

The Osteopathic Physician

April 1920

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The Osteopathic Physician

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CHICAGO, APRIL, 1920

Number 4

Pasadena Upholds Osteopaths In Red Cross Discrimination

[From the Pasadena Evening Post, Feb. 20]

MOVED by Commissioner W. H. Reeves, seconded and carried by a vote of four to one of the Pasadena City Commission this morning.

"That the city clerk be requested to notify the Red Cross that the city commission does not feel justified in contributing city money to an institution that will not admit qualified physicians."

Chairman A. L. Hamilton alone voted against the motion after making a report to the effect that the Red Cross influenza emergency hospital is a matter the conduct of which rests with the Red Cross and that "questions relating to the individual physicians in attendance upon said patients should be referred to the Red Cross for adjustment."

In making his report Chairman Hamilton remarked that the national Red Cross and the national army does not recognize the osteopathic physician and that for this reason the osteopaths are not admitted to practice in the Red Cross emergency hospital here.

No Rancor in Debate

There was no rancor in the debate of the matter, which came up as the result of the communication of Dr. J. Strothard White, the osteopathic committee of one, sent to the commission last Tuesday. First Chairman Hamilton made his report upon that complaint and then Commissioner W. H. Reeves said:

"I deeply regret that a great and splendid institution like the Red Cross, which derives its support from the public at large, should throw itself open to the possible charge of unfair discrimination, or of having injured or retarded the recovery of any patients by denying them the privilege usual in a free country of selecting their own physician."

It was evident that the other commissioners did not agree with the findings of Chairman Hamilton, that the matter is one for the Red Cross to determine. Chairman Hamilton's finding read:

"With reference to the communication of Dr. J. Strothard White, of February 17, 1920, directed to the Pasadena city commission and referred by the commission to me for investigation, I would report that the hospital arrangement in the matter of attendance of physicians upon city patients is the same as was followed last year, viz., that the city's patients are taken care of by the city physician. City patients are those who are not able to pay for hospital service. The Red Cross is accepting patients who are able to pay for the service rendered.

"These patients are not under the jurisdiction of the city and any question relating to the individual physicians in attendance upon said patients should be referred to the Red Cross for adjustment. This question cannot arise as to the city's patients, therefore I rec-

ommend that the letter from Dr. White be referred to the Red Cross for their attention."

Chairman's Contention

The other commissioners expressed their belief that since the city pays the bill at the Red Cross influenza emergency hospital of such patients as are unable to pay their own expenses, the city has the right to interfere in the matter. The others so expressed themselves.

Chairman Hamilton said that since the Red Cross nationally does not recognize the osteopaths the local chapter could not be expected to deviate from the rules of the national organization. He pointed out that the Red Cross is taking a burden of expense from the shoulders of the city by conducting the emergency hospital and it was implied that the city could ill afford now cared for at the Red Cross hospital who to conduct a hospital of its own for the patients are not able to pay their own expenses.

After Commissioner Reeves' motion had prevailed another letter from Dr. White was received and read. It was filed without comment and reads as follows:

February 20, 1920.

Pasadena City Commission,

Dear Sirs: To further emphasize the importance of favorable action in the matter of osteopathic physicians practicing in the city Red Cross hospital, I want to draw to your attention to the following:

During the epidemic of influenza in 1919 the reports from osteopathic physicians in the United States show that the mortality in one hundred and ten thousand cases was less than one-half percent; while under medical care the loss was estimated, according to the United States census bureau and leading life insurance actuaries, at five and six per cent.

In the treatment of epidemic pneumonia the osteopathic records show a very decided advantage over old school methods. The death rate under osteopaths being about ten per cent and under drug treatment thirty-three per cent.

The contention by the drug doctors that the osteopaths are not equal in educational requirements is false, for at the present time and since 1907 the graduates of our colleges have taken the same examination before the same board of examiners to practice in California as the drug doctors. Prior to 1901 the drug doctors were not required to take any state examination for license to practice, and about four thousand physicians of the old school, according to state board records, took less than twenty months' college training when there is not a single osteopath in California with less than a twenty months' course of study, and now the course of study is four years, taking the same number of hours as the medical course, and little difference in the subjects taught.

The state medical board has tried to prevent our graduates from taking the examination of the physicians and surgeons certificate, but have failed in their effort; for only yesterday Judge Wellborn in the superior court handed down a decision supporting the college of osteopathy, saying that the college exceeded the requirements of the state medical law in the character of teaching and hours of study.

The adverse action taken by our Red Cross chapter was simply an evidence of the effort of the American Medical association to dominate over all hospitals, and illustrates their prejudice and jealousy of osteopathic success, and not because we have been guilty of any misconduct or malpractice. Where one has suffered by an overdose of osteopathy, tens of thousands have suffered and died from drugs.

There are thousands of our tax-payers and citizens interested in the welfare of osteopathy and therefore are watching our fight for recognition, there are other thousands who are interested because they believe in the principle of the "square deal."

Thanking you for your earnest consideration of this question, I am,

Respectfully yours,

(Signed) J. STROTHARD WHITE.

Fort Wayne Hospital Fight Comes Into Court Soon

DR. Kent L. Seaman of Ft. Wayne, Ind., expects his case up in the Allen county circuit court soon to compel St. Joseph's Hospital to admit him and his patients. The case was filed in September last and will come up in the court of Judge Wood.

This letter was the start of the discrimination:

ST. JOSEPH'S HOSPITAL
COR. W. MAIN & BROADWAY
FORT WAYNE, INDIANA

Sept. 19, 1919.

Dr. K. L. Seaman,
312-13 Shoaff Bldg.,
Ft. Wayne, Ind.

Dear Doctor: The staff of St. Joseph's Hospital has adopted the following rule, "Osteopathic and Chiropractic physicians shall not be allowed to practice medicine and surgery in this institution."

The Sisters of St. Joseph's Hospital have approved this rule. You are therefore notified that in the future it will be impossible for you to practice in the hospital.

There is nothing personal in this ruling, and the Sisters have no complaint to make of your relationship with them while you were practicing in the St. Joseph's Hospital.

Yours respectfully,
Srs. of St. Joseph's Hospital.
H. O. Bruggeman, Staff Secretary.

It happens that under the Indiana law regulating reciprocity Dr. Seaman a long time ago obtained and still holds evidence under the seal of the state to prove his status as a physician and he is confident it will win osteopathy's fight to resist the AMA in this instance. It is as follows:

Certified Copy of State License or Certificate.

(A verbatim copy to follow here over seal of State Licensing Board, certified by the Secretary thereof.)

65-B.

This is to certify that pursuant to the provisions of

"An Act regulating the practice of medicine, surgery and obstetrics, providing for the appointment of a State Board of Medical Registration and Examination and defining their duties defining certain misdemeanors and providing penalties and repealing all laws in conflict therewith and certain acts therein specified," approved March 8, 1897.

Kent L. Seaman, D.O. of the county of Hamilton in the State of Indiana whose post office address is Noblesville, has made application for a certificate authorizing a license to practice osteopathy in said State, and upon evidence presented by him it appears that he is the legal possessor of a diploma issued by the S. S. Still College of Osteopathy, Des Moines, Iowa, June 23, 1904, the said college being in good standing with the Board and he has complied with the law in all respects and has taken the examination required by this Board upon the following subjects.

Anatomy, including histology and embryology 74; Pathology and bacteriology 51; physiology 31; etiology and hygiene 45, principles and technic of osteopathy 87, theory and practice of osteopathy 98, gynecology 59; physical diagnosis 38; surgery 93; ophthalmology and otology 24; chemistry 15; medical jurisprudence 7; neurology 13; laryngology and rhinology 14; obstetrics 98; pediatrics 10, and has obtained the necessary per cent required on the foregoing branches and upon the presentation of this certificate to the clerk of Hamilton County is entitled to a license to practice medicine, surgery and obstetrics in the State of Indiana.

In witness whereof the said Board of Medical Registration and Examination has caused this certificate to be granted and signed by its president and secretary and attested by its official seal at Indianapolis this 12th day of June, 1905.

(Signed) W. T. Gott, M.D., Secretary.

(Signed) J. M. Dinnen, M.D., President.

(Seal)

Dr. Seaman says: "The AMA will try to get control of licensing every hospital in the United States by new legislation this fall and if we let them do it, it's good by to our privileges. What are we doing as an organization to resist this medical bigotry?"

Standardization In Great Falls, Montana

IN connection with your article in the last *OP* on our being excluded from hospitals I might add that the "Standardization" principle has been applied to us here in Great Falls and we are now excluded from a hospital where our patients have always had the very best of care.

A local pathological and x-ray laboratory has also been instructed to notify us to bring no more patients to the laboratory for diagnosis.

As you have warned, the pressure is to be put on us the country over and it is worth mentioning in that connection that we are still getting results by osteopathic treatment, which is to say, that we are making more friends every day.—Fraternally yours, *Geo. M. McCole, D.O., Great Falls, Mont.*

How the Oshkosh Fight Progresses

THERE has been a tremendous public sentiment aroused against the medical organization in this city and, if it is possible to get the public to follow us, we are starting a campaign for public subscriptions and start a suit against the hospital and physicians; also to carry it to the next legislature.

I enclose our "ad" which we are using as a first start to bring about organization. We propose to start to organize every organized body in the state for support and carry the fight to the legislature. There never has been any thing which has brought about such a public storm in Oshkosh as the refusal by the local Hospital to permit me to take a very sick patient into it unless I wanted to turn the patient over to some local M. D.

The public is preparing to organize with us and we propose to fight it along every line possible. Yours truly,—*F. N. Oium, D.O.*

Hospital Question

We have been urged from all angles to demand that the right of the Public to be admitted to any hospital and still select their own physician *must* be safe guarded. Therefore, we are hereby inviting each organized association, society, labor union, church organization, business club, women's club and any others

who may be interested to appoint a representative from their members to join with us as a Citizen's Committee in demanding our rights. The medical organization in Illinois spent over \$23,000 to defeat a bill to legalize Osteopathy in that state. You may have to go to the legislature with this fight. Hence, it behoves the public to commence at once to solicit funds necessary for this fight. The public must send

in funds without further solicitation as we have no time for a canvass.

Make all payments to the "Citizens' Committee for Public Rights in Hospitals," of which Dr. F. N. Oium is temporary chairman.

Dr. F. N. Oium

Dr. L. H. Nordhoff

Dr. Ora L. Gage

Chiropractor Paralyzes New Hampshire Business Man

UNDER this 5-column headline the Manchester, N. H., American Citizen of March 27th tells the following story. In so important an item of local news we can only wonder why the victim's name and that of the chiropractor were not given.

In January of this year a business man of this city went to an unlicensed quack calling himself a chiropractor, for treatment for neuralgia of the left shoulder. He erroneously supposed he was going to an osteopath.

He went in a fair state of health and in full possession of his bodily powers. He left the hands of the quack on a stretcher, paralyzed from the neck downward as a result of the bogus surgical operation performed upon him by the chiropractic "expert." He was taken home at the point of death, in a police ambulance, with doctors and nurses working to save him from death as the result of the criminal malpractice of the ignorant pretender into whose hands he had trusted himself.

In spite of his horrible injury he retained full possession of his mental faculties and we thus have the full story for publication.

On being treated he was laid on a sort of frame so that only his neck and knees supported his body. While in this highly strained position and fully exposed to the attacks of the chiropractor, the quack laid his left hand firmly on the spine just below the base of the brain and dealt upon that hand a smashing blow with his right hand. Under this murderous treatment, apparently designed to impress the victim with the idea that something radical was being done to cure him, the spine was terribly and perhaps permanently injured.

At once the victim became "dead" below the injury and was unable to move a muscle below the neck. His heart action grew weaker under the nervous shock, and it seemed probable that he would die immediately.

The chiropractor did not call another chiropractor, he got a doctor there at once. The business man was laid on a couch paralyzed, except that he could think clearly and talk. By chance an employee of his came there on another matter, and thus protected the unfortunate man from any further malpractice by the chiropractor.

The man was taken home paralyzed and remained wholly so for two weeks. His life was despaired of and his family physician had the help of two other doctors, and nurses were in constant attendance. After two weeks the effects of chiropractic "science" passed off enough so that the man could sit up in bed. In six weeks he could sit in a chair and in two months he was again able to get about a little. Since then he has been out of doors, a wreck of his former self.

The gang that is practicing this kind of business is still taking the people's money. The particular lawbreaker who so nearly killed this man is a little more arrogant, boastful and jeering than he was before.

Incidents of this kind have occurred again and again and will occur until the laws of this commonwealth, designed to secure competence on the part of those treating disease, are enforced. The robbery practiced by those unlicensed "doctors" falls on all classes, but especially upon those who are not able to see that

the fake surgeon is dangerous as well as expensive. It seems strange that it requires public education to teach that a full course of training is necessary to success in treating disease. Any man can see that it is all right that an undertaker should have a license from the state to take care of people who are dead but not all see that a license ought to be required of those who are to be allowed to take a chance of killing them.

Incidents like that related above are occurring continually. They mark the course of the lawless practice of medicine in every city. The business man who suffered this cruel malpractice in order that his pocketbook might be raided can never be compensated for the failure of our state to properly protect the unwary from such rascals as rob the unfortunate under high-sounding names and unscrupulous methods designed to impress the thoughtless. His two weeks of inability to move, the pain, the anxiety of those he loved and his fears for their future; the nervous shock; the actual outlay in thousands of dollars in that struggle for life, constitute a body of wrongs so great that nothing short of the penitentiary can

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properly punish the man guilty of imposing it upon him.

The heartless robbery of the poor, the deceiving of those afflicted with ills requiring instant attention, so that they lose their opportunity to be helped or saved, are wrongs

beyond computation. The counterfeiter, the burglar and the horse thief, steal only property, the quack steals health and life and leaves sorrow and suffering in their place. When the public is aroused to what is being done here the fake "doctor" will reform or go to jail.

Dr. George M. Laughlin Breaks Records In His New Hospital

WE have been pleased to receive an interesting booklet from Kirksville on "The Laughlin Hospital" which makes one realize the wonderful achievement of Dr. George M. Laughlin in building up the institution he has in the comparatively short time in which he has been engaged in this enterprise. The building itself was only completed last July. Yet the scope of the work now done includes the following branches and specialties:

General Surgery	X-Ray
Orthopedics	Obstetrics
Gynecology	Genito Urinary
Osteopathy	Nose and Throat
Laboratories	Rectal Diseases

The hospital is a general one and has thirty-five beds. It was completed at a cost of more than \$60,000 and, we understand, Dr. Laughlin did a business of nearly \$100,000 in his first year. The institution is dedicated to Dr. A. T. Still.

Dr. Laughlin's specialty of course has been orthopedics for many years but in conjunction with this he has done a great deal of general surgery and his work now is practically all surgical in character. He has performed a good many hundred operations since a year ago last September when he opened practice for himself, without the loss of a single case. At least half of these operations were major, including hysterectomies, cancer of the bowel and cancer of the uterus. The orthopedic work done includes congenital dislocation of the hip, congenital club foot, curvature of the spine,

tubercular joints, torticollis, deformities following infantile paralysis and deformities following arthritis.

There are eleven doctors, three registered nurses and an x-ray specialist on the Laughlin hospital staff.

Dr. Laughlin is keeping an accurate record of each case and hopes to be able some day to furnish the profession with a clinical volume that will be of value.

We congratulate Dr. Laughlin and his institution on the splendid success being achieved by meritorious work. We wonder if Dr. George is not the only osteopath in the profession who has built and equipped a general hospital all at his own expense, without asking the aid of outside parties? We believe that his achievement is quite unique.

London Medic Confirms the Osteopathic Lesion

The New York Medical Journal of March 27th contains a very interesting 4-page illustrated article on "Two Cases of Displacement of the Ilium" by Edgar F. Cyriax, M.D. of London. The author says "it is a curious fact that few authors who recognize the possibility of displacements of the ilium on the sacrum recommend treatment by reposition." Yes, Dr. Cyriax, we osteopaths have been remarking that curious fact for 25 years. Single copies of that journal may be had for 25 cents at 66 West Broadway, New York.

Digitalis and Heart Failure

By Charles E. Page, M.D., in "Pharmaceutical Advance" for January, issued by Park Davis & Co.

A PHILADELPHIA physician, in a lecture before the Harvard Medical School Association, a few years ago, related the story of two brilliant "cures" of a certain form of heart disease under his treatment, when he was a young man, by "enormous doses" of digitalis. Both patients had been taking ten-drop doses, and he increased it to forty drops. "The triumph seemed complete," said the lecturer, "and so it was for weeks; but mark the ultimate result: Mary, one morning, as she trod the doorway of the market-house, fell dead upon the threshold. The banker, stretching his arm across the desk that had been to him the pathway to riches and power, fell hushed and powerless into the eternal silence."

Digitalis is still one of the most frequently used drugs in cases accompanied by heart symptoms, and, after having carefully investigated many cases of deaths attributed to heart disease I have found that, in about every last one of these cases, the patient had been taking digitalis under his doctor's direction. The drug does, for a time, make the fluttering or weakly heart beat steadily, and with natural force; but there is certain to come the time—next month, next year, or some time in the future—when it just stops beating altogether. The temporary apparent improvement, under the employment of this powerful poison, arises from the extra work put upon the heart, as a great increase in the load of a tired horse, pulling a heavy load uphill, would make him "dig his

toes" into the ground and step with more force; but he would be more likely to drop dead before reaching the summit.

The man with a tobacco heart consults his doctor, and, ere long, he may acquire a "digitalis heart"—a phrase well known to the medical profession—but, sad to say, physicians, as a rule, fail to get the true lesson—poisonous drugs are not conducive to health and long life.

To Provide Osteopathic Scholarships

I ask every one in the profession to keep before his friends, patrons, civic bodies, societies, lodges, clubs, etc., the idea of our effort—a *nation wide effort*—to make this goal. There are many philanthropists who could endow a scholarship in our colleges, which would provide for the post graduate training of men and women capable of doing such work, looking forward to the development of future generations, as well as the freeing fetters from the rising. It may be that the local doctor does not care to approach his acquaintance upon this subject. Possibly no objection would be made if we were advised of such willingness to cooperate; we could engage his or her attention and thus enhance the scope of work we are now able to accomplish. Am I going too far? Encroaching on the work of any other?—*Fraternally, F. E. Dayton, D.O., Chairman AOA Bureau of Clinics, Escanaba, Michigan.*

Have You Missed Your Chance?

We have read, and not only read, but *studied*, your issue of *Osteopathic Health* reprinting Physical Culture's article, "Osteopathy's Victory in the Flu-Pneumonia Epidemic," and believe us, it is the most convincing article as to the merits of osteopathy in not only flu and flu-pneumonia but all acute infectious diseases that we have had the pleasure of reading. It so scientifically and yet so simply states the efficaciousness of osteopathic treatment in flu and flu-pneumonia that any member of the laity could not but understand *why* and *how*, to a great degree at least, osteopathy obtains such miraculous results in such conditions as our Great Scourge, the flu epidemic. Also, it is so readable and intensely interesting that it will be read by everyone who merely glances at the first few pages. It will certainly prove remunerative to any osteopathic physician, to send out a number of copies of this issue, for it is certainly an educator, a practice builder, and a practice maintainer. As evidence of our belief in this little "winner," please accept our order for 500. We want you to address, stamp and mail the 500 copies. We are so busy just now that we can't take time to send in our list of addresses with this letter but we will send it in soon.—*Drs. Wolf & Wolfe, Big Timber, Montana.*

SHOP TALKS on OSTEOPATHIC AFFAIRS

To Cure Winter Itch or Scratches

This is usually only a dry skin from too much bathing and too much use of soap aggravated by heat from too much bed covers and the damage done by the finger nails through scratching, often during sleep. All that is needed is to have the patient correct these faulty habits and rub his skin with olive oil. Relief is usually instantaneous. Repeat the oil application on going to bed for several nights. You must differentiate this condition from scabies and the itchy skin due to diabetes. Many people endure torture all winter that a simple rubbing of the skin with olive oil, almond oil, vaseline or mechanical oil would relieve at once. Most doctors strangely enough do not know what to advise their patients to do in this condition.

—Frank J. Stewart, D. O., M. D., Chicago.

Expenses

An osteopath who is 60% efficient should be making \$1,000 a month. If you are not making that, study to see why. Are you grouchy, ill-natured? Are your clothes sloppy and untidy? Hands dirty? Face cleanly shaved? Office unhandy and unkept? Do you keep hours, appointments? Are you lazy? Do you study? Do you use good publicity literature? Do you hustle? Are you careful? Think! Make an estimate of what short-comings are costing you and add it to other expenses!—

—C. C. Reid, D. O., Denver, Colo.

Irrigation for Tonsillitis

In treatment of quincy sore throats I find this the method par excellence. Two quart irrigations of salt and soda as hot as can be borne directly against the tonsil and surrounding tissue. Repeat in two hours. If you have a postnasal tip use that. If not, a substitute always handy is the long curved vaginal tips which come with every rubber douche bag. Your patient can always drink hot milk after the irrigation and the throat clears or can be lanced accurately by the fourth day.

—Mary S. Crosswell, D. O., Farmington, Maine.

What a Touring D. O. Learns

Here is an ad I have just copied from the margin of the hotel blotter: "Dr. R. H. Lindley, Physician and Surgeon, Practice limited to chronic and nervous diseases. Osteopathic, Chiropractic, Electro-Therapy and X-Ray Treatments. Orificial surgery a specialty." Now, if he only advertised a full line of Ford parts, Dr. Tarr and I would make him a call.

—J. J. Dunning, D. O., Ft. Worth, Texas.

Lesion-Radiograms For Window Display

I have recently installed an osteopathic window display in my private office as an educational feature to differentiate osteopathy from "rubbing". As there are many other osteopathic physicians who are tired of being called "rubbers", the idea is passed along through Shop Talk. The display method originated in the fertile mind of that enthusiastic osteopathic physician and osteopathic radiographer, Dr. C. L. Larson, of Zumbrota, Minn.

Hanging across two windows are two frames, each frame holding four radiograms or negatives. Four of these radiograms show osteopathic lesions; these are called lesion-radiograms. The other four radiograms show fractures; these are called fracture-radiograms. Hanging back of the radiograms are thin gauze curtains, which create a ground-glass effect as

the light shines through the windows upon the radiograms, and consequently all shadow lines show clearly. Whenever a patient calls and asks for a "rub" he is directed into the private office and shown the radiograms and given full explanation thereof. Then he is asked the question: "Do you think 'rubbing' would reduce these fractures or lesions?" No more rubbing for him! He has learned to differentiate. He wants osteopathy.

