 Cottage Ave., Anderson, Ind.

Graduate Massachusetts College of Osteopathy, Boston, 1918, desires to assist or relieve practitioner during summer. At present completing Post Graduate and hospital course at Philadelphia and available July 20th, 1919.—C. C. Ripley, D. O., Osteopathic Hospital of Philadelphia, 1725 Spring Garden St., Philadelphia, Pa.

Position as assistant or to take over practice during summer vacation. Graduated 1918, have seen eight months A. E. F. service in base and evacuation hospitals.—E. B. Porter, D. O., 608 Pearl St., Plymouth, Ind.

Wanted position as assistant or partner in business. Have Illinois and Ohio licenses. Possess good habits. Married. Will take any state board examination.—H. M. Grise, D. O., 214½ Jefferson St., Wausau, Wisconsin.

Wanted—Position as assistant or to take over practice during summer by 1913 graduate. Now doing post graduate work. Have Iowa and Sask. Licenses.—Dr. J. G. Dickie, 1422 W. Locust St., Des Moines, Iowa.

Position for summer wanted in physician's office as assistant. Am 23 years old, 6 feet tall, weigh 165 pounds. Will graduate next spring from Philadelphia College. Recommendations if desired.—Charles M. Brown, 1800 Spring Garden St., Philadelphia, Pa. After July 1st, Milroy, Pa.

Recently discharged soldier, 1917 graduate, desires assistantship, or will take complete charge of practice for summer months. Licensed in Ohio and Iowa.—Address Dr. E. M. Davis, Box 13, Des Moines-Still College, Des Moines, Iowa.

Wanted—A position as assistant to an osteopath physician during the summer months. I lack one semester of finishing my course at D. M. S. C. O. State wages.—Glen Noe, Paullina, Iowa.

Wanted—Position as assistant to an osteopathic physician during the summer months. I have one semester before I graduate from D. M. S. C. O. State wages.—Chas. O. Casey, 632 West Prairie Ave., Decatur, Ill.

Would like to assist some osteopathic physician for several months during the summer. Preferably in Minnesota.—Grace Kramer, R. 3, No. 69, Ackley, Iowa.

Wanted—Position as assistant or to take over practice during summer vacation. Preferably in the Southeast. Am January 20th student. Age 26. Write to G. W. Suttentfield, Roanoke, Va.

Student in senior year would like a position as assistant for the summer. Was a trained nurse before taking up the work. Address James H. Carss, 849 14th St., Des Moines, Ia.

Free Advertisements for Osteopaths
Returned from Service in
Army or Navy

ANY osteopathic physician discharged from service in the United States Army or Navy who is looking for a location, a partnership arrangement, or a position as an assistant, can obtain a free advertisement in *The Osteopathic Physician* on request.

Just send in brief copy stating what it is your desire as to a location or a position and giving address to which replies could be sent, and we will insert the announcement in the next available issue of *The OP*.

We should like to hear promptly from all osteopathic physicians who have been in the service, and we trust that our readers will bear in mind to inform osteopaths returned from service that we are anxious to do all in our power to help them form a satisfactory new practice connection.

Osteopathic X-Ray Laboratory
Opened in Chicago

THE profession in Chicago has keenly felt the need of an Osteopathic X-ray Laboratory since the A. T. Still Research Institute ceased the operation of their equipment. This want has now been filled by the Osteopathic X-ray Laboratory just opened by Dr. James B. Littlejohn, director, and Dr. Earl R. Hoskins, Roentgenologist. Dr. Littlejohn has long been a leading surgeon in the profession and Dr. Hoskins was formerly Roentgenologist for the A. T. Still Research Institute.

It is planned to follow the research work of "The Osteopathic Lesion" begun by Dr. Hoskins and colleagues of the Research Institute as well as all other forms of X-ray diagnosis.

The laboratory is centrally located and equipped with the most modern and powerful transformer of the Standard X-ray Co.—also—a combined horizontal and vertical Fluoroscopic table.

Dr. Hoskins has a large number of plates showing the pathology of osteopathic lesions in various stages, as well as a number of plates on file of typical diseases diagnosed by X-rays. He will be pleased to show these to the visiting doctors during the convention and cordially invites them to bring for X-ray examination cases of interesting osteopathic lesions or other cases which may further the profession's knowledge of the osteopathic lesion.

Ethics and Normal Psychology
Added to ASO Curriculum

ASO has instituted two new subjects in its curriculum, to wit, Professional Ethics, 45 hours, and Normal Psychology 75 hours; total, 120 hours additional. This, added to the 5,468 hours of the parent school's curriculum as reported to the house military committee of congress by Dr. Geo. A. Still, makes a grand total of 5,588 hours or 782 hours more than the Northwestern University Medical School and 68 hours more than the Chicago College of Osteopathy as scheduled in the *Congressional Record* at the time of the hearing. H. E. Peckham, A. B., D. O., is the lecturer who presents these new subjects.

