

The Osteopathic Physician

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The Osteopathic Physician

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Number 5

Pain Primarily Due to Pressure, Pus or Poison

HEADACHE, toothache, earache, sinusache, eyeache, throatache (sore throat), backache, jointache, armache, legache, sideache, stomachache, bellyache, bladderache, genetaliaache and any other "practical" or "fancy-name" ache are all due to pressure, pus or poison. Don't confuse yourself or mystify the patient. Tell him his pain is due to one or all of "three" things: then "find" the pressure and "fix it" and "find" the pus or poison and "fix" them. Now reread Dr. Atzen's Conception of Osteopathy, and you will conclude that you are adjusting the body to a normal mechanism.

—T. J. Ruddy, M. D., D. O., Los Angeles, Calif.

Anatomical Source of Pus?

Reports from various laboratories have been sent me from time to time which have attempted to distinguish the anatomical source of pus. It can't be done. Alkaline and ammoniacal urine with pus usually indicates that the pus has its origin in the bladder, while an acid urine showing pus usually means a kidney infection. I have seen many cases, however, of cystitis with an acid urine. In these cases of cystitis with an acid urine we may suspect either tuberculosis or gonorrhoea.—Robert W. Rogers, D. O., Somerville, New Jersey.

Lumps In a Woman's Breasts

Here is a point which I have not seen mentioned and I think it worth while. Most, or perhaps I had better say, many surgeons advise the immediate removal of all lumps or tumors in a woman's breast. Many of these lumps are not growths at all but are simply a "caking" due to an obstruction of the lacteal ducts. This condition may occur in unmarried as well as married women. In several of my cases this condition has entirely disappeared under treatment continued for quite awhile. Lifting and separating the ribs and correcting all rib lesions was the principal treatment given.

—Walter E. Elfrink, D. O., Chicago.

When the M. D. Prescribes "Rubbing"

It is indeed embarrassing to be called by the general public a "rubbing doctor" or a masseuse, but to have the medical profession refer to you as one, or say to you in the presence of a patient that "a little rubbing might do some good," is more than galling.

I ask the profession, is it best to reply to such remarks or ignore them?

While it is an embarrassing position to be placed in, I think it reflects more to the discredit of the one who uses such methods, than to the one to whom they are directed.

At any rate I would rather be falsely misrepresented and classified as a masseur than in reality be a coke dispenser and thereby be responsible for the depravity caused by such ignorance.—S. A. Ennis, D. O., Houston, Texas.

[Why not reply to the M. D. with promptness: "Well, if you think so, Doctor, why don't you rub her? It probably wouldn't hurt her, anyway, if you weren't rough."—Editor.]

High Colonic Enemas a Fake?

Enemas comprise a treatment that is very much misunderstood, not only by the laity, but by the profession as well. Many suppose that the ordinary colon tube passes through the sigmoid into the bowel, but the X-ray shows that it seldom does. The best way to give an enema is either in the knee-chest position or recumbent position, as it is an unnatural thing to use an enema; therefore do the bowel as little damage as possible. Never have a patient in a sitting posture and when ever anything enters the bowel you get a reverse peristalsis extending to the ileo-cecal valve. In giving an enema remember you are removing from the bowl its normal stimulant. This must be replaced by something or "disuse atrophy" will follow. For this use a cold enema and in place of the old-time remedy soap suds, use one dram to a quart of cool water 70 or 80% of the following prescription:—

Water, one gallon.

Potassium-permanganate, one ounce.

Hydrochloric acid, C. P., six drams.

These are mixed and allowed to stand twenty-four hours after which is added to this, Phosphoric acid 85%, one dram every two hours until three drams are added, this makes a stock solution. In all cases of colitis this enema has proved very efficient as it liberates free oxygen and chlorine as it comes in contact with organic matters. It thoroughly clears the bowel and if this is taken at night the patient generally has a good nights rest and feels much refreshed.—Benoni A. Bullock, D. O., M. D. Detroit, Mich.

Folly of Painful Technique

Your shop talks are great stuff. For myself I would like to ask, why in the world do so many D. O.'s persist in hurting people? Time and time again have I had patients come to me who have been to some one else who make the remark that so and so nearly killed them. To me it shows poor technique and if these "bone crushers" would be a little more gentle they would make more and better friends for osteopathy. And also if physicians of all schools would be a little more humane in their gynecological and obstetrical manipulations they would make some mighty good friends for themselves.

—Gordon W. Barrett, D. O., Pittsfield, Mass.

The Body a Transformer

The automobile is a transformer of chemical energy into mechanical motion. No one doubts that a mechanical defect in the automobile, will cause defective work.

Nature utilizes the human body, primarily for the purpose of transforming its chemical intake (food, air, and drink) into mechanical motion.

Any impairment in the body mechanism will result in troubles, as certainly as it will in the automobile.

In either instance a modification of the chemical intake, cannot adjust the mechanical defect.—C. B. Atzen, D. O., Omaha, Nebraska.

Where Consultation Fell Down

I had been studying up Infantile Paralysis and hoped to get some ideas through The OP concerning methods of treatment for it. That was before the Millard book was available. I felt sure I could handle it in the acute stages, as well, for instance, as I could the other ills I have reported to The OP, but a brother osteopath ridiculed the idea. He said "I'd like to see you treat a child in the acute state of infantile paralysis. Don't you know that they can't bear to be touched?" Isn't it queer that some persons—even osteopaths—have such a rigid conception about the limitations of osteopathy, and so little imagination and faith about its potentiality for dealing with obscure or difficult conditions?—Fannie Gosden, D. O., Farley, Ia.

The Universal Exercise

For arms alternately. Stand erect. Chin in. Move arm forward—upward—backward—downward. Forearm and hand extended—stretch—making as large a circle as possible. Move shoulder backward with arm—rotating spine. Inhale as arm goes up. Hold breath as arm goes down. Exhale at completion of circle—arm relaxed. Amount and frequency to suit case. For osteopaths and patients. Laesio Corrigena Est.—F. K. Byrkit, D. O., Boston, Mass.

Bran Cookies

2 cup flour	1 cup chop nuts
3 cup table bran	1 cup raisins
½ cup sugar	¾ cup melted butter or
1 t'spoon salt	crisco
1 t'spoon cinnamon	2 eggs
2 t'spoon bg. powder	½ cup milk

Double the receipt.

This makes a stiff batter. Shape in cakes and bake in greased pan, in a moderate oven. Salt, nuts, raisins may be omitted if desired. Ground figs may be used. This cookie contains much nourishment. It is ideal for the dinner pail. It was discovered by my wife and is the best receipt of dozens tried.—Geo. M. McCole, D. O., Great Falls, Mont.

Four Practical Tips

1. Weaken the springs in your specula until only a slight pressure is needed to separate the blades: You will then be able accurately to feel the tension of the tissues as you dilate.

2. Don't use vaseline as a lubricant on urethral or bladder instruments. It is insoluble in urine and may collect in the bladder and cause trouble.

3. In using the sphygmomanometer the most important finding is the pulse pressure. If you cannot figure out why, read up on it—the reading will repay for the time so spent.

4. In stubborn neuritis follow your treatment (which should be mainly pressure) by an ethyl chloride spray over the roots of the offending nerves.

—Hedley V. Carter, D. O., Baltimore, Maryland.

★ Every wide awake member of The OP family is hereby commissioned as an Associate Editor of this publication and ordered to send in his One Best Thought on some phase of diagnosis of practice—boiled down to about 100 words—for the December issue. Get it in by Dec. 1st. The earlier the better. See if your Idea is not important enough to lead the whole paper.—HSB.

Work and Listen

If there is one thought that comes to me its this: Let the patients do most of the talking. Tell them to let you do the work—then when you get the results tell them how, if you wish, and they will listen.—*Josephine DeFrance, D. O., St. Louis, Mo.*

Educate!

Educate the people to understand what osteopathy is and then deliver the goods.—*J. W. Elliott, D. O., Atlanta, Ga.*

Frequency of 5th L and Innom. Lesions

Each day is crowded with its new thoughts and it seems as though at times we have not the opportunity to properly consider the points on which the greatest emphasis should be laid. This year has been purely kaleidoscopic, but so many instances of subluxations of the 5th lumbar and the innominate have come to my attention in my office work that I think it highly essential the profession's attention be called again to these features. Case after case has been relieved of lameness in the limbs and pains in the lower back by correction of these lesions. Sciatica, one of the troublesome diseases of long ago, is almost wholly due to innominate trouble and can be ordinarily cured by correcting the innominate lesion.

—*S. L. Taylor, D. O., M. D., president, Des Moines Still College of Osteopathy.*

Uterine Adjustment

I was amazed when attending the Post Graduate Course at Chicago to hear one of the professors, very prominent in the profession, declare that no attention need be given to the correction of a chronic retroversion of the uterus, as he was of the opinion that such a condition would not preclude good health, provided all other anatomical mal-adjustments were corrected. This is not in accord with my experience. An abnormal position of the uterus will greatly impair the health of any woman. A very large amount of nerve energy is centered in the pelvic organs and mal-adjustment of these organs will certainly ring sweet bells out of tune. I cannot understand how it is that a profession that places so much emphasis on structural integrity should so generally ignore the vital importance of such integrity of the pelvic organs. Dr. Johnson of Des Moines is certainly right in raising a protest against the too great readiness on the part of osteopathic gynecologists to resort to surgery. Our osteopathic colleges are but feebly upholding the osteopathic concept of manual adjustment when it comes to dealing with abnormal positions of the uterus and its appendages.—*C. W. Young, D. O., Grand Junction, Colo.*

[Yet Byron Robinson used to teach his classes that the uterus could be normal in various positions, inclining forward or backward from its supports in an arc like the spokes of a wheel, without such positions being pathological for the individual. I heard him develop this thought repeatedly in 1902.—Editor.]

The Fixers Keep Busy

The greatest motto the osteopath can have is the "Old Doctor's" trite saying, "Find it, fix it, and leave it alone." It is the osteopathic concept in a nut shell. It excludes the rubbers and the half-hour to full hour manipulators and makes the "lesion osteopath" his faithful follower and successor. If that motto was our daily, hourly guide there would be fewer patients saying "Oh, I tried osteopathy but it did me no good." The trouble too often is we do not "find it", therefore we do not "fix it"; and our patient roams either to the chiro or back to the M. D. The osteopaths who fulfill that motto have all the cases they can handle. They are the successful ones.—*E. Florence Gair, D. O., Brooklyn, N. Y.*

Centripetal or Centrifugal

Two kinds of "Specialists." I know a man who takes up about every "specialty" that is offered. I know another man who specializes in specific osteopathy. The first has his spells of popularity but his pendulum of prosperity waves to and fro. The second is gradually building up a respected, convincing practice as a recognized specialist in osteopathy.—*J. A. Van Brakle, D. O., Portland, Oregon.*

If Once You Get It

It is quite impossible to practice other than adjustive therapeutics if the individual *once* gets the subluxation conception, by hearsay (from instructors, and doctors of experience) personal observation, feel, and experience.

—*S. V. Robuck, D. O., Chicago, Illinois.*

That "Good Old Motherly Souse"

We still have too many in the profession that are willing to give each patient, regardless of complaint or condition, "a good old motherly souse", as some fellow practitioner has termed a general treatment.—*Ernest C. Bond, D. O., Milwaukee, Wisc.*

Brief Records

Re Brief Clinic Records: I do not think it possible for a man to treat twenty-five or thirty patients a day and keep an elaborate clinical record unless he has an assistant or an expensive secretary, but I keep a small card record of every case I have treated during the past seven years, not an expensive outfit, just a plain 3x5 card costing about \$2.50 per thousand. On this I make a few notes which I find very helpful especially if some time has elapsed since I have seen the patient. Every night the cards of the next day's appointments are arranged in the order they are expected. In the morning I go over the names and look up any information concerning the cases. I always know who is coming next and how much time I have to spare before the next appointment. These cards are kept unobtrusively on my desk and the patient does not see me consult them but you may rest assured it pleases the patient to have you remember an obscure condition he has almost forgotten himself.—*John A. Cohalan, D. O., Philadelphia, Pa.*

True

For osteopathy: It's the quality of service rendered, not quantity, that makes it popular.—*U. S. G. Bowersox, D. O., Longmont, Colo.*

Why Not Correct This Bony Lesion?

The significance of a deflection of the nasal septum as a bony lesion and as a mechanical interference to the proper aeration and drainage of the accessory sinuses and the disturbance of the normal air currents, which are necessary to normal function of the sinuses and eustachian tubes, should be understood by all osteopathic physicians, and the condition of the septum should be noted in all examinations. If the deflection is marked it should be corrected surgically and the earlier this procedure, the better the results.

—*Drs. Larimore and Credit, Blackwell, Okla.*

Lamp Heat for Neuritis

In neuritis I relieve pain and congestion with an electric lamp before giving osteopathic treatment. Then correct the lesion and you have 100 per cent cures. Lumbago and torticollis can be treated in the same way with splendid results. I use a thermolite lamp. I loan it to the patient or have them buy one.

—*W. J. Connor, D. O., Kansas City, Mo.*

Innominate-Lumbar Twin Lesions

Probably the most frequent mistake of lesion osteopaths (the only osteopaths) is their failure to recognize the general intimate relation of the innominate and the fourth and fifth lumbar lesions, one seldom existing without the other. Without going into reasons, one of the above mentioned vertebra will be found rotated in almost all the innominate lesions. The vertebra will usually rotate toward (i. e. the posterior) an anterior lesioned innominate and away from a posterior. The correction of the lesions may be found easier by correcting the innominate first, but more often experience demonstrates it will be easier by first correcting the lumbar lesion. The lumbar correction alone frequently corrects the innominate, the reverse being sometimes true in first correcting the innominate.

—*G. S. Hoisington, D. O. Pendleton, Oregon.*

Debating Society Consciousness

Give a large body of men the problem of $2x2=4$ to discuss. They will, if given time enough, be trying to work it out in the fourth dimension. But let a waif from the street pipe up in the meeting that $2x2=4$, the body of wise ones who have been soaring the skies will resent his interference and attempt to put him out by derision. Too late, the public heard and will flock around him. Let's get back to earth. "Find it, Fix it, Leave it alone."

—*Ralph M. Crane, D.O., New York City.*

Most of Your Troubles Are of Spinal Ignorance

(Apologies, Harry, apologies)

Go up to the attic and dig out your Gray. Notice the dorsal spines are opposite the vertebrae below. You are breaking your finger on the wrong bone. And the atlas—the atlas has no spine. That one is the axis. Give him his dollar and send him to an osteopath.

—*J. A. Linnell, D. O., Chicago.*

Ever Arrange a Program?

Did you ever arrange a program for a state or any other professional meeting? Did you ever ask for suggestions as to what the members wanted on the program? I have done both and I found the suggestions few. Constructive critics seem to be a minute percentage of the general critics (some call them knockers.) All general critics are not in this class, as criticism sometimes helps, even if not constructive. All seem to agree that Chicago 1919 was the best ever. At that time I am wondering how much help I am going to get from the constructive critic? I want to know what you want. Will you tell me, or will you "Let George do it?" George can do it, but not so well as with your help. Come on; let's start early.—*Carl D. Clapp, D. O., Utica, N. Y. Chairman, Program Committee 1920 Convention.*

Do's for the D. O.'s

For the practitioner to be *genuinely professional* is above all other considerations the greatest essential in the pursuit of a practice. By this is meant that he maintain a *clean dignified environment* (in dress, office furniture and equipment); be conservative in speech to the exclusion of all irrelevant discussions, adhering strictly to the work in hand; give sympathetic consideration to the patients and other physicians' views of the patient's ailments; that he make exhaustive examination, remain guarded in his diagnosis and give such thoro treatment as to impress the patient with his skill and ability, his unswerving honesty and his deep concern for the patient's physical welfare.—*O. J. Snyder, D. O., Philadelphia.*

Osteopathy and Diagnosis

In reading medical books on diagnosis it is essential to remember that the authors, through ignorance, have not looked for osteopathic lesions in the cases they prescribe and have made no allowance for their effects. If the Osteopathic Lesions were eliminated from the causative factors of disease, there would be little disease left to diagnose.

In diagnosis, therefore, correlate the symptoms unaccounted for, trace them through blood and nerve supply and drainage to some internal organ connected up with the same segment, nerve trunk or artery.

Displacements of the digestive tract are osteopathic lesions. Adhesions of the pleura are osteopathic lesions. Any loss of normal position or of normal motion in any tissue is an osteopathic lesion. Adhesions in the fossa of Rosenmuller or changed relations between turbinates, or between the septum and the turbinates are osteopathic lesions. Excessively deflected nasal septum is an osteopathic lesion. Laxity of the soft palate or the tensor tympani is an osteopathic lesion. Look for these lesions as the real causes of many symptoms that fail to clear up when the spine is adjusted.

Any tissue in the body that is not receiving its proper blood and nerve supply and drainage is THEREBY predisposed to disease, the nature of which may not be evident till post-mortem. The great discovery made by Dr. A. T. Still is that the body will repair itself and thereafter keep itself well if you remove the lesions which have deranged its blood and nerve supply and drainage. **OSTEOPATHIC LESIONS ARE FOUND ANYWHERE** in the body, not only in the spine. Medicine aims to remove the causes of disease. Osteopathy is the science and art of healing disease by removing its causes. Any adjunct necessary to discover or remove causes of disease is essentially osteopathic.—*John H. Bailey, Ph. G., D. O., Philadelphia, Pa.*

Necessity of Taking Acute Cases

The little *OH* is fine but give us more of the acute disease series, making people acquainted with our ability along that line. The future of osteopathy depends in great part on our ability to deliver as real doctors and not as limited office practitioners on chronic cases. Seems to me an osteopath who can't see the necessity of taking acute cases with the accompanying gratifying results, has gone to seed or else doesn't realize the possibilities of our therapy.

—*Fraternally, L. E. O'Keefe, Toulon, Ill.*

More Intensive Osteopathy

I do not agree (in its entirety) with the theory, "Find it, fix it, and leave it alone", for when the lesion is adjusted, it needs watching, and in the meantime, look for more lesions to conquer. In other words, re-examine at each visit. We need more specialists for intensive or specific work, rather than "general treatment" making our work more corrective, or well done. Do not let your patient know you are in a hurry or it will minimize the results, for speed, or number of patients per day, will not spell success from an osteopathic viewpoint. The surest way to have a satisfactory practice is to teach your patient the value of time and promptness and by so doing you will never have a crowded reception room and can render more uniform and better service. "Hours by appointment" is the best motto.

—*Ernest M. Herring, D. O., New York City.*

Rabbit's Foot for the Complexion

A medical journal says: "To give the face a good healthy color, buy a box of rouge and a rabbit's foot. Bury them both three miles from where you live; then walk out there and back, once a day, to see that they are still there."

—*James A. Cozart, D. O., Canonsburg, Pa.*

Facial Erysipelas Plus Flu

I was ushered into the sick room at a farm home. "Now," said the patient who was the good farmer's wife, "I am going to try you out and see if you can do what your little book says you can." (Dr. Bunting's Ost. Health) "Did you get the little blue book?" I asked. Of course she had. "And I presume you want me to cure you *right now*?" "You bet I do," she rejoined, with a distorted smile. Her nose, lips and cheeks were swollen. She ached from occiput to coccyx. Temperature 102 and pulse 120. It was a typical case of idiopathic facial erysipelas plus flu. We improvised a treatment table and by special adjustment and manipulation of muscle groups of the spine relieved the abnormal tension of the spinal nerves. The facial erysipelas was treated by lowering first rib and raising the clavicle. Saw Dr. Still give the same treatment for facial erysipelas. He explained how this specific work relieved pressure on blood vessels lying between clavicle and first rib, and thus established free drainage from the face. She got well. I think the treatment accomplished a lot for her.

—*G. O. Shoemaker, D. O., Wichita, Kansas.*

Early Altitudes and D to L in TB

Have just finished examining a gentleman suffering with pulmonary tuberculosis. A man in early thirties who has been kept in the south long after his physician knew he suffered from the dreaded "White Plague." He had a little money when he first knew he had the disease, but it is gone and if it were not for fraternal affiliations he would be compelled to ask for indiscriminate charity. Had he been told to come west into the altitudes early he could have received the care he was entitled to and would have stood a better chance to regain his health and become a producer.

Now that our soldiers are coming home to civil life look for phthisis if they have been subjected to gas and exposure. Don't wait too long before sending them to the altitudes. Give them high and dry (not too high) climate and they stand a better chance to get well even if they take no treatment at all. Many "one lung" men in this west are leading useful lives who would have been under the sod a long time ago had they remained in their former homes.

A lateral lesion of the second dorsal vertebra, especially to the left, should be enough to indicate a thorough physical examination of the lungs. Examination of many cases, over a period of five years, where there was no doubt as to the diagnosis, has convinced me that this lesion predisposes to phthisis. Have yet to find a true case without this lesion. Phthisis has been cured in early stages by osteopathy, but the patient stands a better chance for a permanent cure in the altitudes. I do not treat advanced cases of the disease. Advise as to diet, rest and care and watch progress, which is almost always most encouraging. In advanced cases believe any treatment except extremely light stimulative ones do more harm than good. When gastric and other symptoms show up in connection stimulative treatment will tend to normalize. However the treatment will take a long time to correct the condition. Again allow me to urge—give your phthisis patients every chance and don't keep them until they cannot get well.

—*C. M. Bucler, D.O., Tucumcari, New Mexico.*

Follow Up Patients

Follow up your patients and learn as much as possible of their habits and environments. Structural correction often is not permanent. Teach them to observe the laws of health and thus maintain the near normality you have provided them.—*C. V. Fulham, D. O., Health Commissioner, Frankfort, Indiana.*

Study the Distal End Also

We perhaps spend too much time considering exclusively the origin of the nerve and its central lesions. Let us do some tall thinking about the termini and read the story expressed in irritation and suppression—remove impingement at periphery—clean up officially as well as per spinal.—*F. E. Dayton, D. O., Escanaba, Michigan.*

No Help in Retrogression

A few days ago I received a letter from a New York osteopath advocating the lowering of the entrance requirements and shortening of the course in osteopathic colleges in an effort to prevent the slow but sure death of our profession. Chiropractic, he claims, by offering a shorter course with no educational requirements, is absorbing 90% of the potential osteopaths. Therefore, lower our standards. Ye gods and little dill pickles!—what logic! If, with the education and experience gained by the present college requirements and curriculum, we are unable to cope successfully with the encroachment of the chiropractic craft, how are we to succeed with the lessened instruction and educational qualifications? If osteopathy has nothing to recommend it except the number and ignorance of its practitioners, we are indeed in a bad and lamentable condition. If chiropractic has no value then it will die of its own inefficiency. If it has merit, then the public is entitled to the opportunity of having access to such treatment. Only, see to it that the public knows the difference between the two methods by consistent, persistent and legitimate *education*, and then be able to demonstrate the difference to your present and future patients. Also, while I am for any method that will cure the case with the least after-effect, as an "old timer", I might suggest to some of the younger "M.D.O.'s" to "try it osteopathically first." By that I mean, give straight osteopathic treatment a chance first before advising or administering the M. D. dope. But first, be sure of your diagnosis.—*W. S. Pierce, D. O., Lima, Ohio.*

More Light on Skin Diseases

Osteopathic physicians enjoy a considerable degree of success in the treatment of certain skin diseases, but a greater degree of success, and a more extensive field of endeavor would result from more study and a better understanding of such conditions.—*Frank J. Stewart, D. O., Chicago, Ill.*

Talk Anatomy


Osteopathy is practical anatomy. We should think it, study it and get it with our heads and fingers. This is what Dr. Still did. Try talking anatomy to patients. Tell them of the two sets of muscular fibres in the iris. When the fibres that radiate from the center contract, the pupil dilates. When the encircling fibres contract the pupil contracts. Tell them how we control the nutrition of the eye. That is osteopathy. Do not be technical.

—*J. A. Linnell, D. O., Chicago.*

Lumbago

The best treatment I know for lumbago is first to relax spinal tissues either by manipulation or heat, then with patient on stool with knees close together, against the wall, doctor sitting on table uses his knees as fulcrum, springs patient back with a firm steady rotary pull, part of the treatment being an upward pull with knees at sacro-iliac articulation. **DON'T TREAT LONG.**

—*A. S. Loving, D. O., Rockford, Ill.*




Say Doctor

If you want to do some good educative work this month, don't overlook the opportunity latent in that October "Osteopathic Health"—the magazine with the Green Parrot on the cover—for it is a simple, lucid, practical, interesting number that folks will appreciate. We can fill your order for anything from 100 to 5,000. Why not make a real killing with this particular issue?