—W. G. Sutherland, D. O., Mankato, Minn.

When Brand Is Not Good Diet

We see repeatedly in medical journals the advice given to physicians to feed their patients brand. I have often wondered why the physician does not use a little common sense in feeding his patients as well as treating them. In the first place; a patient who did not have bowel trouble would not be advised to use brand. Second; if a patient has bowel trouble and a sick bowel, he should not use brand except in a few instances where the only trouble is that the patient has been eating such concentrated food that he has not had sufficient waste material to cause peristalsis which is seldom the case. Every particle of bran is like so many knives scraping an inflamed surface. If the physician before advising the use of brand, would use a sigmoidoscope and note the condition of the mucous membrane of the bowel, and watch the result of the bran, he will not make this mistake the second time. The mere fact a patient is constipated, having a back-ache, and an autointoxication does not mean that he should eat bran. Do your corrective work, use the colon enema and cure that bowel, then your constipation would be relieved. In the absence of the orificial irritation, dilatation of the cecum with the adhesions when surgical interferences is the only thing that will give permanent relief.

—Benoni A. Bullock, D. O., Daytona, Fla.

Hemorrhage and Prolapse in Piles

As an immediate treatment use hot H₂O at 105°—Extract of witch hazel, 1 oz. H₂O, at 105°, 1 pt. Bathing with this and, after a few minutes, firm pressure with some cottonwool steeped in this hot solution will stop the haemorrhage; it also will enable the piles to be reduced and alleviate the pain. It is an undisputed fact that impairment of nutrition of a diseased part is either the direct cause of disease in that part or is an obstacle to its cure. It is also a well recognized fact that the primary effect of heat is to dilate the arterial vessels whereby more blood is brought to the part, the blood current is quickened and the flow in the lymphatic is accelerated. The rationale of hot air therapy is simply an improvement in nutrition, which enables nature to better do what in every diseased condition she is trying to do.

—F. H. Mitchell, D. O., Los Angeles, Calif.

Flu's after Effects Make New Patients

I have had recently five new patients who came to me to be treated for the after-effects of the "flu", all of them in very bad shape as the result of drug treatment. I wish to emphasize the importance of keeping on educating about the after-effects of the "flu", not failing to make special reference to heart failure, Bright's disease and insanity as common effects of the "flu" when combined with drug treatment.—James G. Morrison, D. O., Terre Haute, Ind.

Raised to \$5 and \$10 Last Year

I see by the last OP that the California celebrities are charging \$5.00 and \$10.00. The enclosed slips show our work, which is \$5.00 per treatment and \$10 for examination. This is the second year on this basis and next year our fees will go higher. I am averaging 50 patients a day outside of my clinics, which I hold two days a week. This is the fourth year of my free clinic—the only one in Canada.—F. P. Millard, D. O., Toronto, Canada.

Why Dowler Quit

A few words on the AOA: I quit paying dues into it three years ago because it has no clear-cut constructive policy, just an annual pilgrimage, a junket, the reading of medical text-book junk and—sleep, coma for 12 months more! Why not plug and fight for A. T. Still Osteopathy or lie down and let the AMA take the whole works? Let the pus punchers and serum squirters put it over? I'd willingly pay \$30 yearly to a militant, aggressive osteopathic AOA, but not a cent to the present moribund aggregation.—A. S. Dowler, D. O., Perry, Iowa.

Pus Theory Overworked?

A patient complained of pain in his right hip from which he had suffered for some little time. A medical doctor told him that it was due to pus from teeth or tonsils. While we fully believe in the pus theory as the cause of rheumatism yet an innominate lesion which caused over one-half inch difference in the length of limbs caused me to challenge the application of the pus theory here. A corrected innominate and the usual subsiding of the symptoms caused the patient to return to his medical doctor with this question, "Did pus make a one-half inch difference in length of my legs?"

—L. N. Pennock, D.O., Amarillo, Texas.

[Note: The "pus theory" is over-emphasized because it is generalized. The average M. D. blindly seizes hold of every new pathologic or therapeutic idea, be it fad or fact, and carries it to an extreme by applying it to every condition without discrimination or accurate diagnosis. A focus of infection anywhere in the human system is a constant menace to health. Oral focal infection is very common, very dangerous and very insidious. It will cause and complicate all manner of systemic diseases. Consequently the possibility of the existence of such a condition should be taken into careful consideration when diagnosing cases, but it is, of course, absurd to immediately assume, in any case, that focal infection is the primary cause of the condition. As to whether focal infection is either the original cause or a contributing cause of a disease condition can be determined in each individual case only by proper examination and differential diagnosis.—Editor]

Nailing the Chiropractic Lie

The chiros have repeatedly charged that osteopaths never used the word "adjust" until they made it popular—another false claim, of course, the proof of which we can demonstrate. Did chiros first use the term "adjustment?" See Vol. 1, No. 2, June 1894, Journal of Osteopathy.—"We manipulate and adjust this or that part when we find it wrong." See Vol. 1, No. 5, 1894, Journal of Osteopathy, "The House in Which We Live," Miss Nettie H. Bolles. It says, "The first thing to be considered in the house proper is its skeleton or framework * * * * Is it not well then to study construction and adjustment, that we may be better prepared to care for and preserve the 'House in Which We Live'?"

Circular from the Palmer School of Chiropractic, Davenport, Iowa, 1912, says: "The first chiropractic adjustment was given in 1895, at the Palmer School of Chiropractic."

What shall we do with the big liars? No liars shall enter heaven. Let's go there.

—M. F. Hulett, D. O., Columbus, O.

Gynecology, Obstetrics Ethics and Efficiency Medical Jurisprudence

At the
**College of Osteopathic
Physicians and Surgeons
Los Angeles, California**

Gynecology is thoroughly taught by lecture, recitation and demonstration in a 90 hour course during the 5th semester. In a systematic way all of the diseases peculiar to women are covered. The causes, signs, symptoms, diagnosis and the osteopathic treatment of all these conditions and diseases are carefully presented. The technique of treatment is thoroughly taught. During the 3rd and 4th years 72 hours are given to clinical and diagnostic gynecology. Clinics are attended by students in groups of eight or ten. Cases are examined, record taking is taught, diagnosis is made and treatment is outlined and demonstrated. Half of each group are permitted to personally examine each patient. The other half observe. Examination and observation are alternated at each successive clinic. During the seventh and eighth semesters private clinics are conducted. These are attended by the students in groups of three or four. The cases examined in this department are assigned to some student physician for regular treatment. Each such case is re-examined after not more than four weeks of treatment. The progress of the case is noted and suggestions for further treatment are given. Class clinics are conducted four hours each week throughout the fifth semester and private clinics are conducted eight to ten hours each week throughout the sixth, seventh and eighth semesters. The entire work in gynecology is under the direction of Dr. Jennie Connor Spencer.

Obstetrics: The first course in obstetrics is during the 6th semester, and requires 90 hours, under the direction of Dr. Lillian MacKenzie Whiting. It is a lecture and recitation course supplemented by manikin exercises. It covers the general field of obstetrics and includes a systematic consideration of (a) the anatomy and physiology of the pelvic organs; (b) the development of the embryo and appendages; (c) normal pregnancy, labor and puerperium; (d) pathological pregnancy, labor and puerperium; (e) special study of the nerve

supply, musculature and articulations of the pelvis and lesions which interfere with normal labor; (f) manikin exercises in all the operative procedures necessary to the delivery of normal and abnormal cases; (g) the care of the new born child; (h) surgical methods.

The second course is in the 4th year and requires 60 hours, also under Dr. Whiting. It is devoted to clinical obstetrics. Each student is required to attend at least six cases of labor. They conduct these cases under the immediate supervision and direction of the obstetric instructors. The care of the pregnant woman up to the time of delivery is entrusted to the student physician who will have charge of the patient at the time of labor. He is expected to give the necessary preparatory treatments and to make the laboratory examinations necessary from time to time. The after-care of the patient is entrusted to the student physician in attendance on the labor. A large obstetrical clinic has been developed and it is usually possible for students desiring more experience in this department to obtain it.

The third course is a clinical course. It requires 90 hours in the 4th year under Dr. Ernest George Bashor. Each student serves a two-weeks externship with the Ostetrical Division of the Health Department of Los Angeles. This includes one week of service as junior externe, in which he is required to make all assigned ante-partum and post-partum calls, urine analyses, and serve as assistant on deliveries. On the second week of service he becomes senior externe, and assumes direct responsibilities in connection with deliveries, the keeping of records, etc. The total of cases which each student personally delivers runs between six to ten. This is exclusive of all cases on which he acts as assistant. Ante-partum calls average sixty, and post-partum, about 50. The personal supervision of an expert director, available at all times, is an invaluable adjunct.

Ethics and Professional Efficiency: This course is given during the Senior year. It consists of lectures covering the general subject of professional ethics and business methods. 18 hours, in the 4th year, under Dr. Dayton Turney, Dr. William Curtis Brigham and Dr. John Adams Comstock.

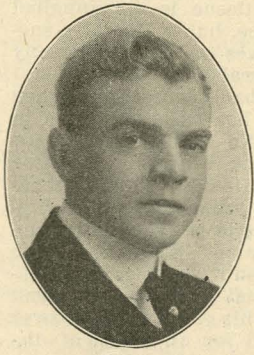
Medical Jurisprudence: The legal rights and duties of physicians are considered in this course, given during the Senior year. The laws affecting physicians and the general principles of the common law upon which they are based are carefully discussed. This includes among other topics: Malpractice, privileged communications, expert testimony, the laws of inheritance, and the drawing of wills. 18 hours, in the 4th year.



Spencer



Whiting



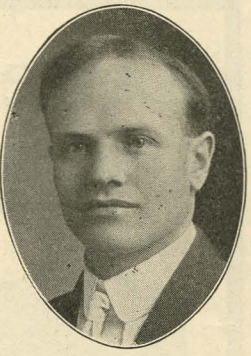
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—W. C. Dawes, D. O., Bozeman, Montana.

Examine your Patients

In order to deliver the goods one must look and find the definite cause of each patient's disease and specifically adjust it. This requires a most searching examination, of the subjective (history taking) physical, anatomical and laboratory findings; then and only then can a specific technique be involved with results forthcoming. To fail to examine a patient is a lost opportunity to you, to osteopathy and to the patient. It tends to put the osteopath on a plane with the masseur. Locate the cause and adjust it—"do not give treatments." Make an examination worthy of your science, then charge a fee worthy of the examination.

—Curtis H. Muncie, D. O., Brooklyn, N. Y.

The "No Man's Land" of the Rectum

In the November issue of *The OP* I approve very much the article on the colon by Dr. G. Ethelwolf Amsden of Toronto, Canada. This article, I presume, is supposed to include the sigmoid flexure and rectum. This brings us down to the internal sphincter muscle. Then there is one inch of space to the lower or external sphincter anus. Between these two sphincter muscles is what I call "No Man's Land," as this inch of tissue is not supplied with cerebro-spinal nerves, but is liberally supplied by sympathetic nerves that send out many reflexes over the peripheral nerve endings.

Your patient will probably not admit when questioned that he ever has pains or aches in the lower rectum or "No Man's Land," nor any crawling or creeping sensations. These sensations take place inside the external sphincter anus which is taken up by the cerebro-spinal which this muscle is abundantly supplied by. The first named sensations take place in "No Man's Land" which is not supplied by the cerebro-spinal and does not send out sensations, so to this they will answer "no," but it is a hot-bed for all kinds of dis-

eased culture to germinate in, just the same. The latter or sphincter muscle suffers by the misuse or abuse of the internal or external sphincter muscles of the anus, which is the passage through which all "the funeral trains" of the body are expelled. If they are locked, and the gate-keepers are asleep (which are the cerebro-spinal nerves) it will cause all kinds of trouble to be sent out from those parts over the peripheral nerves of the cerebro-spinal that they are supplied by, which can be taken to mean there is something wrong that ought to be removed before it is too late.

Irritation of the vagus or pneumogastric nerve; the peripheral ends of this nerve are distributed to a vast area of our anatomy in the mucous membrane of the following organs: esophagus, stomach, intestines, small and large, gall bladder and ducts. When these are congested and loaded down with uneliminated poisons these act as a source of irritation to the peripheral endings of the 10th nerve, and produce various symptoms all caused from "the man asleep at the switches," instead of being attentive to his duty in opening and closing the lower gates (the external and internal sphincter) the outlet for the waste matter of the body.

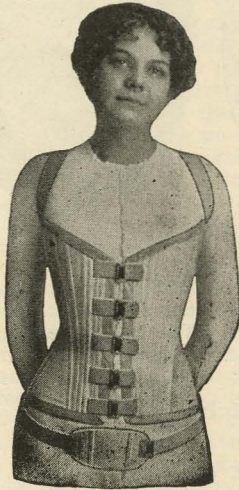
—W. J. Mulrony, M. D., D. O., Yuma, Arizona.

Playing Second Fiddle

I have been watching with deep appreciation for 15 years the constructive interest *The OP* has taken in our profession. I am writing for advice and your criticism of a situation here in Washington, which may or may not interfere with the future position of osteopathy in the estimation of the people at large. This was brought home to me while treating a patient last night of the aristocratic class and as near as I can quote from memory this is what he said: "I am going to give the osteopaths a little piece of advice. The people are not interested in the ethical side of doing away with osteopathy when there is another doctor of the old school on the case." He is a prominent lawyer here in Washington. I said to him:

"Do you suppose that you would agree for a client of yours to leave your office every time he consulted you and then go to another lawyer?"

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All Aboard for That A S O Graduation Week and Alumni Post Graduate Course!

The following is a hint of what will be given between May 24th and June 5th, at the A.S.O. and A.S.O. Hospitals, Kirksville:

DR. M. A. LANE will devote the first morning to a demonstration and lecture on real osteopathic research. No one has ever questioned Lane's standing as a scientist or as a research man. He has done more genuine laboratory research along purely osteopathic lines than any man in the profession. He is the only man we know doing research work for osteopathy at the expense of one of the schools or otherwise who has any international recognition as a laboratory man. He will give four hours of the best work you ever heard on this line.

DR. C. C. TEALL, Dean of the College, former president of the AOA, former school inspector of the AOA, one of the genuine old guard who has continued to practice osteopathy, joint author of the latest practice of osteopathy, will give two two-hour lectures and one evening lecture on the subject nearest his hear—Osteopathic Practice.

DR. VIRGIL HALLADAY will give five three-hour demonstrations of his dissected spines and cross section anatomy specimens, none of these latter specimens have ever been exhibited at any Convention. In the gross dissection of the spine and other joints, and in the gross dissection of anatomical material for osteopathic demonstration Halladay stands in the same position that Lane does in the microscopic work. He stands head and shoulders above anybody in the osteopathic world who has made gross research in the dissection room. Seeing these demonstrations alone will be worth the trip and will be a treat to any one who actually cares to improve his osteopathic information.

The U. S. Government has asked for PROFESSOR HALLADAY'S secret of embalming and they have asked for one of his specimens to put in the National Museum. He is working on this specimen now.

One of the best prominent teachers of technique in another school insisted that one of HALLADAY'S specimens was "artificial as it would be impossible to prepare such a specimen from a cadaver."

DR. REGINALD PLATT will alternate with Dr. Teall on Osteopathic Practice and Technique. After years of practice, and the writing of many good osteopathic articles Dr. Platt has firmly established himself as a teacher, after two years handling of Osteopathic subjects at the A. S. O. Like all the present teachers at the A. S. O. *he really believes in Osteopathy*, hence his value.

DR. GEORGE A. STILL will give surgical and diagnostic clinics on five different mornings, dividing the mornings in two instances with Dr. E. H. Henry on diagnosis and toxicology.

DR. E. H. HENRY AND DR. GEORGE A. STILL are both personally acquainted with so many people that further description of their work is unnecessary. Both are amongst the profession's older teachers in length of service.

DR. R. E. HAMILTON has been doing some wonderful work the past year developing finer technique in the eye, ear, nose and throat. He will lecture on two different morning with clinics and demonstrations.

DR. B. D. TURMAN is to the present osteopaths what Dr. Marion Clark used to be. He is a genuine osteopath, doesn't use medicine; does use osteopathy and believes in it and is a born obstetrician. He will give two lectures and if the ladies' dates are correct will have one or two demonstrations during the two weeks—and may be more!

DR. H. B. HAIN has a number of very interesting orthopedic clinics that he will demonstrate during the convention.

DR. Q. L. DRENNAN, who served in the Walter Reed General Hospital in Washington, D. C., during the war will demonstrate very practical work with plaster casts.

"These two men can put on better plaster casts than any two men I ever saw, can make neater work of it and can impart this to their students so that the students get the main benefit," wrote Dr. Geo. A. Still in a recent article.

On Saturday morning of the first week will be the class exercises of the senior class and that afternoon will be an old-time reunion picnic, weather permitting; otherwise a program with a banquet in the evening.

Sunday will be devoted to the Baccalaureate Sermon and Memorial Exercises for our soldier dead and for the Old Doctor. This Sunday, of course, is Memorial Day.

DR. T. A. RIEGER, will give an address during the second week on history taking.—Dr. Rieger has had experience taking several thousand histories at the A. S. O. Hospital and clinics.

DR. H. A. GORRELL will give two demonstrations on the identification and treatment of intestinal parasites. We value this subject so highly that we are paying this professor more per year to handle this work than the amount one of the small osteopathic schools claimed as its year's overhead expense.

OPRA E. GOTTREU, R. N., has been giving a course to the students during the past year on practical bed side nursing. There has been no more popular or valuable course given and Miss Gottreu will give two demonstrations during the Convention on this very practical subject, and we doubt whether it will be duplicated ever in any college course in the country. Most doctors from most schools get a bit of theory on this subject but we have found that the practical work in invaluable for the man in acute practice.

In addition to all the above—which ought to be enough—we have two surprise lectures that we know are going to make a hit. These are the premiums to sweeten the whole course.

Further details will appear next month.

Any one who misses this Convention and this old-time reunion of A. S. O. graduates will miss the mental and social treat of a life time!



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He saw my point and agreed that this would ball matters up. I also told him that I had always been ready and willing to consult and work with any doctor of the old school, but that I would not and have not been willing to come in on a case at one time of the day and the "regular" doctor another time; that I considered osteopathy in the large majority of diseased conditions 85 per cent superior in its efficiency to internal drug medication. Because of this fact I was not willing to get other than 85 per cent credit for any change and improvement in the patient.

I know as a matter of fact there are many osteopaths in this District who treat patients without ever meeting the "regular" doctor on the case. You know that not only in our calling but in every life's work people are taken largely by the value they place upon themselves. Following this thought out you can readily see what is going to happen to the prestige, influence and dignity of osteopathy in the District of Columbia. May I suggest that you put the profession right on the stand they should take in this matter?

Here is a point that I make and maintain, that osteopathy is growing in the estimation of the people and they demand it. Why not use this clamoring for our treatment as a means of compelling the doctors of the old school to bow and submit to consulting and working with us?

Some time ago an M.D. was called in consultation on a pneumonia case I had. His attitude was one of disdain and superiority. While I was in the room of the patient he proceeded to write a prescription, whereupon I left the room. The lady of the house followed me inquiring as to whether I was leaving. This is what I said: "The doctor is writing a prescription. He naturally thinks that there is great power in that prescription. I know that there is not. If you think that there is, then follow his direction. You see his attitude toward me because I am of another school of healing; therefore it is impossible for me to work with him." After due consideration on the part of the family, the M.D. was dismissed next morning and I was called to take charge of the case, to the beautiful and final recovery of the patient.

—Carl Kettler, D.O., Washington, D. C.

[Note: The point of Dr. Kettler is well taken. Osteopaths should stand on their prerogatives like good sticklers and the more they do it the better the public will value them. The back-door route to a sick chamber is unworthy of osteopathy. If an M. D. in consultation wears the air of superiority treat him as a superfluity and either have the case for osteopathy or let him have it.—Editor.]

Schedule of Minimum Fees Recommended by the Washington Osteopathic Association

Physical examination, \$3.00 to \$5.00.
Laboratory diagnosis, according to services.
Office treatment, \$3.00.
City calls, first call \$5.00; subsequent calls, \$4.00.

Extra charge for office treatment and calls at night. Fractures, dislocations and surgery according to case. Obstetrical cases (uncomplicated), \$50.00. Extra charge for special care.

What's About Right—\$4.00?

Now, concerning the discussion in *The OP* as to rates for treatment. They should be higher than formerly, of course, because a dollar is only worth about fifty cents in buying power, but I consider that any osteopath who charges the general public \$5.00 a treatment is a profiteer. Not that it may not be worth it to the patient but any osteopath who can't make a reasonable living at less than \$5.00 per isn't willing to work very hard on his job.—Janet M. Armstrong, D. O., Cobourg, Canada, March 24.

More Specialism and Hospitals

In February *OP* Dr. Josephine de France has an article "Decries Unprepared Specialism" in which she argues with great force that patients requiring attention outside of the regular sphere of an osteopath's work should be sent to some specialists in the lines of old school medicine or surgery.

This is indeed the day of the specialists. The all-round man has no longer a place in any field of human effort. In the professions, as well as in the fields of industry and commerce, he who has made special preparation for some limited work, succeeds best, though his heart and soul have fallen away perhaps from the high level possible only under the wide and varied experience of a former day.

If we were all like Dr. de France hospitals would be established in every quarter of our land and the law would be changed so as to give the D. O. the right to treat his patients according to the teaching of his own school. We may be sure of this because public sentiment would demand it.

Dr. de France is indeed right in advising us to supplement our own work by that of trained specialists. But we have inside our own ranks those possessing such skill. Specialists who have spent years in study and whose degrees and certificates are equal to those of any physician or surgeon, be he who he may.

I would like to suggest that the AOA appoint a committee to investigate the claims of those posing as specialists, and that its report be sent to every osteopath. Then we would be able to make a comparison and should find that in osteopathy we have specialists equal to any. Indeed we owe to our patients the very best skill obtainable. There are over three million people at present taking osteopathic treatment. It may be said that fully ten per cent of these have hernia, infected tonsils, infected gall bladder, tooth or sinus infection, etc. Are we to attend to these after an operation? Or shall some surgeon or physician outside our own number? Is the patient to be allowed to go among his friends, attributing his cure to others, forgetful of us, and of all that we really did do for him?

Also, we would experience the greater satisfaction which would come from having done for the patient all and not merely a part. In my own experience in hospitals both in Europe and in my own land, it has ever been to me a pleasure, beyond that which the meed of praise or a material wage could give, to have been the means, under God, of lifting from the heart of the patient the gloomy shadow of pain and of loosing its iron grip from his tortured frame.