"It is the intention to have the professional ethics taught during one half term of each year, probably the first half of the second term," writes Professor Peckham. "This work will be given to the whole school in session once a week. Besides this there will be some special lectures, to be given to each graduating class during the latter part of the last term of the fourth year. This, I feel sure, is a work that will fill a long felt need, and I have great hopes that it will help to make the field work stronger, better done, better received and in every way put the practice of osteopathy forward."

Tentative Program AOA Convention

[Continued from page 17]

- 7:30 to 9:00 Surgical Operations at Hospital—Drs. J. Deason, L. S. Larimore, L. M. Bush and Stanley Hunter.
- 10:00 "Pathological Conditions of the Stomach and Intestines"—With Stereopticon—Dr. D. B. Holcomb.
- 10:45 "Auto-Intoxication Through Focal Infection"—Dr. Robert T. Alston.
- 11:05 "Pathological Conditions of Tonsils and Systemic Effects"—Dr. E. J. Breitzman.
- 11:25 to 11:55 Osteopathic Service League. The rest of the time Thursday afternoon will be devoted to X-ray slides and plates on Pneumonia from its inception to conclusion on several hundred cases (by a member whose name is willed for the present).
- AFTERNOON**
Eye, Ear, Nose and Throat Section
- 2:00 Examination of Clinics—Drs. Harry Semones, J. H. Bailey, E. H. Cosner, H. S. Beckler and W. S. Nicholl.
- 3:00 "The Middle Turbinate, Its Uses and Abuses"—Dr. L. S. Larimore.
- 3:30 "Traumatic Iritis"—Dr. Stanley M. Hunter.
- 4:00 "Nervous and Constitutional Effects of Diseased Tonsils, Impacted Teeth and Alveolar Abscesses"—Dr. E. J. Breitzman.
- 4:30 "Orificial Philosophy Applied to the Eye, Ear, Nose and Throat"—Dr. H. S. Beckler.
- Gynecological Section*
- 2:30 "Cause and Treatment of Dysmenorrhoea"—Dr. Mary Golden.
Discussion—Dr. Lola Taylor.
- 3:10 "The Curative Powers of Diet in Relation to Intestinal Secretions and Pelvic Diseases"—Dr. Isabell Biddle.
- Obstetrical Section*
- 2:00 "Anesthesia During Labor, Nitrous Oxide and Oxygen"—Dr. E. C. Dymond.
Anesthesia During Labor, Scopolamine—Morphine—Dr. George J. Conley.
Anesthesia During Labor, Ether—Open Discussion.

Meeting of the Surgical Section at the AOA Convention

An interesting program has been devised on surgical subjects for the convention. The program is such that it will be of inestimable value to the general profession and not alone to a few of those interested in surgery. The lectures will cover surgical cases ordinarily seen by the general practitioner in the field—will be replete with modern diagnostic methods of value to him.

Osteopathy has prevented thousands of operations, but we all know that there are many conditions which nothing will cure but surgical procedure and it is this type of case which will be brought forth in detail by the able surgeons on the program. Conservative surgery has always been a keynote of osteopathic surgical practice and the men on the program are of the true osteopathic type. The chairman of the section invites members of the AOA to bring with them such of their interesting cases for diagnosis and surgical treatment as they desire and they may rest assured these will receive the most conscientious and skillful attention.

Surgeons of the section will examine and operate daily at the Chicago Osteopathic Hospital, and all are urged to attend these interesting and valuable clinics.

Dr. L. J. Blakeman (17 North State street, Chicago), chairman of the surgical section, will be glad to arrange for the handling of cases sent in for diagnosis and surgical attention.

ASO Student Prospects Best in School's History

Says Uncle Geo. A. in a Family Letter to the Alumni

It may be sad news to the croakers, but the fact is the A. S. O. has more matriculants for the September, 1919, class already paid up than were ever matriculated this early in the history of the school.

This is in spite of increased requirements, and this does not count the matriculants who have filled out their blanks but have not paid their fee.

Counting these, there are already more matriculated for the September class than entered the last January class.

We thought we were right when we "stuck by the ship" through the big war and all the little wars combined.

We know it now.

The School is going to live and the Science is going to live.

So far as we are concerned, the past is forgotten.

The future is assured.

As to the present, we want to call your attention to these points.

In spite of the fact that the A. S. O. did not beg its alumni for financial support, donations, contributions or endowments, the faculty expense and all other expenses were met promptly throughout the war, although the management went into debt, personally.

The A. S. O. never did ask money from its graduates.

The A. S. O. is run on sound enough business principles that it is now paying, and can pay, a larger faculty bill than any school in the country, and a larger laboratory bill, without begging its friends for money.

We do beg for students and fair play.

We want every alumnus to send an Osteopathic student somewhere this fall. The Science is entitled to that much effort from each of you.

If you can't send a student here, send him somewhere.

You have heard a lot of hard things about the A. S. O. in the last year; most of them were untrue and most of them were started by people financially interested in competition.

We have not felt it necessary to deny untruths, which were most obvious, and particularly as long as the school was actually in the best condition it ever was.

Anyone interested in finding out, can find out these facts.

The school is paying more money for teachers than it ever did and more than any Osteopathic school ever did pay.