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Flaunting Ignorance

There seems to be a strange fear in the minds of some of our people that it is possible for a physician to know too much. On the contrary, if we were all honest enough to talk frankly about our failures and of the many cases that pass through our hands, incompletely diagnosed, that drift into the hands of the other schools, hospitals and worse, we would probably realize that there is still much to learn.

Recently one of the loudest shouters for "straight osteopathy" announced that he never read medical textbooks. After hearing him talk for a few minutes the fact was quite evident. I wonder if he has ever looked over the list of textbooks recommended by all of our college catalogs? Where did he get what knowledge he may have of physiology, pathology, diagnosis, physical and others from? Let us be consistent.—*Chas. J. Muttart, D. O., Philadelphia, Pa.*

Confirmation Everywhere

A situation that should give the greatest comfort and inspiration to our profession is the fact that there is no scientific investigation today pertaining to the healing art that does not definitely confirm osteopathic tenets. This in conjunction with the marked success of the osteopaths during the flu epidemic should give them unqualified confidence in both themselves and their profession.—*Carl P. McConnell, D. O., Chicago, Ill.*

The Defective Child

The defective child offers osteopathy one of the greatest fields of endeavor. Twelve million of them in the United States, the great majority of whom would promptly respond to osteopathy, or osteopathy and surgery combined. Let us have clinics and more clinics, with a united plan to inform the public of what is being accomplished. This should include the newspapers, supported by our best field literature.—*Ira W. Drew, D. O., Philadelphia, Pa.*

Do All Apply Adjustment?

Recently we received a letter asking us to give chiropractic adjustments in our P. G. courses. What was the reason for that request? Why do many of us lose patients to chiros? There is *just one answer*. It is not the price; for if we deliver the goods the patient will pay the price. The *one answer* is, "the technique of those thus complaining is usually of the massage, muscle-kneading, variety and not adjustment technique which utilizes the levers of the body frame by means of which adjustments must often be made." Many of us need to study all over again the methods used by the "Old Doctor" and will find that adjustments such as he made do get results, which will hold our patients, even with a host of chiros around us. Be osteopaths—not massuers.

—*E. S. Comstock, D. O., Chicago.*

Proud of Our Flu Achievement

I feel with the other practitioners of osteopathy a just pride in what osteopathy did in the great epidemic of influenza. In my flu practice, I had the families of several M. D.'s to care for. "The world do move". So does osteopathy. The crowning day for discovery of A. T. Still is not far distant. The government moves slowly, especially when one part of it is controlled by a set of men (in the medical department, I mean) who refuse to see the light, even though it be as bright as the light which appeared to Saul on the way to Damascus. Everything comes to him who watches, witnesses, wrestles, waits and does his work conscientiously and well. So will it be with nature's remedy, osteopathy.—*J. Ed. Stevens, D. O., Kansas City, Mo.*

Sufficient in Flu

I believe there are many of us who need more of the spirit of our reverend Founder ground deeply into our minds; or the science of osteopathy will be on the wane. Am sorry to hear that some of our people feel that it is necessary to use drugs in "flu" cases. I handled over a hundred last winter (no deaths) and found it quite unnecessary to use drugs in any of them. Some very severe, with hemorrhages, which all cleared up. Never found a case too weak to use enemas on, even though delirious for days. The worse the case, the more treatment and the more enemas. Use more osteopathy, brothers.—*O. B. Gates, D. O., Bay City, Michigan.*

Body Mechanics

The human organism is an aggregation of systems, each of which performs definite labors and these labors are fundamentally mechanical. Respiration is dependent upon the mechanics of the thorax. Circulation upon the mechanism of the heart and vessels. Digestion upon the muscular mechanism of the digestive tract. Urination upon the mechanism of the kidney, ureters, bladder and urethra. The mechanism of the bony, ligamentous, muscular and fascial systems combined, is fundamental to frame work efficiency. The nervous mechanism is fundamental to in and out-going nervous impulses. The mechanism of circulation and nerve control is fundamental to efficient antibody elaboration.

Close analysis demonstrates that structural integrity is prerequisite to efficient function in every system of the body organism, establishing the osteopathic or mechanical theory as fundamental to all efficient functions.

—*C. B. Atzen, D. O., Omaha, Neb.*

Demonstration vs. Tradition

My biggest thought in osteopathy is that its philosophy is founded upon demonstrable science and not upon empiricism as is necessarily the philosophy of drug therapy. It makes possible the development of osteopathy into an exact and complete therapeutic art.

—*O. J. Snyder, D. O., Philadelphia, Pa.*

Relationship Between Poor Teeth and Systemic Diseases

This is not altogether a recent discovery, but much attention is again given to it and it is found that many septic cases that have been called of idiopathic origin may be traced to oral sepsis or apical abscesses. The doctor and dentist who are recommending the removal of dead teeth will not be popular for awhile. Ideas have changed. A few years ago it was considered almost a crime to pull any tooth, but all possible sorts of teeth were devitalized and filled; now the people are reaping the results, and people are finding that from 50 to 75% of such devitalized teeth are abscessed. It is the duty of every person in the healing art to give careful attention to the teeth and have all suspicious ones expertly x-rayed. Mucous membrane of intestinal tract when in a healthy condition can tolerate a great deal of abuse. If we are to be true physicians we must be alert to things of the teeth.—*C. E. Abegglen, D. O., Colfax, Wash.*

Consultation Profitable

Don't be afraid to call in consultation, for your serious and complicated cases, a fellow osteopath. Two heads are better than one. The family appreciate it. Your patient benefits from it. Special cases, if possible, should be referred to some one of our good specialists. These boost osteopathy, which should be our constant aim.—*Cyrus C. Klump, D. O., Chicago, Ill.*

The New McManis Folding Table

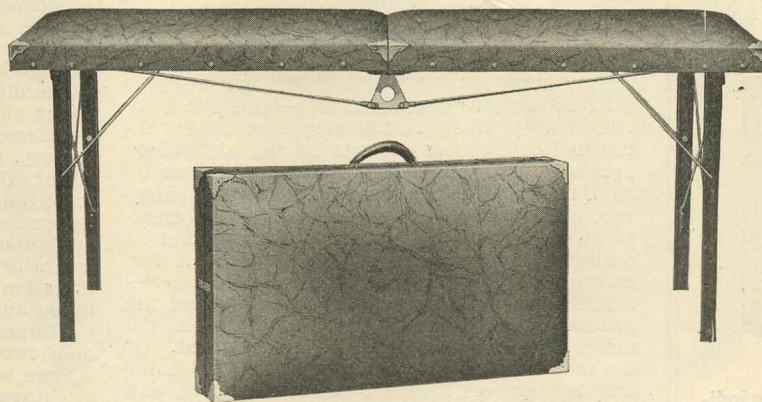
The Best on the Market

Patented, and other Patents Pending. Standardized.

Automatic Unlocking Means

for releasing legs and folding them down. Legs need not be handled separately; press down on curved handle of locking device throwing leg braces out of engagement and permitting legs to fold into position.

McManis Folding Table



In Suitcase Form

Automatic Locking Means

The McManis folding table does not "buckle up" or collapse in the middle when placing it in the standing position. An automatic locking means assures rigidity to the table top as soon as the legs are unfolded.

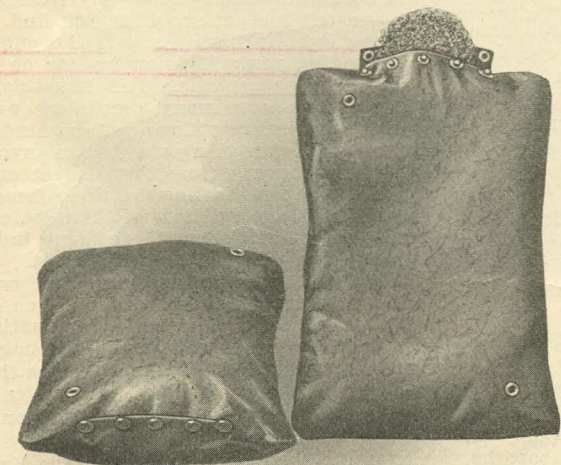
The McManis folding table has the bridge trestle support for sustaining the weight over the middle part of the tabletop, instead of the extra legs. This adds much to the stability, appearance and convenience of the table.

Weight, about 32 pounds. Height, to suit purchaser. Shipped f. o. b. Kirksville, Mo.

Every Osteopath needs a good *folding table* for his outside practice. One that is made strongly, operates easily and of tasty appearance. One that doesn't involve a "wrestling match" when you set it up, one that stays up after you put it there and one that doesn't develop an acute attack of "paralysis agitans" while treating on it. Doctor, we have just such a table!

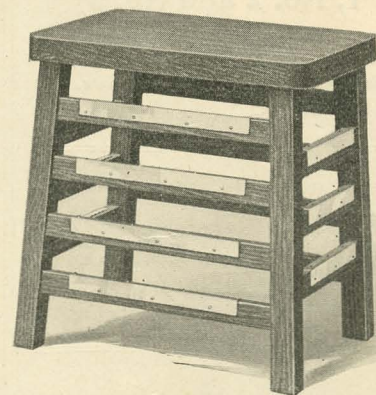
The McManis, Air Vented, Genuine Leather Pillow

This pillow is designed and made so as to be of great value in giving special treatments on the McManis Mechanical Treatment Table. The best quality of curled hair is used for filling, with either Spanish mottled brown, Spanish mottled green or black genuine leather used for covering.



One end of the pillow is closed by means of specially designed "Herculean glove fasteners" and can be opened, the hair removed and repicked after it has become matted together from continuous use.

The demand for this pillow, other than by Osteopaths using a McManis table, is becoming great. It can be used on straight table. Automobile users like the pillow to place in the seat of their machine for a back rest. It has many useful and valuable purposes.



Plain Straight Stool

Made of thoroughly dried oak or walnut. Two-inch solid legs, mortised, nailed and glued into place. Legs spread slightly apart at the bottom to prevent tipping over of the stool.

Brass plates, (at extra cost) on rungs to prevent scarring and scratching of finished surfaces.

Oak stool finished in any of the ordinary oak finishes. Walnut stool finished in walnut or imitation mahogany. Dimensions of seat, 14x19½ in., Height to suit purchaser.

McManis Table Company

Kirksville, Missouri, U. S. A.

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If all babies were alike, and had the same powers of digestion and assimilation, a standard of feeding mixture calculated to agree with the average baby would suffice—

But each is different from every other baby, must be considered individually, and fed according to his individual requirements.



The correct arrangement of diet for the individual baby marks the difference between success and failure in infant feeding.

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Sodium Chloride is a useful addition to the diet when an infant suffers from diarrhoea.

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The simple, rational principles of modern bottle feeding are clearly and concisely described in our booklet "Simplified Infant Feeding." Write for it.

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Mouth Gag Seller Wanted

I would ask your help, and in helping me you may save others from the mistake I evidently made. On August 20th last a man named "C. E. Williams" called on me and sold me a mouth gag and electric appliance for mouth and throat examination. I neglected to take the name of the firm he was representing and unfortunately gave him a check on account for \$10.00. I have not heard from either him or the firm since, and I wondered if you could give me any information regarding some Chicago firms who sell this class of goods. Would it not be advisable to inquire through your paper, if any other osteopath knows him or his firm.—*J. S. Logue, D. O., Atlantic City, N. J.*

Success with High Blood Pressure

I read every word of each issue—and I'm busy too. Enjoy "Shop Talks" very much. Am interested in treating patients having high blood pressure. Have had very gratifying success by applying osteopathic principles to the entire vasomotor area, giving good corrective treatment, and by paying strict attention to diet as outlined in good texts on the subject. A few cases of long standing, complicated with arteriosclerosis have not responded so readily, but the ordinary case can easily be reduced from 195 mm to 150 mm in a few months treatment. Of the many causes of hypertension, the particular one in a given case must be "found, fixed, and let alone."—*H. E. Stahlman, D. O., Clarion, Pa.*

More Technique Wanted

Our national association meetings are void of genuine osteopathic treatments. Treatments should be given before the organization as a whole, each day while in session, for at least one hour. Such treatments should be given in such a manner as the doctor in charge would administer in his or her office.—*J. Henry Hoefner, D. O., Franklin, Penn.*

Success in Cardio-vascular Diseases

This case is one of the sort in which the results obtained by treatment can be as accurately measured as a pound of beefsteak, namely, cardio-vascular diseases. Mrs. F. 57 years old, married, formerly a nurse, five years ago, after a moderate walk of two miles, experienced weakness and pains over the heart region. Has had frequent attacks (every few weeks) since, would be weak and in bed for about one day. Has had no medication. Examination showed blood pressure 170 systolic and 125 diastolic. Stimulating treatment had to be given to the heart centers before accurate reading could be obtained. Upon third examination, before third treatment was given, blood pressure readings were 145 systolic and 95 diastolic. Readings were easily obtained without stimulating heart centers as previously indicated. Now this decrease in blood pressure was the minor effect obtained, the most important being the increased energy of the heart as measured by the blood pressure instrument using the auscultatory method. In sight of past and present physiological experiments with the effect of various drugs, exercise hydrotherapy, massage etc., these results are marvelous. Few osteopaths, to say nothing of laymen, know the extent of the value of osteopathic treatment in cardio-vascular diseases.—*S. V. Robuck, D. O., Chicago.*

Improvement

Osteopathic methods of diagnosis are far superior to any other system but at that there is great room for improvement.

—*J. V. McManis, D. O., Kirksville, Mo.*

Back to the Backbone

Sometime along about 1903, during one of the controversies that used to rage in The OP over various points affecting our work, I got mixed up in it and, in my reply to the logic of some misguided apostate, coined the phrase, "Ten-fingered osteopathy." It was immediately grabbed by the two factions waging wordy warfare and held up to ridicule, scorn and obfuscation by the wide-opens but, by those who trod the straight and narrow way, was accepted as voicing their creed and principles and has been used as a lamp to their feet. "Ten-fingered osteopathy" has become the definition of the sort used by our progenitor. It makes no difference which way it is held, scorn or pride, I am glad to have given it to the world.

At a recent meeting of the New York City Osteopathic Society I got considerably het up while discussing our problems and made use of the phrase at top of this story, "Back to the Backbone," and I believe it fit to be our rallying cry, for rally we must, lest Jack-the-Giant-Killer, the AMA, gets us while we are busy scratching the spots the cooties have bitten into our foolish hides.

Absolute disloyalty to the faith and the seeking after strange gods is our sin and now for expiation or punishment. Osteopathy is our religion and Andrew Taylor Still our God—shall we forget him before his bones have lain less than two years on the Missouri hillside?

Then we must be up and doing and let not his teachings slip from our mind and it is "Back to the Backbone" if we shall live.—*Charles C. Teall, D. O., Dean A. S. O., Kirksville.*

Be Frank with Your Patients

Doctor Richard Cabot used to tell us that we must be absolutely frank with our patients. "I gave up lying seven years ago," he used often to say.

If a patient has tuberculosis, tell him so. If he has cancer, tell him so, or Bright's disease, or any serious condition. There are two reasons for this. First, if you tell a patient frankly what he has, and there is any fight in him, he will begin at once to fight this condition and, thereby, help you in curing the case. Secondly, if you lie to him and tell him there is nothing serious, the chances are he will go to some other doctor later on who will tell him the truth, and then he will know that you either lied to him or were ignorant of his condition.

Go over your cases thoroughly from head to foot and tell the patient what you find. Flash a strong light in his eyes. If the pupils contract readily, you will know he has no serious brain lesion or syphilis. Tell him this, for it is remarkable how many people are worrying over the possibility of losing their minds. They may never say anything about it to anyone but, nevertheless, every time they forget anything or have a queer feeling in their head, they they there is a possibility of their losing their mind. If you tell them there is no indication of that, they will feel grateful for it.

Use the Reeder transilluminator on their teeth. Any supply house will send you one for \$4.50. In all cases of neuritis, rheumatism and stiff joints, you should transilluminate their sinuses and the roots of their teeth as the trouble may be there. If they need a dentist instead of a physician, tell them so, and send them to a good one.

Examine the tonsils, not with the light, but with a wooden tongue depressor. Press the tonsils hard enough so if there is any pus present it will be expressed. If you find pus in the tonsils, tell the patient, and if you are not in a position to remove the tonsils yourself, refer him to some one who can.

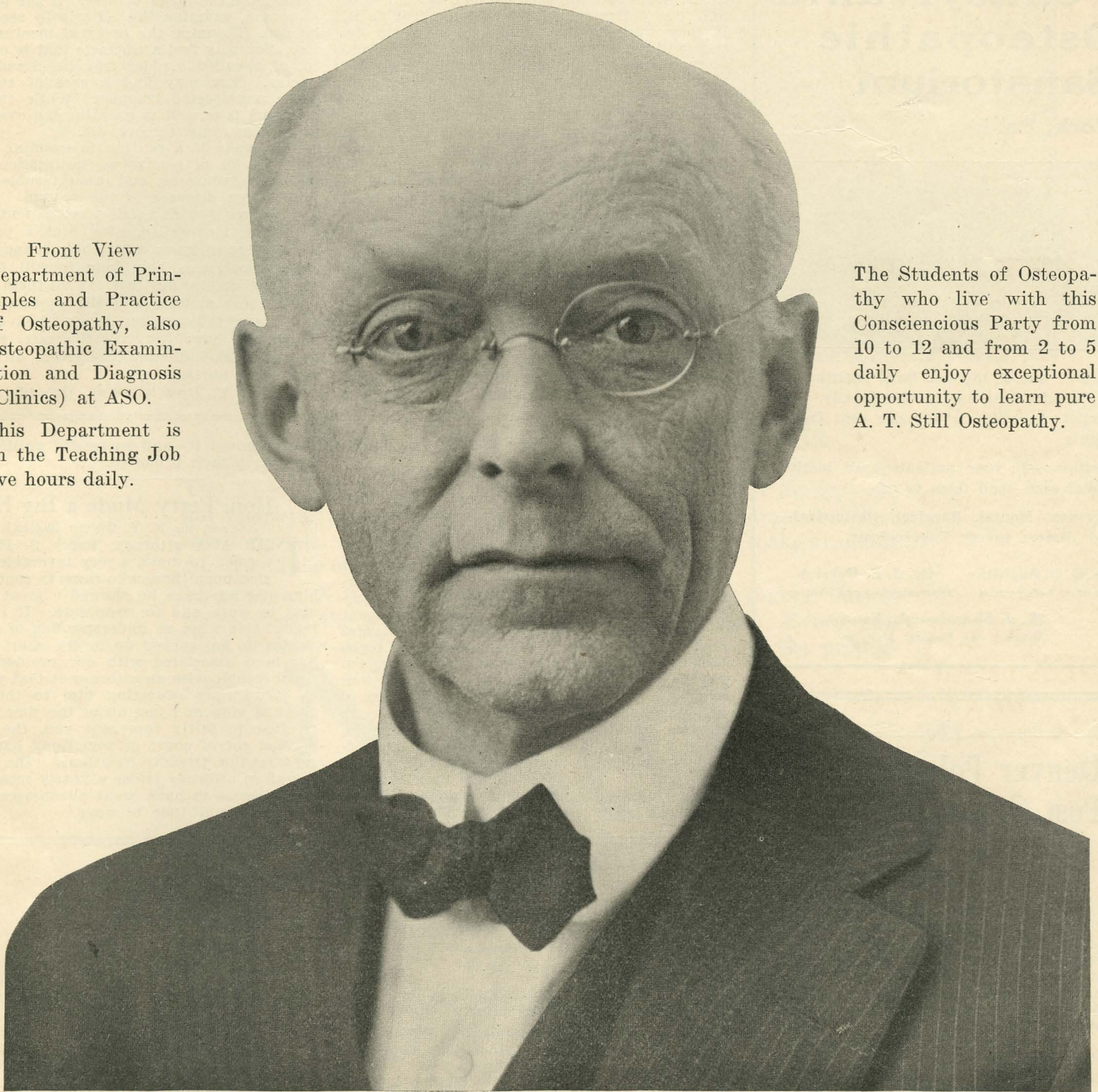
Examine the lungs carefully. If you find cog-wheel breathing or broncho-vesicular breathing of the number one or number two type in conjunction with a low blood pressure and sub-

Front View

Department of Principles and Practice of Osteopathy, also Osteopathic Examination and Diagnosis (Clinics) at ASO.

This Department is on the Teaching Job five hours daily.

The Students of Osteopathy who live with this Conscientious Party from 10 to 12 and from 2 to 5 daily enjoy exceptional opportunity to learn pure A. T. Still Osteopathy.



Several years ago criticism was heard from the True Blues of the Profession that there was not enough Osteopathy being taught at Kirksville. Some said it was not taught with either intelligence or conscience. It may be questioned whether that stricture was entirely just or whether the Department of Osteopathy was only overshadowed for a time by the rapidly growing de-

partments of Pure Science. Be that as it may, the Parent College took the criticism in good faith and at once prepared to make the teaching of Osteopathic Theory and of Osteopathic Diagnosis and Practice the very buttress and bulwark of its training. Father Teall seemed to be the man called of God to carry on the Therapeutic Tradition of Andrew Taylor Still. He was

given full charge of that Important Function and he has Made it Stick. The ASO Students of today and of yesterday are his Refined Products. Are you satisfied? Come on with other Constructive Criticisms. How best may we serve you? We shall keep improving every minute.

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One month. Next course begins February 1, 1920.

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normal temperature in the morning, and a little above in the afternoon, with an appetite that comes and goes, you have a case of pulmonary tuberculosis to deal with. Don't be afraid to tell your patients frankly what the trouble is. If they want to live, and most of them do, they will get down to brass tacks and help you to cure them if it is possible, and if the disease is only in the first stage, it is possible to cure them with the proper treatment.

Examine the heart carefully. If you find mitral regurgitation and stenosis with a thrill, the chances are nine times out of ten, you have a case of streptococcal infection to deal with either past or present. These cases lead to hypertrophy of the heart and are incurable. Tell the patient so. You may save his life by telling him frankly his condition and warning him against running for trains and other exercise that may bring a sudden strain upon his heart.

Make it a routine to examine the urine. If the patient gives a history of passing large quantities of pale urine with a low specific gravity and is in the arterio-sclerotic age, that is above forty-five, and has a blood pressure, say from 160 to 200, the probability is that you have a case of chronic interstitial nephritis. The

patient will probably live longer if you will tell him this and warn him against indulging in alcoholic and protein diet.

Examine the lower orifices. If the patient is a woman, examine the clitoris to see if it is hooded. Examine the external meatus urinarius. You may find a caruncle that is causing a lot of so-called bladder trouble. Examine the vagina. You may find a case of atresia or other unsuspected troubles. While examining this part it is well to examine the ovaries and uterus for cysts, tumors, etc.

Also make it a routine to examine the rectum. A lot of headaches, indigestion, constipation, nervousness, and other troubles are reflexes from diseases of the rectum.

Whatever you find, tell your patient frankly and also, if possible, give him a prognosis. People like to know what their chances are of getting well and how long it will take and about what it will cost. Tell them frankly about these matters and the probability is if it is a case that you can cure or help they will be glad to have you take the case, as people generally like to know the truth, although it sometimes hurts.

—J. C. Howell, D. O., Orlando, Florida.

Woman Osteopath Nearly Made Speaker of Utah Legislature

HON. Grace Stratton Airey, D. O., Salt Lake City, is conferred proud distinction on her profession as a leading member of the Utah legislature. The Salt Lake Tribune reports that she narrowly missed being elected speaker of the lower house at the special session which convened September 29th. It reported that there was very strong sentiment supporting Dr. Airey who had served several terms in the lower house, had had more legislative experience than either of her two women associates in the house and was excellently well fitted for the position by her tact, quickness of judgment and parliamentary knowledge. As it was, Dr. Airey had the honor of being the house whip of the session that ratified the federal constitutional amendment giving women the right to vote. We are all proud of Dr. Airey. When she retires from public life Dr. Airey will write extensively for The OP. She

has promised it—and successful politicians always keep their promises.

Hon. Perry Made a Big Hit

[From the N. Y. Society, Blotter.]