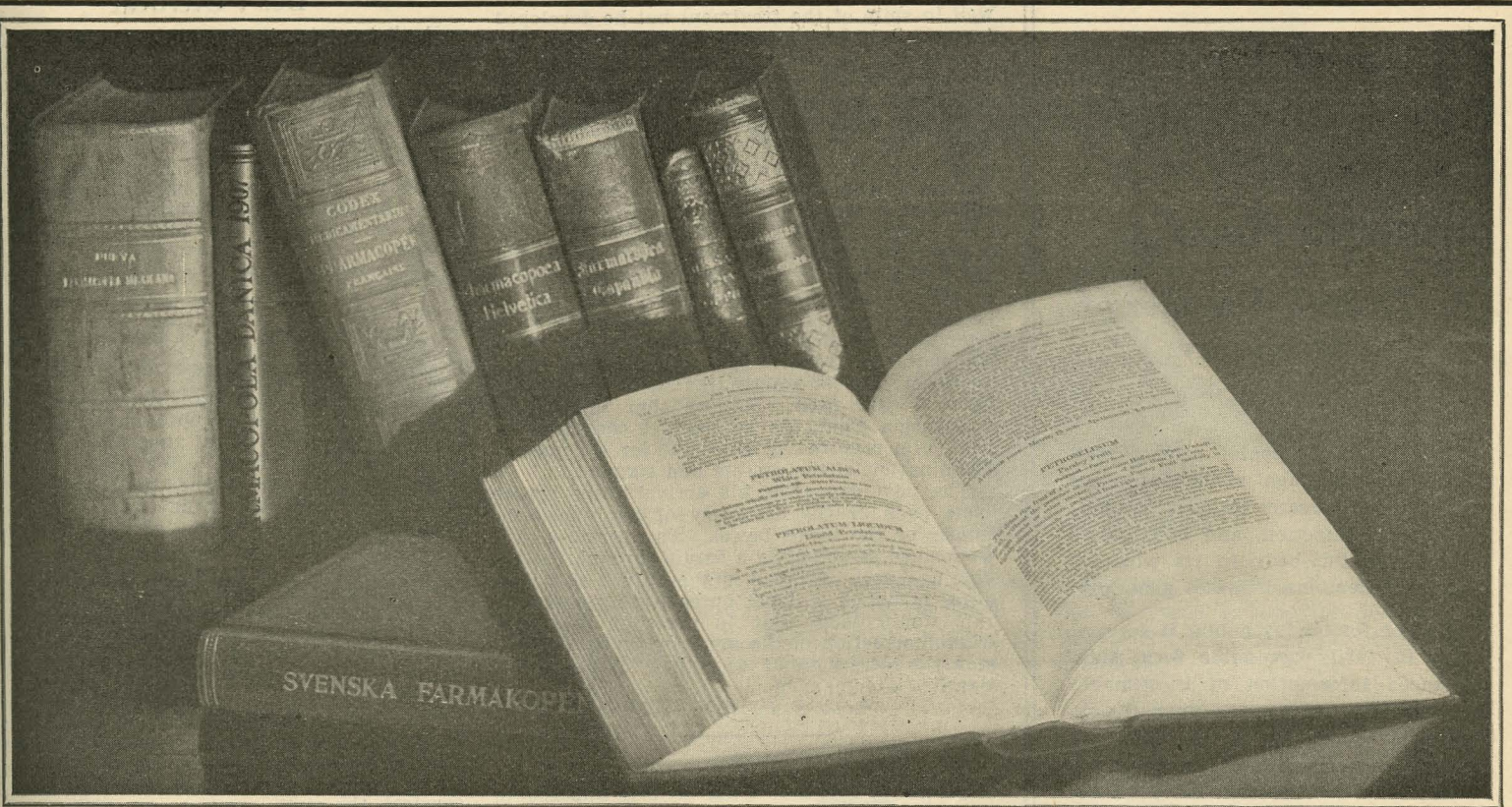
But in order to force recognition of our true worth, we must unite our full forces in unceasing effort. United action is the keynote of today. The voice of the individual is unnoticed. Let us have more osteopathic hospitals and specialists.

—Roy Bernard, D. O., M. D., Chicago.

It May Not Be the Innominate After All

Notwithstanding the fact that the innominates are often at the bottom of many pathological conditions variously diagnosed as anything from appendicitis to chilblains by medical men, there are cases where a more serious condition may be present with a posterior innominate. The following case illustrates such a possibility.

The patient was a man of about 35 who had recently returned from overseas where he had seen strenuous service at the front as a non-combatant in Y. M. C. A. service. Previous to his departure he was a clothing merchant and had always been very "nervous." After his return he resumed his occupation for a while but was compelled to give it up, supposedly on account of a nervous breakdown. He took to his bed and was treated for a month by an M.



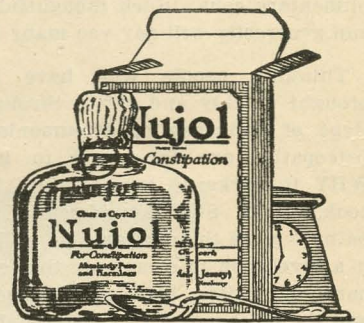
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“A Surgical Assistant”

“In Women and Children”

Also sample

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By Prof. M. A. Lane

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

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

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

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

The price of the book, well bound in dark green cloth, stamped in gold, is \$3.00 delivered, postage paid. Order today. Feast on it tomorrow. Derive benefits in practice the day following.

**The OP, 9th S. Clinton Street
Chicago**

D. for nerves and stomach. His stomach got well in spite of the treatment but he developed a severe pain in the lower part of his back and also in the rectum with spasmodic tightening of the sphincter of both rectum and bladder accompanied by severe pain.

When I was called he was suffering constant pain which interfered with his sleep. He was under weight but not emaciated. A slight amount of blood was present in the stools which apparently came from hemorrhoids. A digital examination revealed nothing except the hemorrhoids and tight sphincter. The left innominate was posterior and the 5th lumbar slightly anterior. Deep pressure over the lower lumbar nerves after correcting the innominate gave temporary relief but apparently did not reach the source of the difficulty although the symptoms were almost exactly like many innominate cases I have seen. Feeling that further investigation would do no harm I consented to have him removed to Montreal for a complete examination of the rectum and sigmoid.

The next day after his arrival there report came back of the discovery of an inoperable cancer of the lower bowel. An operation was performed establishing a fistula through the abdominal wall. He has now survived the operation although a fatal outcome is inevitable.

It would seem that in cases of that sort where correction of the apparent lesion did not stop the symptoms at once that further investigation is demanded.

—Leon E. Page, D. O., Newport, Vt.

Physic

I wish to say that I am bitterly opposed to aspirin and such drugs, but I do believe, from my experience, that a physic is a great aid to osteopathic treatment. Physic is about all of the drugs I believe in but I do believe it is better to use physic to empty the bowels of accumulation of waste matter than to allow such poison to be absorbed into the blood. I find that high fever always drops and a relaxation of very tense muscles begins as soon as a dose of castor oil removes from the bowels matter that smells like a dead horse even though enemas and osteopathic manipulations had been given.

—J. G. Morrison, D. O., Terre Haute, Indiana.

Small Pox

I do not know any one here in the south who has treated small pox by osteopathic methods. I remember some years ago some cases reported in the *Journal of Osteopathy* (Kirksville) by some of our men out in Oklahoma. Dr. A. T. Still gave out that he had found that a fly blister—cantharidin—would neutralize the poison of small pox. He directed, if any one was called to see a case of this disease, that he should put a small piece of fly-plaster not larger than a dime on his skin somewhere and that it should stay there till the skin was thoroughly reddened—need not go so far as to make a blister necessarily—and then the doctor could proceed to treat such cases with impunity and that he would never take small pox. He also directed that if any one who had been exposed to the disease would do the same for himself before the eruption appeared, he would save himself. Several reported in the *Journal*, if I remember correctly, in the following few months some cases that agreed with Dr. Still's idea about cantharidin. This is the extent of my knowledge of anything that osteopathic physicians may have done in small pox.

—M. C. Hardin, D.O., Atlanta, Ga.

Now is the time to distribute
"Chiropractic Kleptomania"
\$9.50 per 1000

Don't Overtreat

Don't treat too hard or too long—especially a new patient. Many osteopathic "knockers" have been made in this way—patients who were sore (mentally and physically) after too much treatment. If we must err, let's err on the side of under-treatment. Patients who want a 45-minute or one-hour treatment should be sent to a masseur. Even when long treatments don't hurt the patient, they unnecessarily tire the operator, waste his time and must hurt osteopathy.

—C. B. Rowlingson, D. O., Los Angeles, Cal.

Bony Lesions and Diseases of the Eye, Ear, Nose and Throat

Infections and autointoxications have become so prominent in the diagnosis of diseases of the eye, ear, nose and throat that frequently bony lesions are overlooked. We must remember as osteopathic physicians that bony lesions are back of nearly all of the depleted conditions of the system, even where infection is present. Bony lesions destroy the integrity of the circulation and nerve force to some part of the body which lays the foundation for infection; also reflex conditions coming from bony lesions may cause pain and loss of function or perversion of function in the eye, ear, nose and throat without any infection existing. Whether infection is present or not wherever there is a perversion of function of the eye, ear, nose and throat the osteopathic physician who is specializing along this line should not forget his bony lesion basis. Frequently at the atlas, the third cervical, the sixth cervical and the second dorsal, more often perhaps than at other places, there are bony lesions which affect the circulation and nerve force to the eye, ear, nose and throat, also the secretory system of nerves going to these organs may be affected by bony lesions in these regions.

In all cases of eye, ear, nose and throat trouble, therefore, a careful search should be made for the bony lesion basis and in giving treatment a thorough diagnosis and treatment of this region of the body is important in the best work on the eye, ear, nose and throat.

The diagnostic importance of this part of the eye, ear, nose and throat work will be gone over in the program given by the American Osteopathic Society of Ophthalmology and Otolaryngology which meets the week of June twenty-first, 1920, at the Chicago Osteopathic Hospital. All osteopathic physicians of the United States are invited to attend this convention. It is the week before the meeting of the American Osteopathic Association and if one comes for the two weeks he virtually gets a post graduate course lasting two whole weeks or thereabouts. Three hundred attended this convention last year. There should be at least five hundred osteopathic physicians in this convention interested in eye, ear, nose and throat troubles this coming June. Even though you are not specializing on the eye, ear, nose and throat you should be interested in the diseases and diagnosis of troubles in this region of the body.

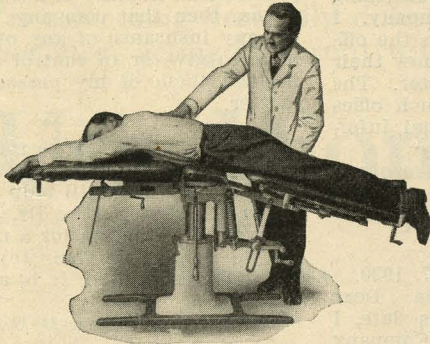
—C. C. Reid, D. O., Denver, Colorado.

Wanted: Physical Training and Speech Culture

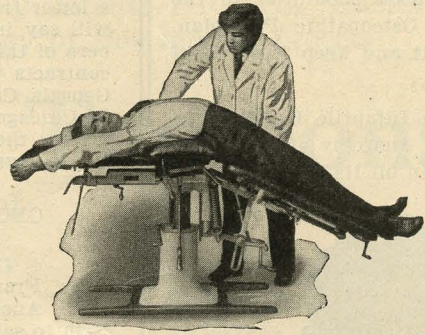
Among our patrons is a gentleman who has asked us to advise him where to send his 10-year-old boy for physical and voice instruction. The boy has a speech impediment and certain physical defects and what this man wants is to learn of an institute for speech and physical training combined. If you know of such an institute or can learn of any osteopath who does know of such a place you will do us a great favor by kindly imparting this knowledge.

—Drs. Bowlby & Bowlby, El Paso, Texas.

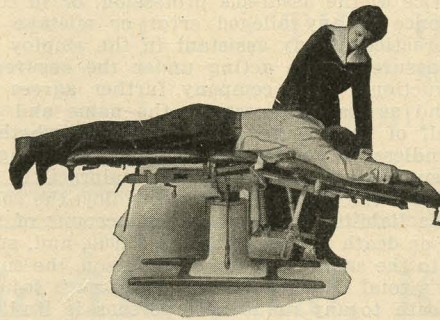
The Easiest and Best Way is the McManis Way!



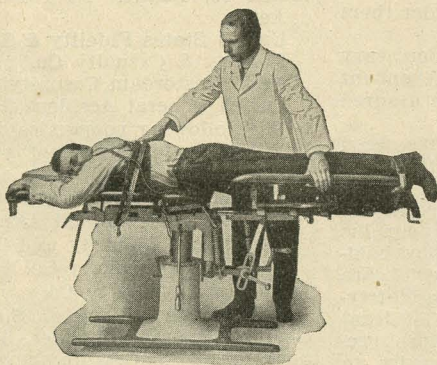
This illustrates the stretching and manipulation of the spine according to the method of Dr. A. G. French, Syracuse, N. Y., and is a quick and effective way of securing spinal traction.



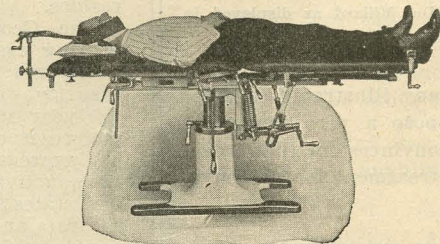
This is an effective method of raising the ribs. It aids in the detection of rib lesions. This treatment is good for dyspnoea, heart trouble, asthma, intercostal neuralgia, shingles, congested liver and affections of the diaphragm.



Through this photograph is illustrated a method of treating the upper dorsal spine. This treatment is very effective and one must experience it to appreciate it. The resilient universal joint and a low table play important parts.



Spinal traction with manipulation is one of the most effective manual methods of treatment known. Possible only on a McManis Table.



Stretching the upper dorsal and cervical area of the spine by means of the McManis neck stretching device. Very effective and important treatment.

Complete information and catalog sent upon request.

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Kirkville, Missouri, U. S. A.

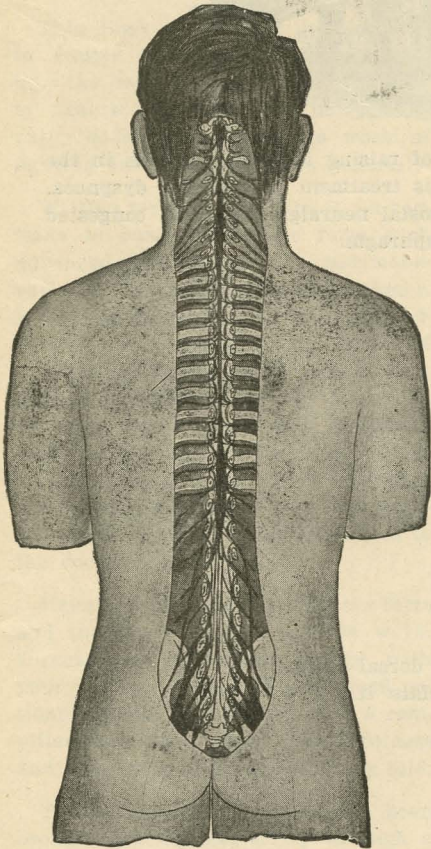
POLIOMYELITIS

(Infantile Paralysis)

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

This remarkable book should be in the Library of every Osteopathic Physician. You should read it and keep it on hand for reference.

The first work on Infantile Paralysis in which the Applied Anatomy of the spinal cord is discussed in all its phases.



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

A study of the many illustrated case reports, which compose a very important part of the book, convinces one that Osteopathy is the *only* treatment for poliomyelitis.

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.

Order it Now

The Bunting Publications, Inc.

Dept. B., 9 South Clinton Street, Chicago

Liability Insurance for Osteopaths

SEE by *The OP* that the Aetna Insurance Company has discontinued writing liability insurance for osteopaths. I have taken this matter up with the Georgia Casualty Company—a company ten years old, with two million dollars surplus and reserves as to policy holders—and this company is willing to take on all the osteopathic business. I am enclosing a letter from the secretary of this company. I will say in passing that I have known the officers of this company for years and know their contracts will be carried out to the letter. The Georgia Casualty Company has a branch office in Chicago and you may get additional information there.

—Frank F. Jones, D. O., Macon, Georgia.

* * *

GEORGIA CASUALTY COMPANY Office of the Secretary

Macon, Ga., February 27, 1920.

Dr. Frank F. Jones, Macon, Georgia. Dear Sir: Answering your inquiry of this date, I wish to say that the Georgia Casualty Company writes physicians' and dentists' liability insurance on the standard form of liability policy, under the terms of which it agrees to indemnify the assured against loss from the liability imposed by law for damages on account of bodily injuries or death suffered by any person or persons in consequences of any alleged error or mistake or malpractice occurring in the practice of the assured's profession, or in consequence of any alleged error or mistake or malpractice of any assistant in the employ of the assured while acting under the assured's instructions. The company further agrees to defend as its own cost, in the name and on behalf of the assured, any civil suit whether groundless or not for the recovery of damages for such error or mistake or malpractice.

Under the provisions of this policy, the company's liability for damages on account of injury or death to one person is \$5,000, and, subject to the same limit for each person, the company's total liability on account of such injury or death to any number of persons is limited to \$10,000.

We issue this form of policy to dentists and physicians—allopathic, homeopathic or osteopathic—who are members in good standing of associations or societies. We have written quite a large number of osteopathic physicians throughout the United States with a most satisfactory experience, and therefor consider them desirable risks.

Our rates for this form of protection vary from \$15.00 to \$25.00 per annum, dependent upon the state and city in which the assured resides.

The Georgia Casualty Company has been writing casualty business for more than ten years and is now a recognized factor in the casualty world. Our net premium income for the year 1919 was \$2,345,584, and our surplus and reserves for the protection of policy holders aggregate something over \$2,000,000. We have active agency representation in thirty-one states and maintain a full corps of legal advisors and attorneys. We are, therefore, prepared to furnish unexcelled claim service to our clientele. In point of fact this company has built up a national reputation for its service.—Edward P. Amerine, Secretary.

* * *

I note in the last *OP* that others beside myself have been notified by the Aetna Insurance Company that they will no longer carry physicians' liability policies for osteopathic physicians and I observe that one—Dr. McCole, of Great Falls, Mont.—asks what companies will accept our policies.

Inquiry made of the Aetna as to why they have discontinued this insurance brings an unsatisfactory and rather evasive answer. The following of the large and responsible com-

panies are still carrying physicians' liability for osteopathic physicians: The Fidelity and Casualty Co., New York City; The Maryland Casualty Company of Baltimore; The United States Fidelity and Guaranty Company of Baltimore.

I fully agree with Dr. Louden that if our professional liability is not good enough for the Aetna, then that company is not good enough for any insurance of any other kind which we have to give or to control and I have frankly notified them of my personal attitude in the matter.

* * *

I trust that the above information in regard to strong companies writing osteopathic professional liability will help some of those seeking it elsewhere. Like Dr. Louden I have been insured in the Aetna for a number of years and see no reason for their turning us down now unless, as suggested, it is at the behest of the A.M.A.

—Ralph H. Williams, D. O., Rochester, N. Y.

* * *

Please advise your readers that the Fidelity and Casualty Insurance Company of New York will issue physicians' liability insurance to osteopaths. All interested, write Mr. Wm. J. Horan, special representative, 90 William St., New York, N. Y. I have carried my insurance in this company for several years and have found them all O. K. in every respect.

—Wm. H. O'Neill, D. O., Camden, N. J.

* * *

In the February *OP* I note that Drs. Louden and Dr. McCole from Vermont and Montana, respectively, have placed before the profession something for them to think about. I have been somewhat interested in the matter of liability insurance for some time past, having had one or two disagreeable experiences with insurance of this sort. A sister-in-law of mine, private secretary to the Vice President of the Massachusetts Bonding and Insurance Co., through my request went into this matter as reported in *The OP*. I received a report from her this morning, and I publish it herewith so that our brother D. O.'s may take it for what it is worth.

The following companies, beginning March 1st, 1920, will insure "regular" physicians, M. D.'s (Lord bless the mark), but refuse to insure osteopaths. No reasons given for this.

Aetna.
United States Fidelity & Guaranty Co.
Fidelity & Casualty Co.
New Amsterdam Casualty Co.
Zurich General Accident & Liability Co.

The following companies will NOT write any liability for physicians of ANY school of practice.

Massachusetts Bonding and Insurance Co.
General Accident and Assurance Co.
Employer's Liability and Assurance Co.
Travelers Indemnity Co.
Maryland Casualty Co.

Mr. John A. Pierce, 85 State Street, Boston, General Insurance Broker, has promised to report to me more fully covering as many of the companies as possible who are discriminating against osteopaths.

We would like to hear from others quarters in regard to this matter.

—J. Benjamin Ellis, D.M.D., D.O., Boston, Mass.

* * *

AETNA'S EXPLANATION

December 29, 1919.

Dr. George M. McCole,
First National Bank Bldg.,
Great Falls, Montana.

Dear Doctor: I have your favor of the 20th instant which has been carefully noted, and wish to assure you in the first place that there

The Test of the Tampon

The test of the tampon lies in the action and effect of the medicament it carries upon existing local inflammatory processes. Commonly used agents of this sort act only indirectly as a rule.

DIONOL is something decidedly different. It acts efficiently because DIONOL reaches and affects *local inflammation*, acting in accord with the electro-pathology of this morbid process

Use Dionol On Tampons

in the treatment of

Endometritis
Ovaritis
Salpingitis

Cervical Ulceration
Pelvic Cellulitis
Cystitis

Metritis
Leucorrhoea
Vaginitis

THE DIONOL CO., Detroit, Mich.
Department 12

Please send Literature, Case Reports, etc.

Judge Dionol By Performance

THE DIONOL COMPANY

864 Woodward Avenue

DETROIT, - - - MICHIGAN

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.

Busy Osteopath Gains \$60,000.00 Asset

Dr. C. E. Amsden of Toronto, Canada, has increased his previous income \$300.00 a month (representing 6% on a \$60,000.00 investment) as a direct result of his study of our Correspondence Course in Orificial Surgery.

It will pay YOU to learn Orificial Therapy.

Class members enrolling now can make themselves eligible for graduation at our summer clinic.

Write us for a table of facts.