Every old student, who comes back to the school, and attends classes, notices the increased amount of real Osteopathy being taught. Every medical man who has left the faculty has been replaced by an Osteopath.

The school, for the first time in fourteen years, is without any legal entanglements.

The faculty not only on the surface, but underneath, are harmonious, and this is something that all old graduates will appreciate.

The same people that are knocking the school now are the people, or their successors, who knocked the Old Doctor when he lived. We seem to forget the opposition he had from certain cliques within the profession as well as without, when he lived.

His school can hardly hope to escape now, under these circumstances.

The A. S. O. is the only school, Osteopathic or medical, whose hospitals contribute not only the hospital profits, if any, but whose professional income helps maintain the institution.

This amounts to practically the income from a large endowment.

We have never begged any money from our alumni, but WE NOW BEG OF EACH ONE OF YOU TO MAKE A PERSONAL EFFORT TO PERSONALLY INTERVIEW A PROSPECTIVE STUDENT AND SEND US HIS OR HER NAME; AND EVERY ONE WHO ACTIVELY HELPS THE A. S. O. IN THIS MANNER WILL BE GIVEN RESPECTFUL CONSIDERATION IN ANY CRITICISMS OR SUGGESTIONS REGARDING THE POLICY OF THE INSTITUTION.

Thanking you for past support and future encouragement, I am fraternally, *George A. Still*, Kirksville, June 10, 1919.

**New Association to Form**

A meeting was recently held at Santa Barbara, California. The object of this meeting was a get-together of the osteopathic physicians of Santa Barbara, Ventura and San Luis, Obispo counties to organize a local society for the district.

Orange County Osteopath Association Meets

The regular monthly meeting of the Orange County

Osteopath Association was held recently at the home of Dr. W. L. Bigham at Anaheim, Calif. Dr. Walter V. Goodfellow, one of the foremost ear, nose and throat specialists of Los Angeles, addressed the meeting.

Tri-County Association Meets

The Tri-County Osteopathic Society met at the office of Dr. L. J. Goodrich, Santa Barbara, Calif., recently. Dr. T. J. Ruddy of Los Angeles was speaker. The subject was "Nerve-Deafness."

Central States Osteopathic Association Meets

The Central States Osteopathic Association met in Kansas City, Mo., at the Coates House, May 2nd, for a three-day session. The organization is composed of 700 members.

Caesarean Operation by Dr. George A. Still

Dr. George Still performed a Caesarean operation on Mrs. George Payne, of Green City, Easter morning, a ten-pound girl being born. Mother and daughter are doing well.

Urge City Milk Control

The members of the Rochester, New York District Osteopathic Society have presented a petition to Mayor Edgerton and the Common Council, urging municipal control of the collection and distribution of the city's milk supply.

Long Beach Association Meets

The Long Beach Osteopathic Association met April 24th. Dr. R. B. Emery, of Los Angeles, Calif., was the guest of the association. He gave a talk and demonstration of osteopathic technique. The association now has 14 members and is affiliated with the state association.

Chicago Association Meets

The regular monthly meeting of the Chicago Osteopathic Association was held June 5th. The speaker of the evening was Jean B. Claverie, an osteopathic student who had been in the French service at the front for some 59 months. After this the election of officers was held.

Free Osteopathic Clinic for Spinal Curvature

In keeping with a movement, national in its scope, Salt Lake is to have its first free Osteopathic clinic, for the examination, treatment and care of afflicted children. The clinic will be under the personal direction of Dr. G. A. Gamble and will be open three nights each week, Monday, Wednesday and Friday.

Dr. Grennan to Practice in Washington, D. C.

Dr. Q. L. Drennan, who has been teaching plaster paris cast work at the ASO at Kirksville, Missouri, will leave soon to practice in Washington, D. C. When he was in army service, he was in charge of the plaster cast work at the Walter Reed Hospital at Washington.

New York City Society Meets

The last meeting of the New York City Osteopathic Society for the season was held May 17th, at Murray Hill Hotel. The following was given: "Traumatic Cervical Lesions," by Dr. A. S. Bean; "Osteopathy," by Dr. A. G. Hildreth; "Problems," by Dr. Charles C. Teall. After this the business session followed which consisted of election of officers for the coming year. There will be no further meeting until after the summer.

Dr. Millard Pleased with Picture of Old Doctor's Birthplace

Picture of the Old Doctor's birthplace just received. I am having it framed and I am sure it will look fine. I hope that thru The OP we may be able to preserve the Old Homestead of Dr. A. T. Still. It will mean much to posterity as well as the present generation.—*F. P. Millard, D. O., Toronto, Canada.*

Offices for 1920 of New Jersey Society

At the annual meeting of the New Jersey Osteopathic Society held in Newark, New Jersey, on May 3rd, the following officers were elected: President, Dr. Chas. M. Sigler, Trenton, N. J.; Vice President, Dr. A. L. Hughes, Bloomfield, N. J.; Treasurer, Dr. C. O. Fogg, Lakewood, N. J.; Secretary, Dr. Raymond S. Ward, Montclair, N. J. Dr. R. M. Colborn of Newark, N. J., who was recently made the Osteopathic Member of the New Jersey State Medical Board was elected chairman of the Legislative Committee for the coming year.—*R. S. Ward, D. O., Montclair, N. J.*

Second District Illinois Association Meets

The Second District Illinois Osteopathic Association met at Rochelle, Illinois, May 1st. The following program was held: "Osteopathic Victory in the Cure of Influenza," by Dr. Trowbridge; "Osteopathic Treatment in Diseases of the Stomach," by Dr. Back of Dixon; "Experiences of an Osteopath in the U. S. Army," by Dr. Shellenberg, of Stockton; "Legislative Situation," by Dr. C. E. Medairs, of Rockford.