THE AOA attorney, Perry S. Patterson, seemed to make a very favorable impression upon those who came in contact with him. At all times he showed a great willingness to work and to co-operate. It is rather remarkable what an understanding of our difficulties he has picked up in the short time he has been associated with our problems. The usual trouble with an attorney is that you have to spend time educating him to the proper point of view and just about the time he is in position to fairly represent you, the case is decided out of court or something happens to rupture the friendly relations. The employing of an attorney under a yearly retainer certainly seems to have great advantages for the AOA in a multitude of ways.

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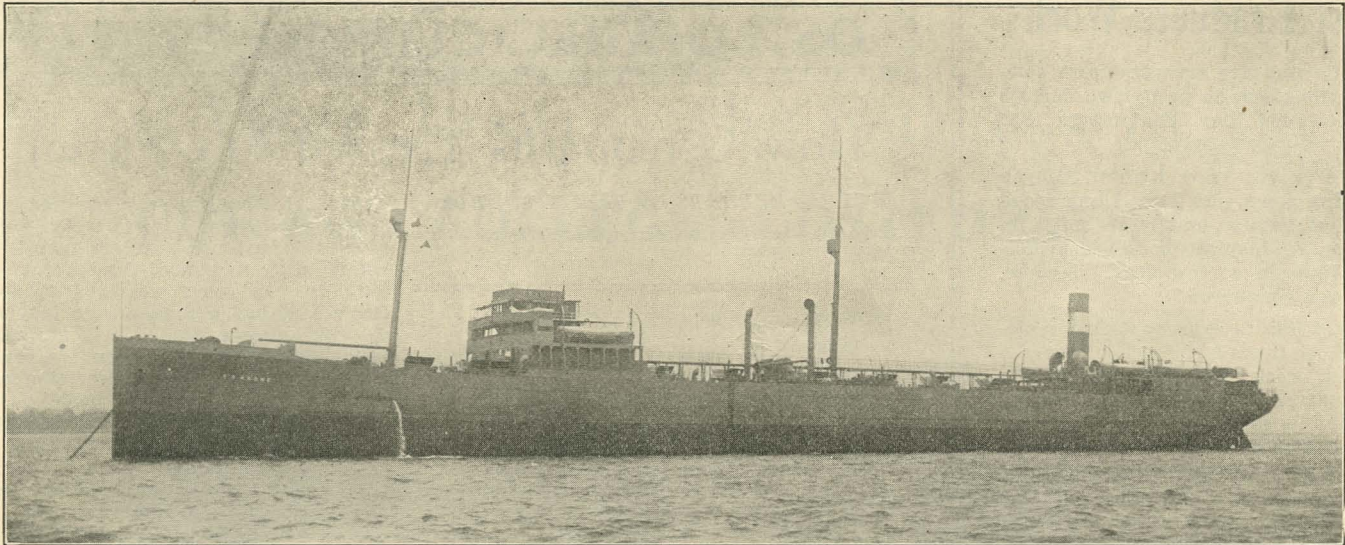
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Within two minutes walk of the famous Boardwalk. All rooms have running hot and cold water. Sixteen private baths. All rooms connecting so as to offer any combination desired. Tray service to the rooms. Graduate nurses in attendance. Diets prepared by an experienced dietician. Sulphur Vapor Baths. Boardwalk chair service for invalids.

Convalescents, chronic invalids, nervous cases, selected mental cases, and defective children received. No pulmonary tuberculosis patients accepted. Patients may bring the nurse of their choice, either graduate or practical, or nurse will be furnished special where necessary.

Special Treating Rooms for Patients Not Living in the Sanitarium

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Widest Choice of Raw Materials

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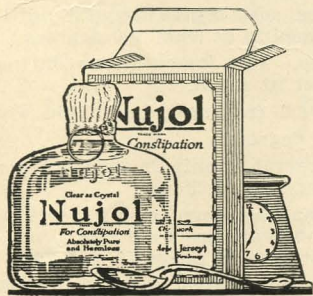
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Post Graduate Work

The following are excerpts from communications sent to us by two doctors who attended our September 1919 clinics:

"This to let you know I never enjoyed a meeting more—nor have I any recollection of having had more solid instruction or inspiration along professional lines in so few days. I came, I saw, *you* conquered."

"I should like to express the appreciation I feel toward the School for the splendid work we received at the clinics arranged for us in Chicago. The abundance and variety of clinical material was very gratifying and the illuminative demonstrations of the work by your Director and his able assistants of the Faculty were intensely instructive and most helpful. The range of work was so great in both the hospital operations and the demonstrations of office technique that one felt he had actually seen almost everything he might be called on to do."

Write us for copies of letters from other doctors, and for an outline of our Course.

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Des Moines, Iowa

ACTIVITIES of the ACADEMY of OSTEOPATHIC CLINICAL RESEARCH

How Osteopaths Treated Flu-Pneumonia

KEY TO REPORTS OF THE EPIDEMIC

(Read all abbreviated answers with reference to these questions as numbered).

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?

}	If enema, what kind, how much, how often?
}	If manipulation, what kind and how?
}	If laxative, what kind and how much?
12. What methods were used to keep the bowels active?
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?

By Hugh W. Conklin, D. O., Battle Creek, Michigan

Net Results: 161 Cases of Influenza; 11 of Pneumonia; No Deaths.

There are just a few things I learned during the "flu" epidemic from my work and observing others. First: Most people treat too often and too long. In my very severe cases I treated twice per day for a day or two during the height of the temperature, and about four minutes at a time. Second: My greatest asset in reducing temperature when it got too high was hot olive oil rubs, using the olive oil as hot as the nurse could bear her hands in, and applying it every two hours to the whole system.

Third: I found in a large percentage of my cases the kidneys were very inactive. This condition extended to and persisted in cases under drug treatment for several weeks following flu. In other words, I think the poison generated had a tendency to inhibit the action of the kidneys, and this is my explanation of our having such an extensive practice following the flu epidemic comprising cases treated by medical men where patients complain of never having recovered their strength and habitual tiredness.

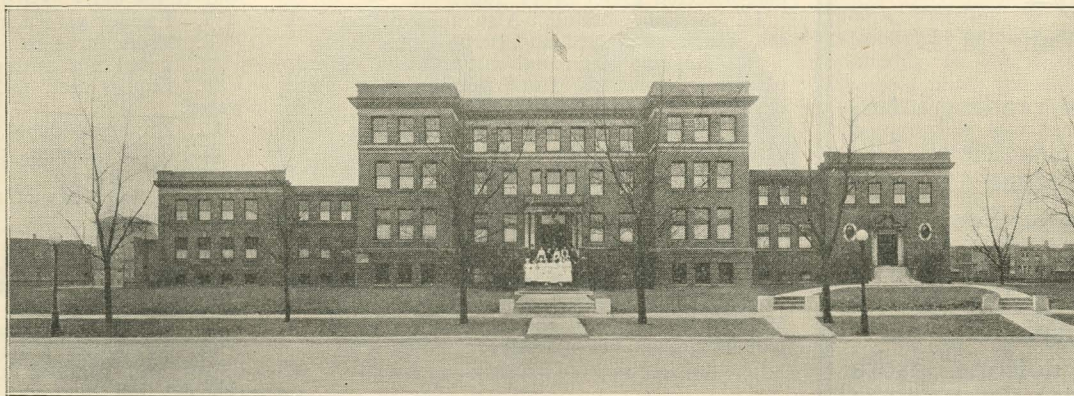
1. All kinds.
2. I did not attempt to correct deep bony lesions during the infection.
3. Treatment to renal and lungs.
4. Four minutes.
5. One or two per day.
6. I never over-treat.
7. Two to six days.
8. I did not have any other cases.
9. Nothing but orange juice.
10. Camphor and oil, hot.
11. S. S. Enemas, two times per day.
12. Treatments and water per mouth.
13. No—unless kidneys refused.
14. Yes.
15. Much.
16. Sixty degrees.
17. Treatment and hot oil bath every two hours.
18. Alcohol packs to throat.
19. No drugs.

By Drs. Wolf & Stavor, Big Timber, Montana

Net Results: 562 cases; 6 deaths

1. Chiefly muscular lesions.
 2. Entire spinal area.
 3. Deep and thorough manipulations.
 4. Springing ribs, special attention cervical and upper dorsal.
 5. Rigid treatment for fifteen minutes.
 6. Twice daily, if possible. About 75% of patients were in the country.
 7. Yes, indeed—it's very easy to overtreat.
 8. Average, four days.
 9. No.
 10. For answer see February issue, Journal of Osteopathy, page 73.
 11. Denver mud, mustard plasters, hot turpentine fomentations.
 12. Fruit juices, copious amounts of water, soapsuds and glycerine enemas.
 13. Copious amounts of water and hot lemonade, unsweetened.
 14. Yes. At beginning and until temperature dropped to at least 100 degrees.
 15. Yes. Hot fomentations during the day and jacket at night.
 16. Much fresh air, but avoid draughts.
 17. 67 degrees.
 18. General manipulations. Warm sponge baths every 3 or 4 hours.
 19. Manipulations to ant. cervical region. Use of inhalant; see February issue, the Journal of Osteopathy, pages 73 and 76.
 20. Extreme cases; ice pack to heart.
- Net Results: Five hundred sixty-two cases were treated. Loss of six cases, including complications.

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A few years hence will find it the—

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- (2) Post Graduate Center for Osteopathic Education.
- (3) Best Clinical Institution Available.

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By J. Ed. Stevens, D. O., Kansas City,
Missouri

Net Results: 739 Cases, No Deaths.

1. Bony and muscular. Cervical, dorsal, lumbar, in fact, all muscles.
3. Osteopathic treatment.
4. Deep, strong treatment.
5. 20 minutes.
6. Once per day.
7. No.
8. 7 to 14 days.
9. No.
10. Nothing to eat for 48 hours—normal salt solution given every hour.
11. Antiphlogistine. Also used cotton jackets, viz., cotton, lard and turpentine.
12. Enemas of normal salt solution. Manipulation of lumbar. Hard manipulation under clavicle—results, always.
13. None, except normal salt solution.
15. Yes.
16. Plenty.
18. Cervical and dorsal manipulation. Tepid sponge every 3 hours.
19. Cervical manipulation.
20. Osteopathy only.

I treated 739 cases with the loss of none. Took 29 when they had been given up by the M. D.'s to die—and thanks to nature and osteopathy, they are all alive.

By Dora A. Weymouth, D. O., Caldwell,
Idaho

Net Results: About 100 cases flu; no deaths; 3 cases pneumonia; no deaths.

1. Muscular.
2. Muscles tight, full length of spine, worse in the middle dorsal.
3. Manipulation.
4. Thorough spinal relaxing and abdominal cervical.
5. 30 minutes.
6. Morning and evening.
7. No.
8. Usually 6.
9. I had but one, she did not.
10. Liquid for 4 days. Gradually back on full diet after that, or liquid one day after fever left.
11. No.
12. Soapsuds enema; 2 per day, deep thorough abdominal and spinal. No laxatives used.
13. Drinking plenty of water.
14. 2nd and 3rd day of fever, viz, hot drinks (water and lemonade); packs and hot water bottle.
15. Yes, I always used cotton jackets.
16. Medium, with cloth over the opening of the window to prevent draughts.
17. 670 Fahrenheit.
18. Thorough manipulation at cervical to dorsal. Cold, tepid and warm, depending on age and condition of patient.
19. Raising ribs and cold compress and hot water bottle.
20. Manipulations. No drugs used whatever for the heart.
21. I treated in all about 100 flu cases, and 3 cases of pneumonia.
22. As regards number of cases I found I was able to care for in the rush, one day I traveled 40 miles, gave 19 treatments on beds, 16 sponge baths and 4 office treatments.

By D. J. Clark, D. O., Delphos, Ohio

Net Results: 22 cases of influenza; one death; 3 cases of pneumonia, 1 death.

1. Found contracture of all of the muscles of neck and back as far as mid-dorsal, with all the lesions, muscular and bony, that usually accompany such conditions.
2. Cervical and upper dorsal.
3. Ordinary osteopathic methods.
4. Relaxed muscles of upper dorsal region; raised ribs. If pneumonia was expected I paid

particular attention to fourth ribs. Relaxed muscles of lumbar and lower dorsal. Did not give severe treatment unless it was the first treatment in the early stage of the disease. I changed position of patient often and looked after his comfort in every possible way.

5. Not more than 15 minutes. I found that patient did just as well with short treatments as with long ones, and perhaps better. I would rather treat four times per day, 5 minutes each, than give that many treatments of one-half hour each. Long treatments use up the energy of the patient needlessly, as well as that of the doctor.

6. Seven of my worst patients were treated four times daily; all others twice daily.

7. I never give a long treatment in flu.

8. From three to ten days.

9. I did not notice much difference.

10. Liquid diet, milk, broth and plenty of water.

11. No; used Dobel solution as a gargle.

12. S. S. Enema. Massage of bowel. No laxatives used.

13. Gave plenty of water to drink and lumbar treatment.

14. No sweating.

15. No cotton jacket.

16. Plenty of ventilation but avoided draughts.

17. About 25 degrees.

18. To reduce temperature I gave vigorous dorsal and cervical manipulation. If fever reached 100 degrees I used cold sponges of water out of the hydrant for one-half hour every two hours.

19. Never had much success with coughs. Relaxed muscles of neck.

20. No drugs used for the heart. Osteopathic stimulation very satisfactory.

21. I had twenty-two cases of influenza. One death. Three cases of pneumonia, one death. I felt able to prevent pneumonia if I got the case in time.

22. As I left for Camp Grant before the big epidemic I can't answer as to how many patients I found I could treat a day during the big rush.

By M. L. Richardson, D. O., Norfolk,
Virginia

1. Bony and muscular.
2. Cervical and upper dorsal mostly.
3. Muscular were treated by usual methods during fever stages. Bony were treated during or after convalescence, after patient had recovered sufficient strength to come to office.
4. Gentle slow manipulation of soft tissues.
5. 10 to 12 minutes.
6. Twice a day probably and for from 3 to 5 days.

7. Yes—it is *very easy* to over-treat as soon as reaction to treatment sets in—even if you have only treated for 3, 4 or 5 minutes—stop! If treatment is continued beyond this point we get a reaction on a reaction, and while that is not serious it needlessly uses up the patient's strength.

8. Under treatment at home an average of 8 days. At office about 2 weeks following this.

9. No—they were my hardest cases.

10. The majority of cases got: Fruit juices—orange, lemon, grape. Cooked Cereals, Broths, Custards, Gellatin, Corn Starch, Egg Albumen, Water. Patients were fed small amounts frequently—no night feeding.

11. No.

12. In a few cases S. S. enema—about two quarts—on days when bowels do not move naturally.

13. Free use of water.

14. No.

15. No.

16. Sick room was always well ventilated.

17. Don't know—if weather was cold heat was kept on and all windows wide open. No extremes were permitted.

18. Manipulation at vasomotor centers. In

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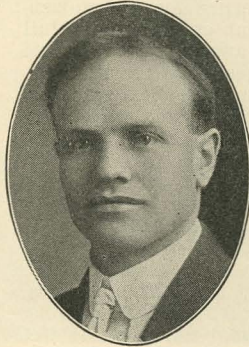
Dr. Charles H. Spencer gives the student very complete courses in physiology. In the first year general physiology is considered, 90 hours being given to the subject. The lectures cover the fundamental principles of structure and function. The studies include: the cell, the universal structural unit; protoplasm; phenomena of stimulation; details of metabolism; karyokinesis and fertilization; facts of heredity and adaptive variation. This course prepares the student for the adequate teaching of the fundamental osteopathic concept of disease and its remedy. In the second semester Dr. Spencer takes the student thru an advanced course in human physiology, consisting of text book study, laboratory experimentation, interpretative lectures and demonstrations. In the third semester, 90 hours are given to a special didactic course, supplemented by laboratory experiments, covering the fundamental principles concerned in the reactions of the nervous system and the practical application of them to diagnosis and therapeutics.

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Dr. G. H. Copeland in the second semester gives a didactic course of 126 hours dealing exhaustively with the physiology of circulation and respiration, and in the fourth semester a course of 108 hours in physiology of digestion, absorption metabolism, excretion, animal heat, and the ductless glands.

Dr. Albert M. Weston in the fourth and fifth semesters gives courses in general bacteriology and protozoology, 90 hours each. Methods for the study of bacteria are taught and practiced in the laboratory. The physiology of bacteria and their place in the realm of life are given particular attention. The course constitutes a preparation for the understanding of the etiology of infectious diseases, and the control of communicable diseases. In the course on special bacteriology and protozoology the details of the relationship between micro-organisms and disease and the application of this knowledge to the prevention and treatment of infections are thoroughly considered. The methods of preparation, uses, and scientific limitations of viruses, bacterins, and sera, for therapeutic and prophylactic purposes are exhaustively explained and taught.

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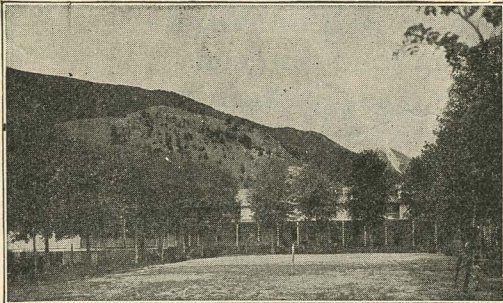
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a few cases alcoholic solutions or cold salt water used to bathe face, neck and arms.

19. Only measures cited above.

20. No, nothing needed.

By E. H. Cosner, D. O., Dayton, Ohio

Net Results: 166 cases of Influenza, 12 Broncho-Pneumonia, 6 Lobar Pneumonia, 2 Deaths.

1. The lesions found were muscular mostly, some cervical lesions, quite a few rib lesions. Flu seems to have a special affinity for muscular tissue. This is noted in the way it affected the heart tissue.

3. Gentle but firm pressure for the muscular lesions, with the patient on his side. Pull the erector spinal muscles away from the spine.

5. The average time used for treating the patient is not over ten minutes. Patients seriously ill were treated ten minutes, twice per day. Ordinary cases were treated, perhaps, fifteen minutes once per day.

8. The larger number of my patients were treated from four to seven days.

9. Patients, who had been drugged did not respond so well to osteopathic treatment.

10. Diet for influenza alone: Two to three quarts of water per day, some lemon juice, orange juice, grape juice and some milk or very light broth. Pulmonary complications: The diet was limited to water and fruit juices. Practically the same diet for bowel, stomach and nervous complications. If the case ran longer than five to eight days, milk and light soups were added.

11. We used Antiphlogistine in six cases of pneumonia but we have an application we like better, that is, flannel cloths wrung out of very hot glycerine. Place over the chest and abdomen and covered by hot cloths, kept very hot. Change the cloths once per hour, using fresh glycerine. This treatment takes a good nurse but the results are marvelous.

12. For keeping the bowels open, a warm enema was used of about a two percent salt solution, very gentle manipulation used over the entire abdomen. We did not use any laxatives.

13. Drinking plenty of water keeps the kidneys active. In one or two cases, we used cloths wrung out of very hot water and placed them across the spine at about the twelfth dorsal.

14. At least half of my patients, I did not sweat. If the fever ran high, say 104 degrees, the fourth or fifth day I would sweat them with the use of hot-water bottles. We used hot drinks and a splendid thing is a thin cheese-cloth sack filled with about six ounces of bran. This heat very hot.

15. We did not use any cotton jackets.

16. We always insisted upon ample ventilation.

17. The average temperature ran about 70.

18. To reduce fever, we always used manipulation for the cervical region, inhibited between the shoulder blades and used the hot sweat as described above.

19. We depended upon manipulation only, to overcome cough. We relaxed all muscular tissues in the neck, in the posterior clavicular region or upper thoracic region. With the patient on his back, lift up the lower ribs, thus freeing the diaphragm.

20. Positively no drugs were used in any case of pneumonia or flu. If the patient's circulation is kept somewhere near normal, the heart will not fail.

In the year ending September 1, 1919, I treated 166 cases of flu, twelve of these broncho-pneumonia, in spite of osteopathy, six had lobar pneumonia and of these six, two of them died.

In justice to osteopathy, one of these men had "malaria fever" for six weeks and I have no doubt but what he was tubercular. From the day he got sick, his fever was seldom less than 104, terrible sweat and you could see it in his face every day that he was going to die.

The other fatality was a man who had a history of diabetes. Two years previous, he had the same complications and I think he died in diabetic coma. Strange enough both of these men did not get the flu until after the others in their families had had it.

I have a third case that might as well have died, because following lobar pneumonia, he had pyemia in the right lung and has never been well enough to work.

If an osteopath gets enough "flu" cases, he will have some with complications and some of them will die, no matter what we try to do. My one thought is, that osteopathy so equalizes the circulation that we seldom have lung complications.

By Fred W. Wells, D. O., Sedan, Kansas

I will try to give you a general report common to all cases without going into individual case records.

1. Principally contracted muscles and ligaments.

2. Contracted intercostals, rotated ribs, cervical and upper dorsal; a number of lumbo-sacral lesions.

3. Usual bedside technique.

4. Relax muscles of spine, stimulate renal and cardiac centers.

5. Ten to fifteen minutes.

7. Patients seemed to respond as well or better to treatment of 10 to 15 mins. than to more continued treatment except in Pneumonia where treatment would necessarily be longer and more frequent.

6. Twice daily if possible.

8. Average about 6 to 8 days.

9. No.

10. No regular rules followed as different cases required different diet; always followed the rule of light diet broth, milk, etc.

11. Mostly pneumo-phthisine and libradol with tablespoon Soda to quart water, followed

12. Enema mostly, Normal Salt Solution by Abdominal Manip. patient retaining water as long as possible. Some Castor oil.

13. Osteopathic.

14. Yes, sweated when temperature was high.

15. Did not use cotton jacket.

16. As much ventilation as possible.

17. About 70 degrees Fahr.

18. Sponge bath twice daily (Used saline sol.) Followed by brisk rubdown of alcohol and witchhazel.

19. Treatment directed to lower cervical, upper dorsal and upper ribs.

20. No Drugs used except in one case when in consultation with M. D. (His Case) gave 1/10 Gr. Strychnine; patient recovered under treatment. (Osteopathic.)

By Chas. O. Linder, M. D., D. O.,
Spokane, Wash., and
Lenia, Idaho

Net Results: about 200 cases of Influenza, no deaths, 12 cases of Pneumonia, 2 deaths, (both hopeless when called).

1. Muscular in some cases.

2. Cervical and Dorsal regions.

3. By manipulations and hot poultices.

4. ?

5. 15 minutes except in delicate cases.

6. From one to four times daily.

7. Too long treatments were not as beneficial as short treatment.

8. From four days to four weeks.

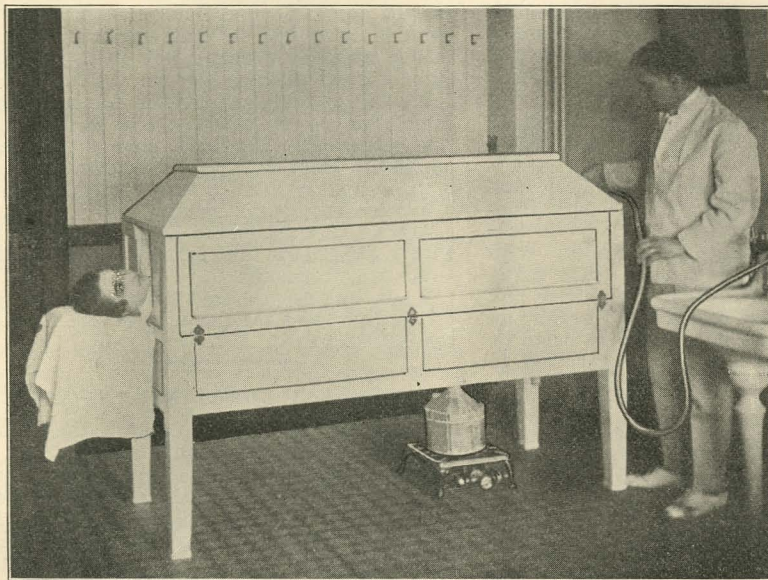
9. Did not get them until they were almost all "in."

10. Influenza, light diet; Pul. Comp., liquid diet, bowel and stomach comps., liquid diet; Nervous comps., light diet.

11. Yes, used hot poultices of linseed meal and onion and Dionol.

12. Warm enemas daily, when possible in some cases; Laxative in some other remote instances. Manipulation when necessary.