Figures don't lie.

School of Orificial Surgery

Incorporated

Utica Building, Des Moines, Iowa

The TAYLOR CLINIC Des Moines General Hospital Des Moines, Iowa

S. L. TAYLOR, A.B., D.O., M.D.

President; Surgeon-in-chief

F. J. TRENER, D.O.,

Superintendent; Roentgenologist and Anesthetist

G. C. TAYLOR, B.S., D.O., M.D.

Genito-Urinary and Rectal Diseases

L. D. TAYLOR, M.D., D.O.

Consultant

B. L. CASH, D.O.

Clinical Laboratory and Cystoscopy.

D. D. CLARK, D.O.

Field Manager

J. P. SCHWARTZ, D.O.

House Physician

E. M. DAVIS, D.O.

Staff Physician

**Continuous Post-graduate Course.
Fee \$100.00 per month. Certificate
granted at completion of course.**

were no personal reasons which had any bearing on our desire not to renew your Physicians' Liability Policy.

Inasmuch as you have asked me to be perfectly frank as to the reasons why the company had declined to renew your policy, I would advise as follows:

When we first commenced writing malpractice insurance a few years ago, we believed that we could get a good volume of business from the osteopaths as well as from the regular doctors and dentists, but apparently most of the osteopaths feel the same as you do yourself, namely, that they do not incur very much risk in the practice of their profession, inasmuch as they do practically no surgery, and we understand, do no prescribing of drugs or medicines, and have, therefore, felt that they did not need insurance for claims against malpractice. The result has been that during the past six years we have insured but a very few osteopaths.

Our experience on various kinds of risks such as doctors, dentists, osteopaths, eye and ear specialists, etc., has been kept separate, and the claims which have developed on osteopaths have been out of all proportion to the number of risks insured, and the amount of money that we have paid out or will be called upon to pay in the settlement of these cases, far exceeds any amount that we could hope to secure for several years to come, even if we wrote a largely increased number of doctors in your profession.

Briefly, we know what we have written of this business and what our losses have been and cannot see our way to continue writing the business in view of the circumstances as they exist, and we believe you will fully appreciate our reasons for taking the action which we have found it necessary to take. You understand, of course, that we are not cancelling the insurance of any osteopaths but are permitting their policies to continue until expiration, but are not renewing them.

Trusting this will fully answer your inquiry, I am,

Yours truly,

—A. M. Rogers, Superintendent, Aetna Insurance Company.

TECHNIQUE

Technique for Acute Enteritis

In these days when an M. D. degree seems so alluring to many of our students the results obtained from 100% Simon-pure osteopathic treatment should prove of especial interest. In this respect I wish to report the results we obtained during the past year in acute enteritis, the catarrhal type, in twenty-five or more cases. Ages ranged from babes to adults, and all were cured, usually in one treatment, at most two. In two cases which had been under M. D. care for some time and were rapidly getting worse, passing bloody stools, three and five treatments respectively were needed, although the first gave relief. We used no chalky looking and chalky tasting mixture such as many D. O.'s keep in stock for such cases—just plain, old-fashioned osteopathy.

The lesions found were at the dorso-lumbar junction, ranging from the tenth D to second L. but usually around the twelfth D. and first L. It was in the nature of a rotation, to the left in most cases. Correction was accomplished by placing the patient on his right side, flexing the spine slightly, and the operator's elbows were placed in front of the shoulder and posterior to the hip respectively, the shoulder was forced away from, the hip was drawn to the operator while at the same time the shoulder and hip were separated. The point of lesion was localized by the finger of both hands. A quick movement made the correction.

In a few stubborn cases it was found best to elevate the shoulders somewhat, thus producing a lateral curve to the right, for according to Lovett the bodies of the vertebrae tend to rotate to the convexity. This helps materially to make the correction.

—Drs. Watters & Watters, Conrad, Mont.

McManis Table Rib Technique

Raising the ribs and freeing up the adjacent circulation is important. On the McManis table the following is an excellent treatment.

Patient in the dorsal position with hips well on to the swinging section of the table. Do not fasten the ankles in the anklecuffs. Place the leather pillow underneath the small of the patient's back. If the patient's back is pliable do not lower the middle leaf. If his back is stiff and sore and too much extension of the spine is painful, lower the middle leaf. Have the patient extend the arms and hold on to the head of the table. If this hurts the shoulders insert the gyn crytches and let the patient hold on to them. The patient is now in the proper position. Release the friction clutch, being sure that the springs are so adjusted to support the weight of the patient. Release the lateral lock. Stand at the side of the patient and push the swinging leaf DOWN and AWAY from you, at the same time placing your hand underneath the ribs making fixed points on the angles of the ribs being raised. This treatment followed out and judiciously applied will take care of the depressed rib conditions which are so common.—J. V. McManis, D. O., Kirksville, Mo.

Power of Medical Propaganda

[From the Optometric Weekly]

THE Follies of 1920," which is well advertised by Mr. Ziegfeld, and, by the way, the "Follies" always turn out to be some sort of disguised advertisement of something or other and this time it is evident that that enterprising manager has lost all pride and very likely has sold his soul for a lot of pearls. One scene represents what is supposed to be an osteopath's office, wherein the operations of the supposed professional osteopath and the resultant silly contortions of the patient not only hold the osteopath up to ridicule, but the fact that the subject is told that he can be turned out as a proficient practitioner in the space of one week discredits the profession, a profession which has been dignified by regular courses of study and practice and is recognized by the thinking public in spite of A. M. A. efforts to the contrary. Probably optometry is the next to be ridiculed before the public. Of course there is nothing to show that the medical profession constitutes the force behind this public demonstration, but it is safe to assert that, while they have not used a brass band or banners to announce their identity with this work, they certainly have not resorted to the courts to stop it. Probably the medical men in general were not even asked to subscribe to a fund for such a purpose, but it is certain that the progressive Mr. Ziegfeld seldom cudgels his brain and spends large amounts of money for "paper," costumes and scenery unless he knows what he is doing. We are surprised to note that, as far as we are aware, the osteopaths have not made a protest. Who is next?

"Chiropractic Kleptomania"

Is making a big hit with osteopaths and the public wherever it is used. This 6-page rectifier of osteopathy's boundaries costs you less than 1 cent a copy in 1,000 lots.

The Osteopathic Physician

The Organ of News and Opinion for the Profession

Published on the 15th of Every Month By THE BUNTING PUBLICATIONS, 9 S. Clinto St., Chicago, Illinois. Henry Stanhope Bunting, A. B., M. D., D. O., Editor and Manager; Ralph Arnold Business Manager. Subscription price in the United States \$2.00 per annum. In Canada \$2.25. In other foreign countries \$2.50. Advertising Rates on Application. Copyright, 1919 by The Bunting Publications.

Entered as second-class matter April 7th, 1903, at the Postoffice at Chicago, Illinois, under the Act of March 3d, 1879.

EDITORIAL

Fairness, Freedom, Fearlessness

"How to the line, let chips fall where they will."

Vol. XXXVII April, 1920 No. 4

THE ISSUE IS "FORWARD!" OR "BACKWARD!"

The net of the profession's general perplexities as revealed by the Pennsylvania turmoil is just this:

Shall the practice of osteopathy stand for its rights to develop as a *complete independent* school of therapy enjoying liberty of thought, all professional prerogatives and legal status on a par with the "regular" school, for which we pay the same price of educational preparation?

Or—

Shall the practice of osteopathy surrender its ideals and the professed claim of being a *complete independent* school of therapy, and accept a permanent status of inferiority and subordination to the "regular" school, having its function restricted rigidly to manipulation, for which a two-year or three-year preparation in college would be all that was necessary?

This issue is clear-cut before us. It is as plain to the wide-awake osteopath as Washington monument. We must make up our minds to go one way or the other. We can't go both ways much longer. Looking at such incidents as the recent P. S. Daily affair in Philadelphia while keeping this real fundamental deep-lying issue always before us, we will not lose our bearings and play into the hands of the enemy.

If the decision is for the first alternative stated, then the way to go about getting it is clear and not really so difficult after all, we believe, as trying to maintain our present anomalous, amphibious, illogical, inconsistent, impossible, dogmatic attitude before the law and the healing art.

On such an onward and upward course we should at once clarify our legislative policy, unify our legislative program throughout the United States and Canada, and secure brand new laws, stated in unequivocal terms, that will recognize our *complete equality, as apharmaco-therapeutic physicians, with pharmacotherapeutic physicians generally.*

As a first step toward accomplishing this goal we must modify our historic dogma that we are "a drugless school" (which, truthfully, we really are not, and *never were* in any unqualified statement of that term); and we must restate our position as to drugs in a new way so that it will be scientific, truthful and, on its face, perfectly obvious to everybody.

Our attitude toward drugs is not in any doubt, never has been, and has undergone comparatively little real change in twenty-five years. In fact, we have gathered much scientific conviction during that time as to the worthlessness and the damage resulting from most classes of drugs. It is this foolish cant, this untrue shibboleth we keep murmuring to

the effect that we are "a drugless school" that has made most of our whole trouble for us. No considerable number of osteopaths, we think, today are without their apharmaco-therapeutic (anti-drug) orientation. We do not believe in drugs as curative agents because we accept the demonstrations of pure science, as well as of human experience, that they are not often really curative agents; and even when they seem to be curative to a degree, in the few instances where there is scientific warrant for their restricted use, there is really observed only *drug cancellation* of one disease by imposing another, the substitution of lesser drug damage to tissues in place of some other and more serious disease. It is because we discredit drugs so generally, then, and know a better way to aid nature to overcome many ills which drugs will not help that we *scorn general drug practice.* We do not imitate the mistakes and multiply the crimes against health of the pharmacotherapists (drug doctors) simply because we see the futility and the harm of their practices—not because forsooth there are restrictive laws which will *not let us be dopesters!*

The osteopath who puts his trust in statutes instead of rational therapeutic understanding to preserve the purity and consistency of his therapeutics must indeed be weak in his own knowledge and conviction.

But if such a course of independence, of freedom, of authority, should be held by osteopaths as really too bold an ambition for osteopaths to entertain—this decision to go out straightway after full equality before the law, if this issue should be judged too difficult a battle to join with the strong forces of "state" medicine, then there is but one thing to do in our necessity. That is, quit our present policy of giving "equal educational preparation for unequal professional privileges" and drop back to three-years or two-years of school training, fill our schools to overflowing with the students now congesting the chiropractic schools and recruit our profession by added numbers so much needed to keep our physical strength.

It is true in a sense that in doing this we would be going backwards—going down to the level of the chiropractor; but were we not happy, useful and successful as a profession in our early days when we dwelt on that lowly plane? Of course that is what the medics

ferently wish us to do. Such a destiny, with the limiting of osteopathy to a *strictly manipulative specialty* practice, would no doubt be a hard thing for our *pride*, but it might be a far better thing for mankind and for the survival of our colleges which it seems, must come to pass at no distant day, should this race between osteopath and allopath for "equal educational preparation, without equal professional privilege" be allowed to go on to its logical finish—our finish—*which must not be!*

We must recognize that we have only this Hobson's choice, however much we might like to frame our destiny on some other pattern.

We must go forward and get equality before the law or march back to the place where we are not demanding any more of our students in the way of preparation than the restricted practice of osteopathy (as defined by many inhibitory statutes) is worth to them.

Certainly, osteopathic students will not continue to fill our schools in future if the present anomalous status of our practitioners before the laws of many states is allowed to continue and, under AMA persecution, grow yearly more unendurable.

Which shall it be, then, men and women of osteopathy—"Forward, to Victory!" or "Back to our Trenches!" to dig in and survive, if possible, by fighting a slow retreat?

Osteopathy's plight in Pennsylvania is not merely a local experience. It is part of our national and Canadian, and hence all-American, situation. An acute outbreak occurred in Philadelphia, it being one of the historic strongholds of "regular" medicine. Other outbreaks appearing elsewhere. The same AMA attack is on, all over the continent.

The dogs of insidious war bite at osteopathic heels in many a quiet quarter where it is not as yet suspected as being part of the final fight for osteopathic extinction. Verily, it is a warfare of extermination. Either osteopathy or drug practice must go under.

Now what do *you* think is our wisest course? Shall we go forward or backward?

Tell *The OP* in twenty words. We shall be glad to print the verdict of several hundred representative osteopaths after they have had time to think it over.

Endorsement of a Prominent Medical Author

COMMENT on the value of Dr. Fuehrer's work by George F. Butler, Ph.G., M.D., author of the well-known standard "Text-book of Materia Medica, Therapeutics and Pharmacology", (Saunders), formerly professor of materia medica and clinical medicine at the Chicago College of Physicians and Surgeons, which is the medical department of the university of Illinois, and now physician-in-charge of the North Shore Sanitarium, Winnetka, Illinois.

North Shore Health Resort

Winnetka, Ill.

March 27th, 1920.

Dr. Henry Stanhope Bunting,
9 South Clinton Street,
Chicago, Illinois.

My Dear Dr. Bunting:

I have your letter of March 17th, and have also read with great interest the article in *The Osteopathic Physician* "Aspirin and the Other Coal-Tar Drugs Unmasked by Chemical Research", which you wished me to read and to give my opinion of same.

The article referred to is one of the most interesting and illuminating ones on the subject of salicylates that I have ever had the pleasure of reading. I must confess, however, that I am not enough of a chemist to say whether the statements made by the writer of the article are correct or not, but I assume they are true,

otherwise he would not have risked the publication of the article, which, if untrue could easily be proven to be so by any competent chemist.

Assuming that every statement made by the essayist is correct, I doubt if the *Journal of the American Medical Association* would favorably comment on it in view of the fact the paper is published by *The Osteopathic Physician*.

I regret to say that many regular physicians think that nothing good can come out of Nazareth, so to speak; that the only science and the only truth is to be found in our school. Personally, I am not quite so bigoted, for in my thirty-one years experience in the practice of medicine I have discovered that there are truths and untruths, good and bad, in all schools and in all sects, and it seems to me that the wise physician is the one who will recognize this fact and appropriate anything that may prove of value in his practice, no matter where he may find it.

We should be less critical of others, and my only criticism of Dr. Fuehrer's excellent article is the facetious and rather undignified reference to the American Medical Association and so-called Allopathy.

We should remember the sign over the musician in the western dance hall. "Don't shoot the fiddler—he's doing his damdest". Now, I take it that all earnest men, men who are sincerely trying to prevent, relieve or cure illness in hu-

man beings, are doing their "damdest", according to their lights, and we should be unprejudiced, charitable and willing to learn one from another.

Now, that is the way I feel about it, and I am grateful to you for calling my attention to this article, for I now know more about salicylates and aspirin than I knew before.

Sincerely yours,

Geo. F. Butler, M.D.,
Medical Director
North Shore Health Resort.

Delighted to See the Coal Tar Drugs Indicted

Francis A. Cave, D.O., Boston, Mass.

I am overjoyed that The *OP* has taken up the cudgel against the coal-tar poisons. I am with you heart and soul—hook, line and sinker—horse, foot and artillery! The osteopathic profession who are in a position to know the inside truth as to this public and private peril can not, with honor and fidelity to their trust as physicians and doctors (teachers), keep silence; but their very privilege of insight and knowledge regarding this drug peril puts a mandate upon them to preach and teach the truth until drug giving shall have been reformed. This is a work for humanity and The *OP* is its highly capable champion. More power to your pen and may you never turn back until the great work in finished, not until the poisoning of the American people is forever stopped, and the public are awakened to the accursed ignorance of its medical advisers in high places.

I am aware that some, and I suppose many, worthy persons in our profession are disposed to practice osteopathy in the easiest, pleasantest and most comfortable way possible and to wish to be of no use to their generation and country, except to give the very best treatment of which they are capable to all their own patients; and such osteopaths regard it as their duty to refrain from making any unfavorable comment on the abuses of drug practice. They seem to regard it as a "knock" against a brother doctor to tell a brother man that drugs destroy human health and lessen human expectancy. Such D.O.'s urge the profession not to try to expose the viciousness of drugging and seemingly advocate letting the M.D.'s continue to poison our fellow beings until, in the fullness of time, they become enlightened enough to quit using poisons of their own volition.

I cannot understand how my brother and sister osteopaths of this persuasion can avoid the sense of responsibility for being their brother's keeper. To my way of thinking, the giver of poisons on a mistaken idea of therapy is running the risk of manslaughter; the osteopath who well knows the nature of such error and its awful consequences to mankind and yet keeps silent about it for his job's sake is close to deserving censure as particeps criminis. Am I not right? Think it over. Our very position of enlightenment, our privilege of knowing the truth about drugging with such poisons as the coal-tar synthetics, it seems to me, carries a responsibility to tell the truth and give human beings the chance to protect themselves.

I imagine even such osteopaths who wish to "pass the buck" as to this responsibility will nevertheless be glad to see The *OP* run this series of articles for they must per force of chemical fact, physiological fact and good logic exert wide influence on the medical profession and its leaders and teachers, and as such tend to help cure this great drug evil.

Before I forget it. Some years ago, *Collier's Weekly* conducted a tremendous and successful campaign against patent medicines. I see no reason why they should not take up this campaign against the salicylates and believe

they would do so if they once understood fully the factors involved. What do you think of it? It is very hard to get periodicals of any kind where some medical censor does not first figure in the deal. This is a man-sized fight and worth all our best efforts.

I surely give you full credit for your efforts along this line and shall help in any way I can to boost the fearless, alert and enterprising *OP*.

Regarding the name of the Congressman or Senator who is fighting coal tars in Congress, would say that I have always referred to Senator Frelinghuysen of New Jersey. I am enclosing herewith a clipping from the Boston Transcript of August 30, 1918, which I would ask you to kindly return to me after perusal, as it is my only copy and others are absolutely unobtainable. While this article does not refer specifically to the coal tar drugs I have taken up the matter by correspondence with Senator Frelinghuysen and have received personal messages of thanks from him for the information contained in my letters. I do not know what his present attitude would be along this line, as it means a tremendous fight against millions of dollars of vested capital employed in the manufacture of drug poisons for the American people.

It Satisfies His Inquiring Mind

Burrell Russill, D.O., New Philadelphia, Ohio

At last I am satisfied. For the first time since I have been acquainted with osteopathy has any one been able to hit the spot that has always been worrying me. They tell us not to use drugs, but no one to my knowledge has ever

been able to tackle the subject and show why we should not. To me you have started the greatest epoch in the life of our science. Let us go after them! Let us meet them half way. Let us fight it out on a purely scientific basis.

I for one have gotten more good out of the article on "Aspirin" than any previous article explaining the unscientific basis of materia medica.

I as an osteopath pray for the day when every osteopath will know more about drugs than any other pathy. Let us go to the bottom. Let us see whether there is any virtue in drugs. Let us carry this right to the thinking public.

I would suggest that after the more popular articles of this series are published in The *OP* that every interested osteopath make arrangements to have such articles reprinted in their home newspaper,—in part, at least, even if it costs money to do it. Please advise under what arrangements we can do this. Can I make arrangements with my paper here to reprint same. Let me hear from you, but for God's sake and Osteopathy's and the people's sake, keep it up!

Wishes to Reach the Public With It

C. C. Reid, D.O., Denver, Colo.

You say so many good things in The *Osteopathic Physician* and carry on so many departments that are for the good of the profession that I frequently fail to write you when I would like to because there is so much to write about. I want especially to commend you, however, for your new department, "Revelations of Pharmacosophy." Having gone through medical college I know a good deal about the mis-

(Continued on Page 29)

My Septennial

By John Barr, D. O.

III.

Stan was another one of these people who went in rather strongly for putting up a front. He was probably the best dressed in the class at school, certainly his laundry bill at the house was the largest of any, and he was nearly if not quite the best looking fellow in our bunch.

He was attractive to men, women and even dogs. He had a way of his own and so far had made his way in life chiefly because of that fact.

Now I have heard men, a good many of them, too, say that about all there was to professional life was the proper presentation of a correct "front." Barge, you will remember, gave this impression, though he never came out in so many words about it. Stan was a great believer in this theory—in fact it used to be about the only theory of life he had.

I've seen him called up on the carpet for too many low marks in Anatomy. He didn't go as you and I might have done, humbly to receive our just deserts, but rather he made of it a social function. With his best suit carefully pressed, a studiously selected collar and tie, well polished shoes and exactly brushed hair, he would enter the prof's study and proceed to make an impression—plausible, dignified, comrade-like—and come out with another chance. Then he would come home and interrogate us caustically, why should he work for grades when he could get them as easy as that?

Seven years write their story for all of us. For Stan it has been a sad story, and gets sadder from year to year. For two

or three years he dabbled around, doing nothing much of anything—except to take a few P. G. courses. It seems a couple of those profs he had worked so neatly had finally held out on him when diploma time came.

Soon after he went to Detroit and impressed an Insurance company there sufficiently to secure a position as assistant in the treatment department. It was a wonderful opportunity for him and for his profession. He lasted just eight months.

When he left school he rather gravely alluded to the fact that he had never set a lesion. That boast—if it may be called such—still stands. But he could always talk and for a while he could find an audience. Now some patients can be talked into good health but there not very many of that variety in any one place, and so Stan talked himself out of town after town.

He never located in any town as large as the one he started in. He never accepted responsibility, which means that he never took an acute case, he never completed an obstetrical case, he never even married—didn't want the responsibility.

When I saw him last, his front was a good deal the worse for wear. He lived in a small town in Ohio, on the income of \$8,500 left him in trust by his father who evidently knew him well. The people in that town don't call him Doctor, just "Stan," and because he doesn't dare spend his time thinking—he passes it playing pool.

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The REVELATIONS of PHARMACOSOPHY

Why Drug Therapy Is Irrational and Unscientific

By Dr. Henry Fuehrer, Associate Editor of The Osteopathic Physician

Pharmacotherapy is the art and science of healing (?) diseases by means of chemicals, plant and animal extracts, etc., which are collectively called "drugs."

At present drug-therapy rests on a very unsound basis, namely, either that of "time honored usefulness," "recognition by the profession," some "professorial" ipse dixits (ut docent excathedra), some book-dogmas, "by recommendation of authorities" and other such groundless foundations, or the "physiological effect" fallacy.

We shall lay aside the first ecclesiastical-looking "basis" as it is hollow mockery and sheer nonsense, the "clinical data" of those "authorities" being quite unreliable, in many cases absolutely false and valueless.

Doctors Never Understand Physiological Effects of Drugs.

The "physiological effect" syllogism, however, needs some consideration. When a drug is being ingested, it either produces no symptoms at all, or produces "alarming" (malign) symptoms, or "beneficial" (benign) symptoms. On such foundation rests nearly all "rational" pharmacotherapy of today and also yesterday.