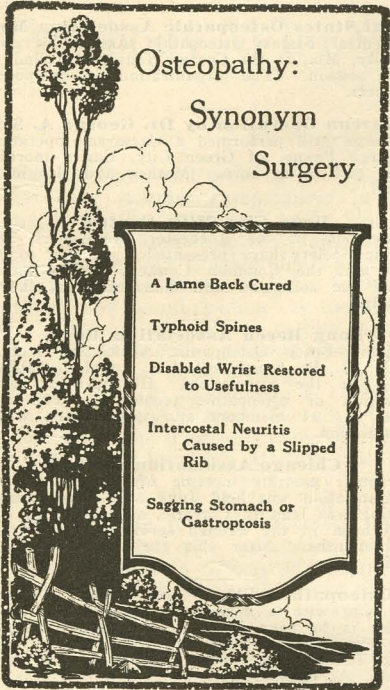
Kentucky Association Meets

The Kentucky Osteopathic Association met at Hotel Henry Watterson, Louisville, Kentucky, May 7th and 8th. The convention was the 21st annual session of the association. The following were speakers: Dr. O. C. Robertson, Dr. Minnie Faulk, Dr. W. D. Posey, Dr. J. E. Despain, Dr. H. H. Carter, Dr. Martha D. Beard, Dr. J. M. Coffman, Dr. H. C. Boaz, Dr. E. M. Yoder, Dr. C. C. Martin, Dr. W. H. Oldham, Dr. W. B. G. Williams, Dr. E. Y. Hicks, Dr. R. E. Markham, Dr. R. H. Miller, Dr. Virginia Amos, Dr. J. T. Gilbert and Dr. J. H. Hoggins.

Orificial Surgeons to Meet

The 32nd Annual Convention of the American Association of Orificial Surgeons will be held September 15th,

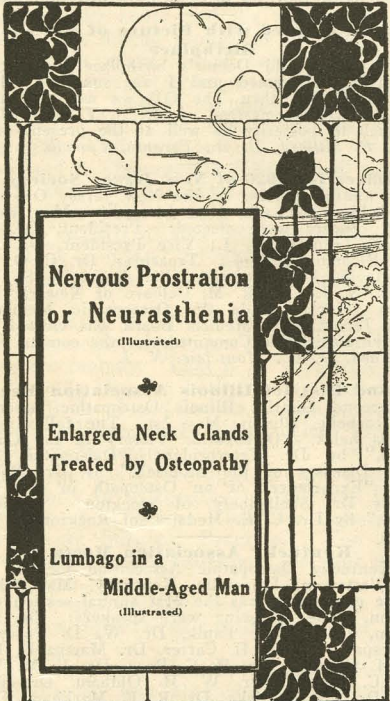
No. 21



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

No. 20



Nervous Prostration
or Neurasthenia
(Illustrated)

Enlarged Neck Glands
Treated by Osteopathy

Lumbago in a
Middle-Aged Man
(Illustrated)

16th and 17th at the Congress Hotel, Chicago. Forenoon will be given to operative demonstrations at the hospital. This association is one of the very oldest surgical organizations in the United States. The program will be replete with practical addresses, essays and papers by prominent officials. The clinics will be interesting as usual.—Paul C. Goodlove, Secretary, Detroit, Michigan.

Musical at Chicago College

Patients and friends of Dr. and Mrs. F. V. Robuck were well entertained Sunday, April 18th, at the Chapel of the Chicago College of Osteopathy. There were about one hundred people present, besides the students. The singer was Signor Donato Colafemina, the well known concert soloist. He was the tenor soloist with John Philip Sousa and has just been discharged from the navy. The accompanist was Gertrude Grosscup Perkins. Refreshments were served and the friends were conducted by students thru the Hospital attached to the college.

Dr. N. H. Wright Takes Over Practice of Drs.

Collyer and Collyer at Louisville

Dr. N. H. Wright, formerly of Winchester, Kentucky, has taken over the practice of Drs. Collyer & Collyer at Louisville, Kentucky. The Drs. Collyer have long been contemplating retiring from active practice as they felt that they needed an extended rest and vacation which could not be taken while they had the responsibility of the practice on their hands. They enjoyed a large and select clientele and they were very careful in selecting a successor but they feel that Dr. Wright is the right man in the right place.