(Continued to page 28)



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Is your practice what it should be? Are you making the cures you should make? Is your income as much as it should be? In general, are you satisfied with yourself?

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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. XXXVI NOVEMBER, 1919 NO. 5

DIFFERENCES OF OPINION ON THE EDWARDS SUSPENSION

Some feeling has been stirred up in the profession by the action of the AOA trustees in suspending Dr. James D. Edwards of St. Louis from membership for conducting private classes for fees at the Chicago Convention. This action was taken September 13th. It appears that before the suspension a fine of \$500 had been imposed which Dr. Edwards refused to pay.

The side of the trustees is that members of the profession and especially those who are featured and advertised nationally on programs ought to give the profession free whatever knowledge and skill they may possess, and ought not to utilize the convention as a time and occasion to hold classes for private remuneration. The trustees passed a resolution abolishing such practices months ago and say they sent Dr. Edwards a copy of it.

The side of Dr. Edwards is that he has helped to start or make about three hundred osteopaths into specialists which he believes is a big boost for osteopathy and the AOA's department of education. That he and his classes ought to be free to meet and study together at whatever time and place suits their mutual convenience and economy. He denies that he ever got any said notice and asks why the board did not call his attention to their resolution in that period of several months when he was carrying announcements in the journals for said course, instead of waiting until the convention class was about through its work.

Dr. Edwards writes "this ends my teaching from now on. I will paddle my own canoe and play in my own back yard. I have cancelled all state and local convention engagements, as I now consider myself an outlaw, and would not feel comfortable addressing an osteopathic meeting.

"One of my wealthy patients whose hearing I have restored, having heard about my experience with the AOA, has offered me an endowment of \$10,000 per year for clinical research; also the expense of publishing a text book on my original work. I have about decided to accept the offer and it is my intention to visit 'Medical Europe' as soon as conditions are normal.

"I lost my wife last April. She was my assistant in all of my research work, and now that I am alone and drifting, it is immaterial to me whether I am here or over there."

One party in the profession says the AOA's principle and action both were right; that paid courses during meetings is all wrong and that discipline must be maintained. The other party says it was an ill-advised action, not necessarily right as to principle, and too precipitate, too harsh and lacking in 'diplomacy' in any event.

They argue that if a cure substitutes a worse disease or situation than the thing corrected, it is poor therapeutics notwithstanding.

Let's patch it up, fellows—find some way to preserve the principle, heal the wound that has rent good fellowship, and restore good feeling. There is something sensible to be said in behalf of both sides. Good hard common sense can come to the rescue and fix it up satisfactory alike to the AOA, to Dr. Edwards and to the profession.

The OP tenders its offices as mediator, and is willing to hand the first cigar to both sides in a get-together conference.

We have quarrels enough, God knows—with state medicine, with drug therapy, with hang-nails, bolshevists, IWW's, HCL, high taxes and inertia within our own professional organism, without atrophying any of our useful parts or allowing an unfortunate surgical operation to go without healing by first intention.

Let's fix it up.

\$10,000,000 MORE FOR ROCKEFELLER INSTITUTE

Mr. John D. Rockefeller has added \$10,000,000 more to his endowment of the Rockefeller Institute for Medical Research. Additional research in biology, chemistry, physics, and medicine will be carried forward by reason of the new gift, and general enlargement of the scope of activity of the institution will result, it is said.

The scientific staff of the Rockefeller institute numbers sixty-five men. About 310 persons are employed in its technical and general service. All discoveries and inventions made by those in the employ of the institute become the property of it, to be "placed freely" at the "service of humanity."

The osteopathic profession which is in so much need of funds for research cannot but look with longing eyes at these large sums that so frequently are given to the institutes controlled by the "regular" medical school. We realize how much even a tithe of such a gift might accomplish for science and humanity if applied to research through our new and practical system of diagnosis and mechanical adjustable therapeutics.

We keep the faith with our principles and practices, believing that the day will soon dawn when osteopathic research will receive all the money it can legitimately spend for scientific investigation. Until that day comes we shall try to be patient and not grow envious over the infinite riches that flow steadily forward to entrench the dominant school in its hold on the people.

In some ways we do not regard it as exactly "healthy" for the people to have allopathic institutions backed up with so much money. In other ways it seems very, very healthy, indeed.

Take these two last gifts of Mr. Rockefeller to allopathic colleges and to the Research Institute aggregating \$30,000,000, for instance: Nearly all of that money will be spent to further the teaching of *pure science* in medical colleges and investigating pure science in the institute. Pure science and allopathic therapeutics with its polypharmacy and polyvalent vaccines and charlatan serums are uncompromising antagonists. They can not lie down together without one eating the other up. Which will conquer—pure science or superstition, we do not doubt for one minute.

The more money the allopaths have to endow professorships and laboratories of anatomy, physiology, pathology, biology, psychology, and chemistry the less interest and patience their future practitioners will have with the U. S. Pharmacopoea and with vaccine and serum charlatany.

Mr. Rockefeller, therefore, is not an ally of the drug superstition when providing so richly for medical research. He is a mighty good friend of osteopathy in so doing—perhaps not such an immediate and obvious friend as if he

were endowing osteopathic research directly—but a good and sagacious friend, notwithstanding. He is helping to reform medicine from the ground up; and when that reformation is complete the way will be open to accept the practical system of therapy now being developed against great odds by the osteopaths.

We will get our endowments for research just as soon as we are ready to use them with wisdom and profit. The Lord has a way of raising up means from unexpected quarters when the man of destiny arrives at his opportunity.

Are we osteopaths ready?

Are we sure we would know just what to do with a \$10,000,000 fund for research if we had it?

We are preparing.

When we are prepared the way will appear.

It always does for the man or the institution that is ready.

PRESIDENT CONKLIN HANDCUFFED

President Conklin called down the editor of The OP good and hard the other day.

"What did you tell the profession I was in full command of the AOA for?" he protested, "and had my hand on the tiller, and could be relied on to steer the ship straight for the port of Progress, and all that kind of poetic satire?" he roared. Hugh can roar some when he's hot.

"Well, aren't you?" I argued, thinking maybe in his usual spirit of self-abnegation he had forgotten that he had been elected Big Noise of the Bunch at the late convention.

"It is hardly fair to me to say I am running the AOA when I am not," the Tall Warrior of Battle Creek continued. "The system of government by trustees that we still labor under does not permit a president to use his best judgment or exercise any power whatever. You may picture me as having roped the steer of Debating Society government"—said he, or if he didn't say just that, that is just what he meant—"but you must remember that all the trustees have hold of the rope with me—I am but one on a vote—and when I say 'let's go ahead' a majority of them may strike their heels in the dirt and say 'let's stick!'"

"I can't do anything to help the AOA move forward when all the power I have is to advise and recommend the trustees and they can vote me down and do the opposite thing."

"So much the worse for the ancient, honorable and sacrosanct order of legislative and judicial executives, the AOA trustees," I retorted. "If they drag on the rope we'll cut the rope at the next AOA meeting and let them fall head over heels backward." What we want is FORWARD LEANING executive management, Hugh. Trust the new House of Delegates to upset the old traditions of balking in the breechings and to put a premium on the faculty of self-starting."

"Well, anyhow, tell the profession the plain truth," enjoined President Conklin, "I am not running the whole show for one year; and neither is any other one man; nobody ever yet had that opportunity and no executive ever will have it while the present plan survives of having the trustees meet and decide on executive policy by ballot, as has always been the custom, and is yet. We have good men in the machine but the system won't let them act."

"All right, we'll change the system, then," I promised him. "We have begun to rebuild the AOA on business principles and the way is now easy to complete the job. All aboard for Chicago in 1920. Let us not lose interest in the new AOA until all the work of revision and co-ordinating has been completed that is found necessary to make it a first-rate fighting machine for osteopathy."

For one thing, let us change this Debating Society form of management and fix it so that One Real Executive whom we put on the job to execute *may* execute without let or hindrance from a large committee that now regards it as necessary to pass on everything. The

splrit of the new AOA is against this anachronism in government, but our friends the trustees, steeped in tradition, may not have wakened up to it yet.

DR. HARRIS WILL NOT RECEIVE AOA SUPPORT

Dr. M. B. Harris of Amarillo, Texas, who appealed in our last issue for AOA support in fighting a law suit against a local hospital for boycotting him as an osteopath, will not receive any sympathy or support from the national association. The officers make that very emphatic. Neither will Dr. Harris receive succor from the Texas Osteopathic Association. And the reason given is forceful.

The officials of both national and state associations say that all his life Dr. Harris has refused to affiliate with any of the professional societies; he has never, they say, contributed any money or work to the profession's organizations; he has held aloof and gone his own way and let the rest of the profession work out its own destiny. Now they propose to continue the same policy of disinterest in him that they aver he has steadily maintained toward the professional organizations.

These officers further avow their disbelief in the importance of Dr. Harris' local suit to the rest of the profession, and do not regard his case as having any vital bearing on the policy of the rest of the hospitals throughout the country.

There is some justice in that attitude of our professional societies toward those who have never shown any interest in their work. Who can criticize it? We can't.

IF INTERESTED IN OSTEOPATHY'S PUBLICITY PROBLEM

We invite every member of the *OP* family to read a sensible appeal to the profession in this issue on Page 29 entitled "What is Proper Treatment for Winter's Diseases?" This department editorial which frankly at basis is a presentation of the merits of the forthcoming December issue of *Osteopathic Health* is really much more. It is a discussion of a serious situation in osteopathic propagandic work at this time—the growing tendency of the practitioner to prescribe his own publicity and sit as arbiter on every piece of literature he circulates. He forgets in too many instances that this stuff is not written primarily to please him but to provide 50 per cent Attention-appeal and 50 per cent Suasion-appeal to the public—simply that and nothing more.

Yet some of our people read *OH* with a magnifying glass monthly to see how much *scientific* quarrel they can pick with it and if any issue—which remember is frankly only a piece of advertising writing for public edification and for influencing people osteopathy-ward—presents any point of view that does not coincide 100 per cent pure with their own predilections and personal points of view, or if it seems in any least way to be imperfect, *scientifically speaking*—altho its function, remember, is not primarily scientific at all but popular—they will not use it.

These good friends need a calling down. They get it from the editor in this article you are asked to read. They are losing their own orientation in this matter. They would feel badly if their patients were one-tenth as hypercritical over their own work in the treatment room. Come—let us be reasonable—and respect each other's professions—and accord some value to specialization and expert knowledge, even in advertising.

Please read that editorial with open mind and write me if I have stepped on your soft corn. Remember I like to hear from you when we disagree and in your letters you can be as frankly and vehemently critical as you care to be. It often helps me very much. But *do not paralyze me by a trade boycott* and quit using my stuff simply because you don't like it. Get

this point of view—it isn't written for you, even if you do pay to circulate it. It's written to interest the public and instruct them and I'll risk my reputation in my specialty that it accomplishes its mission.

WHY DEFEND WASTRELS?

We invite a reading of Dr. Elfrink's "chest relief" in this issue on the general topic of "Why Criticise the AOA?" If the sensible analyses of lost motion within the national society that have been appearing regularly for years in practically all the professional publications do not answer this question for the doctor it probably would be useless to explain it further. Having asked the question, however, it is but fair to answer: "Why, to improve it, of course." The fact that so many hard-working loyal members of the profession—just like Dr. Elfrink—have systematically wasted their time and the profession's strength for ten years defending and perpetuating the blindness, weakness and follies of the old organization—thus resisting correction and improvement—is one of the main reasons why the AOA continued so steadfastly in its weaknesses. The new House of Delegates luckily affords the open door to improvement in the rejuvenated and now hopeful AOA, and we shall all do well to analyze very carefully between now and the next convention the few remaining handicaps to progress to the end that any much-needed remaining modifications and adjustments may be made effectual.

Health Insurance Concern Will Not Recognize D. O.'s

THE Travelers Health Association, Omaha, Neb., has refused to pay a sick benefit to F. D. Elliott of Gouveneur, N. Y., for the time of his incapacity while under the care of an osteopath. Dr. Norman C. Hawes received the following from C. J. Lyon, treasurer of the company:

"In response to yours of the 26th concerning the case of Mr. F. D. Elliott, I have to advise that our position in regard to his claim has nothing to do with our opinion of osteopathic physicians, nor with the standing of that profession in the State of New York. It is purely a matter of the terms of the contract between this Association and Mr. Elliott. That contract says plainly that no benefits shall be paid by the Association except for such time as the claimant is under the care of a medical doctor, and the action of our Board of Directors in regard to any claim presented must be in accordance with the terms of the contract."

Dr. Hawes says it's the first time he has ever been turned down in such a matter.

Discriminate whenever you can against every company that will not recognize osteopathy.

Polio-Myelitis

[From the Florida Osteopath.]

WHY do osteopaths buy medical books on poliomyelitis whose only redeeming features are the chapters on diagnosis and pathology? To us, medical books are useless for etiology, worthless for treatment and hopeless for prognosis. Dr. Millard has written, with collaborators, a genuinely osteopathic text on infantile paralysis in which the pathology is classic, etiology is reasonable, treatment is efficient and prognosis hopeful. Every point illustrated by diagram while 55 case reports pile up conclusive evidence of superiority of osteopathic measures. To see the book is to buy it, so many copies will be sold in the year ahead. The Bunting Publications, Inc., 9 South Clinton St., Chicago, are exclusive sales agents for this book now and will send it, postage prepaid for \$2. If the book doesn't make a better osteopath out of you, you are hopeless.

Examine More and Charge More

[From the Bulletin of Mary Elizabeth Hospital, Raleigh, N. C.]

HOW many physicians realize that diseased tonsils and bad teeth cause a big per cent of the human ills? It is not fair to the patient to treat him for any chronic trouble without having examined the mouth and throat.

A big mistake nearly every osteopath is making is rushing through the examination of his case. The time has been when no charge was made for examination; then a charge of two dollars was adopted by the State Society. I wonder if it would not be cheaper and more satisfactory to the patient to make a charge of five or ten dollars and really find out what is wrong with him? Think it over and put yourself in the patient's place.

I wonder how many physicians, osteopathic or allopathic, really examine their patients?

Tongue and pulse examination is a thing of the past with the scientific, careful M. D.; so spinal lesion examination *only*, should be a thing of the past with the D. O.

The time has been when we spent five minutes examining a patient for almost any complaint, and spent thirty minutes every-other-day treating him for something—we did not know what. Time has changed our viewpoint. We now feel that it is better to spend three days examining a patient in order to treat him intelligently and we frequently find that his case is not one for every-other-day treatment for so many months at two dollars per.

Fees

[From the Washington Osteopathic Association Bulletin.]

WE believe a man is entitled to the same net income that he enjoyed before the war. By net income we mean his income after deducting office and living expenses.

Office rents have advanced from 25 to 100 per cent in the last two years. The suit of clothes that you paid \$40.00 for two years ago will cost you \$70.00 today. Is a trip to the AOA convention in your annual budget? The round trip from Seattle to Chicago used to cost \$72.50. It costs \$129.50 now. Fuel, food and every necessity of life has advanced greatly. Has your income advanced proportionately?

Most osteopathic physicians have advanced their rates on an average of 50c a treatment. This seems to be the sum that equalizes the income and outgo in most cases. In some instances, local conditions are such that a 25c increase is sufficient while others need to make the increase 75c. The prevailing treatment charge in Washington today is \$2.50. Some charge \$3.00 and we know of one of our members who charges \$5.00.

It has been the idea of some of our members that they would absorb the increased cost of living themselves and weather it through and be satisfied if they came out even. If you look around you, will you find anyone else doing this? Everybody else has increased his margin of profit to meet the increased cost of living and you are simply making a thankless goat of yourself if you alone rest on your oars and stand still in a financial way during the period of reconstruction.

Some feel that their clientele would not stand a rise in fees. So far as we know there has been no trouble in putting an increase in fees into effect. The public think it the natural thing to expect. They go to the merchant and say, "How much is this NOW?" When you raise your fee to meet increased rent and other expenses, they take it for granted that it is the proper thing to do.

Do the right thing by your patient but treat yourself on the square, too.

The Innominate Lesion in Scripture
The legs of the lame are not equal. Proverbs XXVI-7.

WHERE THEY GET IT OFF THEIR CHESTS

Asks Whassamattar with the Rest of the U. S.-D. O's?

By George H. Bartholomew, D. O., Los Angeles, Calif

DEAR OP: We Osteopaths of California have a little saying that we repeat many times each year to our tourist patients, it is, "When you get home go to a good osteopath frequently." Do they do it? As a rule, no. They will come back the next winter or the winter after with the little tales that follow.

A man from Flint, Michigan, came in. He was well to do and had had some osteopathy at home but not regularly. Said doctors at home did not *know* or *show* interest in his case. I treated him regularly while he was here; with much improvement. Sent him home with above instructions, which he promised to follow. Next year he was here again, under my care, having had the large sum of three treatments from as many home doctors. As they say, "wassamatter, doc?"

A man from Vermont thirty miles from Troy, N. Y., with osteopaths in home town, said he considered them as poor specimens as they did not mix with the male population at all. Said he would drive to Troy, N. Y., and take treatments if he could find a real osteopath who could give a real treatment.

A man from New York city said he would like to take regular treatment but the price of osteopathic treatments was too high for his purse but he thought he knew where he could get them in Brooklyn at two dollars per, the rate I charged him.

Man from Idaho, sent here to die with anemia, was fixed up and returned home. I received a letter from him saying that he wished he could get good general tonic treatments as the osteopath there gave him a pop or two and called it a treatment. Thought he would try a "professor" who, I judge, is a better man than chiropractor by nature.

Woman from Wyoming, asthmatic, treated and sent home with above instructions. Came back next year saying doctor was too busy to take good care of her. Had another attack and came back to be cured and to live here.

Woman from Nebraska said, "Would like to take real treatments, like mine, regularly, but her doctor only gave a crack and a pop and called it square."

Man from Lincoln with threatened pneumonia when I refused to work against heroine-asperin, etc., prescribed by an M. D. He gave me my walking papers. Said he always had two doctors at home. So I told him to hurry home and get there before he died as he could not be shipped by express on his ticket.

A pharmacist from West Virginia said that he understood that all D. O.'s in his town were a cross between a C. S. and a spiritualist and that a chiro had the best local reputation.

And so it goes. What can we do?
Good-by,—*Sincerely, George.*

* * *

Floridian Draws a Similar Indictment

By R. P. Buckmaster, D. O., Orlando, Florida.

I wish you could get New York osteos to educate their people a little. I have had people from New York towns, who had had what they were told was osteopathic treatment, when a little conversation would disclose the fact that it was chiro bunk they had. They were persuaded to have osteopathy here, by our loyal friends, and were delighted with the real thing. Funny proposition, some of my N. Y. state pa-

tients wanted me to go up there for the summer, but according to that fine (?) N. Y. law I can not do it, but a chiro can go to it, and boldly claim to give osteopathic treatment, and get by with it. Selah!

Another thing that seems to be injuring osteopathy. Our city physicians may be, and probably are O. K., and may know a lot more about some things than the country D. O. Yet we have people come in, tourists, who are persuaded to do so, by our local friends, who have given up osteopathy on account of the fact that the city D. O. is so "busy" and so "scientific," that they are hardly settled on the table or stool until he hollers "that is all—next!" Now it may be that the D. O. has done enough; I do not believe in long treatments given by the clock. We can not get by with that stuff in small towns for our patients compare notes on us, and we have to deliver the goods every day. We seem to have more dissatisfied people from Boston, Philadelphia and New York. We actually have people from these places come down here because we are here so that they can get what they think they need, and when we advise them to have treatment at home, they do not want to do so. I advised a patient, leaving here yesterday, for her home in the north, to go to a certain D. O., telling her that he was one of our very best men, and an expert on diagnosis. She replied that I might be correct, but that she did not care for any three-minute treatments.

Now what I am driving at is this. These things hurt our beloved science, for which lots of us have fought for twenty years or more. This may not be one of our big problems, but as we have people here from all over the U. S. and the same thing comes up so often, I believe it is a menace. It is all right to be scientific,

Why Attack the AOA?

By Walter E. Eltrink, D. O., M. D., Chicago, Ill.

IT has been said that a successful politician is one who is right more than 50% of the time. I might add that a successful politician also succeeds in hiding most of his mistakes. But let a politician make an obvious and vital error and the American people at once forget all the worthy things which he has done and damn him forever because of one mistake.

This tendency is one which extends to our own association affairs and I feel that The *OP* is doing something quite unworthy of its high ideals in continuing its attacks on the AOA as it has done in the October number. The *OP* also lays itself open to counter attack on the ground of self interest, although personally I do not think that our "smiling Harry" would let a little thing like that enter into the matter at all.

One thing which impresses me—The *OP* has mentioned it in eulogizing Bancroft and I consider "Ban" without exception the ablest state secretary we have—is the large amount of work which Association officials have to do in the mere effort of getting the organization into motion. Very often, by the time we have collected the dues and other funds of our Association, our available time is all gone and our energies are so exhausted that we cannot bring the fresh vim and persistent energy to our professional problems which they should have and which they must have if they are to be solved.

but it is all wrong to have the impression get out that we are out for the "kale."

Please pardon this tiresome epistle; will not burden you with anything like this again; but simply had to get it out of my system.

Thinks Dr. Edwards' Expulsion a Mistake

By Riley D. Moore, D. O., Washington, D. C.

THE matter of the expulsion of Dr. J. D. Edwards of St. Louis from the AOA seems to me to be going pretty far. Here's the way it looks to me: I went to the convention in Boston not alone for what I could give but for what I could get. Who can honestly say that they went with any higher motives? Dr. Edwards made it possible through his course, for me to increase my efficiency as an osteopath and increase my income, to beat the medics to it on some hay fever cases and to broaden the field of my usefulness. I do not think that private class work should be allowed to conflict with convention hours, otherwise encourage any one who will make better osteopaths out of any of us. Dr. Edwards certainly was not stingy with his time or instruction in the convention. I think that if an osteopath obeys the law, does his duty by his patients and his fellow practitioners and does nothing to injure the good name of osteopathy he has by all that is just and right placed himself beyond the pale of censure or expulsion by the association.

Let us remember that the great AMA, whom we should not be too prone to follow in its tactics, saw the time when it was very anxious to have Dr. Bernays on its membership lists. But Dr. B. sent 'em hence to Gehenna. The AMA needed Bernays but Bernays did not need the AMA. The AOA needs a lot more of the sort of Dr. Edwards than it can possibly ever have on its membership, but Edwards doesn't need the AOA. Let us tread lightly. In our association government let us not follow the tendencies of national governments to keep sneaking up on rights and liberties of thought and action until we stifle progress completely. You may not believe it, but it has often occurred to me that our Palmerite friends have forged ahead at the speed that they have because there was absolutely no bounds set on their actions. Let not the dry rot of AMA dictatorship in our association so limit us that the real live wires will prefer to go it free lance rather than retain membership.

In this State we have a reputation for having a strong organization and I suppose that in a comparative sense we are almost as good as our reputation. But at this date, (October 20, 1919), we have succeeded in collecting dues for the current year from only 130 out of 270 members. Technically we have just 130 members, but as a matter of experience we know that most of those who have not paid their dues will do so sometime during the winter. All of this detracts from the energies of our association. The time of our officers is expended in "making the machine go" instead of attacking the real problems of the profession; some of which you have so well stated in the current number of The *OP*.

The officers of the AOA may not have done all that they could have done. I have frequently been impatient at the apparently slow progress with which things seemed to move. But having struggled with this job now for over four years, I think that I know some of the problems which have confronted my friend H. L. Chiles better perhaps than most of those who venture to find fault.

Up to a year ago the AOA was badly handicapped by insufficient funds. This condition is much improved now, of course. Possibly some of the money was wasted. But tell me, please, what business does not waste some money, what business does not make mistakes? Go into

any of our great department stores and you will find constant tearing down and rebuilding. You will find constant experiments in any great business and these experiments cost money. If we could see ahead in the same manner as we can see backward, of course, we could avoid these errors. But very few of us have such gifts.

The point is not to avoid mistakes, for everyone makes them. The man who does not make them is a rimless zero; he never does anything at all. But the man who makes good manages to use fairly good judgment on a majority of his acts and he succeeds in creating a balance for himself and his organization because he has been right more times than he has been wrong.

If the AOA has grown and gained in strength and influence it is not because we have made no mistakes but because we have gone ahead and worked hard enough to more than compensate for our errors. And I believe that the same contention holds true for the AOA. It has been no easy matter to take the germs of an organization as it existed ten years ago and build it into an organization with an income of \$35,000 a year and a membership of over 3,600.