The fundamental principle of this modus probandi or experimental method is right, but the modus agendi, i. e., the actual way of "going at it," is wrong, for the reason that complex substances are being experimented upon and not their simple constituents.

Common Every-day Drugs Often Dangerous Poison-makers.

For illustration: Ammonium chloride, NH_4Cl , is supposed to possess some expectorant properties. Granted this to be right—but what will it do besides this? Will it be harmful otherwise?

To answer this we must have an insight into the make-up of NH_4Cl . To make the constitution of this complex compound clearer, we shall write it thus: NHHH.HCl which equals to NH_3 and HCl . Now NH_3 is ammonia, and that ammonia is extremely poisonous need not be told twice. That hydrochloric ("muriatic") acid (HCl) is a deadly poison is common knowledge.

When, however, we see that NH_4Cl is a compound containing two compounds (binary and diplo-compound), and that the two compounds of which it consists are violent poisons, we, therefore, as lovers of logical reasoning, conclude (and rightly so), that the drug is a sharp razor in the hands of an infant, viz., a physician devoid of a knowledge of chemistry.

Physicians Who Give Drugs Ought to Follow Up With Antidotes!

Viewing NH_4Cl from this angle, we must now forget its complex effect (that of expectoriation) and consider those of the two simple compounds which it carries within its womb, viz: NH_3 and HCl .

The fact of its being composed of two instantly killing poisons must lead us to the thoughts of either rejecting it altogether, or, when we give it, we must provide for antidotes for both poisons.

One thing of the two will happen: If the chemical will *not* be decomposed and safely get into the lung and bronchi (for which tissues it is so cabalistically supposed to have

some "specific affinity" and which view may be hotly combatted), then, of course, expectation will take place, and all the other magic effects, withal.

But what if it does decompose? Then you must be prepared for "safety first." Instead of empiricizing afterwards, be aware of the danger and have your antidotes ready, at hand, in case it happens.

Only a Knowledge of Pharmacotherapy Will Confer Safety and No M. D. in Practice Has Such Knowledge!

But in order to *know* such facts the physician must first find them out, and he can not find them out if he does not become an adept in pharmacotherapy. Unfortunately, no M. D. in practice has such knowledge. The writer has attempted to prove in the manuscript of his book, "The Law of Probabilities in Pharmacotherapy", that no true therapy is possible and no drug administration should be undertaken, unless the formula and the equation of the drug or drug combination administered, be first made out.

After having done that, it must be ascertained whether the drug is a single or multiple compound. For instance, HCl (hydrochloric acid) is a single compound, NH_4Cl (ammonium chloride) is a complex compound.

Stand Ready With the Antidotes!

Sodium hydroxide, NaOH , (caustic soda) is a simple compound; sodium bicarbonate, NaHCO_3 , is a multiple compound, viz: $\text{NaOH} + \text{CO}_2$. When this "innocent soda" is given, it is caustic soda and carbon dioxide that is given. If it decomposes in the body, be prepared with the antidotes!

Salicylic acid, $\text{C}_6\text{H}_4(\text{OH})\text{COOH}$, is a complex (triplo) compound. It consists of phenol ("carbolic acid"), $\text{C}_6\text{H}_5\text{OH}$ plus CO_2 (carbon dioxide). When salicylic acid is given, have the antidotes ready!

Aspirin (acetylsalicylic acid), $\text{C}_6\text{H}_4(\text{O.CH}_3\text{CO})\text{COOH}$, is acetic acid, CH_3COOH , phenol $\text{C}_6\text{H}_5\text{OH}$, plus carbon monoxid CO , all this minus 2H.

Poison Possibilities in the Morphine Groups.

Morphine and atropine are both nitrates of a compound of the formula $\text{C}_{17}\text{H}_{19}$, which has not been investigated yet and is therefore called the "morphine-rest." Morphine is $\text{C}_{17}\text{H}_{19}\text{NO}_3$, atropine is $\text{C}_{17}\text{H}_{23}\text{NO}_3$. The difference between the two is 2H. Atropine is $\text{C}_{17}\text{H}_{19}\text{NO}_3$ or $\text{C}_{17}\text{H}_{19}$ (plus 4). NO_3 . The formula for nitric acid is HNO_3 . It seems that the morphine-rest is, in this case at least, bivalent (divalent, has the valence of two), while in other cases it is monovalent. In administering morphine and atropine (as well as quinine, strychnine and other alkaloids, for that matter), it must not be forgotten that a nitrate is being given, and that the morphine-rest may be displaced in the body by H, forming HNO_3 , hence nitric acid poisoning, (azot-oxo-toxemia), and you must be prepared for the emergency.

Laws Should Be Enacted to Abolish Poisoning at the Hands of Doctors.

It is the best policy to reject them altogether from the armamentum medicamentorum, but if medical doctors are brave enough to run the risk, of course, they are not in the

lunatic asylum, hence in the eyes of the law assumed to be "compos mentis," and they can do as they like.

But they should be aware of the chances they are taking! As we know very well they are not, the commonwealth should enact laws to make such drug doctoring impossible because it is a deadly menace to public health.

Another instance: Acetphenetidin and acetanilid. They contain the germs of death, manifold. Here is acetanilid: $C_6H_5NH(CH_3CO)$. It contains either of two poisons: aniline and acetic acid, $C_6H_5NH_2$ (minus H) and CH_3COOH (minus the OH) minus water (with which it is supplied when distilled water is added to it as a "vehicle"), or C_6H_6 (benzene) plus CH_3 (methyl) plus OCN (or CNO, the radical of the poisonous cyanates), in this case three poisons; or $C_6H_5(OH)$ (phenol) plus CH_3CN (acetonitrile) methyl cyanate, i. e., two most notorious poisons of poisons; or C_6H_5OCN (phenol-cyanide, benzocyanate) and CH_4 (marsh-gas, methane,) two terrible poisons.

Acetphenetidine Offers Prussic Acid Et Al.

In the case of acetphenetidine $C_6H_5NH(OC_2H_5)CH_3CO$, we have a variety of poisons to choose from: either C_2H_5OH (ethylalcohol, that precious anti-prohibitionist) plus CH_3COH (paraldehyde, acetaldehyde, a poisonous hypnotic) plus HCN (hydrocyanic or prussic acid, quite rough on albuminous matter) plus CH_2 (methylene) plus 4C, altogether four poisons.

In this case the formula per se could be still more extended, but let it suffice for the present. It is evidently enough. *Verbum sapiente sat.*

Such investigations into the analytical make-up of the compound itself is called "the formula per se" or the "autoanalysis" or "pharmaco-schism."

Must Write the Equation Between the Drug and the HCl of Stomach.

After we are satisfied that the drug per se is non-toxic and we will give it, or toxic and

we are prepared for emergencies, we must take care of another proposition, viz: make an equation between it and the hydrochloric acid HCl, in the stomach.

For instance, sodium bromide, NaBr, is, in itself, (per se), not so very poisonous. But with HCl it will split up, by the process of double decomposition into HBr (hydrobromic acid) plus NaCl (sodium chloride, table salt); while NaCl is beneficial, HBr, nevertheless, is extremely poisonous.

Therefore, if we give this drug, we must prepare for hydrobromoxotemia.

Calomel, in itself, is extremely poisonous, but not as poisonous as mercury bichloride. Calomel is HgCl (mercury monochloride, mercurous chloride), while bichloride is $HgCl_2$ (mercuric chloride, mercury bi-(di-) chloride). This substance is so poisonous that it will poison through the skin. Yet calomel, HgCl, combined with HCl becomes converted into $HgCl_2$ plus H. So, when we get calomel, we might almost as well take $HgCl_2$.

Granted that in the stomach we have made the equation with HCl and found it either poisonous or non-poisonous, we are not through yet.

Must Make Equations with Blood and All Tissue Ingredients.

We must make an equation with every blood ingredient, with faecal and urine components, with the separate constituents of every tissue. Only after all this is being done, we can go ahead and give the drug with our eyes open to effects and by-effects that we are producing.

We must heed the inscription on the wall: "MENE, MENE; TEKEL, UPHARSIN!"

This is true in the case of single drugs. But in case of a combination of drugs, all these processes must be gone through, and another, besides, viz: that of an equation between the drugs jointly. This is called "equatio inter alios" or "reciprocal equation."

For instance: you are giving a solution of sodium bromide, NaBr plus HOH. This equals to NaOH (sodium hydroxide, caustic soda) plus HBr (hydrobromic acid), two poisons, corrosive, escharotic poisons.

Or you are giving a capsule of NaBr and aspirin. The equation is: $C_6H_5O(CH_3CO)-COOH + NaBr = C_6H_5Br + CH_3COONa + CO_2$, three violent poisons: sodium acetate, bromobenzene and carbon dioxide.

The average medical practitioner is too busy to ponder over all these matters, and the majority of them had very little chemical training, and, will, probably, never be able to make out all of these things. So the public needs protection. Our laws are yet to be written to deal safely with this peril to private life and public health.

The manuscript of the writer's book contains several thousand such formulae, all reactions are explained as easily as possible, and when published will be found a wonderfully useful vademecum for pharmacic and apharmacic (non-drug) practitioners. It contains numerous useful hints on the formations of ptomaines and leucomaines; the process of protoplasm-upbuilding (anabolism) and protoplasmophagy or protoplasm-destruction (katabolism); and the fate undergone by living organisms from the first fertilized cell until death "ends it all."

[To be continued]

Two Income Lesions

Two evils costing our profession thousands every year.

First—Long, hard treatments (that is osteopathy's reputation).

Second—Unprofessional, undignified offices. In towns where "osteopathy is slow," this is usually the cause.

—J. A. Linnell, D. O., Chicago.

The Prevention of Influenza and Other Infectious Diseases

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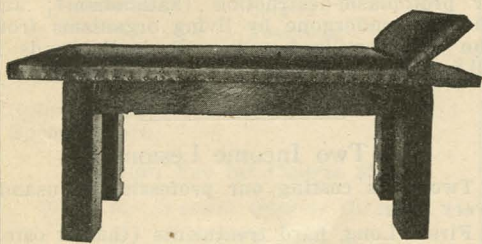
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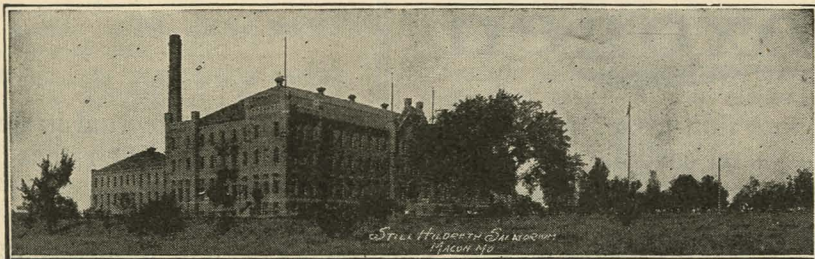
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Write for Information

Lieutenant Farmer Gives His First Impressions on Returning

While still detained in the Medical Department of the U. S. Army by disability following his severe attack of pneumonia last summer, he writes of osteopathic tendencies.

Fort Sheridan, Ill.,
Hospital 28, April 1, 1920.

Dear HS:

I received your wireless asking for a rendezvous and kept the tryst, only to receive three months' copies of *The OP* as your part. Well, you sent a good representative, and being on my back again with a reverse, I have negotiated them from hors d'oeuvre to demi tasse.

While waiting for transportation home at Brest, about 40 white officers were in barracks next to about that number of colored troops. Some designing person loaned the darkies a complete set of band instruments. They had them only one day as headquarters was deluged with complaints. Every one of them had a different instrument—each played his own tune. There was something about it that struck me familiarly. It made me homesick. It finally dawned on me as a reminiscence of the great osteopathic orchestra at home—and now *The OP* comes to remind me that the old orchestra is still zooning away. I see you have secured the services of Senor Conklininni for the season as baton wielder. Well, as the poet Bill Bryan says, you could go much further and do worse.

The old guard is fiddling away at first violin on their old ditti entitled "Every Little Movement Has a Meaning All Its Own." Back in the good old days when our Jersey Bulls and imported osteopathy came over in the same boat (to save freightage) Charlie called them a lot of "old stiffs," but they seem to keep sawing away on the same old tune.

Most other organizations fired their hyphenates but I judge you added. I see medico-osteas, official-osteos, surgical-osteos, 180-proof osteos, along with the 2.75 percenters and every one an orchestra unto himself! Who is bouncer of the show now? When I left Monsieur Edwards was soloist in the spotlight, singing "They Go Wild, Simply Wild, Over Me," and now he has a stump meeting out on the street. What's the big idea? Why, I remember some of our past national jazz-fists and the whole program resounded with the ditti "A heller am I", etc.—and they got away with it. Must be Edwards got a megaphone and disturbed the first violinists.

I see Geo. McCole put on his gum shoes and pussy footed around a bit—said every one

he visited wasn't making any noise or else was reading fly-specks on his music. This is what has occurred to me. What's the matter with inaugurating an osteopathic Pinkerton service? Call it the Gum Shoe Department. Get out the old false whiskers and when a 2.75 percenter is caught, let him be haled before the proper authorities and taught osteopathy. I am out for a desk job in this department until my feet get normal again.

I see they have fired Chiles out of the ticket window and now as that life's ambition of a lot of the rank and file is achieved, what else is there to stir ambition? Tempus fugit! Glory be! There has been a lot of fun on the inside that you missed by your rowdy debate on the outside, but that has always been the way with you. If a cootie ever got under your shirt you would get him if you had to pull your shirt off in church!

I have before me what the travelogue artist would term a "close-up picture" of "Teallie" and it is truly wondrous. Only the threatening forefinger and caption "I am for men" is needed to make it complete. By the way, Harry, did you ever learn what is in all those knobs on Teally's bean? Glory be!

I see my last little tid-bit to you appeared in toto in your September issue. What have you got between your ears? A printing press? A thing goes in one ear and comes out the other—all printed! This is simply a bit of my first glimpse upon return. If this blooming heart permits, I am going to join the old orchestra some time next summer. Don't know where I will sit as I gave my stool to friend Robuck. If you know any location, I am open to consider it.

By the way, you know Senor Conclininni pretty well. Send a note up and tell him there is some late music out. Runs something like this:

I'm a heller,
You're a heller, too;
We're two hellers,
Flu's one heller,
One's not as good as two.

The public want to hear a constructive motif that will waft them up to glorious fields of health. They are weary of this jazz stuff in which the other fellow is always out of tune. At that the darned old discordant band sounds pretty good to me and I am yearning to get back when I am physically able.

In the recent reorganization of the AOA what became of the Standing Committee of Bar-fies? I imagine the House of Delegates bashed it with a bung starter. Am rather curious to know.

Am looking forward to seeing you when you have opportunity.

With regards to all the fellows and girls in the profession,

Fraternally,

Frank C. Farmer, D.O., (Glencoe, Ill.)

Dr. Broach's Model Woman Test

DR. Elizabeth Lightfoot Broach, Atlanta, has compiled and copyrighted a score card to record the examination of women and grade them on a percentage basis to show how closely they measure up with the "model woman." It is the out-growth of her special life study of Adult Hygiene, Life Extension of Research, etc. As a practical working basis for Woman's Health conferences, etc., as Educational Public Health propaganda, it has been

endorsed by, first, the Woman's Department Public Health Bureau, AOA; then presented by the Bureau Chairman to the AOA Board of Trustees at Chicago convention and was adopted by them.

Since, it has been endorsed by Adult Hygiene Chairman, General Federation Women's Clubs, and recommended for use by Public Health chairman of each state; by the Georgia State Federation of Women's clubs and most enthusiastically adopted by her own 5th Congressional District, Georgia Federation, and Atlanta City Federation of Women's Clubs.

A noted physical culturist is in correspondence with Dr. Broach concerning its use as a basis of course of study. This purpose is to use it as "tests" for physical, rather, general fitness contests, women's health conferences. Prizes may be offered by individuals, firms or institutions to contestant making best improvement in periods of six or twelve months, thereby encouraging better health methods, frequent exams, etc. With help of other doctors, nurses and dentists, Dr. Broach plans the first conference of its kind to be held in Atlanta, soon. Wide awake D.O.'s or institutions may do well to offer "Improvement prize" medals thru the Public Health Committee of the Atlanta City Federal Women's Clubs, of which Dr. Broach is chairman.

How We Change Opinions

A Good Thing for Dogmatists to Realize

[From Prof. James' "Pragmatism"]

THE observable process which Schiller and Dewey particularly singled out for generalization is the familiar one by which any individual settles into new opinions. The process here is always the same. The individual has a stock of old opinions already, but he meets a new experience that puts them to a strain. Somebody contradicts them; or in a reflective moment he discovers that they contradict each other; or he hears of facts with which they are incompatible; or desires arise in him which they cease to satisfy. The result is an inward trouble to which his mind then had been a stranger and from which he seeks to escape by modifying his previous mass of opinions. He saves as much of it as he can, for in this matter of belief we are all extreme conservatives. So he tries to change first this opinion, and then that (for they resist change very variously), until at last some new idea comes up which he can graft upon the ancient stock with a minimum of disturbance of the latter, some idea that mediates between the stock and the new experience and runs them into one another most felicitously and expeditiously.

This new idea is then adopted as the true one. It preserves the older stock of truths with a minimum of modifications, stretching them just enough to make them admit the novelty, but conceiving that in ways as familiar as the case leaves possible. An *outrée* explanation, violating all our preconceptions, would never pass for a true account of a novelty. We should scratch round industriously till we found something less eccentric. The most violent revolutions in an individual's beliefs leave most of his old order standing. Time and space, cause and effect, nature and history, and one's own biography remain untouched. New truth is always a go-between, a smoother-over of transitions. It marries old opinion to new fact so as ever to show a minimum of jolt, a maximum of continuity. We hold a theory true just in proportion to its success in solving this 'problem of maxima and minima.' But success in solving this problem is eminently a matter of approximation. We say this theory solves it on the whole more satisfactorily to ourselves, and individuals will emphasize their points of satisfaction differently. To a certain degree, therefore, everything here is *plastic*.

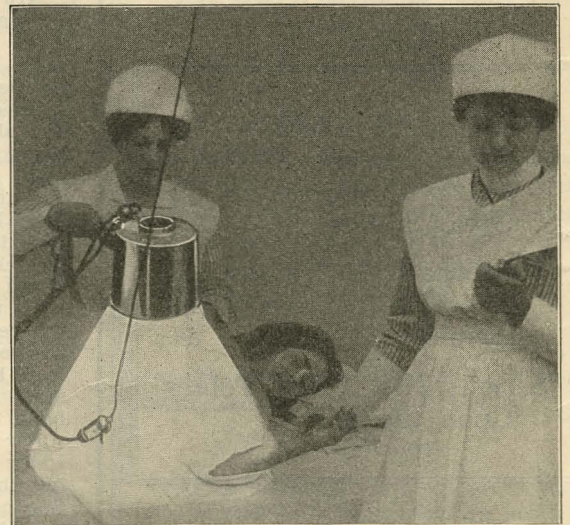
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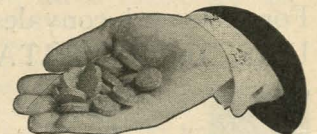
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Little Stories of the Clinic

By C. W. Young, D.O., Grand Junction, Colorado

No. 42

Physical Culture's Acknowledgment of Osteopathy's Success In the Great Scourge.

"Osteopathy's Victory In the Flu-Pneumonia Epidemic"

Serious Ills That Follow Upon the Flu.

The leading article is a reprint, by permission, of Dr. Bunting's article that appeared in *Physical Culture* and which attracted such wide attention thru out the country. Supplementary articles of high importance and interest deal with the after effects of flu and what osteopathy is able to do in such conditions. An exceedingly valuable and timely issue; obtained with attractive art cover design.

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THE BUNTING PUBLICATIONS, Inc.
CHICAGO

STORY No. 8. Myrtle, a beautiful bride of 18 summers, on the eighth day of her honeymoon went on a buggy ride with her husband. It was a winter's day and the roads were bad, and the buggy turned turtle and Myrtle was spilled in the snow where she remained in a helpless condition for an hour, before she could be taken home. For six weeks she was able to walk inside her home, with great difficulty. She then went to a hospital and the doctors put on a 30-lb. plaster cast. This brought great agony, until it was removed three weeks later. The dampness of the cast chilled her greatly and the first night she asked the nurse for a hot water bottle, which was refused because the doctor had not ordered it. For three or four months after the removal of the cast she had to lie in bed, in a helpless condition. When she began to move about she found all the joints of her back, neck and shoulders quite stiff and rigid.

For six years thereafter up to the time I saw her, she had a very serious time, spending three to four months each year in bed. She had times of acute pain and stiffness in her joints and the doctors said she had "rheumatism." She had tried two different osteopaths and they both seemed to make her worse. When she came to me she weighed only seventy-five pounds and she was not able to make any use of any of the joints of the spinal column or of the clavical. She could use her knees and hip joints and could walk about the streets, but so bent was her spine that she could not see above the knees of a person meeting her in the street. Her head was almost down to the waist line and her face was parallel with the side walk. She said she though she might be able to secure a little bit of motion in the spine but it hurt her so she never did. She never moved her head on her neck in any direction. It was as if the neck was held in a vise. There was motion in her fingers and elbows and she could touch her chin with her fingers. But she could not touch any other portion of her head, because of the great rigidity of the clavical joints.

I found that force would secure a little mobility of all the stiffened joints, and decided that there was no complete ankylosis. I began with gentle adjusting movements and she began to improve at once and no treatment has seemed to have a deleterious effect. My first treatment was given September 23, 1918, and now March 1st, 1920, she is still under treatment. She has had 181 treatments, given mostly three times a week. Great care has been taken not to give more forceful treatments than those to which she could safely react. As she grew stronger, much more

vigorous efforts were made to loosen the joints and often such force was used as to cause her to shed tears or cry out with pain, but she was always free from pain as soon as my hands were taken from her.

I found that the more I knew about the normal range of movement of the joints I was treating, the more effectually I could treat them. For example the neck technique illustrated in *AOA Journal*, May, 1919, was very helpful, and I needed to use many additional ideas as to normal movements of these complicated joints. Except for one mild attack of tonsillitis, she has been free from acute sickness since the beginning of the treatment. For the clavicular lesions I found as invaluable the technique described in *AOA Journal*, December, 1915.