By-Laws of Ophthal-Otols Amended

The following amendment is proposed to the By-Laws of the American Osteopathic Society of Ophthalmology and Oto-Laryngology. Moved that part 1, section 4, which reads as follows: Fees and dues: The dues in this society shall be one dollar a year for active members and fifty cents for associate members. Dues shall be due and payable the first day of July each year. Each application made three months before July 1 shall, on payment of one dollar, be credited with dues for the succeeding year. Be amended to read: Fees and dues: The dues in this society shall be two dollars a year for active members and one dollar for associate members. Dues shall be due and payable the first day of July each year. Each application made three months before July 1 shall, on payment of one dollar, be credited with dues for the succeeding year.—H. J. Marshall, Secretary, Des Moines, Iowa.

Eye, Ear, Nose and Throat Clinics

We want your clinics and private cases for our convention, June 23rd to 28th. Any, and all kinds of cases for examination, operation or treatment. The convention is to be held in the Chicago Osteopathic Hospital and we will be in a position to do good, clean, thoro work and give your patients the proper hospital care as we have never been able to do before. Surgical work, such as tonsillectomy, adenectomy, mastoidectomy, thyroidectomy, turbinectomy, submucous, correction of septum, cataract operations, etc., will be done by experienced osteopathic surgeons. Arrangements have been made with surgeons whereby twenty-five per cent of their fees will be paid into the treasury of the society. By this means your pay patients will receive the best of services and the society receive the benefit. Please make arrangements early with Dr. Glenn S. Moore, Chicago Osteopathy Hospital, 5200 Ellis Avenue, Chicago. It will be necessary to make your arrangements in advance if you wish hospital accommodations.—Dr. L. S. Larimore, Chairman Clinic Committee, American Osteopathic Society of Ophthalmology and Oto-Laryngology.

Western New York Association Meets

The annual meeting of the Western New York Osteopathic Association was held at the Hotel Lafayette, May 3rd. The splendid attendance of members enjoyed an excellent program of entertainment for after the short business session anything of a serious nature would not have been tolerated. The natural reaction of a winters' strenuous practice took place and everyone entered heartily into the festivities. Following the president's address, speeches and toasts were made and responded to by Drs. Dieckmann, Lincoln, Russell, Cook and Weegar. The musical program which consisted of selections rendered by a quartette of mixed voices, and piano duets, demonstrated that osteopaths possess other talents than the ability to alleviate the ills of mankind. The meeting adjourned with every member resolving to sustain the honors that osteopathy has achieved in the late epidemic. The following officers were re-elected for ensuing year: President, Dr. E. R. Larter, Niagara Falls; Vice President, Dr. Grace C. Learner; Secretary, Dr. Grace H. Stauffer; Treasurer, Dr. John F. Krill; Board of Directors, Dr. Hugh L. Russell, Dr. George T. Cook and Dr. Harry W. Learner.—Grace H. Stauffer, D. O., Secretary.

Missouri Convention Report

At the business session of the Missouri Osteopathic Association at the Central States Convention in Kansas City, motion was passed that the Missouri Osteopathic Association be chartered as an Incorporation. Motion was also passed that the M. O. A. hold a post graduate clinic convention for the members of the association in the fall (date and place to be decided later). Educational committee was appointed by the Kansas Association to confer with the Missouri Association regarding co-operation in educational programs of the two associations. Said committee meet with the Missouri Committee, Trustees and Officers, and it now appears that the educational work of the two associations may be co-ordinated in a very satisfactory way. A com-

mittee was appointed by the M. O. A. to secure the services of an expert publicity firm, or individual to conduct a State Educational campaign thru the press; by lectures, publications and other means to further the interest of the profession and promote the progress of the science. The Organization of the "Osteopathic League" was commended and the profession urged to enroll. The following officers of the M. O. A. were elected for the year 1919 and 1920. M. L. Hartwell, D. O., President; A. B. King, D. O., Vice President; Millicent Ross, D. O., Secretary; T. H. Hedgpeth, D. O., Treasurer and J. W. Parker, D. O., Trustee.—T. H. Hedgpeth, D. O., St. Joseph, Missouri.

North Carolina Board to Meet

The annual meeting of the North Carolina Board of Osteopathic Examination and Registration will be held in July for the purpose of examining applicants. The Board of Examiners may grant reciprocity with other states having equal requirements to those of North Carolina. This will be done only in cases where the applicants are absolutely ethical; can give first class credentials from the officials of the state from which he comes and then only with the understanding that he locate in the state at once. The Board reserves the right to refuse reciprocity when it considers it to be for the best interest of those already licensed by the State. There are enough good locations in North Carolina in towns of six to thirty thousand to give a good location to thirty or forty osteopaths, most of these locations in the smaller towns will require very little money to start with. Osteopathy is well and favorably known all over the state and a live man should be able to make money from the first month. The cities will require a working capital to enable an osteopath to properly equip his office to meet competition. If you are interested I will be glad to assist you in securing a location if you will let me know the part of the state in which you desire to locate. A temporary permit will be issued until the meeting of the Board. Examinations strictly osteopathic.—M. J. Carson, D. O., Secretary.