Of course, the matter of income should be secondary to the professional and scientific considerations. We should not lose sight of our ideals. But the fact remains that we cannot pay our bills unless we have enough money in the treasury. And we have to have the money *before* we can indulge in our ideals. And by the time we have raised the money we are tired, our energies are exhausted and—anyway it is time to start in to raise some more money.

This is altogether wasteful. I believe that no one realizes it more than I do. It is such a job to raise money that a large percentage of the money, as well as the officers' time, is expended in just "going through the motions." The profession does not and can not get 100% efficiency for the little money it does put up.

Let me illustrate. I suppose that Illinois spends as much money per capita as any of the State organizations. We ask our members for \$40.00 a year and we maintain four funds: General, Defense, Legislative and Publicity. It costs roughly \$5,000.00 a year to maintain this office, publish our CSO, retain our attorneys and pay these running expenses. If only 125 pay the \$40.00 a year, it is obvious that their entire contribution will be used practically for "overhead." If we could get 250 to pay the \$40.00 each, the contributions of the additional 125 would be practically "clear velvet" and could be used in attacking the real problems of the profession.

But the waste is even worse than that. A large part of the \$5,000.00 could be saved altogether if we could send out one statement; year and get all our dues in. If we could do that the CSO would not be necessary. We would not need to maintain this expensive office. We would still have our fight with "organized medicine." We would still have to pay our attorneys. But we would not have to use nearly all of our energy in "just getting our own people lined up."

With all our energy, we have only been able to get about 60% of the Illinois DOs into the IOA. And with all its work the AOA has been able to do only about as well for the entire profession. These non-members cost us a lot of money. We have spent, I feel sure, as much on some of our non-members as we have on our members. Most of it is sheer waste. But every once in a while one of the "dead ones" wakes up and there doesn't seem to be anything to do except to hammer away at them. For a non-member is a liability which must be turned into an asset if possible.

We are sometimes told that we should just ignore the non-member, but we cannot do that. Every once in awhile we find a friend of some non-member in a prominent position of influence and we need his help. Two years ago I found a man in a very prominent position who

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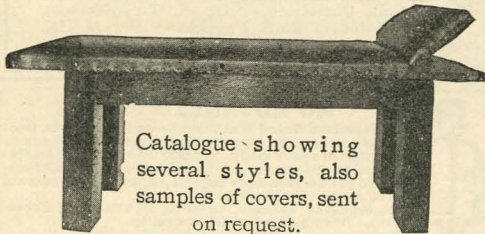
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was in the mood and had the "pull" to help us a great deal. I found that his only connection with Osteopathy was a down-state DO who has never given one cent to any osteopathic enterprise and who refuses to even associate with his neighboring DO's. But he had made a good impression on this man *because* his treatment had been of benefit. We might ignore this DO but I think you will agree that we need him. Some day he will wake up and discover that he needs us, too.

On the other hand, we find that many people judge osteopathy by some DO who is more or less incompetent. For example: I met an old friend a year or two ago who told me of an experience with an Osteopath on the south side in this city. He took treatment for some time with no results and went to a Kiro and received some help. He said that if Dr..... could not help him, he didn't believe that Osteopathy could help him. Now Dr..... has never, so far as I know, belonged to any of our Osteopathic organization and has never been known to attend any of our meetings or put up a cent for any osteopathic enterprise. Dr. is not on any of our mailing lists but does have a DO degree from a recognized college. And Osteopathy is held responsible for this kind of an individual. Every one of these people are liabilities. What we need is graduates who will be assets to the profession. I hope that the colleges may find some way to weed out such people before they graduate. It would be far better to refund tuition to this type of individual and tell them frankly that they are not adapted to professional life.

All this may be more or less beside the point, but to me it indicates where the lesion is and it is a lesion which is more or less inherent in all voluntary and democratic organizations. We see a similar thing in our political affairs. That is the tendency to "let George do it." We have so many people in this world who are not willing to accept their share of the burden and responsibility which arises from al co-operate effort. Very few of us realize our obligation to society as a whole and very many of us do not appreciate the debt which we owe not only to our contemporary professional brethren but to those who labored and sacrificed that we might have a profession and a science of legal and popular standing. Still more do we fail to understand that this heritage is a trust which we are under obligation to pass on in an augmented form to posterity. Every student should be made to understand this obligation as a solemn trust. If osteopathy is to be permanent this situation must be driven home more and more until every DO in the field and every student in our colleges recognizes that he is acquiring something more than a profitable profession; something more than the best means of helping suffering humanity; something more than an honored position in the professional world. He must understand that all these things are in the nature of a trust which he must honor and preserve, develop and improve, to the end that his science and profession will be greater and more efficient after he shall have laid aside his work and gone on to whatever there may be in the beyond.

And so, it seems to me, that the real fault for the shortcomings of the AOA are mostly in you and in me and in something like 6,000 practitioners fully one-third of whom are not even members, another third of whom probably do not pay their dues until they are delinquent and not more than the last third are really "pulling on the traces" instead of "pulling back on the neckyoke."

Probably there is no way to make the machine perfect. We can make it better. Maybe we can elect more efficient officers as time goes on. But let us understand that the great lesion is in the profession and not in overworked and underpaid officers, who may or may not be as efficient as they might be, but are nevertheless doing "their darndest" to keep things moving

and to perpetuate our science to the end that the time may never come when osteopathy will be denied to those who need it and want it.

Chicago College Matriculates Largest Class in History

CHICAGO College of Osteopathy which formally opened on September 17th has matriculated the largest student body in the history of the school. The total number of students registered reached a mark of 162, of which number 75 are Freshmen, 37 are Sophomores, 23 Juniors, 20 Seniors and 7 Post Graduates.

The school which is quartered in the North wing of the present building property at 52nd street and Ellis avenue, has been remodeled and put into excellent shape for school work. New laboratories have been opened and portions of the hospital building have been turned over for college use.

The building is crowded to capacity and steps must be taken at once to provide additional accommodations for the increasing number of students that are looking toward Chicago for their osteopathic education.

Women D. O.'s Who Have Been State Presidents

A LITTLE notice in The OP makes the following facts interesting from an historical point of view. Will you please publish them? Each of these women has been president of her own state Osteopathic Society. Doubtless there have been other women serving in this capacity, but these are the names I happen to have by me at present.

Oregon, Dr. Gertrude Lord Gates, 1911-1912.

Utah, Dr. Mary Gamble, two terms, 1911 to 1913.

Utah, Dr. Grace Stratton Airey, two terms, 1914 to 1916.

Utah, Dr. Alice Houghton, two terms, 1916 to 1918.

Colorado, Dr. Jenette Hubbard Bolles, 1913-1914.

Iowa, Dr. Della B. Caldwell, two terms, 1913 to 1913.

Iowa, Dr. Ella Ray Gilmour, 1913-1914.

California, Dr. Grace Albright Wycoff, 1915-1916.

California, Dr. Lilian M. Whiting, 1917-1918. Pennsylvania, Dr. Nettie Campbell Turner, 1919-1920.—*Very truly yours, Roberta Wimer-Ford, D. O., Seattle, Wash.*

Dr. Ada A. Achorn adds another list:

Maryland, Dr. A. Mavis Kirkpatrick, of Baltimore.

Maine, Dr. Florence A. Covey.

Maine, Dr. Sophronia T. Rosebrook.

District of Columbia, Dr. Alice Patterson Shibley.

If Dr. Ella Still, Dr. Wimer-Ford and some others have not been elected president of their state associations, investigation should be instituted by The OP to find the reason. I am under the impression but am not sure that Drs. Bush and Petree of Kentucky have also served as state presidents. Look it up. Who else knows others not listed here?—*Fraternally, Ada A. Achorn, Los Angeles, Calif.*

Came East to Look Under Gold Crowns

DR. Walter V. Goodfellow, ear, nose and throat reliance of the Los Angeles Clinical Group, is spending two months in Chicago taking some of Dr. Truman W. Brophy's celebrated work in oral and dental surgery with special reference to the diagnosis and treatment of tooth abscesses. During the day he is at St. Joseph's hospital. His address is 2231 Orchard street. With Walter every devitalized tooth is the rank object of ranking suspicion.

Clinical Reports

from many physicians tell conclusively of the soothing, antiseptic action of DIOXOGEN in tonsillitis, pharyngitis, rhinitis and nose and throat affections generally. They point in no uncertain way to the part DIOXOGEN plays in the effective treatment of the foregoing diseases. Its antiseptic efficiency plus its prompt and gratifying effect on inflamed and congested tissues have made it an indispensable adjunct in the practice of many a practitioner. DIOXOGEN, moreover, is as useful for prophylactic, as it is for remedial purposes.

Directions for Use of Dioxogen in Tonsillitis and Kindred Affections

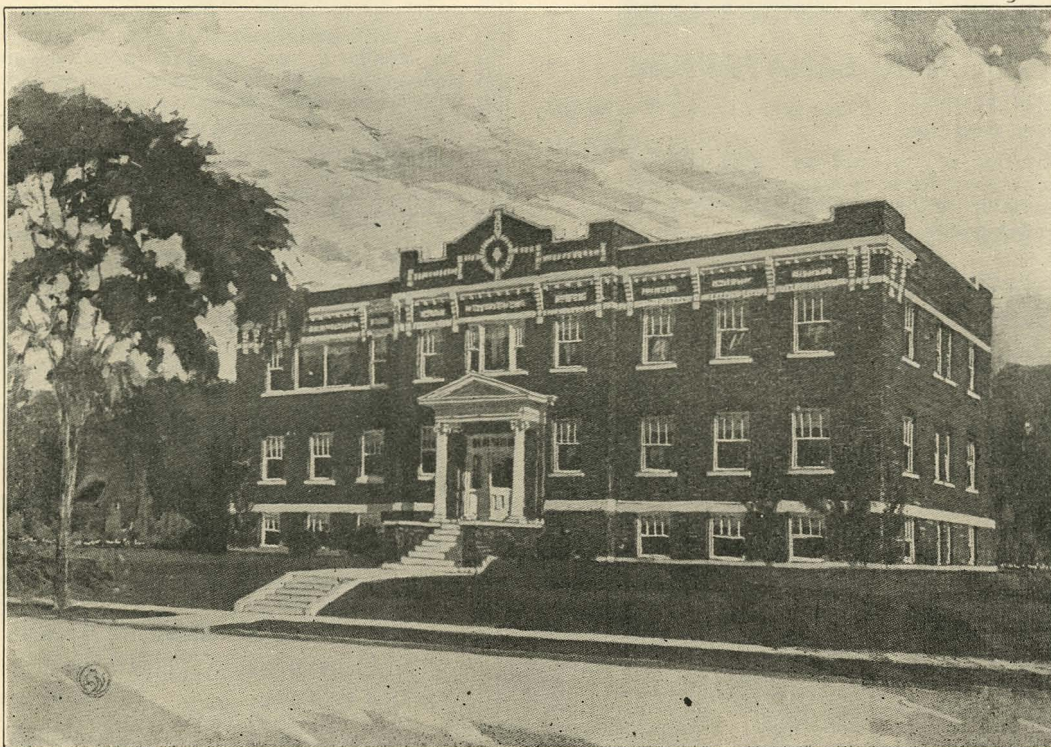
Dioxogen in the proportion of one part to four to six parts warm normal salt solution has been found exceptionally satisfactory and can be used as freely as desired, no matter how sensitive or inflamed the throat and nasal structures may be.

The Oakland Chemical Company

10 Astor Place, New York

The Laughlin Hospital, Kirksville, Mo.

Dedicated to Andrew Taylor Still



THIS new modern forty-two room hospital is now ready to receive patients. The building, which is absolutely fire-proof, was built of the best material obtainable and contains many conveniences, such as electric automatic elevator, etc.

There are thirty-five rooms which contain beds for patients, and two operating rooms—one for general surgery and the other for orthopedics.

An able staff has been secured to support Dr. Laughlin in the following departments:

1. Osteopathic.
2. Orthopedic.
3. General Surgical.
4. Obstetrics.
5. Gynecology.
6. Nose and Throat.
7. Proctology and Urology.
8. X-Ray and Laboratory Diagnosis.

A training school for nurses will also be maintained. A separate building for nurses' home has been secured. For further information address Dr. George M. Laughlin, Kirksville, Mo.

Chicago College Must Have a New Building

CHICAGO College of Osteopathy has already outgrown the commodious building purchased only eighteen months ago!

Fully expecting that the college and hospital building, which the Chicago College of Osteopathy Corporation purchased a year and a half ago, would be sufficient to care for their needs for at least four or five years—conditions already have changed to such an extent that it is imperative that additional buildings be provided at once in order to care properly for the increasing business that is coming to both the college and hospital.

The profession felt that the Chicago College Corporation was taking great strides forward in the advancement of the profession of Osteopathy when they purchased this building and moved into it during the war when the outlook was anything but optimistic. Today, however, finds Chicago College overflowing with students and the hospital turning away patients because of its sheer inability to furnish rooms.

OUTLOOK FOR OSTEOPATHY BRIGHT

The general outlook is especially bright at the present time. The colleges, which are the foundation of our great science, are holding their own against the stream of rising costs, and are continually graduating Osteopathic Physicians in greater numbers.

Our state associations, which have been fighting for legal rights and privileges, for the last twenty years, are slowly but surely coming into their own, until at the present time, we can see in the distance equality of rights and privileges

for Osteopaths with other members of the medical profession.

CORPORATION AUTHORIZES ISSUE OF \$400,000 IN BONDS

To meet the demand for additional college space the Chicago College of Osteopathy corporation has authorized the issue of \$400,000 in bonds, for the purposes of taking up the mortgages on the present property and converting them into a first and redemption mortgage, securing the entire bond issue, to remodel the present building for college use, only; to build and equip an A. T. Still Memorial Amphitheatre for clinical purposes in surgical and anatomical demonstrations, holding post-graduate courses, conventions, etc., and likewise to build and equip a new hospital building as a necessary part of the college equipment.

These bonds will all be handled by the Chicago Title & Trust Company of Chicago, and the trustees, and the immediate call is for \$150,000, leaving the balance of \$250,000 for the building of the A. T. Still Memorial Amphitheatre, and the new Chicago Osteopathic Hospital.

BONDS—SAFE AND SOUND INVESTMENT

Every precaution has been taken to make these bonds a safe and sound investment from a financial standpoint. The appraised value of the present property has been placed at the very conservative estimate of \$180,000. Authorities state that the property is easily worth \$225,000 or \$250,000. The corporation's equity in the property as it stands, is over \$70,000, making the total assets of the corporation \$230,-

000, for which only \$150,000 in bonds is being floated at the present time. The balance of the \$400,000 or \$250,000, will be secured by the new hospital building, and the new A. T. Still Memorial Amphitheatre, when those buildings are erected.

From past experience and present facilities the college and hospital will be in a position to set aside \$21,620 per year, for the purpose of improvement, equipment, and retiring of the bonds. It is estimated that when the new hospital building is completed, the net income will at least be double, making a total of \$42,000 net income per year, or a total of \$600,000 at the end of fifteen years,—for the purpose of retiring the \$400,000 in bonds issued.

The subscription blanks for the bonds provide that the money will be held in a separate fund and none of it spent until at least \$150,000 has been subscribed.

CHICAGO COLLEGE AIMS TO BECOME UNIVERSITY OF OSTEOPATHY

The aim of the corporation is to make Chicago College the greatest Osteopathic centre for education in the United States. This applies both to an undergraduate course, as well as to a special post-graduate curriculum, which will permit the opportunities for osteopathic physicians to return to school for any length of time, in order to either brush up on work in general practice, or to specialize in any of the numerous branches that will be offered.

PUBLICITY CENTER

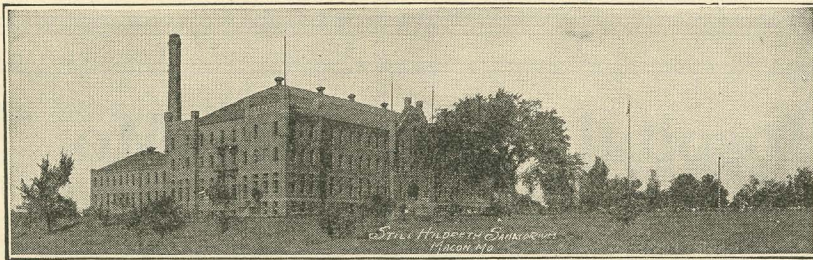
It is also the desire of the Chicago College to become the central agency for the dispensing of information relative to Osteopathy to the American public. When it is considered that only 10% of the people in the United States really know and understand the merits of Osteopathy, it is certain that some educational institution should take over this publicity work.

ADVANTAGES OF A GREATER OSTEOPATHIC COLLEGE

The advantages of such an institution as the greater Chicago Osteopathic Hospital and College are too numerous to detail here. We are all aware of the important factor that it would be—particularly in legislative work, where the course of instruction offered in the colleges are considered, rather than the work of the individual practitioner. Every state department of registration and education in the United States looks toward the college as the foundation for the osteopathic training of the physicians in its state, and, if it does not come up to the standard, how can the individual practitioner ever expect to be recognized as on a par with the medical doctors?

ENDOWMENTS

All over the United States is heard the cry



STILL-HILDRETH OSTEOPATHIC SANATORIUM MACON, MISSOURI

A. G. Hildreth, D.O., Supt.

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

Write for Information

DIET in the WINTER DISEASES



Most of the common affections at this time of the year—influenza, pneumonia, diphtheria, tonsillitis and other contagions—are characterized by fever, marked weakness and disinclination to take food. (To maintain nutrition helps withstand the disease.)

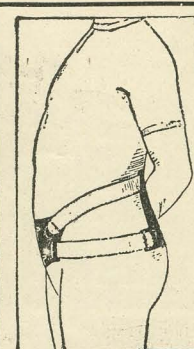
DENNOS FOOD The Whole Wheat Milk Modifier

with proper amount of milk furnishes a bland concentrated liquid diet highly suitable for feeding such invalids.

Dennos surcharges the milk with rich assimilable carbohydrates, essential to a fever diet. It reduces the curd to fine, flocculent particles, non-irritating and readily assimilable. May be made a valuable aid in re-establishing normal nutrition when vomiting, nausea or diarrhea is present.

Samples of Dennos sent on request

DENNOS PRODUCTS COMPANY - 2025 Elston Avenue, Chicago, Ill.



The Most Prominent Osteopaths Write Us

There is nothing better for the treatment of Sacro-Iliac-Luxation, Strain, Sprain of the Sacrum than the El-Ar Sacro-Iliac belt and Abdominal Supporter. Patent applied for.

Surely sufferers of Sacro-Iliac Troubles cannot afford to miss this opportunity. The El-Ar Supporter is also used for prolapsed abdomen and floating kidneys, or Umbilical-Hernia. For particulars write to the

BATTLE CREEK
DEFORMITY APPLIANCE CO.
715 to 729 Post Bldg.
BATTLE CREEK, MICH.

COFFEE'S CASE CARDS Complete Case Record

On One 4x6 Card \$1.00 per 100 prepaid

Send for catalogue of outfits

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COLLINGSWOOD Dept. C NEW JERSEY

for the need of endowments for our colleges. During the past year the Chicago College of Osteopathy succeeded in securing over \$50,000 in gifts and contributions to sustain it in its work—and this is only the beginning—the kick off!

Promises have been made on the parts of innumerable wealthy people, interested in our institutions, to the effect that they would endow the Chicago College to an unlimited amount, if the profession in general would show that it was behind the institution, heart and soul. They also say that it would be fool-hardy to endow any institution until it had at least 500 to 1,000 enthusiastic supporters who would work for the advancement of the profession which they represent.

In other words, members of the Osteopathic profession, if you expect to have any of our schools endowed, it is necessary that you yourselves first show evidence of actual support to the institution you wish to be the recipient of the endowment. Put the kiss of success in the Chicago college by buying a bond.

CHICAGO INSTITUTION PROMISED ENDOWMENTS

The Chicago College of Osteopathy stands in a unique position in this respect. Situated in the heart of the educational facilities of the United States, with a magnificent piece of property that will permit of every expansion, with a hospital and college that has won a reputation for high standard of work, with a group of enthusiastic Osteopaths in the city itself, ready and willing to sacrifice anything and everything, for the good of the institution, one-fifth of the 5,000 Osteopaths in the field by showing their actual support will place this Osteopathic college in a position to receive millions of dollars in endowment by contributions and bequests.

RESPONSE TO BOND ISSUE ENCOURAGING

The success of the bond issue, to date, is exceedingly encouraging. A large number of staunch supporters of the non-profit sharing type of college have already signified their intention of joining their efforts in this one most important forward movement in the history of Osteopathy.

When one stops to consider the little sacrifice that is necessary to make in order to do your part to bring true the old Doctor's dream of great Osteopathic institutions thruout the United States, one wonders why even greater progress has not been made during the past twenty years.

It is up to the individual practitioners in the field—whether or not they want to become one of the organization that will help Osteopathy, through the medium of the Chicago College of Osteopathy. It takes only \$200 in cash to handle a \$1,000 bond, as any bank will loan 80% of the par value, and give suitable terms for payment.

The success of this bond issue is assured! You want to be known among your friends and in your community as a man interested in national affairs of his profession—don't you? By investing a portion of your earnings in one of these first mortgage real estate gold bonds of the Chicago College of Osteopathy Corporation, you will be one of the big men or women in the profession who are working towards the goal of a great University of the Profession, by the Profession, and for the Profession of Osteopathy.

One for Doc.

A lawyer had lost a case and showed much temper. His doctor friend said to him, in a joke, "Your profession doesn't make angels of men, I see." "No," answered the lawyer, "I should have been a doctor."—*Lone Scout Magazine.*

He Knew

Chiropractor, trying to few down druggist on article: Chiro—Don't you give reduced prices to doctors. Druggist—Yes, I give cut rates to "Doctors." Chiro—Takes the article—at regular price.

How Military Surgeons Reclaim Spinal Cripples

The reconstruction of maimed and crippled soldiers of the great war is calling forth the best efforts of the great surgeons and physicians of the entire civilized world. Results have been obtained that a few years ago would have been considered impossible. Not only will the crippled soldiers benefit by these new methods of reconstruction but thousands of the unfortunate deformed and maimed in all walks of life will find relief. Each discovery should be carefully recorded and the information made available for the benefit of all sufferers.



Corp. Frank Fernie

Of particular interest to physicians having in their care sufferers from spinal deformities caused by accident, is the authenticated case of Corporal Frank Fernie, a veteran of the First Canadian Contingent. The full history of this case, which has attracted wide attention, will be sent to any reader of this magazine on request.

Seven ribs fractured, two lower vertebrae bent and twisted one inch out of position, paralysis in both legs and arms were the injuries sustained by Corporal Fernie when the explosion of a German shell killed eight of his companions in an artillery excavation.

Old methods of treatment were tried by the army surgeons without success. Encased in a plaster cast for five months, Corporal Fernie was finally transferred to Canada where the surgeons at the Royal Victoria Hospital (Montreal) substituted a rigid leather brace for the plaster cast, but the patient continued helpless until he was supplied with a Philo Burt Spinal Appliance, the results from which were a revelation to his medical advisers.

Within one year from the date of his injury Corporal Fernie was working every day in the shipbuilding department of the Imperial Munitions Board at Ottawa, at which time he wrote us:

"The army medical authorities are not only going to refund to me the amount I paid for my Philo Burt Spinal Appliance, but they have placed your name on file for future reference."

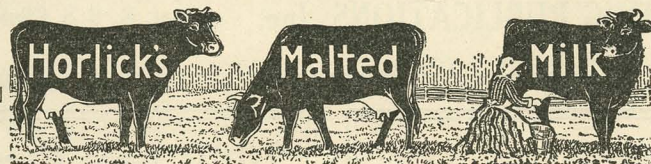
We will be glad to send a complete case record to any physician or surgeon without charge.

It is our policy to co-operate directly with local physicians and surgeons, or if preferred, we assume full responsibility for results from the Philo Burt method for treating every kind of spinal deformity resulting from accident or disease, which in 18 years has been used with success in more than 30,000 cases.

The Philo Burt Spinal Appliance is sold on 30 days' trial at our risk, and is made to individual measurements in every case. Address, giving name of your physician,

Philo Burt Company, 141 D Odd Fellows Bldg., Jamestown, N. Y.