Complete restoration of motion was secured for the left arm, two months ago. Motion in the right arm is nearly restored. She can now almost stand up straight and has nearly normal motion in the joints of the neck. There is a huge contrast between the terrible deformity when she began treatment and the present condition. Before as she walked the street, she was an object of pity to every one who met her. Now one could pass her without observing any deformity. She has increased twenty pounds in weight.

Comment No. 1. The plaster cast seemed to do more harm than good. It is to be hoped that any one nursing under an osteopath will feel it her duty to use good sense whether the osteopath has ordered it or not, and that all osteopaths will be progressive enough to make clear to the nurse that he desires that she exercise her best judgment, when he is not at hand to give directions. We should strive to encourage in the nurses the initiative exercised by soldiers in the American army and avoid the militarist system of Germany, that required soldiers to do nothing, except obey officers' orders.

Comment No. 2. This case has required a longer time to reduce clavicular adhesions than I ever imagined could be possible, but is a good illustration of what pegging away will accomplish. The right arm has had 181 treatments and it is not all right yet.

Comment No. 3. Here is a great victory for pure unadulterated osteopathy. The patient lived at a boarding house, so it was useless to prescribe a diet. All I did to bring wonderful help to a most pitiful condition was to use adjustment as taught by Dr. A. T. Still. But it would be very foolish of me to conclude that because one desperate case was helped, so as to excite the wonder and astonishment of all familiar with it, I would be justified in claiming that the use of ten fingers should be the sole remedy for all other desperate conditions; nor would I be at all justified in denouncing any fellow osteopath for using something other than ten fingers in many of his cases. Too many of us are prone to jump to unjustifiable conclusions when we attain one great victory.

Comment No. 4. Neither would I be justified in assuming to myself that I am a better osteopath than either of the two who failed in this case. Dr. Roberta Wimer-Ford has wisely warned us not to take ourselves too seriously. All of us have had many patients that found the help they needed, after they left us and went to some other physician. Our patients recover by reaction to force, and it is no easy thing to properly graduate the amount and apply the direction of the force to be used in every case. The physician who fails in one case where another succeeds, may be the one to succeed in another case after the other physician has failed.

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My office consists of three rooms, reception room, treating room and office, the treating room being located between the reception and office rooms.



Dr. S. B. Kiblinger

My treating room is equipped as follows: McManis Delux treating table and stool; Isaac's operating table; Delux scales for weighing patients; large instrument cabinet with plate glass shelves, doors and sides; Hammond vibrator, irrigator and stand; soiled linen cabinet; Davis Eye, Ear, Nose and Throat chair; bedside table with

three plate glass shelves; bedside table with steel shelves; therapeutic lamp; sterilizer; waste receptacle; large steel cabinet for gauze, cotton and laboratory equipment, etc.; ultra violet-ray machine for treating skin lesions; plate glass wall plate with mirror back and electric fan and microscope.

I also have the blue and white checker board linoleum on the floor, with a small rug on either side of the table. At one end of the room I have screened off a little dressing room, in which I have an old French ivory dresser and chair to match, small rug on the floor in front of dresser, hand painted dresser set on dresser. Everything in this room is in white throughout and makes a very attractive and sanitary looking room, though very difficult to keep clean.

My reception room consists of a wicker suite of four pieces with tapestry upholstery, viz; davenport, library table, rocker and chair to match. On the floor I have a Wilton rug with fringe and two smaller rugs to match. Also have a halltree, panel curtains and draperies.

I always keep an abundant supply of the best osteopathic literature on the library table. It's an important part of the furnishings.

In the office, I have a desk, chair, typewriter desk and chair, large leather rocker, one wicker rocker, sectional book cases and library, foot stool and desk telephone. On the floor, a plain smoke-color Wilton rug and two smaller rugs to match. Have some pictures and charts on the walls of the office and reception rooms, but the walls of the treating room are bare.

I have a complete system for keeping my case reports as well as laboratory analysis, and always make a report or record of every important case.

—S. B. Kiblinger, D.O., M.D., Joplin, Mo.

St. Louis Osteopaths Raise Fees; Home Visits \$5

[From the St. Louis Star]

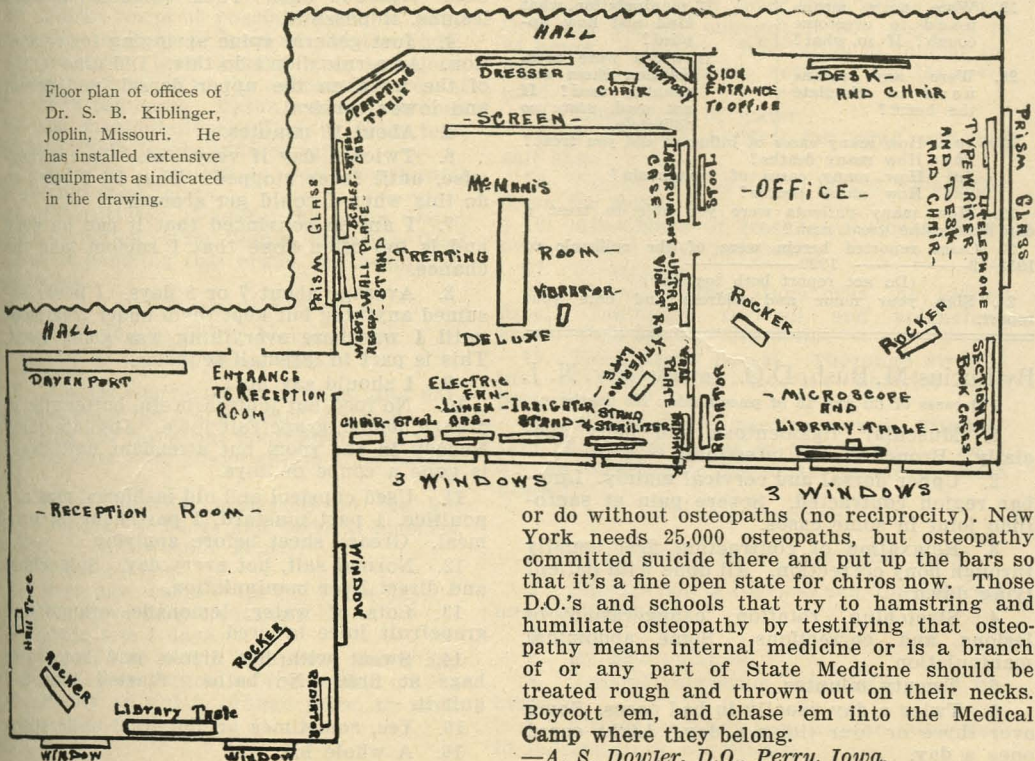
MEMBERS of the St. Louis Osteopathic Association, at a meeting last night at the Marquette Hotel, decided to increase their charges for treatments to \$3 for office calls and \$5 for residence visits. The former charge was \$2 for office treatments and \$3 for residence visits. The reason given is that expenses are higher.

Dr. James D. Edwards, with offices in the Chemical Building, president of the association, said today that office rents had increased from 30 to 50 per cent. Explaining the reason for the larger increase in the charge for residence calls, Dr. Edwards said this was due to the increased cost to the doctors of the operation of their automobiles. Gasoline costs more, and so do repairs.—Issue of March 17th.

Advocates Universal Reciprocity

We should have universal reciprocity between osteopathic states. No one cares to plug up on time and money for an exam. which, after all, is no test of his qualifications as an osteopath. North Carolina had to come off its high horse

Floor plan of offices of Dr. S. B. Kiblinger, Joplin, Missouri. He has installed extensive equipments as indicated in the drawing.



or do without osteopaths (no reciprocity). New York needs 25,000 osteopaths, but osteopathy committed suicide there and put up the bars so that it's a fine open state for chiros now. Those D.O.'s and schools that try to hamstring and humiliate osteopathy by testifying that osteopathy means internal medicine or is a branch of or any part of State Medicine should be treated rough and thrown out on their necks. Boycott 'em, and chase 'em into the Medical Camp where they belong.

—A. S. Dowler, D.O., Perry, Iowa.

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ACTIVITIES of the ACADEMY of OSTEOPATHIC CLINICAL RESEARCH

How Osteopaths Treated Flu-Pneumonia in the Pandemic of 1918-1919

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 for 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 dropped respond as well as others to osteopathic treatment?
10. What regulation of diet was prescribed for
 - (a) Influenza alone?
 - (b) Pulmonary complications?
 - (c) Bowel and stomach complications?
 - (d) Nervous complications?
11. Did you use any substances like Antiphlogistine, Dionol or other local applications? If so, what?
12. What methods were used to keep the bowels active?
 - (a) If enema, what kind, how much, how often?
 - (b) If manipulations, what kind and how?
 - (c) If laxative, what kind and how much?
13. What method used to keep kidneys active?
14. Did you sweat the patient? If so, how and at what stage of disease?
15. Did you use cotton jacket for pulmonary complications?
16. What about ventilation, that is, much or little?
17. What was average temperature of room?
18. Were any means used to reduce temperature of patients?
 - (a) If manipulation, where, what kind, and how applied?
 - (b) If baths, what kind, how often?
 - (c) Enemas? what kind? If manipulation, what kind and how applied? If drugs were used, mention them and quantity used? If not used, state so definitely.
19. Were any means used to overcome cough? If so, what?
20. Were any means used to stimulate the heart?
21. (a) How many cases of influenza did you treat?
(b) How many deaths?
(c) How many cases of pneumonia?
(d) How many deaths?
22. How many patients were you able to treat a day during the great rush?
23. Cases reported herein were of the epidemic of 1918-19 _____ 1920 _____
(Do not report both together)
24. Sign your name and address and date your report.

By Lucius M. Bush, D.O., Jersey City, N. J.

170 cases of flu and 15 of pneumonia; No deaths

1. Muscular, ligamentous and bony specially. Bronchial and intestinal.
2. Upper dorsal and cervical mainly. Lumbar region contracted. Severe pain at sacroiliac joint in some cases.
3. Relaxation of contraction first usually through bony correction. All done with patient lying down.
4. Stretching, rotation, exaggeration of lesions and corrections. Some abdominal manipulation.
5. Twenty minutes.
6. Twice a day usually in bad cases. Some over three or four times a day. Light cases, once a day.

7. No. The oftener treated the quicker the results.

8. Average four to five days. Shortest cases two days. Longest two weeks in bed. No treatment over seven days.

9. No. The case was prolonged.

10. Liquid diet and fruit juices in influenza; the same only less in pulmonary complications; the same in bowel or stomach complications if no distress was indicated; nothing but water if a severe case. In nervous complications, the same.

11. Antiphlogistine in pulmonary cases.

12. Occasional enemas; abdominal manipulation. Every treatment was to free gases and lift intestines and colon. Work on sides of abdomen, mostly toward center.

13. Plenty of water. Lower dorsal treatment.

14. Yes, at first. Water and hot lemonade and plenty of covers. Also if strong enough a hot bath and glass of cold water drunk in it.

15. Occasionally.

16. As much as possible, without draft, keeping temperature about 60 degrees F.

17. 60 degrees F.

18. Cold packs where fever was above 103 degrees.

19. Cough drops in some cases. Inhibition 1st to 3rd dorsal.

20. No drugs. Osteopathic treatment only.

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

1. Lower cervical, first and second. Sometimes worked down about the eighth dorsal.

3. Patient on back or face. Always gave a stiff stimulating soft-tissue loosening treatment to upper dorsal area with patient on face. Good vigorous one. Then corrected specific lesions, if possible.

4. Just general spine springing for relaxation. As a rule didn't do this. Did nine-tenths of the work on the upper dorsal, mid dorsal and lower cervical.

5. About 10 minutes.

6. Twice a day if very bad. Once, otherwise, until fever stopped. That is, I tried to do this when I could get around.

7. I am so convinced that it can be done and is too often done that I seldom take the chance.

8. Average about 7 or 8 days. I never assumed anything but kept them under treatment until I was sure everything was going right. This is part to forestall sequelae.

9. I should say not!

10. No food but mutton broth, buttermilk or orange, lemon, grapefruit juice. Absolute quiet. Nobody in the room but attendant until fever is gone a couple of days.

11. Used capsicol and old-fashioned mustard poultice, 1 part mustard, 1 part flour, 3 cornmeal. Grease sheet before applying.

12. Normal salt, hot every day. Splanchnic and direct liver manipulation.

13. Lots of water, lemonade, orange and grapefruit juice ordered.

14. Sweat with hot drinks and hot water bags at first. No baths. Started that but quit it.

15. Yes, sometimes an old wool undershirt.

16. A whole lot.

17. Not more than 60 degrees, except when I was there. Before that I had them warm it up to give me a better chance at the patient.
18. Treatment and sweats. No sponging. Mid-dorsal, strong springing, relaxing.
19. Correct lower cervical and first dorsal lesions or relax these if correction is not possible.
20. Ribs on left side raised firmly and strongly and tissues relaxed about third, fourth and fifth dorsal at head of ribs. Get heads of these ribs well freed up at articulations.

By E. A. Archer, D.O., Pullman, Wash.

- 1-4. Muscular contractions of more or less severity, with consequent rotations and displacements of vertebra in cervical and lumbar areas particularly. Ordinarily, every-day methods of corrective work employed for reduction.
- 5-6. About fifteen or twenty minutes twice per day in most cases, some but once, depending on how ill they were and my ability to get around to all.
7. I think it could have happened, had no thought been given the matter.
8. Usually two or three. Occasionally four or longer in bad cases.
9. No. Much harder to get the body functions going properly.
10. Cut out ALL food during fever and for two or three days after temperature was normal, except a glass of milk three times a day, or thick broth if milk was not well borne.
11. NO! Why should one mask and mix up the very best therapeutic system in the world with a lot of dope of unproved or disproved value? Even though patients get well under the care of doctors who use these things, is it any proof that adjuncts were of any value. Other D. O.'s can match an equal or greater number of cases of cures where dope was left out wholly, I believe.
12. In some cases a dose of castor oil was employed to open the entire alimentary tract up. In others an enema was depended on entirely, reinforced by manipulations as a matter of course.
13. Lots of water per mouth; manipulations to these organs directly.
14. Usually, as early as possible.
15. Plenty of ventilation, windows wide open in many cases.
17. Fairly warm if possible but this point was always subject to good air in the room.
18. No other than general manipulations, with more attention to the vasomotor area of the next in bad cases. Baths would have been used had manipulations failed to keep temperature within the bounds of safety.
19. Especial attention to occipito-atlantial and atlanto-axial joints.
20. NO DRUGS! Usually the heart action needed inhibition rather than stimulation. Had no trouble handling that organ and keeping it functioning.

By J. W. Riley, D.O., Norwich, N. Y.

20 cases of flu, no deaths

1. Muscles contracted in cervical and dorsal regions and nerves to heart irritated.
2. Can not say about bony lesions as most of the patients were young and in good health.
3.
4. Raise the ribs, especially on the left side to relieve the heart and cervical muscles. Treated the entire spine gently.
5. About 1/2 hour.
6. Each day—some twice for 2 to 4 days.
7. Yes, gave light treatment.
8. From 4 to 7 days.
9. No. Fever would disappear for a day or two and then return. Very weak.
10. Plenty of water, orange juice, no-meat broth, prunes, milk.
11. No.

12. Water enema for about half of the patients. Treated lower colon and sigmoid.
13. Plenty of orange juice, lemonade and manipulation.
14. Not many. Cup hot lemonade.
15. No.
16. Plenty of air.
17. 70 degrees.
18. Cold cloth on head and neck.
19. Yes, raised ribs commenced at first and worked down. Good results.
20. Just manipulation. Fine results.

NOTE: 20 cases of flu. A. M. temperature, 102, a few 104. All recovered. Watched heart very closely and if found heart running 112 to 120, would raise all the ribs in dorsal region. The heart would then ease up, also cough disappear.

By Marcus E. Brown, D.O.,
Sioux City, Iowa.

216 cases, no deaths

1. Osseous and muscular.
2. Mostly cervical and dorsal in those cases that bordered on typhoid lumbar.
3. Extension, flexion and inhibition.
4. A thorough relaxation in the cervical and dorsal region.
5. Ten minutes.
6. From one to five times in 24 hours.
7. Experience has taught me to give such cases through extension of spine. Spine stretched by my taking hold of patient's head having assistants hold feet and stretching patient until I felt the spine relax; then I inhibit the cervical and dorsal regions (dorsal mostly) until I felt patient relax. I have a piece of heavy webbing (saddle girt) 4 inches wide and 13 feet long that I put on the patient's head and wrap around the bed post and I take hold of the feet when there is no one to assist me.
8. From three to thirty. When they came or called me in the early stages and had no drugs, one treatment reduced temperatures of 104 and 106 degrees.
9. Most emphatically no.
10. Rhubarb sauce, pineapple, pears, peaches, baked apple; Mellen's food. Three hours between any two kinds of food. A glass of water every hour, Colfax preferred.
11. Hot water bottles, hot sand and salt bags.
12. In very high fever cold saline enema. One was usually enough; if not, another, in 24 hours. 4 quarts. Relaxation of lumbar inhibition of splanchnic nerves. No laxatives used.
13. Abundance of water.
14. Hot water bottles, hot sand and hot salt bags.
15. No; put a strip 7 or 8 inches wide, 4-ply down the spine.
16. Abundance of fresh air. Cheese cloth over window when necessary.
17. 60 degrees.
18. Thorough relaxation over the kidney area. Inhibition cervical and splanchnic areas. Cold enema. No baths.
19. Heat, upper dorsal. Thorough stretching of intercostal muscles anterior and posterior.
20. Stimulation to cardiac nerves. Stimulation of ganglia impar in severe cases. As I am an osteopathic physician, no drugs were needed.

By J. T. Hook, D.O., Loveland, Colo.

1. Subluxation of cervical and upper dorsal and six upper ribs.
2.
3. By manipulation.
4. General relaxation, stimulation and inhibition.
5. Fifteen to thirty minutes, the latter due to inflammatory conditions.

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.

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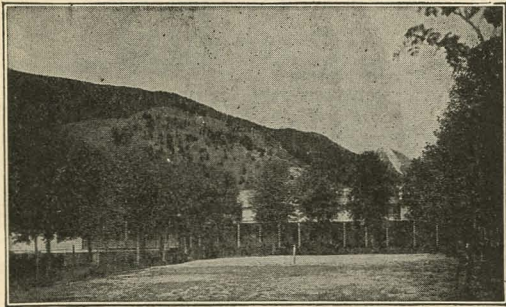
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6. From one to four times per day.
7. Yes, but always due to nerve conditions.
8. From three to twenty.
9. Flu cases did—pneumonia cases did not.
10. No regular diet, due to catarrhal and high altitude conditions. Received best results from milk and fruit.
11. Yes, with good results. Antiphlogistine, mustard and raw onions.
12. Manipulations and enemas. Hot water with olive oil. Two quarts every 24 hours. Manipulations to vaso-motors. Used varied laxatives, but mostly castor oil.
13. Stimulation to renal ganglion.
14. Yes, in beginning, hot water and electric pads.
15. Yes, with success.
16. Much ventilation, but no draft upon patient.
17. 70 degrees.
18. Yes. Stimulate the vagi, also inhibit the cervical and splanchnics. No baths.
19. Stimulation to vaso-motor nerves to bronchi. Hot packs over bronchi, raising ribs.
20. No drugs. Treat cervical and inhibit pneumogastric.

By W. L. Burnard, D.O., York, Nebr.
312 cases of flu, no deaths

1. Cervical, innominate and dorsal.
2. Third and fourth cervical, fifth dorsal.
3. Osteopathically.
4. Relaxation and inhibition.
5. Fifteen minutes.
6. Only time for one treatment per day.
7. Sometimes.
8. Four days.
9. Nix.
10. During fever, mostly water. Used liquid diet entirely.
11. No.
12. Saline solution only.
13. Stimulation over the tenth dorsal.
14. Yes, very much during fever.
15. Yes.
16. Lots.
17. 65 degrees.
18. Used manipulation and sponge baths.
19. Used cold compresses to break up congestion.
20. No drugs. Rest. Cervical and upper dorsal.

By Howard R. Juvenal, D.O.,
Maryville, Mo.

1.
2.
3.
4. General relaxing treatment along the spine. Hand and neck treatment.
5. Thirty minutes.
6. Two to three times daily.
7. No.
8. 5 to 7 days.
9.
10. Liquid diet.
11. Antiphlogistine in lung condition.
12. Soap suds enema once daily, also castor oil at night.
13. Treatment in kidney area. Plenty of pure water. Hot applications over kidneys.
14.
15. Yes.
16. Plenty of fresh warm air.
17. About 70 degrees.
18. Vigorous upper dorsal manipulation. Tepid baths with soda water.
19.
20. One case used ¼ gr. strychnine every 4 hours. This case recovered from flu and heart symptoms developed a week or so later. Too weak to treat. Very nervous. Had to stop the clock and lock all doors. Perfectly quiet.

By H. M. Fouty, D.O.,
Mountain Grove, Mo.

80 cases, 1 fatality

1. Anterior.
2. Lower dorsal.
3. Osteopathic methods.
4. Reduction of lesions and balancing circulation.
5. Fifteen to twenty-five minutes.
6. Once or twice daily.
7. Just rare cases.
8. One to ten days.
9. No.
10. Whatever looked good to them.
11. No. The flu was principally circulatory troubles in most of my experience.
12. Osteopathic, pure and simple.
13. Osteopathic.
14. Some would at first to third clinic.
15. No.
16. Enough to freshen the room.
17. 60 to 70 degrees.
18. Osteopathic.
19. The chin movement.
20. Sure, osteopathic. No drugs.

Flu Pandemic of 1920

By Ellen H. Brooks, D.O., Wichita, Kansas

1. Muscular contractions, ribs, cervical and upper dorsal.
2. Whole spine in some cases; others 6 and 7 cervical, upper dorsal; also atlantal-axiale.
3. Usual way by manipulations.
4. Specific work to area most affected, raising ribs, relaxing all contracted muscles, especially in the neck and dorsal.
5. Fifteen to twenty minutes.
6. Twice a day first day or two, then once.
7. No.
8. Three to seven days, one patient two weeks owing to infection settling in eyes and face.
9. They DID NOT; took longer to reduce fever, and convalescence was slower.
10. (a) Nothing but water till fever was down, then fruit juice; (b) then broth; later poached egg, toast, milk puddings, etc; (c and d) same diet modified or adjusted to the condition.
11. Dional once, Antiphlogistine once (history given below) Vapo rub usually because patients wanted it.
12. Thorough treatment of splanchnic area, also to bowels direct. Allowed patients to take their usual cathartic if such was their habit when first called, but after that allowed none. If bowels did not move daily, then used salt enema, but had no trouble. Those patients that persisted in taking cathartics against my orders (and I had several) were longer in getting better, and I told them why, too. 2 table-spoons castor oil usually.
13. Treatment to kidney area, and plenty water, had no trouble.
14. No need to, they sweat; some at beginning, some later, at night.
15. Yes, once (case history below).
- 16 and 17. Much, about 65.
18. Manipulations in sub-occipital region, inhibition.
19. Cough was obstinate in all my cases; usual manipulations, cold compresses to throat, lemon and honey, salt on tongue, vibration on chest.
20. Usual osteopathic measures. No drugs at all except where M. D. was on the case and they were longer recovering.
21. (a) 37 influenza.
(b) No deaths.
(c) 2 broncho-pneumonia.
(d) No deaths.
22. I had no rush, so could not say.
23. Epidemic of 1920, January to February.