PERSONAL

Dr. Hewes O. Harris, recently discharged from the S. A. T. C. of the State University, has taken up practice at Poplar, Montana.

Dr. E. M. Bailey, of Houston, Texas, was elected president of the Texas Osteopathic Association for the coming year.

Dr. L. L. Ferguson, A. S. O., January, 1915, has come from Centerville, Iowa, to associate himself in practice with Dr. George Townsend, of Emigrant, Montana.

Dr. Theodore M. Gunn, Des Moines Still College of Osteopathy, has been discharged from military service and will take up his practice in the Ford Building, Great Falls, Montana.

Dr. C. R. Landis, of Chicago, will have charge of the practice of Drs. C. B. and Perle L. Hoff, of Deer Lodge, Montana, while they are attending the National convention in Chicago.

Dr. R. M. Wolf went to Chico Springs recently for x-ray examination and treatment. It is hoped that before long he will be able to resume a part of his duties in practice at Big Timber, Montana.

Dr. A. S. Loving, of Rockford, Illinois, has announced his return from Y. M. C. A. Army service and is re-located for practice of osteopathy at his old offices 314-315-316 Brown Building, Rockford, Illinois.

Dr. Sam T. Roulston, who has recently been discharged from Uncle Sam's service, will associate himself in practice with Dr. Asa Willard during the summer months and will take charge of the practice during Dr. Willard's absence at the National association and elsewhere during the summer months.

Dr. David T. Griffith, A. S. O., June, 1915, who has been practicing at Lake Crystal, Minnesota, has associated himself in practice with Dr. R. M. Wolf, of Big Timber, Montana. Dr. Wolf was recently very seriously hurt in an automobile accident.

Dr. E. S. Edwin, of Chicago College of Osteopathy, 1917, has associated himself in practice with Dr. C. L. Hawkes, of Great Falls, Montana. Dr. Edwin was recently discharged from overseas service.

Dr. Carl C. Sutton has just opened offices in the W. H. Spurgeon Building, Santa Anna, California. Dr. Sutton comes from Vancouver, where he was in the army hospital service for several months.

Dr. Louisa Burns of South Pasadena, Cal., went to Pomona recently, where she addressed the Pomona Osteopathic society on the subject of "Research Work on the Pacific Coast." Her lecture was illustrated by fifty photographs and radiographs. Dr. Burns is the Dean of the Pacific Branch of the A. T. Still Research Institute of Chicago.

Drs. C. E. and W. O. Medaris of Rockford, Illinois, have associated with them in their practice Dr. Shellenberger, formerly of Waukegan, Illinois. Dr. Shellenberger was recently discharged from the army, where for eighteen months he was with the base hospital and ambulance section of the medical corps.

Dr. John H. Finley, of Berwick, Pennsylvania, was married April 23rd to Miss Ada Loretta Mill, of Berwick. Dr. Finley also is branching out in his practice, having established a separate office at Hazleton, Pennsylvania, in the Markle Bank Building.

Dr. Jeanette H. Bolles, of Denver, Colorado, recently addressed the National Congress of Mothers' and Parent-Teacher associations which held its twenty-third annual conference at the Hotel Baltimore in that city. Dr. Bolles is national chairman of the social extension department of the association.

Dr. Morgan Prime Lee, of Los Angeles, California, has just returned from active service in France and Belgium. He served with the Ninety-first division through all its engagements as a member of the Medical detachment of the Three Hundred and Sixty-third Infantry. Dr. Lee has resumed practice at his former location, 534-36 Mason Building, Los Angeles.

I have just returned from Valparaiso, Indiana, where I had been called because of the very serious illness of my father. Leaving him much improved. I visited the Chicago School of Osteopathy and also spent a day at Kirksville on my way back. I was thoroughly pleased with the outlook, vision and optimism prevailing in both schools. Everything indicates large substantial classes for the ensuing year.—L. N. Pennock, D. O., Amarillo, Texas.

Dr. Katherine F. Lawrence and Dr. Claire King Manhart were married on October 7, 1918, at Trinity Church, New Haven, Connecticut. At the time Dr. Manhart was then a sergeant in the Yale Army Laboratory School. He was later commissioned a lieutenant in the Sanitary Corps and remained at Yale until his discharge from the army on December 27. Drs. Manhart are now practicing at Camden, Maine, where they opened their offices the first of the year.

On March 18th Dr. F. W. Hamilton, of Robinson, Illinois, and his brother, Dr. R. A. Hamilton, of White Hall, Illinois, were called to their old home at Jerseyville, Illinois, on account of the illness of their father who had acute nephritis. He succumbed to the disease on April 8th. The Drs. Hamilton had hardly been back in their respective locations a month and was just beginning to get their practice in shape when they were called on April 7th to the bedside of their sister, who had a cerebral hemorrhage. She died on April 16th. She was unconscious from April 7th until the time she died.