A Dietetic Standby



THE ORIGINAL

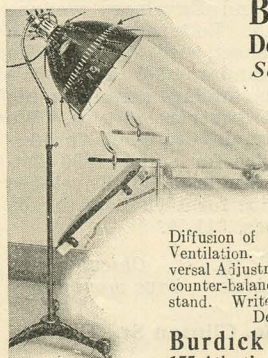
Successfully Used Over One-Third Century

"Horlick's" is a complete, safe, and convenient food upon which infants show normal gain.

It is highly nutritious and easily assimilated as a food drink for nursing mothers, convalescents, and the aged.

Specify "Horlick's" to avoid imitations of the ORIGINAL and DEPENDABLE product.

HORLICK'S MALTED MILK CO., Racine, Wis.



BURDICK Deep Therapy Lamp Scientific-Efficient

The New Daylight Therapy

Distinctive Features:

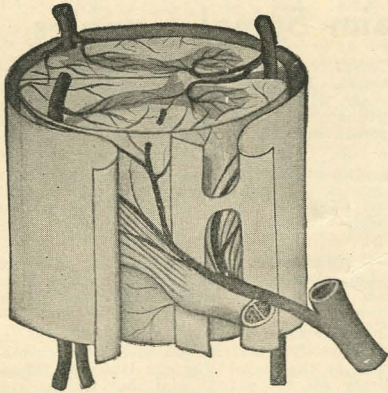
High Potential Ray from Special 3000 C.P. Lamp. Scientific Diffusion of Light Rays. Scientific Ventilation. Friction Joints give Universal Adjustment. Operable on ceiling counter-balance, wall bracket or floor stand. Write for illustrated brochure. Dealers Wanted.

Burdick Cabinet Company 175 Atlantic Ave., Milton, Wisc.

Weak Foot, Flat Foot, Bursitis, Neuritis, Hay Fever

A brochure dealing with such ills as weak foot, flat foot, broken arches, bursitis of the shoulder, "glass arm" "rheumatic shoulder", brachial neuritis, hay fever, rose cold and catarrhal deafness. All these maladies are successfully handled under osteopathic attention.

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



Vascularization of a section of the spinal cord. Note accessory artery assisting the three spinal arteries.

EVERY OSTEOPATHIC LIBRARY

SHOULD HAVE THIS BOOK

Poliomyelitis (*Infantile Paralysis*)

Edited by F. P. Millard, D. O.

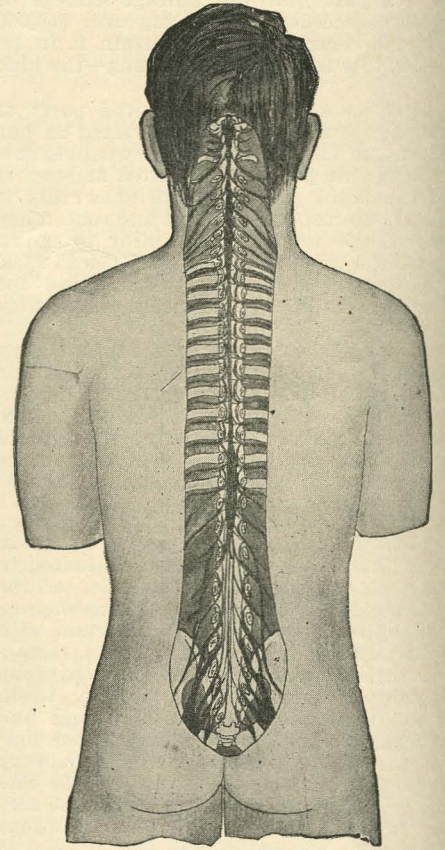
THE Anatomy, Physiology and Pathology of this subject are stated briefly but clearly and sufficiently. Osteopathic treatment is definitely outlined and supported by many interesting case reports. There are a number of unique and beautiful original illustrations, the anatomical drawings by Dr. Millard being especially valuable. In a review of this book in February, 1919, issue of the *OP.*, Dr. Bunting said:

Dr. Millard has provided wonderful and beautiful original illustrations for this book. His anatomical drawings of a popularized sort illustrating the structure and relations of the spine and brain are ideal in every way. They are developed in a graphic manner which enables you to realize their significance at a glance.

The book has 162 pages, printed on heavy high grade stock; 97 illustrations, including 14 full page plates and 3-color frontispiece; table of contents, list of illustrations, and complete index; bound in cloth, stamped in gold. Price \$2.00, postpaid. An excellent book to loan to patients. You should have at least two copies, one for your reference library and one to circulate among your patients.

SEND YOUR ORDER TO

THE BUNTING PUBLICATIONS, Inc. Dept. B., 9 S. Clinton Street, Chicago



The spinal cord and nerves in situ. This illustration and the one above are typical of the unique and artistic anatomical drawings of Dr. Millard as displayed in this book.

No. 37

OSTEOPATHY
as a
SCIENCE

—
Gastralgia Caused by
a Fall

—
Mercy for Appendicitis
Victims

—
Deafness Following
Influenza

2000 Neat Cards \$5.50

1000 Letterheads } \$11.50
1000 Envelopes }

Let us print for you
your cards and letterheads

We have made special plans to take care of this sort of printing. For "professional" cards we use Aldine, No. 4 size, 70 lb., Chicago Paper Co., stock. A very good grade. If you have an electroplate on file with us, we can print cards at following rate:

1000 cards for \$3.50
2000 cards for 5.50
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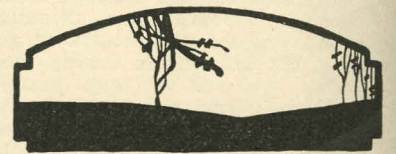
If you have not an electroplate on file with us, then \$1.00 for typesetting must be added to above prices.

For Letterheads and Envelopes we use Lucas Bond, 20 lb. Letterheads are the regular "single" sheet, size 8½x11. The Envelopes are standard 6¾ size. We offer choice of two standard arrangements of wording and two styles of type. We specialize on a simple, dignified, "professional" style. Price for single 1000 Letterheads \$7.00: Single 1000 Envelopes \$6.00. Special price for 1000 Letterheads and 1000 Envelopes, \$11.50.

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The O.P., 9 So. Clinton St., Chicago

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



The Colon and Its Neglect in Osteopathic Diagnosis

By C. Ethelwolfe Amsden, D. O., Toronto, Canada.*

THE colon, fellow Osteopaths, is the bottom of the human race. It is the foundation on which we build illness or health, happiness or unhappiness; and it is chiefly to the colon that we owe our success or failure in life. The colon is the enemy that worketh in darkness because its deeds are evil—and how many of us are willing to give the time and to take the trouble to throw a little light on the slum condition of this back yard, this neglected cesspool, that spreads filth and disease through the otherwise well-kept, sanitary premises of 90 per cent of our patients?

I will go further: I claim that the colon is the bottomless pit of the human system; it is the garbage can into which Nature throws, with a reckless hand, all the waste that the processes of digestion and assimilation refuse, all the unfit material that the builders-up of the body reject. And do we, you and I, sufficiently consider what goes down into that bottomless pit and what is stored up in its unsavoury recesses? We do not. And the reason why is a two-edged sword—it cuts both ways: it is an unpleasant investigation and, gentlemen, for this very reason it should be done.

We have banished cesspools from cities and have replaced them with the flushing system, but what have we done to banish cesspools from the human body? I ask you that!

I admit that the relation between the general body conditions and diseases of the colon, the rectum, and uterine conditions, has been a matter of some interest for a number of years, but we have not gotten down to rock-bottom facts and so have not treated a good per cent of our patients with any marked degree of success. The old-school physician, with his physics and his pills, dosed these patients until they got tired of going to his office: then, if their pocket-book would stand it, he ordered a change of climate and so rid himself of them for a time—in some cases for all time. Others who could not afford a change of air, wandered off to the homeopaths, comforting themselves with the assurance that their minute doses and tiny pellets could not do any harm and might do good. Disappointed again, the mild cases struggled along as best they could, putting in a half-dead-and-alive existence, their vitality lowered, their resistance to epidemics weakened, their efficiency impaired, their happiness destroyed, and their outlook on life blurred and uncertain. The severe cases, goaded by their sufferings and ready to take any chance, looked round and asked, "Where next?" The Osteopath was the only hope left untried. He was the last resort. He always is. To him come all those whom Nature has not succeeded in curing in spite of—not because of—physic and pills either in large or small doses. To him come only the desperate who are willing to stake their all on one last throw of the dice!

Then, fellow osteopaths, it's up to us! It lies with us to show a skeptical world that we can give the drug healers 2,500 years of a start and yet beat them, hands down! So we go after the spinal lesions with vim, energy and confidence—plenty of confidence, mark you; we've studied our three, four, or five years and we've practiced, yes, we've practiced and *we know our business!* We fix those spinal lesions, every last one of them; um—um—pretty fine job, that! And we turn the patient loose to sing our praises; and he does sing 'em, good and loud—the echoes come gratefully back to us. Then we forget all about him until another echo drifts our way and not gratefully this time—our patient has been to a surgeon who finds a chronic appendicitis, cuts out the appendix and tells

him that the osteopath does not know what he is talking about and that he isn't any good at diagnosis, anyway. So, we didn't beat the College of Physicians and Surgeons hands down, or any other way. We forgot, you see, that *some lesions will not stay fixed because the cause is still alive.*

Now gentlemen and ladies, there is nothing in Osteopathy for the man who does not believe in it. To succeed, it is imperative that we believe in the methods we use, and if you and I did not so believe, thoroughly and intelligently, we would be trying to keep up with the high cost of living by other and surer means. Therefore, I crave your patience for a few moments while I take you over familiar and well-known ground. To form an intelligent conception of the diseases of the colon and rectum, as I wish to place them before you, it is necessary that we have present in our minds a clear picture of the anatomy of these organs.

The large intestine, as you know, is about five feet in length and is largest at its proximal extremity. It is divided into: Cecum, Ascending Colon, Transverse Colon, Descending Colon, Sigmoid Flexure, Rectum.

The Cecum is the blind starting point of these five feet of large intestine and it lies at the right iliac fossa slightly below McBurney's point; it has a wormlike outgrowth below the iliocecal valve known as the appendix. This small organ causes more trouble and has gained more notoriety than any other organ of the body.

The Ascending Colon extends upward and backward and from the cecum to the under surface of the liver. In cases of ptosis of the transverse colon this angle becomes more acute and sometimes we have here the retention of the semifluid.

The Transverse Colon extends across the abdomen from the hepatic flexure to the splenic flexure and from this point the descending colon extends to the sigmoid flexure. The Sigmoid Flexure is divided, by recent anatomists, into iliac colon and pelvic colon. The Iliac Colon extends from the iliac crest to the brim of the pelvis where it passes downward into the left iliac fossa to a point just opposite Poupart's ligament where it turns inward across the psoas muscle and becomes the Pelvic Colon. Here, the colon forms a loop and, turning downward, becomes the Rectum.

The function of the colon is to absorb the greater portion of the fluids poured into it from the small intestine, to finish the process of digestion, and to prepare the refuse for elimination. The digestive process in the colon is carried on by myriads of physiological bacteria, the presence of which is necessary to a state of health. Unfortunately this area is menaced by other germ life that are both toxic and death-dealing.

The cecum, because of its pouch, is a particularly dangerous and prolific source of disease and the appendix, that much abused offspring of the cecum, is, strangely enough, very often the innocent sufferer from the faults of others. One of the troubles to which the cecum is especially subject is impaction of feces, the weight of which causes a sagging down of the organ. This dragging-down distorts the iliocecal valve and pulls open the mouth of the appendix, thus making possible the admission of foreign matter into this small and apparently useless organ, the removal of which has done much to enrich numberless surgeons. This foreign matter generally consists of fluids from the small intestine.

Many eminent men, Osteopaths as well as Allopaths, are of the opinion that constipation is the direct cause of this impaction and the

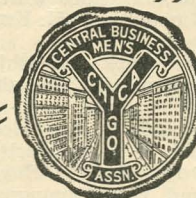
Special Information for Osteopaths

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.



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by

Central's Accident and Health Policy?

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*This paper was read at the New York Osteopathic Society Meeting at Rochester, Oct. 17th.

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consequent disturbance of the appendix, but, tell me this: What is the cause of constipation? A hundred causes have been assigned to it; a thousand remedies have been applied to it, but, nevertheless, a great percentage of all civilized persons are constipated, whether they admit or deny it. I differ from the generally accepted opinion that constipation is the primary cause of appendicitis—that would be making an effect responsible as the cause. In my opinion the combination of constipation and a healthy colon is impossible—these two conditions are incompatible. I claim that it is the already catarrhal or otherwise diseased condition of the cecum that is responsible for the impaction and that, subsequently, the impaction is the cause of both the constipation and the appendicitis.

Another result of this condition is particularly disastrous to women, for the sagging-down of the loaded cecum causes a disturbance of the circulation in the right ovary, the right broad ligament, and the uterus, and is responsible for ovarialgia, ovaritis, leucorrhoea, and other troubles common to the sex.

Equally important is the condition of the sigmoid flexure. The loops of this human gas trap are freely movable and are subject to changes of position. Commonly it lies in the pelvis; in woman it rests on the uterus; in man, on the bladder. From the viewpoint of Applied Anatomy, this is of special interest, since an hypertrophied or impacted sigmoid flexure is responsible in woman for so many cases of retroverted and subinvolved uterus, leucorrhoeal and other uterine troubles, and in man, for prostate and bladder disturbances. Osteopathy counts many failures, because these conditions are all too frequently overlooked. The press of patients is too great and we are too busy to give these cases the intelligent thought and examination that would, assuredly, crown our efforts with success.

I think we are all agreed that the mucous lining of the intestinal tract is subject to all the diseases that effect the mucous tract in other parts of the body. These diseases are many and serious, for example: T-B, Syphilitic, Gonorrhoeal, Diphtheritic, Catarrhal, and others. The last named, Catarrh, is the most prevalent. The same classification of catarrhal diseases applies here as to the nose and throat: acute and the chronic. The chronic is subdivided into: Simple, Hypertrophic, and Atropic.

A peculiarity of catarrhal colitis, and one that we do not find in any other structure, is a separation of the mucous lining from the muscular coat; this allows it to slide down and fill up the lumen of the gut with a corrugated mass. This separation is due to the destruction of the connective tissue by toxogenic germs that have burrowed through the mucous coat of the colon. Any one of the diseases common to the mucous lining forms a good culture bed for the incubation of these germs, the toxins of which create havoc not only locally but also constitutionally. Locally they extend the inflammatory action, excite secretion of ichorous fluid which, when exuded from the anus, becomes responsible for pruritus, eczema, and other affections peculiar to the anal region. A portion of the toxin is, necessarily, reabsorbed and enters the blood stream and then auto-intoxication must and does result. With condi-

tions such as these it should not be difficult to understand why auto-intoxication is so prevalent. The only wonder is, how does any one escape?

Nor is this all; bad as it is, there is more and worse. Auto-intoxication is simply the primary stage of something more serious. For, in order to combat this poisonous condition the organ of elimination must, of necessity, work overtime to maintain a fair degree of equilibrium but, soon or late, some organ or tissue must yield to the overload and the continued strain, and then a fixed local disease results. This may be nephritis, rheumatism, tuberculosis, eczema, psoriasis, or any other of the numerous local diseases that have their origin in colonic infection.

Pathologists have sought, and still seek, to trace the source of these infections to the tonsils, the teeth, the ears, and every where and any where in the human anatomy except to that much-neglected and much-abused reservoir of all the waste of the body—the colon. And, when we go after the spinal lesions with vim, energy, and confidence, and fix every last one of them, and then find that they do not stay fixed we can be absolutely certain that the reason is to be found in the toxic or catarrhal condition of the cecum, the sigmoid flexure, the rectum, or some other part of the colon. In fact, I find it saves time and worry to look into the condition of the colon as a regular part of my first examination of a patient.

From my own experience I am fully convinced that fully 90 per cent of those who enter our consulting rooms suffer from constipation and this means that 90 per cent of all our patients carry around with them a more or less badly diseased colon. They seldom refer to it and for two reasons: they are ashamed of it because it is a dirty, filthy condition; and they have told of it to so many physicians without receiving any benefit that they think it is no use telling it again; and so they go on taking physic and enemas themselves. And more often than not, the patient is right, for when the average physician does try to treat this condition he treats it as an idiopathic disease and the treatment usually results in failure because he is trying to remove a symptom and not the cause.

Constipation is the direct result of some one of the multiplicity of diseases that affect the colon and the rectum concurrently; and constipation is the direct forerunner of auto-intoxication, that self-poisoning of the system that makes life scarcely worth the living to so large a percentage of persons. That six inches of rectum has been and is, more neglected than any other six inches of the whole body. Physicians seldom consider it; patients rarely complain of it, but go on bearing some pain and often much discomfort which might be relieved.

For three years, I have given the colon close attention and I have never found a case of chronic constipation that was not accompanied by a diseased condition of some part of the colon. I cannot state too emphatically that constipation and a healthy colon are never found in the same body. I may add that I have never failed in my treatment of constipation.

Turning now to practical work I should like to tell you of some of the cases I have had, the treatment I gave, and the results I obtained.

What a Wonderful Meeting Was That in New York!

NEW YORK Osteopathic Society had a wonderful meeting at Rochester—the state's 21st—at Hotel Powers, Oct. 17th and 18th. The seven year service of Secretary Bancroft went out in a blaze of glory. Prominent D. O.'s present from Canada, New England, Pennsylvania, New Jersey, Michigan and Illinois seemed to agree it was the finest meeting they had

ever attended. The OP editor was there—he never had so much fun and satisfaction out of any meeting he ever attended.

The program was notable, Amsden, Toronto, on the Colon; Thorburn, N. Y. C., Physical Diagnosis; Swart, K. C. (Kan.) Strap Technique; Comstock, Chi., Osteopathic Technique; Flack, Phila., Nose and Throat; Snyder, O. J.,

Arthritis Deformans; Vaughn, Boston, Diagnosis; Conklin, Battle Creek, Auto-Intoxication; and Technique by Larter, Niagara Falls, Craig, Ogdensburg, Ethel K. Traver, N. Y. C., Grace C. Larner, Buffalo, Elizabeth Frink, Troy, Green, N. Y. C., Hillman, N. Y. C., and Clapp, Utica—quite a feast, eh? The *OP* will say it was.

The Business Side of Osteopathy occupied an afternoon. "Getting the Patient" was the cue. Bunting, Chi., "How we may advertise;" Geo. V. Webster, Carthage, "The Publishers View-point;" O. J. S., Phila., "Making the Patient;" "Vaughn, "Exam. of Patient;" Professor L. A. Pechstein, Univ. of Rochester, "The Psychology of Personal Approach—superfine—ought to repeat it at Chicago; Seiler, Rochester, "How to Make Accounts Collectable—How to Collect Them;" and Mary E. McDowell, Troy, Fees.

The banquet—probably the only REAL ONE ever held by the profession. Amsden said in the midst of it: "I wouldn't have missed this one for a hundred dollars." After it was over: "Wouldn't have missed the banquet alone for \$500." Next morning he raised the appreciation to \$1,000. No, we can't tell you what happened. You wouldn't believe it if we did. Would you expect Bancroft and Williams and Beeman to let the crowd go to sleep?

"Why can't we inject this spirit and pep into our AOA work and meetings?" the visitors from out of the state, east and west kept asking each other.

"We can!" They concluded, "if we change the plan of government still a little further, so that one responsible executive can do the work—get it done—call about him those able to help him get it done and hire or fire at his own discretion, just as the executive of any big business does and has to do to get anywhere. Make that one further change and put a proven Live One on the job who gives his whole time to the work and is paid exceedingly well for it, and the AOA will run forward like a barrel rolling down hill." That was the universal judgment

of all present. It will be proposed in Chicago next convention.

They presented Bannie with a testimonial purse as being the best secretary ever. I hear there was upwards of \$400 in it. Bannie took the ceremony as a joke and wouldn't look inside the big wad till he got up to his room—thought of course they were handing him one. New England's delegation then presented him with a silver cigarette case as a tribute to his organization abilities and power to dynamize his neighbors. Bannie didn't open that package till next day. You can't slip anything over on Ban while he's awake. He was expecting full reciprocity for what he had handed the assembled host. Here is what he gave us at 7 a. m. on the 2d day:

Loud knock on your chamber door. "What's the matter?" "Telegram!" You jump up in your heliotrope pa- or majamas, as the case may be, and go to the door. It is—all right. Here's what it says when you feverishly tear it open thinking of the fellows back home:

WESTERN UNION TELEGRAM
FY ROCHESTER, N. Y. 700 AM OCT 18

WORMS OR BEDSORES
GOOD MORNING, DOCTOR—IT'S 7:45. BREAKFAST IS READY AND THE PROGRAM BEGINS AT 9:30. WILL YOU HELP OUR GAME ALONG BY BEING ON HAND WHEN THE STARTING BELL RINGS? THE EARLY BIRD GETS THE WORM WHILE THE STAY-A-BED GETS BEDSORES. TAKE YOUR CHOICE.
—C. M. BANCROFT, SECRETARY.

Now which would you take?

Nobody chose bedsores since they were already all up, anyhow.

Then a thing happened at the closing session which The *OP* very much regrets. They elected Bancroft president of the NYOS after his seven years hard service in the secretarial berth in face of his refusal and earnest protest and despite the fact that he pleaded that he is really sick, a sick man, worn out and absolutely needing a year of rest. Dr. B. explained that it takes four hours of his time to get a treatment and three of that must be spent on trolleys. Not only is that tiresome but the money-time lost comes out of his pocket. Bancroft is a tired, sick horse who has won his race gloriously—seven annual heats in a straight continuous succession. He asked for a rest. Two-thirds of his time he is now spending abed. Because he was a willing horse they want to ride him to death. It isn't fair. The *OP* hopes they will reconsider this, see the inhumanity of it and elect some fresh one who is tingling for a little exercise. It was meant as a recognition and compliment, of course, but we know that Bannie must feel bitter over it. He cannot do himself or the organization justice. If there is nobody in the whole New York society able or willing to head the state society this year, then all Bancroft's work for seven years has been in vain. Give Bannie a rest. It's necessary for him. It's his due.

Dr. E. R. Larter of Niagara Falls was elected secretary and is expected to prove another live one.

Headaches

By A. R. Tucker, M. D., D. O., Raleigh, N. C.

WE have been taught that headaches come from many things. It is true that many things influence headaches, and are probably secondary causes.

Now, let us reason a little about headaches. The main nerves of the head are the occipal and ophthalmic division of the fifth. These are the nerves that feel the pain in headache. The blood may produce a headache either by too much pressure or by too little pressure. Toxic conditions may influence headache either by the nerves or the blood.

Most of the headaches are aches in the nerves. We rarely see chronic headaches, or headaches at all in children under six years old, unless they have either adenoids, infected tonsils, or a very badly congested nose. Now, this brings me to my point of reasoning. If there is a perfectly healthy occipital nerve and a perfectly healthy fifth nerve, headaches will be almost unheard of. Now what devitalizes these nerves? First, is eye strain. The next is the nose. That long-forgotten and neglected nose. What care has the laity been taught to take of the nose? It is the most prominent feature of the face. When the little child begins to crawl, it falls upon its nose and knocks it out of line. It is never fixed. When he begins to walk his nose repeatedly bears the brunt of his many falls. Still no attention is paid to the nose. When he becomes about ten years old he has some words with his neighbor's offspring who takes a pride in landing a "straight left" to the nose and bloods him. At sixteen he is a favorite on the high school baseball team, and he gets a straight foul right on the nose that knocks him unconscious for a few minutes. By this time the nose is pretty well distorted, and there is the deflected septum, the enlarged turbinate, and the nose runs a little to the left, and there is a closure of one of the nostrils, or perhaps both. During all these years the nose has possibly been washed four or five times. He has run through all the streets and breathed every type of infection known to the bacteriologist. The mucous membranes that have been crowded close together have harbored the infection; an ulcer starts, and we have a bad cold. The system rises to the occasion and

overcomes the systemic infection, but the local infection stays right there in the nares. This ulceration goes on for months and years unmolested, and eats off great portions of the mucus membrane from the walls of the nose, and the branches of the fifth nerve are exposed and become very sensitive, and headaches are the consequence. I have run my fingers through the nares and have come in contact with exposed bone that has cut my finger. Every man that has done much nose work with the finger has had this experience. Experience has taught us to wear rubber finger cots to keep from cutting the fingers.