Eating Sickness Another New One

By S. B. Grisso, D. O., Hannibal, Mo.

I am enclosing a letter from a patient from Quincy, Illinois, Carson McNutt, a clerk. Two weeks after the flu he developed diplopia, went out in the country to his uncle for a while. His uncle brought him to me saying, "Doctor, Carson will get up in the morning and eat a hearty breakfast (about 6 A. M.); at 9 A. M. he is ready for another square meal; also at 12, 3 and 6 o'clock he can eat just as much more as at any other meal and he wants an extra lunch at 9 P. M. also."

When I saw him first he had a temperature of 101°, pulse 117, would eat his breakfast and sit down and go to sleep. His uncle said he would sit down after each meal and immediately go to sleep. He couldn't open his eyes but about half way. Tongue was heavily coated, voice had a nasal tone, no special lesions were found but contracted muscles in cervical and mid-dorsal regions. Somewhat constipated. His uncle said he would eat as much at each meal as any two men.

After treating him three weeks his hunger began to be less; in about four weeks he was able to go on three meals; in eight weeks he gained 21 pounds, now weights 177 and is well. I consider this a near kin to sleeping sickness and perhaps it might be so classed.

The young man's own statement follows:

"I took the influenza about the 11th of December, 1918. Was sick two weeks. January 26th, 1919, took sick at my stomach and was that way two days. The third day my eyes were blurry and I saw two objects instead of one. Was troubled that way over a week before I got my glasses. Got my glasses on February 2nd. Started to work February 10th. On February 27th took sick again. My eyes got worse and I took sleepy spells. Went to two doctors a day until Monday, March 3rd. Went to my uncle's in the country and he convinced me to go to Hannibal to Dr. S. B. Grisso. Started to get better after my first treatment. Had an awful appetite and wanted to eat all the time. Made my first call on Dr. Grisso on March 5th. Was able to start to work Monday, March 24th. At present time I weigh twenty pounds more than I ever did before. Am able at present time to go without my glasses. Am feeling fine at present. Doctor ordered me to quit smoking.

—Carson McNutt, Quincy, Illinois.

Cured 9 Cases of Sleeping Sickness

J. M. Fraser, D. O., Evanston, Ill.

Do not overlook the cases of so-called "Sleeping Sickness" which follow influenza. You will find in most cases that the real cause of the stupor and general toxic condition of these patients is due to over-drugging on the part of some M. D. I treated nine cases of this so-called disease and in every case the patient showed some marked symptoms of certain drug poisoning, strychnine and atropine being the most marked. In these cases special attention to elimination and stopping of all drugs and good general osteopathic treatment gave my cases excellent results.

Extreme Soreness over Trachea

I have run across a condition in the 1920 flu that is seemingly in epidemic form as several cases have developed in the last two days. Our epidemic is on the decline, but this condition has developed in people who do not seem to have had flu. It is this, an extreme soreness in the trachea; it is too low for laryngitis, too high for bronchitis; no other symptom, just extreme soreness upon coughing, and the pain is described as if being "cut with a knife." Most of the patients are in bed. No tenderness to touch or swallowing,

No. 38

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

No. 37

OSTEOPATHY
as a
SCIENCE

Gastralgia Caused by a Fall

Mercy for Appendicitis Victims

Deafness Following Influenza

Have You Used It Yet—
Chiropractic Kleptomania?

It makes a great hit from the start, that 6-page folder under the above title which gives chiropractic its correct historic setting and proves it to be a barefaced steal from osteopathy. It's a Bunting product—up to the usual Bunting art and logic standards. If you have wanted for a long time to see some one do this subject justice you will be gratified by this powerful historic document.

It is not a dull story, either, but reads as interestingly as romance. Really, the gall of the chiro in faking osteopathy as he has done and trying to falsify history to cover the tracks of his theft is so brazenly monumental as to reach to the limbo of paranoia.

This 6-page printed folder does the subject exact justice, even as you would have it done, and by hitting the high spots only, covers practically the whole situation, and does it better, too, than any statement hitherto issued by our profession.

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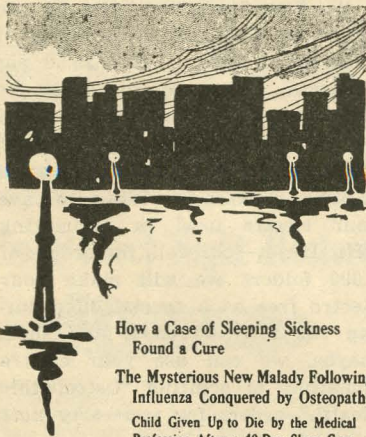
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No. 34



How a Case of Sleeping Sickness Found a Cure

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

The Lesson of a Cured Lumbago
Ills that Lie Between Acute and Purely Surgical Practice

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

no temperature, voice a little husky, appetite good.

All treatment in the way of applications, have no effect, and osteopathic treatment, such as I have given, has had absolutely no effect. Can any one advise me?—*Hewes O. Harris, D. O., Poplar, Mont.*

Aborted a Case of Pneumonia

There is a good deal of acute work being done in this city just now, and I am so glad of training which permits me to be counted as one of the osteopathic profession. My spectacular case was aborting a case of pneumonia with a man 68 years old. His wife is a trained nurse (with medical training only) and as she said, had always had hard luck with her pneumonia patients. They were not entirely won over to our science until this happened, but osteopathy has at least two more ardent friends now. I gave the first treatment within an hour and a half of the initial chill, when the patient was blue all over and his head was retracted. That was Friday noon. In all I gave seven treatments. The highest temperature following the chill was 102 degrees. Monday morning temperature was normal, and has remained so. The patient has had pneumonia once or twice before and is appreciative of the fact that it did not mature this time. —*Olive B. Williams, D. O., Worcester, Massachusetts.*

Comments on Flu

I have had 48 cases of flu this year and no deaths. 5 cases of pneumonia and no deaths. —*Burrell Russell, D. O., New Philadelphia, Ohio.*

It might be of service to you to state that during the "flu" of nearly 100 cases I never lost a case nor did pneumonia develop in many cases although some started very rapidly. Three cases of pneumonia developed under drug treatment and were placed in my hands which I was successful in handling, altho two of them were double pneumonia.

—*G. B. Dockery, D. O., Beaver Dam, Ky.*

In fifteen years of practice I have never lost a case of pneumonia, not even from influenza.

—*S. I. Wyland, D. O., Santa Rosa, Cal.*

We have still continued our previous record. No fatalities from flu or pneumonia up to date and flu appears nearly over for this year here. We were fortunate but the poor M. D.'s—every one of them, fed and drugged some poor souls into eternity. Poor devils, will they never learn common sense?

—*Drs. Nowlin & Curry, Farmer City, Illinois, March 9th.*

We were forcibly struck with the number of patients who came in for treatment for flu complications who had been under care of medical doctors, and especially those who had had so-called "light attacks." A large number of children developed coughs of a bronchial type some weeks after they were supposed to have recovered from the 1918-19 flu. Have also found about all the complications you refer to in April Osteopathic Health. We had 74 cases of flu and 4 cases of pneumonia, two developed before we got to them, and two afterwards, all recovered. We used straight osteopathy, with proper nursing, diet, etc.

—*Drs. Buckmaster & Brundage, Orlando, Fla.*

I treated 250 cases of flu with but 2 deaths, one a 77-year-old patient, the other complicated with cerebral meningitis. I had 15 cases of pneumonia with no deaths. As these were all strictly bedside cases the number I was able to treat any one day depending of course upon the ease of getting over the ground. The

largest number treated daily would range from 20 to 30 cases as some of these were treated 1 to 3 times in a day.

—*D. M. Stahr, D. O., Piqua, Ohio.*

Osteopathy

[From the Tacoma (Wash.) News-Tribune.]

Editor The News Tribune: There is quite a discussion through your paper regarding "flu"; its prevention and treatment from a medicinal viewpoint. I am begging to make the following statement from an osteopathic source:

The Osteopathic Physician, published in Chicago, after the awful epidemic last year gathered the following, which I think will be of interest: Up to June 29, 1919, there were reported by the osteopathic profession 110,122 cases of "flu," with 257 deaths; 6,256 cases of pneumonia, with 625 deaths—less than one-fourth of 1 per cent loss of "flu" cases and 10 per cent from pneumonia.

We are proud of this record.

—*Truly, W. T. Thomas, D. O.*

A Pneumonia Case History.

By Ellen H. Brooks, D.O., Wichita, Kan.

Patient, woman aged 64, had nursed 16 children and grand-children when taken sick. Had been in bed a week when I was called. M. D. had refused to come agin, saying he could do no good, as her heart had given out and he could give no medicine. I found nothing more than a heart beating too fast, temp. 101 degrees, usual flu symptoms; next day temp. 100 degrees at 10 a. m., when I got there. Her bedroom was full of relatives and also the adjoining room. I asked what was the matter. They said they were waiting for her to die. I enquired further and they said she had a sinking spell in the night and they sent for their minister and she was anointed, etc., but now was some better. I said your mother is not going to die yet.

I saw she had the flushed cheek and anxious eye of pneumonia and asked what she had taken to stop the cough. Nothing, I was told. I got busy osteopathically. No cotton in house so after treating I used Vapo-rub, back and front, and covered her with hot rags (old underwear), ordered them to get cotton and Antiphlogistine, and I would be back later, and to give her nothing but water to drink but plenty of it.

I got back at 6:30 p. m., temp. 101°, coughing and expectorating rusty sputum. Put on Antiphlogistine and cotton jacket, more because I had made them get it than because it then seemed necessary. I then found under her pillow a bottle of paregoric! Did I storm? I did. You may be sure that went out of the window in a hurry, and I said if there was any more of that I would drop the case. Next day temp. normal, 99° at 4 p. m.; next day normal, p. m. Quick recovery. I cite this to show what osteopathy will do in aborting pneumonia.

Contrast: A rich home, 4 children down, I was asked to treat but not given charge (the mother was my patient). They had an M. D. I would not go again, 2 trained nurses, but 2 children had pneumonia and were sick a long time. One nurse said she knows she saved one child because she "rubbed" it like I did.

Use the Acid Test of Truth

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Wishes to Reach the Public with It.

(Continued from Page 17)

deeds of drug medication and every doctor who has gone through medical college, who has kept his eyes open, knows that also. However, there are a lot of doctors who seem to go through medical college who seem to have their eyes closed when it comes to free thinking and find no fault with the fallacious established methods along drug giving lines.

Your articles in *The Osteopathic Physician* exposing the unscientific basis of drug therapeutics should be given a vote of thanks from all the osteopathic profession.

The more I study scientific natural methods of therapeutics the more I am convinced that the general run of drug methods and their measures are wrong. I believe inside of a generation many things that are used now under the name of allopathic medicine will be looked back upon, somewhat as we look back at the medication of the Dark Ages.

Your department of "Pharmacosophy" ought to be read, not only by all osteopathic physicians, but by all true drug physicians and also the public at large. I wish these articles might be written under conditions for the technicalities to be simplified and be given to the public in pamphlet form.

Your energetic *Osteopathic Physician* is a great asset to the Osteopathic profession in the battle against state medicine. Keep the good work going.

Constructive Aid to Our Profession

By Dain L. Tasker, D.O., Los Angeles, Calif.

Please accept a word of thanks from me for that article on Aspirin, in the March *OP*, written by Dr. Fuehrer. I enjoyed this article very much because it presented the subject clearly and logically. Such an article ought to be greatly appreciated by any one interested in scientific medicine. I don't think *The OP* ever contained anything better or more constructive for our profession than that article. I hope Dr. Fuehrer will take up some of the other popular remedies and give our folks a little "inside dope."

IN THE DOCTORS LIBRARY

My 6 Best Books for Osteopaths to Read

By W. F. Link, D.O., Knoxville, Tenn.

Assuming that the young practitioner keeps in touch with the progress of his profession by means of texts, periodicals and post-graduate courses and that he is on fairly familiar terms with his Bible and Shakespeare, let him consider or reconsider—

1. Buckle's History of Civilization.
2. Emerson's Essays.
3. Carman's The Making of Personality.
4. Eastman's The Enjoyment of Poetry.
5. Hearn's Literature and Life.
6. Dewey's Essays.

If, after trying out his mind on these works, he finds it doesn't work or that his horizon is no wider, his judgment no surer, his taste no more discriminating, his sympathies no quicker, his mental and moral fiber no stronger—well, you know that you can't make a silk purse out of—

By Tom Ashlock, D.O., Lewston, Mont.

1. Practice of Osteopathy and Principles of Osteopathy, Charles Hazzard.
2. A. T. Still, Founder of Osteopathy, M. A. Lane.
3. Practice of Osteopathy, McConnell & Teall.
4. Reference Hand Books, Wm. Wood & Co.

5. Modern Medicine, Osler & McCrae.
6. Diet in Health and Disease, Friedenwald & Rugrah.

By Lamar K. Tuttle, M.D., D.O., New York City.

1. Peace, Power and Plenty by O. S. Marden.
2. Medical Clinics of North America.
3. Practice of Medicine by Wm. Osler.
4. A. T. Still, Founder of Osteopathy, by Lane.
5. Differential Diagnosis by Cabot.
6. Clinical Osteopathy by Educationad Department, Research Institute.

Would like to see Geo. A. Still's "Diagnostic Surgical Clinics" continued as published in "The Osteopath" and then put in book form. Same regarding McConnell's Discussions in A. O.A. Journal. Also nice book on Osteopathic Practice—to include the list in the Institute Book—Clinical Osteopathy—also contributions by osteopaths using in their practice other than manual treatment.

By W. E. Waldo, D.O., Seattle, Wash.

1. Clinical Osteopathy.
2. Principles of Osteopathy (Hulett).
3. Clark's Gynecology.
4. Kerley's Pediatrics.
5. Sajous' Analytic Cyclopedia of Practical Medicine.

Chairman of AOA Clinics Talking

JUST received a line from Dr. Swope naming me chairman of the Bureau of Clinics for AOA. I want to get each member of the profession to write me a few things tho I have no blank arranged.

Questionnaire—Clinics

1. What is to prevent your giving 3 hours a week to advancing the knowledge of osteopathy thru a clinic?
2. Can you arrange hours for
 - (a)—1. For children under 12?
 - (b)—1. For working girls?
 - (c)—1. For working boys?
 (b) and (c) could be the same evening, preferably girls first period, boys later. President Conklin told me that he has followed the plan of giving one evening each week to this work and finds it best for him.
3. What woman's organization in your town, if approached could foster such a movement?
4. Are there any other civic activities in your town? Play grounds? Community Centers? Free dental or medical Clinics?
5. Have you used the blanks furnished by the Woman's Department for Records of Children?
6. Are you doing anything under the Osteopathic Service League?
7. Are you alone in practice? i.e. only osteopath in town?
8. Do you belong to a city or district association or society?
9. Do they hold clinics at their meetings or at any other time?
10. Do you believe it will help you to begin the use of Academy Blanks in Clinic Records? Possibly in selected cases.
11. Would you prefer to use some simpler form of record cards with "follow up" improvement cards?

I trust *The OP* will find it possible in your busy life to have some of the experts send me a few lines, with some suggestions. If any one has a typewriting machine and a duplicating device he wants to loan for the good of the cause I sure could put same to good use on this work. It is going to be some extra job. May be the executive council can furnish them or make allowance for rental.—F. E. Dayton, D.O., Escanaba, Mich.

PUBLISHER'S DEPARTMENT

"What Is Osteopathy 'Good' For?"

Nineteen Human Beings Make Answer—Are You, Too, Interested?

SUCH is the title of *Osteopathic Health*, the magazine for May, and under this question is grouped such a simple readable discussion of osteopathic cases as will make your heart glad if you are strong for the popular, plain way of telling the people our story of healing.

There is a little editorial talk by Ralph Arnold for a page and a half introducing this discussion. Ralph sticks to his text, "What Is Osteopathy 'Good' For?" by making his readers understand that it is good, as a general proposition, for almost everything people are bothered with in the way of sickness. He drives the point home that it is equally good for the general run of diseases quite as well as for the one disease your individual former patients once took treatments for. Surely this is a point well worth hammering home to conclusions since the idea never occurs to many an ex-patient at all until he reads it.

Then, the wide application of osteopathy to the very human ills of men, women and children, to ills chronic and ills acute, to ills serious and ills comparatively trivial, is shown rather than stated or argued. It shines through various stories of actual human experience with disease which found relief or cure through osteopathy. There are nineteen of these separate stories—each the story of a human life, full of the hopes and fears that flesh is heir to when compelled to face the problem of real sickness or disability, and the joy of relief that comes through correct diagnosis and osteopathic adjustment.

There is the story of the boy who dived into shallow water. And another lad with flu who had complications of bronchial asthma and weak heart. The mother of five children who was rescued from chronic invalidism which had dragged her down seven years following the birth of her last child.

An expectant mother who could neither retain her food nor sleep but who did both after soothing osteopathic fingers found and fixed her spinal lesions. Do you think the women of your community would be gripped by that story? Who ever heard of a way of actually "normalizing pregnancy" except by osteopathy?

Next hobbles in a man on crutches with a lame foot in a plaster cast. Tubercular joint, surgery, permanent lameness—his sad expectation. Osteopathy set a displaced ankle bone. Well man. Foot good as new. No tuberculosis whatever. Are people interested in experiences like that?

The improvement of the diabetic boy. The stubborn case of typhoid which an osteopath treated as abscess of the liver and which then got well. The girl with tonsillitis whose suffering gave place to relief. The bedfast woman labeled acute rheumatic arthritis who in three months took up her bed and walked. A brachial neuritis which yielded to three and a half months treatment.

An epileptic girl who suffered for four years and then took her place in the world as a happy useful woman. Her regeneration was the price of seventeen months of fidelity to her osteopathic doctor. Would you like this story noised about in your neighborhood? The moral is good.

A winter cough, a displaced neck vertebra, eye troubles, a hip-bone awry, a uterine tumor, nervous invalidism and muscular spasm due to being thrown by a horse—all tell the moving

story of one who was ill whom osteopathy made well.

And last comes a man invalidated for fifteen years by chronic lumbago—unable to work—cured by an osteopath in twelve treatments—"does it pay to be sick?" How much money would this man have saved by employing an osteopath fifteen years earlier? It does not pay to be sick.

Thus the story endeth.

What will your order be?

Henry Stanhope Bunting,
Editor.

Praise for The *OP* from Everywhere

We send money herewith to renew subscription to *The Osteopathic Physician* as we find we can't get along without its monthly visit to our home. It certainly sets the pace for any other osteopathic journal in the field.—*Dr. R. W. Bell, Independence, Kansas.*

I feel I cannot do without *The OP* so send it right along continuously and don't dare to stop it any time.—*H. H. Christensen, D.O., Pender, Nebraska.*

Herewith check for renewal of my subscription to *The Osteopathic Physician*. I would as soon attempt to continue practice without a treating table as to be without *The OP*.—*N. Gaylord Husk, D.O., Bradford, Pennsylvania.*

Herewith check for \$2.00 for renewal of my subscription to *The OP*. I would rather do without my dinner a week than be without *The OP*. That would make the subscription price \$3.50 instead of \$2.00.—*O. O. Barker, D.O., Shelbyville, Illinois.*

Herewith \$2.00 for my subscription to *The OP*. The paper is certainly great. Your columns devoted to Shop Talk are very interesting.—*M. F. Stedman, D.O., Le Sueur, Minnesota.*

Enclosed you will find \$2.00 for your valuable paper. *The OP* has proven its worth to me many times over during the past year, so I look forward with pleasure for what you will give us for the coming year.—*C. A. Nordell, D.O., Ogden, Iowa.*

I must congratulate you, Dr. Bunting, upon the masterly piece of publicity you gave the osteopathic profession through your article in *Physical Culture* magazine. It will do the entire profession untold good.—*H. S. Dean, D.O., Denver, Colorado.*

Of course, I want *The OP*. Every real osteopath must have *The Osteopathic Physician*. One might just as well try to practice without patients as to attempt to get along without this live periodical.—*R. M. Forrister, D.O., Port Huron, Michigan.*

I have had your "old sheet" regularly since I started practice. Therefore, I cannot keep shop without *The OP*.—*John M. Treble, D.O., Bath, New York.*

Renew my subscription for *The Osteopathic Physician* for two years. The *OP* suits me fine and I cannot do without it.—*Dayton Turney, D.O., Los Angeles, California.*

Herewith a lone two spot for renewal of my subscription to *The OP*. You can't imagine the help it is to me. I wish it was as big again.—*G. H. Clark, D.O., Bonham, Texas.*

Comments from OH Boosters

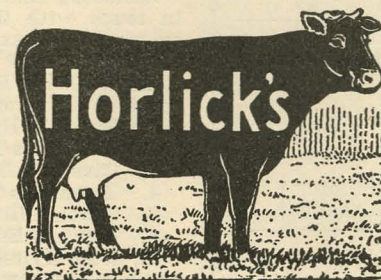
Osteopathic Health is improving much of late. I am especially pleased that in nearly all numbers mention is now made in some form of the fact that osteopathy is a general system. I would be pleased if this idea were brought out even more emphatically. I hope the paper shortage will let up soon but whether it does or not I will stand by you on both publications unless prices go too far out of reach.—*E. A. Cole, D.O., Bowling Green, Ohio.*

Osteopathic Health continues to go forth as to war and certainly "hurts" the enemy—if the M.D.'s can be called such—for I have reason to believe that questions are asked them which are prompted by this little magazine and which are found difficult to answer. Yours for common sense osteopathy.—*Roy Kerr Eldridge, D.O., Philadelphia, Pennsylvania.*

What a Layman Thinks of Non-Educating Osteopaths

The *Osteopathic Physician*, Chicago: Thanks for your letter of July 16th. I am enclosing 20 cents for the new "Osteopathic Catechism." I have had an osteopathic physician for only two and a half years but he has done so much for me and my two little ones that I now do not have any other doctor, feeling quite confident that our osteopath can take care of us thru any illness and can prevent many. However, you know how people are against osteopathy when they know nothing of it and have never tried it. Therefore, I read a great deal on the subject and I think the "Osteopathic

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Catechism" may give me a good deal of information.