LOCATIONS and REMOVALS

- Dr. C. W. Abeel, from Burlington, Iowa, to Sinclair Building, Beresford, South Dakota.
- Dr. J. H. Anderson, from Middletown, Connecticut, to Lawrence, Kansas.
- Dr. F. S. Boals, from Fremont, to Stanton, Nebraska.
- Dr. R. E. Brooker, from U. S. Army, to 925 Broad Street, Grinnell, Iowa.
- Dr. O. L. Drennan, from American School, to Washington, D. C.
- Dr. Clara T. Gerrish from 26 W. Grant street, to 466-68 Auditorium Building, Minneapolis, Minnesota.
- Dr. L. E. Gordon, from Fairfield to Cuplin Building, Iowa Falls, Iowa.
- Dr. J. M. Harper, and J. B. Deaver, from Grove City, Pa., to 15 E. Park Ave., Niles, Ohio.
- Dr. F. H. Hodgman, from New Bern, North Carolina, to Pine Lodge, West Roxbury, Massachusetts.
- Dr. R. H. Hurst, at King City, Missouri.
- Dr. Lydie Hutt, from Kansas City to Kirksville, Missouri.
- Dr. J. Earl Jones, from Linneus, Missouri, to Fairmont, Minnesota.
- Dr. J. W. Lawrence, from U. S. Army, to 710 City National Bank Building, Paducah, Kentucky.
- Dr. W. A. McVane, from U. S. Army, to Dyersville, Iowa.
- Dr. H. H. Maddox, from Mattoon to Kansas, Illinois.
- Dr. Helen Montano, from Union City, Indiana, to Kirksville, Missouri.
- Dr. I. K. Moorehouse, from Norway, Maine, to Fashion Building, Beaumont, Texas.
- Dr. G. S. Mulford, from U. S. Army, to 350 Greenwich Ave., Greenwich, Connecticut.
- Dr. N. J. Neilson, from U. S. Army, to 276 N. Lisgar Street, Toronto, Ont., Canada.
- Dr. M. R. Runions, at Correctionville, Iowa.
- Dr. Joseph L. Schwartz, from Des Moines, to Valley Junction, Iowa.
- Dr. John P. Schwartz, 823 17th Street, to Des Moines, General Hospital, Des Moines, Iowa.
- Neff W. Shellenberger, from U. S. Army to Rockford, Illinois.
- Dr. Millie Snyder, at Butler, Missouri.
- Dr. R. H. St. Pierre, at Peterson Block, Anacortes, Washington.
- Dr. R. R. Sterrett, from U. S. Army, to State Life Building, Indianapolis, Indiana, care of Dr. J. Spaulhurst.
- Dr. Blanche M. Weston, from 184 North Ives Ave., Monrovia, to 742 Burlington Street, Los Angeles.
- Dr. E. F. Woodruff, U. S. Army, to 812 Majestic Building, Denver, Colo.
- Dr. C. L. Wright, from Hannibal, Missouri, to Hays, Kansas.

MARRIED

Dr. Katherine F. Lawrence and Dr. Claire King Manhart at New Haven, Connecticut, October 7th, 1918.

Dr. John H. Finley, of Berwick, Pennsylvania, to Miss Ada Loretta Mill, of Berwick, Pennsylvania, April 23rd.

BORN

To Dr. and Mrs. F. L. R. Roberts, Spirit Lake, Iowa, on April 24th, a baby girl, Velma Ruth.

To Dr. and Mrs. P. E. Roscoe, of Cleveland, Ohio, at the Delaware Springs Sanitarium, Delaware, Ohio, on March 24th, a son, Theodore.

To Drs. Theodore and Gladys Thompson, at the Pennsylvania Osteopathic Sanatorium, York, Pennsylvania, April 27th, a daughter, Dixie Jane, weight 8 pounds.

DIED

Mrs. F. C. Bitgood, eldest daughter of Dr. Clara DeGress McKinney, and sister of Mrs. H. A. Price, Houston, Texas, March 11th, in Cincinnati, Ohio.

Dr. J. R. Klippelt of Lebanon, Mo., on May 14.

EXCHANGE and MARKET

Advertisements in this column 5c per word, address free. Terms strictly cash in advance.

I want to buy a practice in Pennsylvania—partnership considered. Give full details in first letter. Address No. 158, c/o The OP, 9 So. Clinton St., Chicago.

Wanted—Young woman desires position as assistant or to take over a practice for the summer, preferably in Colorado. Two years field experience; also hospital experience in x-ray and laboratory work. Age 26. Address No. 160, c/o The OP, 9 So. Clinton St., Chicago.

For Sale—My New York City practice; established several years; office fee \$5.00. Disposing because prefer country. Exclusive location and clientele. Three year lease. Sell at low figure with or without furniture to reputable osteopath. An unusual opportunity for a man or woman with ability and personality. Address No. 162, c/o The OP, 9 So. Clinton St., Chicago.

Wanted—To buy a practice in or near St. Louis, Mo. Address No. 155, c/o OF, 9 So. Clinton St., Chicago, Ill.

For Sale—Practice in rapidly growing part of Texas. \$1,000.00 for three rooms, office furniture and Hudson 6-40 automobile, guaranteed in good condition. Reason for selling: I have offices in two towns and must give up one of them. It must be a cash deal. Practice run \$2,400.00 first four months 1919. Address No. 159, c/o The OP, 9 So. Clinton St., Chicago.