Next, what about the sinuses? Is there an osteopath that treats headaches without investigating all of the sinuses? If there is, put that osteopath to shame.

Next, what about the teeth? Is there anything that makes a nerve more sensitive than decayed teeth, infected gums, pyorrhœa, and general uncleanness of the teeth?

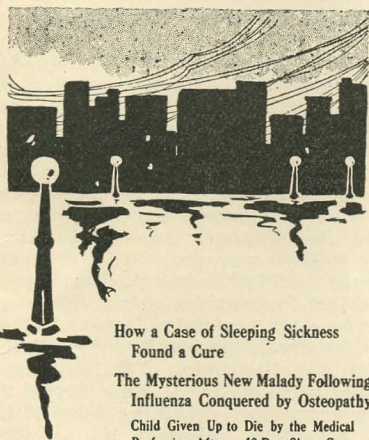
You will no doubt be surprised when I tell you that I cure about as many or more chronic headaches by running my little finger through the nose as I do by any other treatment. I could give some very interesting case reports upon this subject. I have examined about two hundred nares during the last year and 90 per cent of them were infected. These infections receive no attention whatever; they have been overlooked for years and years. We have swabbed out the nose and made stains of the bacteria, and it would make interesting reading to tell about what we have found in some of our cases.

I never let a case get by me without examining the ears, eyes, nose, teeth, sinuses, and throat. When I find a case that has a clean nose, throat, teeth, and sinuses, I seldom find any history of headaches. Until children develop some of these conditions they rarely have headaches.

DO YOU LIKE SHOP TALK?

The whole profession seems to be wildly enthusiastic over this department. It has made the biggest hit of anything we ever sprung on the profession. If you find it interesting try your 'prentice editorial hand. Send us by Dec. 1st, 200 words giving the One Biggest Idea growing out of your mouth's experience in practice.

No. 34



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

How Osteopaths Treated Flu-Pneumonia

(continued from page 14)

13. Water poultice, drinking of water and manipulation.

14. In some cases hot poultice on back and on chest.

15. No.

16. Used no cold air, had to be warmed before it reached the patient, not too much ventilation.

17. About 65 and 70 to 75 degrees F.

18. Yes, but no cold of any kind allowed to be applied, in the way of cold air or cold water. Manipulation of cervical and dorsal regions and sponge bathing with warm water only, daily. Stretching the muscles of neck, deep pressure in dorsal, digital vibration over chest. In ordinary cases treatment once a day. 3 or 4 times a day in serious cases.

19. Yes, manipulation of neck and throat; spray and gargle of principally sol. Chlorazene which was used in all cases of "flu," the gargle, I mean. Also used Calcidin throat Troches (Abbott's.)

20. No, except in great weakness of heart when indication permitted it, I resorted to cold compress over heart and hot application over spinal column. Strychnine might have been indicated in some other cases in order to bridge the patient over at a critical point, but cold water compress usually did the work if permitted, in connection with spinal treatment.

21. I treated some 300 "flu" cases here and in Lenia, Idaho. No deaths from "flu." I treated 12 cases of pneumonia, with 2 deaths. But these fatalities were not my cases from the start; they were hopeless when osteopathy was called in.

22. In the rush I attended to 30 cases in one afternoon at the camp of the Idaho Gold and Ruby Mining Co., Lenia, Idaho.

Warning: I came very near losing several cases by the use of cold applications to the chest and neck, and cold air, but when conditions began to go in the opposite direction to recovery I quickly reversed the treatment and applied hot poultices with good results.

By I. L. James, D. O., Springfield, Mo.

Net Results: About 85 cases of Influenza, No Deaths.

I will give my experience treating Influenza cases. I regret very much that I never kept count of the number of cases I treated. I only know that I had all I could reasonably attend to, working from seven in the morning until midnight. This lasted from three to four weeks, during the severe part of the epidemic.

In my experience with flu I never had a case develop pneumonia, nor did I have a single case of pneumonia to treat. I never made up my mind at once the way that I would treat my cases.

1. All lesions that I found were muscular, in fact all the muscles from the cervical to the lumbar vertebrae were usually found contracted. I corrected them with the usual osteopathic manipulations.

5. The usual time spent treating patients was from fifteen to twenty minutes.

6. I tried to see all my patients twice daily, but there were times when I could not do this.

7. I did not observe any unfavorable reactions from too long treatments, in fact, the patient would ask for more than I really had time to give.

8. I treated my patients for an average of seven days.

9. I never had a patient that had been drugged; was lucky in being called on the case first.

10. My patients were not allowed to eat anything during temperature run; only every two or three hours I permitted about two or three ounces of orangeade.

11. I used a great deal of Camphorated Oil on the throat and chest, always putting on a thin layer of absorbent cotton.

12. I am a thorough believer in rapid elim-

ination in treating Influenza; consequently the nurse was instructed to give two tablespoons of castor oil every morning.

13. The kidneys were kept active by patient drinking a large amount of water and the usual osteopathic treatment.

16. I kept the rooms well ventilated, the temperature ranging from sixty-eight to seventy-two.

14. I never sweat a patient.

18. The only means used to reduce temperature were osteopathic manipulations to the neck and rotating the head, at the same time using slight extension.

19. I never used any means in particular to overcome the cough except those cases most severe. On these I used a mineral compress. These were warmed and dried and applied to the cervical and brachial plexes. These proved to be a specific. The only means used to stimulate the heart when needed was osteopathic.

Net Conclusions: My method then in treating flu can be summed up as follows: Rest in bed, warm application to the feet when patient complained of being cold, general osteopathic manipulation, castor oil to keep the bowels active, liquid diet, large amount of good cold drinking water, and keeping close watch for any complications.

By W. C. Dawes, D. O., Bozeman, Mont.

Net Results: 169 cases, no deaths.

1. Muscular mostly.

2. Entire length of spine.

3. Deep, gentle relaxation. No effort was made to reduce old lesions.

4. General stretching of the spine, patient on face or side, spring spine and raise the ribs. Manipulation of lower limbs. Patient on back, limbs flexed, rotate limbs with pressure in lower spine. I would like to stress the advantage of deep gentle relaxing treatment the entire length of spine, being careful to keep the patient well covered, and move the patient around as little as possible and still give thorough treatment. After relaxing muscles spring the spine, and with patient on the back, if on patient's right side, take right arm of patient under your right arm holding below patient's elbow, your left hand under back at angle of ribs, raise patient's arm so that force was directed towards the bed and also towards the shoulder, and as this force was applied bring pressure with the left hand on ribs and along the spine. Flexing the limbs with pressure in the lumbar region for the back ache.

5. About fifteen to twenty minutes.

6. Twice a day; serious cases three times a day. Wasn't able to see all patients twice a day that needed treatment that often. But where possible treated at least twice a day, serious cases three times and oftener if indicated. Having as many as twenty five (25) country patients at one time made it impossible to treat many patients even twice a day.

7. Yes, at the start, didn't have time to over treat later. Do not recall that any cases were exhausted from over treatment, or tired out.

8. About four to eight days.

9. Response was not so good where patients had had drugs.

10. All food was withheld until temperature was down to normal. A glass of lemon or orangeade or just water was given every hour. Nothing else allowed excepting in nursing babies or very small children where light diet of prepared milk was given. In case of nursing baby was given the breast.

11. Used Vick's Vapo Rub.

12. Manipulation, gentle along the entire course of the colon, stimulated the liver through nerve supply and direct manipulation. The use of a glass of water, lemonade or orangeade every hour with the general manipulation was usually sufficient. Gave one or two doses of laxol to some cases, one to two tablespoons full at a dose.

13. Liquids as stated above and special attention to nerve supply.

14. When called to see case, if I was first physician called, I gave a vigorous tho not rough treatment, followed with a hot lemonade. Usually patient was sweating before I left, but if not within an hour lemonade repeated. If called to a case that had been under medical treatment and had not had sweat, gave as vigorous treatment as condition of patient would warrant, and sweat.

14. A thorough treatment followed by a hot lemonade usually produced sweating. Two cases that did not sweat with this treatment were given a steam bath. Placed patient on open chair with quilts around, put electric sterilizer under chair, brought water to boiling point, and then turned switch to first heat. Gave plenty of cold water while patient was having steam; had hot water in fruit jars in bed, put patient back to bed without removing quilt or blanket, covered up well and gave hot lemonade. Length of time to keep in steam judged by condition of patient; if patient feels faint, give cold water. About five minutes was the time I gave each one the steam. This with hot drink started sweating and patient felt much relieved. I believe a thorough cleaning of the bowels, a good sweat and frequent drinking, as outlined, the three most important measures aside from manipulation.

15. Yes.

16. Lots of fresh air, with the room about 65 where possible.

17. Many places impossible to regulate.

18. General treatment, special attention to upper cervical, sponge baths, and enema.

19. Thorough relaxation of cervical and upper dorsal regions, hot and cold pack to throat, Vick's Vapo Rub. Had only one or two cases that the cough was troublesome. Inhaled steam with eucalyptus oil, also steam with alcohol in water.

20. Never used a drug to stimulate the heart. Osteopathic treatment entirely.

[To be continued for six months more.]

A. L. McKenzie Now Fully Expelled from His Profession

BY several mishaps the report of the final and farewell expulsion of Dr. McKenzie from the osteopathic profession has been crowded over from several recent issues but is too important an item to "kill" because of its lateness so we publish it now—with much satisfaction and congratulations to the MOA.

At the resumed business session of the Missouri Osteopathic Association which had been provided for by motion passed at MOA Convention in Kansas City, May 8, 1919, a motion was made, seconded and passed by unanimous vote that A. L. McKenzie, D. O., of Kansas City, Missouri, be, and is hereby expelled from membership in the Missouri Osteopathic Association for the following reason: That the said A. L. McKenzie has for some months been spreading Medical Propaganda among the members of the Osteopathic profession, among the students of Osteopathic Colleges and to the public in general, all to the detriment of Osteopathy, the life work and pride of Dr. Andrew Taylor Still and for the purpose of benefiting himself in building up a medical college at Kansas City, Mo." This motion was carried by unanimous vote. This action followed the recommendation of the Committee of fifteen which had been appointed at the MOA business meeting at Kansas City, May 8th, for the express purpose of investigating and recommending final action in the expulsion of undesirable members from the Missouri Association.

President M. L. Hartwell of MOA adds: "Though this state association has tolerated his membership longest, it is none the less glad to be rid of him for all time. He has now been expelled from every osteopathic association to which he ever belonged."

PUBLISHER'S DEPARTMENT

What Is Proper Treatment for Winter's Diseases?

SUCH is the title of a thoughtful and conviction-compelling HSB brochure, appropriate to the season, which comprises the December installment of *Osteopathic Health's* educational service for the profession.

You might as well look forward and travel fast in your propaganda efforts, Doctor, as to be using only the same old literary vehicles that served us so well ten and twenty years ago—before anybody, even ourselves, really knew for certain that osteopathy was a general therapy, unequalled among all resources of the healing art, for combatting the infectious diseases. Now we *know*. A small part of the world knows. The whole world ought to know. Shall our advertising messages be written in the phrases of yesterday? Not those put over for the profession by Bunting, certainly.

This December *OH* is a message to the American public based on the fact that osteopathy made good in the big epidemic. A system of healing that managed its flu and pneumonia cases wisely and successfully, and that cut down the usual mortality very markedly, may safely be trusted with all other winter diseases, from coughs, colds and sore throats to the most serious and dangerous among them.

That's the argument—get it? Don't you think it will appeal to the people? Of course it will. A profession that conquers a plague will hold its head high in asking a vote of public confidence and speak as those having authority—else the public will not credit the report that it controlled the alien forces of the epidemic.

Now there are *reasons* given why the death rate was high or low under different treatments. Comparison is established by the mere fact of variations in that ratio of fatalities between osteopathy, on the one side, and strong drugs, polyvalent vaccines and serums on the other side. There are reasons why one or the other is good or bad. The public want to know these reasons. If you won't tell them authoritatively in the name of plain truth they will get their impressions exclusively from the medical system propagandists in the public periodicals.

Now don't tell me I'm "knocking" medicine. I'm not. Read it and see. If you then say I'm "knocking medicine" then I'll tell you some plain truths:

(1.) You don't know what "knocking" is. Knocking is unfair, untruthful slander. The preacher of truth is not a knocker when he exposes errors and expounds pure science. If you insist that he is, then classify Jesus of Nazareth as the very worst knocker of the ages: "Oh, ye scribes and pharisees—*hypocrites!*—ye generation of vipers—ye deserve the greater damnation!"

(2.) If you are afraid to preach the truths of science and the plausibility of common sense in therapeutics, then indeed you are weak and futile and no longer a force for advancing osteopathy.

(3.) If you think osteopathy can win by turning the other cheek to state medicine and by confining its appeals to the people to disinterested, desiccated, impersonal, sterile, void-of-offense-to-all-interests definitions and statements of what osteopathy is and how it works—you are mistaken. That form of literature—of which we also put out a share last year—is good as far as it goes but it does not go far enough or go all the time. People want change—they demand some character, conviction, pep, progress and human interests in what they read. You simply will find your literature falling on

dull minds who won't give it attention if you never vary the diet. *OH* gives 'em mixed diet. You advocate it in foods. Why would you advise monotony and bread-and-water brain food only?

(4.) If you insist that you are an advertising expert and know better just what should and should not be the methods and means of osteopathic propaganda, then clearly I ought to be in the practice and you ought to be directing the propaganda activities of the profession. Isn't the logic good?

This, doctor, is not any assumption of plenary wisdom in advertising on my part, or of inability to make the usual average number of misjudgments or mistakes—such as all profession persons will make in their work, despite their average skill or totality of achievement.

But it is submitting to you the definite proposition that if you are going to advertise osteopathy you ought to do it in accordance with the well-known laws and results of all scientific advertising, and instead of being the judge of this yourself you need expert counsel. If you have no faith in my ability, employ a counsellor whose knowledge, experience and professional advertising skill you are able to trust. But don't—pray don't—make the mistake this month or half the months in the year of stopping your *OH* publicity—of losing it for the science and profession—just because you feel from your point of view as an individual, with the limitations of the individual passing upon a *collective problem*, that it might well be changed, or that something else would be better, or that some mere detail is a mistake.

If you want me to be responsible for results take the service I furnish you and use it. Don't emasculate it. I pray you, if you desire to make osteopathy prevail, by chopping out im-

portant links of it, breaking the continuity of it, destroying its vital force and reducing it to hum-drum disinterest and mediocrity. This is said in your *individual* interests as much as that of the profession collectively.

Now, my dear friends and customers, read this December *OH* and see that *I do not knock drug medicine at all* but I do explain why the the system is false in logic and based on error in practice. If the day ever comes that you osteopaths ask Bunting to quit explaining where materia medica and vaccine-serum experimental therapy is mainly wrong I'll quit working for you and join the Christian Science *Monitor* staff who have the guts to preach what they practice and stand for what they believe whether several good friends who are M. D.'s in the home town will approve of it or not. Did you ask the approval of those M. D. neighbors when you entered a school of osteopathy or set up in practice as their competitors? It is all right to consider them, up to a certain point, but you ought to consider osteopathic advancement and the conserving of human life even more. If you don't believe that what I preach is true then you have no business being in osteopathy for I am preaching osteopathy, scientific and practical, pure and undefiled.

Please take up that December issue of *Osteopathic Health* and see how splendid it really is for your purposes. That explanation of how and why osteopathy got such good results in the epidemic is fine. I'll say it is. That authoritative summary (quoting standard research authors) of the errors of strong drug medications is also something you have simply got to circulate in your neighborhood if you want families who are now consuming aspirin and other salicylates to quit that custom and take an interest in osteopathy. Do you sincerely want this? Of course you do. Then there is not much difference between our points of view, after all. Write me your ideas fully and debate with me with all the conviction there is in you—and it will often do me much good—I expect it and I need it—but show me that you appreciate my work by using this great December appeal for the more general reliance upon osteopathy in the care of all winter diseases. Faithfully.—*HSB*. (See Editorial Page 17)

That Magazine with the Red and Green Parrot on the Cover

THAT October magazine (*OH*) took mighty well with the profession. No wonder. It is good. They nearly all say so. A very fine number to send out to former patients to keep them alive to osteopathy, or to send to persons not yet informed or interested in our science and practice. Suppose you look at this October issue with a view to spreading a thousand over your field. We have the magazine prepared ready to send out—you have the money to draft a thousand to fight in your behalf—why not co-operate? Let us pull together.

Here is what this issue contains: Professor John Comstock's beautiful statement of "Osteopathy As a Science." John is Scientific Director of Southwest Museum, Los Angeles and a very loyal D. O. You should read this popular biologic statement of our science and practice—and let others read it.

The other articles—ten in number—all deal with practical cases cured, embracing Acidosis, Piano Player's Cramp, Brachial Neuritis, Mitral Insufficiency, Facial Paralysis, Pains in the Back, Appendicitis, Inflammation of the Bladder and Gastralgia.

Gosh all fish-hooks! What finer diet could you ask for the dear pee-pul? We've 5,500 yet in stock to supply your requirements. Will you use 1,000 of them? Don't let us get stuck on this supply, with the high cost of paper and

printing. It's real ammunition. Shoot it! Lay down a good barrage. Cover your territory with it. How many?

—*Faithfully HSB*.

The October issue of "*Osteopathic Health*" with the leading article entitled "Osteopathy as a Science" is a very fine number. On page 2 appears the following paragraph: "The entire ancestry of every living individual has successfully conquered all conditions inimical to life, including disease, up to the period of reproduction." This may not be a statement to pull as a "patient getter" but it is a profoundly scientific statement that evokes my heartiest admiration.

—*George O. Shoemaker, Wichita, Kansas*.

Can it be that Dr. Bunting had a glimpse of paradise when he hatched a mental vision of that bird on the front cover of the October *Osteopathic Health*? Will say I like the presence of that bird of paradise—if that's what he is—on the cover of *The OH* for it made a very attractive covering. The contents of this number is very strong, lucid and educational. Cannot fail to impress the people favorably for our science and practice. A good number to circulate. It's strong propagandic stuff.

—*James G. Morrison, D. O., Terre Haute, Ind.*

I just received copy of the October issue of "Osteopathic Health" entitled "Osteopathy as a Science" in this morning's mail and wish to congratulate you on this number. It is just what we need in Baltimore. Hope to receive more on this type.

—L. M. Dykes, D. O., Baltimore, Maryland.

The October and November issues of *Osteopathic Health* both have art covers which increase their value fifty per cent. They are so attractive that they have an excellent chance to get by the waste basket, just because they are worth looking at. That Parrott in October is a real bird. Advertising is 50% attention and 50% suasion, according to HSB, and these last covers certainly will attract attention.

—C. M. Bancroft, D. O., Canandaigua, N. Y.

I must ask you to reduce temporarily at least my regular standing order for "Osteopathic Health." I am simply swamped with practice and have no time to attend to mailing magazines myself and as yet have not made adequate arrangements to have the distributions otherwise attended to. I wish to state emphatically, however, that "Osteopathic Health" has been my one great help in building up the splendid practice which I now enjoy.—A. C. McDaniel, D. O., Oakland, California.

I am a little late in my remittance this month because I have been away from the office. *Osteopathic Health* is certainly a grand little magazine and it seems to me that each month the issue is better than the one before. I surely admire your gray mater and pep.

—L. A. Howes, D. O., Ord, Nebraska.

Dr. W. B. Bixby Meets Death by a Fall

William Benjamin Bixby, D. O., M. D., died at Iowa City, Iowa, Sept. 17th. His death was caused by a fall from a 3d story window of an apartment he was occupying temporarily. The statement of the attending physician and of the coroner declares his death to have been accidental. He was taken with nausea and fainting when he had almost finished preparation for a journey he was about to take to his home in Davenport.

Dr. Bixby was a graduate of Still College of Osteopathy. Spent one year as Interne in Des Moines General Hospital, and one year in the practice of his profession in Prairie City, Iowa. He graduated from the Kansas City College of Physicians and Surgeons in June, 1919.

Differential Diagnosis of Shoulder Conditions

By Harold Glascock, D. O., M. D., Raleigh, N. C.

SHOULDER conditions comprise quite a number of cases that come to the osteopath for treatment. The most frequent conditions which present themselves for treatment are rheumatism, tuberculosis, neuritis, bursitis, infection of the joint, dislocation of the acromial end of the clavicle. Frequently these conditions are all treated under the caption of "trouble in the shoulder," and no time or thought is given to making an intelligent diagnosis of the condition.

The following differential points I have found to be very valuable:

Rheumatism presents fever in the joint, with redness and swelling of the joint and other joints involved.

Tuberculosis.—Daily temperature. Other tubercular foci. X-Ray.

Neuritis.—Pain in the neck. Pain in the shoulder muscles. Pain near the insertion of the deltoid, also in forearm. Shoulder joint may be moved without pain. Pain worse at night. No swelling. Arm weak.

Bursitis.—No pain in the neck. Pain in anterior and posterior part of joint. Joint painful on motion. Pain near insertion of the deltoid. Arm held close to the body, motionless.

Dislocation of Acromial of Clavicle.—Tenderness over acromio-clavicular articulation. Arm can not be raised beyond right angle with the body, but elbow may be brought across the chest with external rotation of arm and raised perpendicular with the body without pain.

Dislocation.—Deformity, preternatural mobility, X-Ray.

Infection.—Chill. Motion limited. Pain severe. Temperature.

Chicago College New Dean

INCREASE in students at Chicago College of Osteopathy made it necessary that a full time Dean be employed. At a meeting of the Board in September, Dr. Edgar S. Comstock, Secretary of the Board, who gave half of his time to this position last year, explained the necessity for a full time Dean to handle the work and asked to be relieved.

Jerome Paul Raymond, Ph. D., from the University of Chicago was appointed Dean. Dr. Raymond has had experience, having been President of the University of West Virginia for a number of years and President of the Toledo University and Medical School. His life has been devoted to educational work and the Osteopathic profession should feel fortunate in having so able a man at the head of one of their Institutions.

Dr. Comstock will continue his work as Secretary of the Board of Trustees. The profession owes a debt to Dr. Comstock for his untiring efforts the past year as he has sacrificed himself in every possible way to make the school a success, and succeeded nobly in bringing it through the war period in a highly satisfactory manner.

WHY OSTEOPATHS are STRONG in the FAITH

Osteopath Cures 206 Hour Siege of Hiccoughs

N. B. Sutton, Tacoma, Wash., was cured of hiccoughs which persisted 206 hours and had resisted the best efforts of two medical doctors and a chiro. He was cured by W. P. Goff, D. O., Provident building, Tacoma, who was called in on the ninth day.

The trouble was a traumatic luxation of the fourth cervical vertebra—due to a twist of the neck while carrying a board on his head. The hiccoughing subsided within fifteen minutes of adjustment.

The hospital where Mr. Sutton was incarcerated and was being prepared for death from exhaustion would not permit an osteopath to enter its portals; so the sick man had to be removed to another asylum before his injury could be healed.

Three other cases of persistent hiccoughs have been cured in Tacoma by osteopaths within the month that received no mention in the newspapers. The good work goes on.—H. F. Morse, D. O., Secretary of the Washington Osteopathic Association, Wenatchee, Wash.

Cured Week-Old Hiccough

I had a case of hiccough of one week standing which I cured in one treatment. I laid it all to gastric irritation. I relaxed his neck with inhibition on phrenic nerve, also made pressure on the dorsal region between the 4th and 11th; then I filled him with warm water and the hiccough stopped immediately, never to return.

—C. A. Kaiser, D. O., Lockport, N. Y.

Some Recent Dionol Results

The Dionol Company.—Aug. 22, 1919. "FLU" AND PNEUMONIA. First, I had wonderful results in treating "flu" and pneumonia last winter with Dionol Treatment. The cases ran shorter courses, very rarely going to crisis in pneumonia, complete recovery rapidly following Dionol Treatment without after complications.

ERYSIPELAS. I was recently called in consultation with Dr. in a case of facial erysipelas. He gave an unfavorable prognosis and turned the case over to me. I at once put her onto Dionol, externally and internally, and she made a very rapid recovery, temperature reducing from 104 to normal in 3 days treatment.

ACUTE ARTICULAR RHEUMATISM. The same day I was called in consultation in a case of acute articular rheumatism in a child 7 years old and had marvelous results in this case with Dionol. I am reporting these cases, as to me, the results obtained were the finest I have ever witnessed under any method of treatment.