I have a sister-in-law who is subject to gall stone attacks. She has just been quite ill. Her physician (M. D.) tells me that this time she had no gall stones, just a great deal of inflammation and congestion in the gall bladder and duct. I am trying very hard to have my sister-in-law take some treatments but it is difficult to persuade her. My own doctor is in Montclair.

We now have but one osteopath up here and he has no confidence in himself in acute troubles. All his practice seems to be chronic cases. The question is, can he help her? Before I take her there, I am going to have a talk with him. Poughkeepsie supports a great many M. D.'s and it seems too bad the people here could not have had a better D. O., one who would have educated them up to the value of osteopathy.—*E. Delapenha, Poughkeepsie, N. Y.*

Spanish Prince Cured of Deafness by Osteopath

[From Toronto News-of-the-World.]

THE Queen of Spain had a pleasant surprise when she was in England. Her little boy, Don Jaime, who had been deaf from infancy as the result of an accident which happened to his mother at a bull-fight before he was born, was partially cured, owing to fresh medical advice. The music of "Chu Chin Chow" was the first sound he ever heard. What must have been his thoughts, poor child!

It is hoped that the cure will be almost completely successful. It is whispered that it was due to an osteopath, who, by his wonderful touch, discovered what was wrong with the boy. Evidently osteopaths have their place in nature, although they cannot run the whole medical and surgical show.—*Issue Feb. 22, 1920.*

Give Osteopathy a Boost in Great Britain

[From The Edinburgh (Scotland) Evening Dispatch.]

THE cure of the little Spanish Prince, Jaime, by osteopathy, is likely to give the spine a great lift in popular estimation. After having been treated, with little or no success, by many eminent European specialists, the Prince, who has been deaf since his birth, was attended last December in London by a manipulative surgeon. A few days after his visit he was able to hear music, and it is hoped that by Easter he will be completely cured, and all by the magic touch of the osteopath upon a particular part of the spine.

It is a fascinating and plausible theory, this, of osteopathy—whatever be its standing in this country.—*Issue of March 20, 1920.*

IN D.O. LAND

Big Practice Makes Him "Too Busy to Pay Bills"

I am so busy I can't take time to pay bills. I have been using 400 copies of *Osteopathic Health* monthly now for more than a year and I simply cannot take care of all the practice that is coming to me. However, I want to be among the "redeemed" so here is my check for renewal of subscription to *The O.P.*—*F. A. Englehart, D.O., Oklahoma City, Oklahoma.*

Chicago Osteopathic Association Meeting

The Chicago Osteopathic Association held its regular meeting March 4th, at Hotel Sherman. The program included the third lecture and clinical demonstration on Osteopathic Technique. Dr. Herbert Bernard of Detroit, Michigan, was the lecturer and demonstrator.—*Isabel Sherman, D.O., Secretary.*

Montgomery County, Kansas Meeting

The Montgomery County, Kansas, Association held a regular monthly meeting February 4th at Coffeyville. A clinic was held and according to the usual plan several laymen presented themselves for diagnosis and treatment. Dr. Robert Bell of Independence was elected president to fill the vacancy caused by Dr. Brann who has left for California where he will take a year's post graduate course. A luncheon was served following the meeting.

Drs. Wolf and Wolfe Busy on Obstetrical Cases

Drs. Wolf and Wolfe of Big Timber, Montana, were very busy in February with obstetrical cases. The local newspaper carried a special notice listing the births of the month under the care of Drs. Wolf and Wolfe. They delivered eleven babies during the month, six being in the fourteen days between February 15th and March 1st.

City of New York Meeting

The Osteopathic Society of the City of New York held its regular meeting February 21st at Hotel Knickerbocker. The program of the evening included "Why Osteopathy has been so Universally Accepted. Its Greatest Need Will be With You," by Dr. Hugh L. Russell, of Buffalo, New York, and "Modern Blood Pressure; Its Technic and Significance to the Osteopath," by Dr. Joseph Ferguson of New York City.

Osteopathic Society of the City of New York Meeting

The Osteopathic Society of the City of New York held its monthly meeting March 20th. Program consisted of "Osteopathy in Its Relation to the Treatments of the Heart" and "History and Purposes of the Chicago College of Osteopathy," by Dr. George H. Carpenter, president Chicago College of Osteopathy; "Osteopathic Technique,—The College and Student Recruiting Campaign," by Dr. Edgar S. Comstock, secretary of the Chicago College of Osteopathy; The Bond Campaign, by Dr. Oliver C. Foreman, Member Board of Trustees Chicago College of Osteopathy.

Efficiency Course of The Denver Polyclinic and Post Graduate College has Successful Winter Session

The Denver Polyclinic and Post Graduate College, of which Dr. C. C. Reid is president, has just closed its winter Efficiency Course after a month full of good work. Each day was filled from early morning until late afternoon with lectures, clinics and demonstrations by some of the leading men in the profession. All those in attendance expressed themselves immensely pleased with the month's work and all went away with new visions for the future. Several delightful social occasions were enjoyed by the whole class. It was a very enjoyable and profitable month for all. The college will give its next Efficiency Course in the month of August.

Says Osteopaths Need Business Efficiency Course

After having been out of active practice for some time, Dr. H. S. Dean has located at Denver, Colorado, with offices in the Temple Court building. He says his offices are as fine as can be found anywhere but they are small, it being almost impossible to get office space in Denver, the same situation as exists of course in nearly all the larger cities just now. During last summer, Dr. and Mrs. Dean motored around through ten different states covering about ten thousand miles. They called on and visited with osteopathic physicians in the different towns along their journey and they had many pleasant experiences. As a result of these visits Dr. Dean came to the conclusion that it would be wise for the osteopathic colleges to have a course in business and office efficiency.

Dr. J. R. Clifford Suffers Heavy Fire Loss

On Friday night, March 19th, the home and office of Dr. J. R. Clifford, DuBois, Pennsylvania, were completely wiped out by fire. The building was totally destroyed in thirty minutes after the fire was discovered, and so it was impossible to save anything. The office equipment as well as household furnishings were a total loss. Mrs. Clifford and Dr. Clifford escaped with only the clothes they had on their backs. Office and living quarters are almost impossible to obtain in DuBois, just now, as elsewhere, but Dr. Clifford was offered temporary quarters the next morning after the fire and he is now carrying on his active practice. He says that his loss runs in the neighborhood of ten thousand, with insurance of only two thousand. Certainly "tough luck," but it could have been worse.

N. E. O. A. Convention in May

Preliminary Announcement of the Annual Convention of the New England Osteopathic Association has been sent out by Dr. J. Oliver Sartwell, Chairman of the Program Committee. The meeting will be held at Hotel Lenox, May 7th and 8th. Some of the program features already announced are Dr. W. Banks Meacham, who will talk on Physical Diagnosis. Dr. C. E. Amsden, who will discuss Auto Intoxication due to Colonic Stasis. Dr. J. Ivan Dufur will lecture on Nervous and Mental Diseases. Dr. T. R. Thorburn will give a talk and demonstration on Physical Diagnosis. Dr. Geo. W. Goode is Chairman of the Committee on Arrangements and will have charge of a spectacular feature that will take place on the evening of the 7th. The New England meeting is one of the big events in the East, it is planned to make this the best Convention to date.

Dr. S. B. Kiblinger Becomes Physician for Baseball Team

The latter part of last month Dr. S. B. Kiblinger of Joplin, Missouri had a visit at his office from the coach of the Joplin Western League Baseball Team. He talked to Dr. Kiblinger about osteopathic practice and inspected the office equipment and then told Dr. Kiblinger that he would have the job of treating the men of the baseball team for this season. That very evening Dr. Kiblinger treated three of them. Dr. Kib-

linger reports that he is enjoying a very splendid practice with a great deal of acute work and that is the kind of practice he likes most but he says that he finds that he has to take care of some of the "old chronics" as well as the acute. That, of course, is something that an osteopathic physician can hardly avoid. Incidentally Dr. Kiblinger expresses the wish that every member of the *Osteopathic Physician* would read and study Dr. Tasker's "Principles of Osteopathy." He says he thinks it is the one book most worth while.

M.D.'s Worsted in Court in Accident Case

A report on an interesting case which occurred in her city, Caribou, Maine, comes to us from Dr. Jane B. W. Hall. She says: One of the best advertisements for osteopathy in this country proved to be an assault and battery trial at the February term of court just past. The two pet M.D.'s of the town were on the stand for the defense, claiming that the boy in question was all right. Dr. Roben, of Houlton, Maine, and I appeared for the plaintiff, claiming that lesions had been caused which would have proved serious had they not been discovered and corrected. We were able to convince the jury that we know our business and a verdict was rendered for the plaintiff, much to the chagrin of the lawyers and doctors for the defense. People are more ready now to listen to osteopathic information than they were previously. One patient told me that a year ago friends and doctors had laughed at her, considering her "foolish in the brain" because she wanted me during an attack of influenza. The accident case referred to is the first case on record in Maine in which osteopaths testified in a personal injury suit.—*Jane B. W. Hall, D.O., Caribou, Maine.*

Los Angeles College Expands—Graduation Exercises Held

On Friday evening, February 6th, the graduation exercises of the College of Osteopathic Physicians and Surgeons, Los Angeles, were held at the Gamut Club. Those receiving degrees were: Miss Vera George, Mrs. Orilla Bigelow, Miss Marie Mason, Miss Zelta Sheldon, Miss Mary LeClere, W. J. Crandall and E. S. Clark. Dr. D. L. Ransom also received a post-graduate diploma. The graduation exercises were in charge of and conducted by Dr. Lillian M. Whiting, vice-president of the college. Short addresses were made by Dr. Charles H. Spencer, secretary and treasurer of the college, Dr. D. L. Tasker, member of the California Board of Medical Examiners and Dr. Harry W. Forbes, president of the college. After the graduating exercises were over the graduating class together with the student body and their many friends adjourned to the ball room of the Gamut Club and spent the rest of the evening tripping the "light fantastic." These exercises were in charge of Mr. W. T. Hurt, entertainment manager of the student body. The college has just leased approximately 10,000 square feet additional floor space. This is across the street from and will be operated in connection with the present quarters. Laboratory equipment is now being installed which, when completed, will give the college laboratories that will be the equal to those of any educational institution.

Events Confirm Diagnosis of Dr. McNicol in Controversy with Medics

Dr. A. M. McNicol, of Dixon, Illinois, won out very nicely in a controversy with the health officer of that city which found its way into the local newspapers. The city health physician, Dr. J. B. Werren, had been acting in a nasty way about contagious cases reported by Dr. McNicol, so on February 24th Dr. McNicol and Dr. L. R. Trowbridge appeared before the city council meeting and Dr. McNicol reported having taken charge of a case recently which he found to be scarlet fever and that he had reported it to the city health officer who had failed to go to the home of the patient or to issue a quarantine order for several days after the case had been reported. Finally when he did visit the home, he stated that the case was not a case of scarlet fever. All this was reported in the local paper and the next day the health officer published a statement in which he said that Dr. McNicol had misstated the facts. He said he had investigated the case and had decided that it was not scarlet fever. He said he had made another visit since the charges of Dr. McNicol had been made public and was still unable to regard the case as scarlet fever. This gave Dr. McNicol opportunity to come back with another published statement in which he reiterated the facts in the case and called attention to the fact that the city health officer had no right to question diagnosis of the physician in charge of a case nor to make statements to the family of the patient about the ability and rights of osteopathic physicians. On February 4 a brother of the patient Dr. McNicol treated for scarlet fever was taken down with an illness. The health officer was called in and was obliged to admit that it was scarlet fever and to quarantine the home. The local newspaper reported this fact and of course it was accepted as a vindication of the diagnosis of Dr. McNicol in the original case.

PERSONAL

Dr. Madolin Breckenridge is now permanently located at Hotel Colorado, Denver, Colorado.

Dr. M. M. Hathorn of Crawley, Louisiana, is doing post-graduate work for a few months at the Chicago College of Osteopathy.

Dr. L. H. Riseborough, graduate of the Des Moines Still College of Osteopathy, 1918, has successfully passed the Michigan State Board and has opened offices for practice of osteopathy at Port Huron, Michigan.

Dr. R. P. Buckmaster, of Orlando, Florida, has been elected as a member of the Board of Trustees for the Orlando School district.

Dr. Harriet A. Whitehead has returned to her practice at Wausau, Wisconsin, after a year's enforced vacation on account of ill health.

Dr. James E. Sheppard, graduate of the ASO 1915 and former member of the faculty of the Philadelphia College of Osteopathy is now associated with Dr. Harry Goehring of Pittsburg, Pennsylvania.

Dr. A. S. McCord has taken over the practice of Dr. R. E. Utley, at 106 S. Oak Park Avenue, Oak Park, Illinois, but he will retain a residence office at Wheaton, Illinois, where he has been practicing for some months past.

Dr. Ernest C. Bond, of Milwaukee, Wisconsin, sailed from New Orleans, March 17th, for a cruise of several weeks in the West Indies and Caribbean waters, in search of rest and recuperation from the effects of prolonged overwork.

Dr. S. B. Kiblinger, of Joplin, Missouri, has received appointment as Medical Examiner for the local lodge of the Tribe of Ben-Hur. This is the second lodge in Joplin of which Dr. Kiblinger has been made Medical Examiner.

Dr. Fred W. Gage of the Goddard Building, Chicago, has announced that owing to ill health he is obliged to take a forced vacation and will be away from his practice for several months. In his absence his clientele will be taken care of by Dr. Walter E. Elfink.

Dr. Harry M. Goehring, of Pittsburg, Pennsylvania, while on his way homeward from a three weeks' visit on the Pacific Coast, dropped off at Chicago and spent the afternoon of March 11th with Dr. Frank J. Stewart, the osteopathic specialist in skin and venereal diseases.

Dr. Charles Richard Heard of Allentown, Pennsylvania, was married February 28th to Miss Henrietta Maxwell, daughter of Dr. H. L. Maxwell, one of the early osteopathic practitioners of Reading, Pennsylvania. Dr. Heard was called to service in 1918 but he is now back in the active practice of osteopathy and located in Allentown.

Dr. T. F. Engstrom, of Marysville, California, spent two years in the service. He was in the Medical Department, being a sergeant of the medical detachment No. 316 ammunition train, 91st division. In this capacity he tells us that he peddled thousands of pills in this country and in France and therefore he is very deeply interested in the new department of Pharmacosophy appearing in *The Osteopathic Physician*.

Dr. Jerome M. Watters, who has just completed nine months special work with Dr. J. Deason, has opened offices in the Aldine Building, 2 Lombardy Street, corner of Broad Street, Newark, New Jersey, for the practice of ear, nose, throat and eye diseases. Referred cases will be given special attention and returned to the home osteopath for general treatment.

Dr. J. L. Ingle is now located for practice at LaGrande, Oregon. Dr. Ingle, during the war, enlisted in the air service on September 22nd, 1917, and was discharged July 5th, 1919 at New York City. He was a pilot with the rank of lieutenant. He flew the "liberty" type of plane at the Meuse-Argonne front. He was over seas eleven and one-half months and came home by way of Marsailles, the Azores and New York City.

Dr. L. M. Dykes is recovering from a severe attack of flu and pneumonia. He feels that under ordinary attention he surely would have died but he had the benefit of good osteopathic service and he came thru alright. When last heard from he was drinking about ten quarts of milk per day with one osteopathic treatment a day and he was gaining about two pounds per day so everything looks satisfactory.

I regret delay in making my renewal of subscription to *The Osteopathic Physician* but do not worry I would not think for a minute of doing without *The OP*. The real reason for the delay in sending the renewal is that I have been sick, first with the flu and then later with pneumonia. Thanks to osteopathy as practiced by one of our best osteopaths in this section, the disease never progressed beyond the stage of congestion and I have made a very comfortable recovery. Also my family all have had the flu so I have been busy but everything is coming out alright.—*John Baker Weeks, D.O., New Haven, Connecticut.*

An important event occurred recently at the home of C. W. Breitenstein, a student at the American School of Osteopathy, Kirksville, Missouri. A six pound baby boy arrived on schedule time and since then both he and his mother have been getting along together finely. He seems to be enjoying his visit for he gained ten ounces the first week. The boy considers himself a real osteopathic baby for his mother was under osteopathic attention during the entire confinement period and he was delivered by his "dad" as the doctor in charge was called away on another case and did not get back until an hour after the birth had occurred.

LOCATIONS and REMOVALS

- Dr. I. W. Alexander, at Hugo, Oklahoma.
 Dr. L. D. Brown, at Bollingham, Washington.
 Dr. Hazel Russell, from Sedalia, Missouri, to Palacios, Texas.
 Dr. H. W. Hinchman, from Byran, Texas, to Marshall, Texas.
 Dr. J. E. Fisher, at 1712 N. 4th Street, Columbus, Ohio.
 Dr. Alma A. Anderson, at 504 W. 7th St., Sioux Falls, South Dakota.
 Dr. D. A. Crew, from Monrovia, California, to Corona, California.

Osteopathic Health

FOR MAY

What Is Osteopathy "Good" For?

A brief statement giving a complete answer to this common question, with some short case stories showing the wide variety of ailments successfully treated by Osteopathy.

You will be pleased with this entirely new "talk" about Osteopathy. The case stories are highly interesting and by their variety make plain that Osteopathy is a "good" help in nearly all the ailments known to mankind.

The Bunting Publications, Inc.

Osteopathic Health

for

APRIL, 1920

The Body's Four Grand Systems of Elimination

Jaundice, Gall Stones, Uremia

Nephritis, Kidney Complaints

Auto-intoxication, Lung Diseases

Skin Diseases, Constipation

"Rheumatism"

A Brochure that is timely every-day the year around. Entire edition likely to be disposed of in thirty days. Buy now, your supply for twelve months.

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9 So. Clinton St.

Chicago

Dr. Henry V. Roberts, from Ennis, Montana, to Monticello, Missouri.

Dr. I. F. Reid, from Trumbull Block to Suite 9 Wick Block, Warren, Ohio.

Dr. P. H. Yung, from Sanford, Maine, to 743 Congress St., Portland, Maine.

Dr. W. P. Currie, from 19 Sagadahoe Block, to Dunton Building, Bath, Maine.

Dr. R. N. Blackwell, from Bryan, Texas, to 435 Wilson Building, Dallas, Texas.

Dr. E. D. Campbell, from 948 18th street, to 729 19th street, Des Moines, Iowa.

Dr. C. E. Mikel, from U. S. Army to McAllister building, Grand Island, Nebraska.

Dr. M. S. Mendenhall, from Mitchell, South Dakota, to Rapid City, South Dakota.

Dr. Clifford Ihde, from 1121 High Street, to 1025 High Street, Des Moines, Iowa.

Dr. Walter J. Outt, from 2308 Green Street, Philadelphia, to 2043 Green Street, Philadelphia.

Dr. C. B. Walsworth from Lankershim building, Los Angeles, California, to R. F. D. No. 2, Orange, California.

Dr. James P. Whitmore, from 211 Savings Bank Building, to Marquette National Bank Building, Marquette, Michigan.

Dr. J. R. Honnold, from U. S. Army to 226 Joshua-Green building, Seattle, Washington, with Dr. W. E. Waldo.

MARRIED

Dr. Charles Richard Heard, of Allentown, Pennsylvania, and Miss Henrietta Maxwell, daughter of Dr. and Mrs. Herman Lemoyne Maxwell, of Reading, Pennsylvania, at Reading, February 28th.

Dr. Charlotte Holland Merrick, of Pottstown, Pennsylvania, and Mr. Lawrence B. Weikel of Shamokin, Pennsylvania, January 2nd, at Pottstown. Dr. Charlotte Merrick Weikel will continue her osteopathic practice at Pottstown. Mr. Weikel is the representative of the Citizens Wholesale Supply Company of Columbus, Ohio.

BORN

To Dr. and Mrs. R. E. Hayes, of Brookfield, Missouri, a son, February 23rd.

To Dr. and Mrs. E. E. Wicker, of Virginia, Minnesota, March 9th, a daughter, Jane Ann.

DIED

Mrs. L. H. Wheaton, of Hillsdale, Michigan, wife of Dr. L. H. Wheaton, February 16th as result of pneumonia complicated by pregnancy.

EXCHANGE and MARKET

FOR SALE—An Albright table for \$25. Upholstered in brown leather.—Address No. 200, c/o The OP, 9 So. Clinton St., Chicago.

FOR SALE—Practice, well established in third largest city in state of Minnesota. Could be taken over by man or woman or both. Address No. 207, c/o The OP, 9 South Clinton St., Chicago, Ill.

FOR SALE—On account of death the following equipment for physician's office. Good substantial treatment table, adjustable head and foot; Leucodescent therapeutic light, five hundred candle power; Chattanooga vibrator, alternating current; Mercer's sphygmomanometer. All equipment in good condition. For prices and further information address No. 202, c/o The OP Co., 9 So. Clinton St., Chicago, Ill.

WANTED—Partner, gentleman osteopath, single, middle-aged, no ties. Ladies' practice in a wealthy suburban town in New Jersey. Established 18 years. Income \$6,000 yearly. A greater income could be secured with partner. Address No. 203, c/o The OP, 9 South Clinton St., Chicago.

WANTED—An osteopath at Corpus Christi, Texas. Have a well established practice of four years. Any D.O. wanting to locate in a good healthy resort in the south can have this practice for the small sum of \$100.00, including one treating table.—Address No. 205, c/o The OP, 9 So. Clinton St., Chicago.

POSITION WANTED—Senior student, (P.C.O.) wants position as assistant during the summer months. Proficient in urinalysis and Laboratory work. Good personality. Naval hospital experience. Latest technique and methods. Reasonable compensation. H. K. Whitaker, 1822 Spring Garden St., Philadelphia, Pa.

A location and practice to be let or sold in a Missouri city of a population of 18,000. No other osteopath. I did a \$7,000 business last year. I want to get away because I am over-worked, need a rest and attend school. Will sell half or whole interest. Fine location for man and wife who are both osteopaths. Will only communicate through *The OP*. Address No. 206, c/o The OP, 9 So. Clinton St., Chicago.