Partnership Wanted—Graduate of Des Moines Still College four-year course, assistant on faculty one year, licensed in five states, instructor in a post-graduate course this summer and an operator in the surgical clinics of the National convention this year, specialist in eye, ear, nose and throat, including refraction, experience in nose and throat section of army; desires to form partnership with physician in state which permits surgical practice with osteopathic profession. Only correspondence with physician who has well established practice and who wants to enlarge scope of practice by including eye, ear, nose and throat work desired. Can furnish sufficient references to satisfy. Address No. 161, c/o The OP, 9 So. Clinton St., Chicago.

For Sale—Well established practice in Illinois town of 3,000. Will dispose for price of office equipment. Practice last year \$5,000.00 Will introduce buyer. Reason for selling and details of equipment and price given upon inquiry. Address No. 165, c/o The OP, 9 So. Clinton St., Chicago.

For Sale or Lease on Commission Basis—My practice in a good western Illinois town of 4,000. Only Osteopath. Established nineteen years. Retiring. People are educated to Osteopathy and use it. Office and house combined, furnished. Close down town. Man and wife both osteopaths preferred but will consider anyone who is qualified and means business. References. Address No. 164, c/o The OP, 9 So. Clinton St., Chicago, Ill.

Wanted—An Osteopath who has taken M. D. degree in recognized school. Must be especially interested in surgery, single and of good habits. References required. Good salary with room and board for assisting in surgery, etc. Dr. G. A. Townsend, Emigrant, Mont.

Wanted—Man with Ohio license, to care for a practice in the largest city in the state. Answer No. 163, c/o OP, 9 So. Clinton St., Chicago, Ill.

MARRIED

The Professor Lane Documents on Osteopathy are masterly expositions of osteopathy—The OP Co

PROFESSIONAL CARDS

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

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

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

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

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.

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

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

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

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.
Past Pres. Am. Soc. Oph., Rhinology & Oto
Laryngology
Chief of Eye, Ear, Nose & Throat Dept.,
C. O. P. & S.
Los Angeles, Calif.

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

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

Dr. Preston R. Hubbell
Osteopathic Physician
504 Fine Arts Bldg., Detroit, Mich.

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

PROFESSIONAL CARDS

Osteopathic Health educates your patients. It makes the patient have more confidence in osteopathy by explaining its therapy.

No. 30

Osteopathy Had But 472 Deaths Among 48,911 Influenza and Pneumonia Patients Treated!

Less Than One in Every Hundred Patients Died from Both Diseases Combined

Research Scientists Discredit Drugs, Vaccines and Serums in Influenza and Pneumonia

"Shot-Gun" Vaccines are Pure Charlatany

The Doctor of Osteopathy



Osteopathic Health for July, 1919



How a Case of Sleeping Sickness Found a Cure

The Mysterious New Malady Following Influenza Conquered by Osteopathy

Child Given Up to Die by the Medical Profession After a 40-Day Sleep Completely Restored by Osteopathy

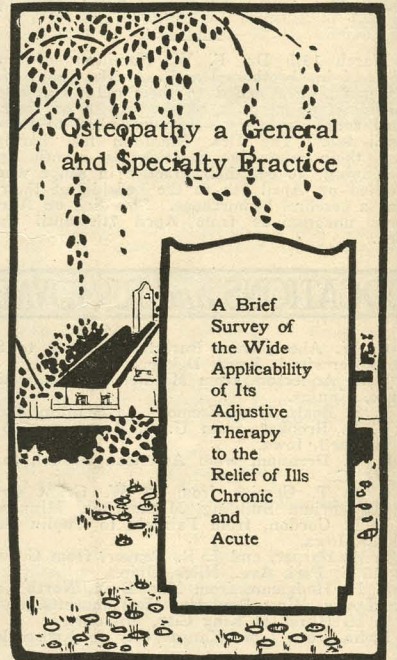
The Lesson of a Cured Lumbago

Ills that Lie Between Acute and Purely Surgical Practice

A New and Rational Hope for Patients Who Have Not Been Relieved

No. 32

Osteopathy a General and Specialty Practice



A Brief Survey of the Wide Applicability of Its Adjustive Therapy to the Relief of Ills Chronic and Acute

No. 33



95 Per Cent of All Diseases Beyond the Realm of "Medical Victories"

Why Osteopathy Cures Numberless Ills Where Medicine and Surgery Fail

Modern Medicine Has Scored Only Eleven Victories Against a Thousand Failures

3,000 Drugs More Hurtful Than Healing

Drug Abuses Far Outrun Drug Uses

Heart Stimulants In the Infections Are Gross Malpractice

Osteopaths Willing to Concede Medics 5 Per Cent of the Field of Disease and Can Prove Their Own Superiority In the Remaining 95 Per Cent

The Osteopathic Dominion Includes All Curable Diseases



Osteopathic Health saves your office time. Instead 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 makes satisfied patients. A patient who knows why osteopathy is successful is a real booster for you. A booster means new patients.