(Signed) Dr. (Name on request) —Adv.

IN D. O. LAND

Michigan State Association Meets

The twenty-first annual meeting of the Michigan State Osteopathic association was held at Hotel Statler, Detroit, October 29th and 30th. An excellent program had been

Chicago Association Meets

The Chicago Osteopathic Association held a special meeting, Sunday, November 2nd, at the Chicago College of Osteopathy. Dr. H. V. Halladay, of Kirksville, Missouri, gave a very interesting lecture and the members of the association appreciated it very much.

New York City Society Meets

The New York Osteopathic society held its regular meeting at the Holland House, 5th avenue and 30th street, New York, on Saturday evening, October 25th. Dr. Curtis Hamilton Muncie spoke on Special Technique for Prevention and Cure of "Head Colds"; Dr. J. H. Drakeford spoke on "Modern Optometry."

New Offices of Montana Osteopathic Association

The Montana Osteopathic Association held its annual meeting at Helena, September 11th and 12th. Officers elected were: President, Dr. H. T. Ashlock, Lewiston; vice-president, Dr. D. T. Griffith, Bozeman; secretary-treasurer, Dr. W. C. Dawes, Bozeman; trustee, Dr. Daisy Rieger, Billings; representative in the House of Delegates of the AOA, Dr. Aza Willard; alternate, Dr. W. C. Dawes.

New Association Formed

The osteopathic physicians of Pierce County, Washington, met October 27th in the office of Dr. W. P. Thomas at Tacoma and organized a Pierce County Association. Constitution and bylaws were adopted and topics for the winter were discussed. The following officers were elected: President, Dr. Clarence B. Utterback; Tacoma, vice-president, Dr. Nellie Guthridge, of Puyallup; secretary-treasurer, Dr. R. H. Slaydon, Tacoma.

Vermont State Association Meets

The annual meeting of the Vermont State Osteopathic association was held at St. Johnsbury, September 26th. The following officers were elected: President, Dr. H. A. Drew, Barre; vice-president, Dr. G. D. Eddy, Burlington; secretary-treasurer, Fanny T. Carleton, St. Johnsbury; publicity representative, Dr. L. E. Page, Newport; executive committee chairman, Dr. D. S. Atwood, St. Johnsbury; legislative committee chairman, Dr. L. D. Martin, Barre.—Fanny T. Carleton, D. O., secretary.

Kingsley, Iowa, Wants an Osteopath

Kingsley, Iowa is in need of an osteopathic osteopath. No other kind will do, for the allopaths seem proficient enough in the mixing and prescribing of dope. Some of the residents are developing profanities because of the lack of osteopaths. One now rides seven miles in a buggy and twenty-five miles on a train to get to Sioux City for treatment. Others are doing the same, minus buggy ride. Small place, good territory. Will some one take care of this place?—

—A. A. Lundgren, D. O., Sioux City, Iowa.

New Surgical Department for Chicago Osteopathic Hospital

To meet the demand for private rooms which is increasing faster than their ability to furnish, the Board of Trustees of Chicago Osteopathic Hospital have remodelled the entire third floor of their building and converted it into the surgical department. It comprises two large, well-equipped operating rooms, with a complete sterilizing equipment between, accessible from both rooms. New Terrazo floors have been laid and the large wards converted into six private rooms, two three-bed wards and one general supply room. It is the intention to keep this floor exclusively for surgical cases.

Iowa District Association Meeting

The recent Second District Iowa Association meeting was said to be one of the most enthusiastic and best attended in years. Dr. M. E. Bachman, dean of the Des Moines Still College discussed and demonstrated general and specific technique. Dr. Helene Kelley, of Belle Plaine, gave a very interesting talk on "Lesions I have Met." Dr. R. T. Quick, of Sioux City, spoke on the legislative status in Iowa. Officers elected were: President, Dr. M. E. Cleveland, Iowa City; vice-president, Dr. Mary J. Mason, Cedar Rapids; secretary, Dr. Hulda Franson Rice, Cedar Rapids; treasurer, Dr. Margaret Spence, Marengo; trustee, Dr. Bert H. Rice, Cedar Rapids.

Boston Osteopathic Society Meets

The regular monthly meeting of the Boston Osteopathic society was held Saturday evening, September 27th, in the Flemish Room of the Hotel Lenox. A very interesting program was given which was as follows: Technique—Posture and Resuscitation, by Dr. Alexander F. McWilliams; "Acute Diseases" by Dr. William Jones; The 1919 AOA Convention, Dr. Mary Emery, Dr. Peter J. Wright and Dr. Francis K. Byrkit; "Sprew," Dr. Shepard, Providence, Rhode Island; Reflexes," Dr. Frank A. Dennette; Routine Methods of Examination at an Army Base Hospital; Dr. Lester R. Whitaker. Dr. Elizabeth F. Kelley was elected vice-president to succeed Dr. Carl L. Watson, resigned.

—Frances Graves, D. O., secretary.

McManis Company Issues Beautiful New Catalog

The McManis Table Company of Kirksville, Missouri, has just issued a new catalog and it is fine in every respect. McManis shows a high appreciation of *quality* in everything he does. The new catalog is beautiful typographically and pictorially; colors are used liberally in the illustration; the type is large, clear and well displayed. The line of McManis treatment tables is fully described in all detail, also the McManis box cabinet for table attachment; McManis pillows in leather and ticking; McManis treatment stool in deluxe, non-peril and paragon style; the Deason specialty chair, and other equipment for the office of osteopathic physicians. The catalog is worth having and a copy can be secured on request.

Indiana Association Meets

The twenty-first annual convention of the Indiana Osteopathic Association was held in the Palm Room, Claypool Hotel, Indianapolis, Indiana, on November 12th and 13th. A very interesting program had been arranged which was as follows: Address by president, Dr. J. C. Stone; Drs. M. E. Clark and C. H. Blakeslee, of Indianapolis, spoke on "Demonstration Abbott Cast Case;" Dr. H. Van L. Gerdine, consulting neurologist, spoke on "Diagnosis Nervous Diseases;" Dr. Frank H. Smith, of Indianapolis, took for his topic "Rib and Thorax Technic," a demonstration discussion. There was a round table discussion, subject, "Acute Diseases, by Drs. Wm. C. Montague, M. E. Clark, G. C. Flick, J. B. Kinsinger, D. Ella McNicoll, J. E. Derck, and Wm. Thompson. Dr. R. C. McCoughon, of Kokomo, spoke on "AOA Educational Propaganda;" Dr. Kate Williams, of Indianapolis, on "Women's Bureau;" Dr. H. Virgil Halladay, professor of anatomy American School of Osteopathy, "Demonstration of Dissected Spine."

King County Association Meets

The King County, Seattle, Washington, association met with full attendance October 14th at the offices of Dr. Roberta Wimer-Ford. The following officers were elected: President, Dr. James T. Slaughter; vice-president, Dr. Gertrude Phillips; secretary, Dr. Lawrence M. Hart; treasurer, Dr. Lydia Merrifield; corresponding secretary, Dr. Roberta Wimer-Ford. Dr. James T. Slaughter, the new president, was in government service almost two years, much of that time being spent over seas. Dr. Slaughter went across with the 93rd Base Hospital unit, but later was chief laboratory technician at base hospital No. 4 at Nice. Lieutenant J. R. Honnold just returned from France, Co. 378 Tank Corps, company commander and told of many experiences over seas. Dr. Honnold is located for practice in Seattle. Among the out of town physicians in attendance at this meeting were Dr. Etta Chambers, Genesee, Illinois; Dr. Russ Coplantz, Portage, Wisconsin; Dr. Elizabeth Hall Lane, of Los Angeles, and Dr. Lucy F. Thompson, recently from Walla Walla.

Axis Girls Greet the Rising Sun

The Faculty and the women students of the Chicago College of Osteopathy were the guests of the Axis Sorority at a novelty breakfast on Saturday morning, October 18th. After watching the sunrise over the lake the party played games until breakfast was served around the camp fire. The 63rd Street Beach, a well-chosen place for such an affair, was the scene of a happy company between 7 and 9 A. M. Eleven members of the faculty, five post-graduates as well as more than twenty-five undergraduate women students were present to enjoy the hospitality of the Club. Near the closing moments of the jollification, Dr. George H. Carpenter, President of the College, informally introduced Dr. Ernest R. Proctor who gave a most appropriate toast to "The Old Doctor"—Dr. Still.

Miss Anna D. Jones New Superintendent of Chicago Osteopathic Hospital

Miss Anna D. Jones, a graduate of the Englewood Training School for Nurses in the year 1903, has been employed as Superintendent of the Chicago Osteopathic Hospital. Miss Jones comes very highly recommended, having been employed as Superintendent in a number of high class hospitals in various parts of the United States. She was Superintendent of Nurses in Lakeside Hospital, in Chicago, for a number of years, and Superintendent of St. Clair Hospital of Columbus, Ohio, previous to her entry into Army service at Camp Jackson. Her work in the Hospital the past month has been very satisfactory, and her knowledge and experience in superintending hospitals is proving its worth to the Chicago Osteopathic Hospital.

Missouri State Meeting and Postgraduate Course

The annual meeting of the Missouri Osteopathic Association was held October 21-24 at the American Annex Hotel and Liberty Hospital, St. Louis, Missouri. An exceptionally fine program had been arranged and a very fine postgraduate course. The postgraduate course occupied the entire forenoons of the four days and consisted of lectures and demonstrations by the following instructors: Dr. George J. Conley, Kansas City; Dr. L. Von H. Gerdine, Macon; Dr. J. D. Edwards, St. Louis; Dr. George Laughlin, Kirksville; Dr. J. H. Crenshaw, St. Louis; Dr. N. R. Lynd, Kansas City, and Dr. Dwight Clark, Des Moines. The twenty-eight osteopaths enrolled for this course were delighted with it and adopted resolutions thanking the instructors and the state association for the splendid instruction given and requested that the postgraduate course be made a permanent institution. The St. Joseph Osteopathic association extended to the Missouri Osteopathic association an invitation to hold the next session in St. Joseph, in 1920. The invitation was accepted by the trustees of the Missouri Osteopathic association. The St. Joseph hospital will furnish clinic material for the course. The afternoons of the St. Louis meeting were given over to free-for-all lectures, discussions, demonstrations and clinics. The evening to dinners and banquets accompanied by both instructive and entertaining features. Following one of the afternoon sessions a most enjoyable auto-ride over the city was given to the visitors by the St. Louis osteopaths who proved themselves to be most congenial hosts.

—Millecent Ross, D. O., secretary.

STATEMENT OF THE OWNERSHIP, MANAGEMENT, CIRCULATION, ETC., REQUIRED BY THE ACT OF CONGRESS OF AUGUST 24, 1912

Of *The Osteopathic Physician*, published monthly at Chicago, Illinois, for October 1st, 1919. State of Illinois, County of Cook—ss. Before me, a Notary Public in and for the state and county aforesaid, personally appeared Ralph Arnold, who, having been duly sworn according to law, deposes and says that he is the business manager of *The Osteopathic Physician*, and that the following is, to the best of his knowledge and belief, a true statement of the ownership, management, etc., of the aforesaid publication for the date shown in the above caption, required by the Act of August 24, 1912, embodied in section 443, Postal Laws and Regulations, to-wit: 1. That the names and addresses of the publisher, editor, managing editor and business managers are: Publisher, The Bunting Publications, Inc., Chicago, Illinois. Editor, Henry Stanhope Bunting, Lake Bluff, Illinois. Managing Editor, H. S. Bunting, Business Manager, Ralph Arnold, Chicago, Illinois. 2. The owners are: H. S. Bunting, Lake Bluff, Illinois; H. D. C. Van Asmus, Lake Bluff, Illinois; R. A. Weston Arnold, Chicago, Illinois; A. M. Sick, Park Ridge, Illinois; H. F. Hoesley, New York City, 810 Singer Bldg. 3. That the known bondholders, mortgagees and other security holders owning or holding 1 per cent or more of total amount of bonds, mortgages or other securities: None. 4. That the two paragraphs next above, giving the names of the owners, stockholders, and security holders, if any, contain not only the list of stockholders and security holders as they appear upon the books of the company, but also, in cases where the stockholder or security holder appears upon the books of the company as trustee or in any other fiduciary relation, the name of the person or corporation for whom such trustee is acting, is given; also that the said two paragraphs contain statements embracing affiant's full knowledge and belief as to the circumstances and conditions under which stockholders and security holders who do not appear upon the books of the company as trustees, hold stock and securities in a capacity other than that of a bona fide owner; and this affiant has no reason to believe that any other person, association, or corporation has any interest, direct or indirect, in the said stock, bonds, or other securities than as so stated by him. Ralph Arnold, Business Manager. Sworn to and subscribed before me this 23rd day of September, 1919. (Seal) Madeline Martin. (My commission expires December 21, 1921.)

PERSONAL

Dr. Etta Chambers of Genesee, Ill., is now the guest of her brother's family in Seattle.

Dr. Lucy F. Thompson and her son Myron S. Thompson have opened offices near the University of Washington in Seattle.

Dr. Russ Coplantz of Portage, Wis., motored across to Seattle, calling socially on many of his professional brethren enroute.

Dr. Elizabeth Hall Lane has recently removed from Los Angeles to Seattle, to be with her son Robert in the State University of Washington.

Dr. Eugene Pitts of Bloomington, Illinois, recently wrote to us and stated that their three months' old "girl this time" was doing fine.

Dr. R. M. Wolf of Big Timber, Montana, recently reported three births in one week, a boy on October 16th, girl on October 18th and another girl on the 22nd.

Professional Cards

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

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 & 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.

Dr. T. J. Ruddy
Eye, Ear, Nose and Throat
Originator (Bowling) of "Finger Method"
for Hay Fever and Catarrhal Deafness, etc.
Chief of E., E., N. & T. Dept., C. O. P. & S.
302-9 Black Building 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.

Dr. E. C. Reid
Eye, Ear, Nose and Throat
Dr. C. L. Draper
Dr. J. E. Ramsey
Adjoining Suites with tiled and specially equipt "surgery" in common.
501-10 Interstate Trust Bldg., Denver.

Academy Blanks and Binders

Supplies for Academy Case Record work will be furnished at following prices:

First Sheets

\$1.50 a hundred in any quantity.

Second Sheets

\$1.25 a hundred in any quantity.

Canvas Ring Binder - - \$2.50

Leather String Binder - - 2.75

Indexes - - - - - .75

*The above prices include express charges.
Send remittance with order.*

The Osteopathic Physician

9 South Clinton Street
Chicago, Ill.

In a recent letter we received from Dr. A. Still Craig of Kansas City, Missouri, he stated that he had severed his connection with the Central College of that city.

Dr. H. L. Studley, of Eugene, Oregon, has just returned to his practice at that location after several months absence. He was away on an extended vacation.

Dr. R. T. Tandy formerly of Grant City, Missouri, is now located at Kirksville, Missouri, where he plans on spending about nine months in postgraduate work at the ASO.

Dr. Eugene F. Pellette, of Liberal, Kansas, just recently took advantage of Dr. C. C. Reed's Denver Polyclinic and Post Graduate Course at Denver, Colorado. He is now back in his office ready for practice.

The latter part of October, Dr. W. C. Dawes, of Bozeman, Montana, took a patient to Chico Hot Springs, to have Dr. Townsend remove an infected gall bladder. Dr. Dawes assisted in the operation. On the last report from Dr. Townsend, the patient was doing nicely.

Dr. B. M. Rogers, of New Castle, Pennsylvania, and Miss Majorie Smith, also of that city, were quietly married on the 17th of September, at the 1st U. P. Church at New Castle. After the ceremony the couple left for a month's trip thru the East and Middle West.

We just received a letter from Dr. Clarence C. Wright stating he was moving into better headquarters at Charleroi, Pennsylvania. Dr. Wright also stated that on the day he moved into the larger headquarters, November 12th, he had been practicing in Charleroi just eighteen years.

Dr. Albert C. H. Esser of Chicago, has removed his offices from 6900 Stoney Island avenue, to 6861 Stoney Island avenue, where he has larger and more convenient quarters. Dr. Esser started his practice at the 6900 Stoney Island office about seven years ago and this is his first change of location.

Dr. G. Glenn Murphy, after spending something over three years in the Canadian Army Medical Corps on overseas service in England and France, has returned to his practice in Winnipeg, Canada. He reports that he is mighty glad to be back on this side of the water and to have a chance to again take up his practice.

Capt. Arthur Willard, of the New Mexico, flagship of the Pacific fleet, entertained Seattle Osteopaths on board his boat at the time President Wilson was reviewing the fleet in Seattle. Capt. Willard is a native of Kirksville, Mo., and gave a cordial reception to members of the profession who were familiar with his old home.

Dr. Grover C. Jones, formerly of Milledgeville, Georgia, returned about October 1st from France where he served as a lieutenant in the Tank Corps. Dr. Jones graduated from the American School of Osteopathy in the class of 1916. He is now located at Macon, Georgia, being associated in practice with his brother. Dr. Frank F. Jones.

Dr. Addison O'Neill of Daytona, Florida, was just recently appointed by Governor Sidney J. Catts as president of the Florida State Board of Osteopathic Examiners. Dr. O'Neill succeeds Dr. J. C. Howell of Orlando. The other two members on the board are Dr. A. E. Berry, of Tampa, and Dr. Ida Ellis Bush, of Jacksonville.

Dr. George H. Fulton of Roanoke, Virginia, recently addressed The Virginia Osteopathic Association and took for his subject the life of Andrew Taylor Still. This talk with extremely apropos owing to the fact that Andrew Taylor Still was born in Lee County, Virginia. Dr. Fulton on his return home got a full column write-up giving the paper he read in full.

Dr. H. B. Mason, of Temple, Texas, just recently announced the opening of a modern x-ray laboratory in connection with his offices in the City National Bank building at that city. Dr. Mason states that a competent operator will have charge of this department and that all kinds of radiography will be handled from the lightest dental film to the heavy bone tissue pictures.

Dr. R. Kendrick Smith of Boston read a paper on October 18 at the annual convention of the American Association of Clinical Research in New York City, his subject being "One Hundred Thousand Cases of influenza with a Death Rate of one-fortieth of That under Conventional Medical Treatment," incorporating the statistics of the epidemic as officially published by the American Osteopathic Association.

Dr. D. C. Ward, formerly of 3150 Logan Blvd., Chicago, has been located at Orlando, Florida, for about two years. He has built up a splendid practice there. The climate has proved very beneficial to himself and his family and they expect to make Orlando their permanent home. Dr. Ward extends a cordial invitation to any osteopath visiting in Florida to call and see him and this invitation is particularly emphasized for the members of his class of 1911.

Dr. Frank J. Stewart, of Chicago, made a combined business and pleasure trip to Iowa recently. He left September 13th and was away ten days. The purpose of the expedition was to build a hog house on his Iowa farm and at the same time to spend as much time as possible visiting his mother in Atlantic. The weather turned out very rainy so the visiting was more of a success than the building operation, as it proved necessary for Dr. Stewart to return to Chicago before the hog house was much more than started.

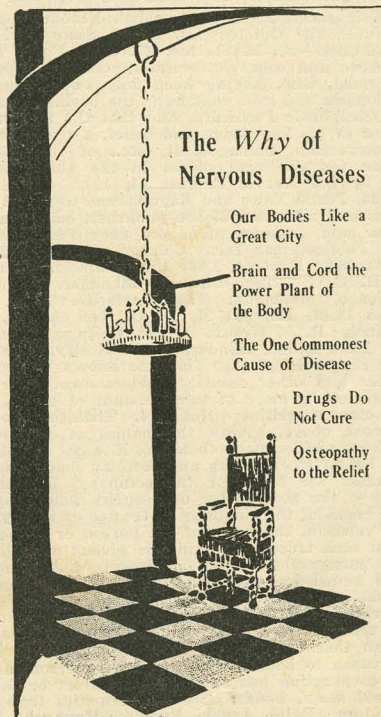
On his birthday recently and shortly after his return from attending the AOA convention at Chicago, Dr. W. C. Dawes, of Bozeman, Montana, had a call on an obstetrical case. It being his birthday he thought it would be nice to get a boy before twelve o'clock but the "fates were a'gin him" and it proved to be a girl and arrived about eight minutes late. The mother suggested that the reason that girls were apt to run over time was that they needed the extra time to primp. Dr. Dawes also sent us a nice message about "Osteopathic Health." He says that his patients are always glad to get the magazine and that he knows that it makes them "firmer in the faith."

What is Proper Treatment for Winter's Diseases

A system of healing that was safe in the Flu-Pneumonia epidemic can be safely trusted in any disease

December Issue
Osteopathic Health

"Osteopathic Health" for November, 1919



The Why of Nervous Diseases

Our Bodies Like a Great City

Brain and Cord the Power Plant of the Body

The One Commonest Cause of Disease

Drugs Do Not Cure

Osteopathy to the Relief

Dr. F. E. Dayton of Escanabe, Michigan, sure is a busy man and he has a peculiar way of taking a few day rest. For instance, he just recently attended the 32nd convention of the official surgeons at Chicago. During the convention time he made a very pleasant visit to The OP office, also assisted on operation on patient from Cloverland, Michigan, and left the patient under the care of Dr. Nettie Hurd, of Chicago. Dr. Dayton now tells us he has been asked to appear on the program of the Michigan State meeting, Detroit, October 29-31, the subject to be "Free Clinic."

Dr. Charles L. Hawkes, of Great Falls, Montana, who died recently, was one of the best known men of the profession in Montana. He was regarded as a true and faithful osteopath and an honor to his profession and he was very successful in his practice. He was a man of high ideals and was much beloved by all who knew him. His health broke down about a year previous to his death but he had a great determination to live. He made a wonderful fight for life up to the very last minute and it is believed that but for his courage and determination, he would doubtless have passed on many months ago. An operation which he underwent a few days previous to his death revealed gall bladder very much enlarged and full of pus, three large gall stones, and appendix and kidneys greatly inflamed. Dr. Hawkes leaves a father, mother, two sisters, a wife and a little daughter, two and one-half months old. His body was taken to Princeton, Missouri, the home of Mrs. Hawkes, for burial.

MARRIED

Dr. B. M. Rogers, of New Castle, Pennsylvania, and Miss Majorie Smith, of New Castle, on September 17th.

Dr. Charles R. Wakeling, of Boston, Mass., and Miss Vera Elizabeth Willard of Newton Highlands, Mass., on October 9th.

BORN

Born to Dr. and Mrs. C. A. Nordell, of Ogden, Iowa, on October 2nd, a daughter, Mary Louise.

DIED

Dr. William W. Fifield, in Old Town, Maine, September 22.

Dr. Edward Mattock, at the Glendale Sanitarium, Los Angeles, Calif., about October 6.

Mrs. Ann E. Leinbach of Kansas City, Mo., mother of Drs. Sarah and Hanna Leinbach, on July 5th.

Dr. C. L. Hawkes, of Great Falls, Montana, October 5th, as a result of an operation performed some two weeks previous to death.

Dr. A. L. Nelson, at the Des Moines General Hospital, October 30th. Dr. Nelson practiced osteopathy for five years in Sioux City, Iowa.

EXCHANGE and MARKET

Advertisements in this column 7c per word, address free. Terms strictly cash in advance.

Wanted—Lady assistant, strictly commission, room furnished, must have good approach, splendid opportunity for right party. Address No. 185, c/o The OP, 9 South Clinton St., Chicago.

Wanted—To act as assistant, partner or take charge of practice, college graduate. Army service, extra work, Philadelphia College. Address No. 183; c/o The OP, 9 South Clinton St., Chicago, Illinois.

Wanted—Young man desires position as partner or assistant. Minnesota or Western city preferred. Specialist in gynecology and obstetrics. Address No. 184, c/o The OP, 9 South Clinton Street, Chicago.

Wanted—Opportunity to work as partner, assistant or take charge of practice. Have practiced two years in Michigan. Just received honorable discharge from navy. No. 177 c/o The OP, 9 South Clinton St., Chicago, Ill.

For Sale—Practice running from \$5,000 to \$7,000 a year in one of the best towns in Montana. City about 20,000. Collections extra good. Fine climate. Practice among best class of people. Fine opening for the right man. Terms to the right party. Reason for selling going to Specialize. Address Dr. T. T. Robson, 409 Stapleton Blk., Billings, Montana.