

The Osteopathic Physician

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The Osteopathic Physician

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Number 5

The REVELATIONS of PHARMACOSOPHY

EQUATIONS MUST BE MADE, 1ST, BETWEEN DRUG CONSTITUENTS, AND 2ND, BETWEEN THE RESULTANTS AND ALL BODY TISSUES.

By Professor Henry Fuehrer of the Department of Pharmacosophy in the American School of Osteopathy.

DISEASES are being tampered with at the present time in two ways. Some attempt to cure them by means of organic and inorganic chemicals and galenicals, etc., called "drugs," and some healers use means other than drugs.

The first class of healers are called pharmacotherapists, the second aphaarmacotherapists.

Pharmacotherapy up to date as well as all through history is nothing but Kabbalah and mysticism and the average pharmacotherapist is just as much of a quack as his predecessor, the savage "medicine-man," the witch-wizard outfit, the thaumaturgist, the herbalist, the patent medicine advertiser, et id omne genus. The present medicine prescriber and medicine dispenser might as well invoke a deity, hand out some amulets, sing some incantations, curse the devils and flatter the angels, or vice versa. The modus operandi is nearly identical, with the difference that the present "physician" outfit possesses a mouthful of bombasticism about some pretentious "scientificness" (sit venia verbo!) and controls the laws relating to the practice of healing, denounces as "quackery" and "unscientific" everything that is not dilquish enough for M. D.'s and that they do not understand or will not understand because it does not belong to their "school." They cling to the "school" and not to human health and well-being!

The fact of the matter is that the present drug-giver knows nothing about the drugs he gives and cares less, just so he can get his dollar-per-visit and keep in feathers. This is the only inducement for so many young fellows "taking up medicine."

But, it may be asked, are there not many "medical colleges," "medical professors" and "medical books?" Yes, the "colleges" are largely bluffs and aristocratic clubs, surely no sedes sapientiae, the "students" and "professors," are seldom scholars, largely mediocre ignoramuses, ignari literarum qui literis inimici sunt! The students are merely cramming for "examinations," their only desire is "to get through" and make the "coin;" the "medical laws" are merely schemes to keep out the poor genius and keep in the mediocre rich!

But, fortunately, science and mind are the property, not merely of a would-be monopolizing clique and oligarchic coterie, but of any who possess mind, be he rich or poor, beggar or king! This medical knowledge will soon become so universal that the well informed

person will know more about drugs than the average licensed physician and these gentry will no more be able to get money for fooling and poisoning the poor deluded public!

What is the trouble with present pharmacotherapy? It is too empirical, too dogmatic, too uncritical, too fossil, too stagnant, too pedantic, too much "intra muros universitatis!" The main fallacy in drug therapy today is the "physiological effect" fallacy. A drug is given, the effects noted, and the "conclusion" is that this or that drug "produces sleep," "narcosis," "stimulation of the spinal cord" etc., etc. It is classified "made to order," "while you wait," and we have a "materia medica" ready.

But this is absolutely dangerously wrong! It is not what the drug itself produces that is at stake. It is what the constituents of the drug can produce that is at stake! If, for example, salicylic acid contains phenol and carbon dioxide, the question is not, what will salicylic acid do, but what will phenol and carbon dioxide do? For it is very possible for that chemical laboratory with all the equipment any chemical artist can imagine, called the human body, to split them into those two constituents, and then, if you are not prepared to cope with phenol-CO₂-poisoning, you may kill the patient with criminal neglect!

And if you combine salicylic acid with another drug, the equation should be made out immediately as to what sort of poisonous compounds it is liable to set up, and avoid giving them or be prepared for the emergency if you are foolish enough to "administer" them.

Glycerine and alcohol are instances of this unscientific, dangerously ignorant, prescription-writing and filling people's stomachs and saturating their blood streams with perilous, poisonous mixtures. Very few "prescribers" have chemical knowledge enough, to know that glycerine has this formula: C₃H₅(OH)₃ or CH₂(OH)-CH(OH)-CH₂(OH) and that HCl converts it into either (1) monochlorhydrin, CH₂OH-CH(OH)-CH₂Cl or dichlorhydrin, CH₂(OH)-CHCl-CH₂Cl, or trichlorhydrin, CH₂Cl-CHCl-CH₂Cl, and that these compounds are extremely poisonous and that the HCl in the stomach (which is a well equipped chemical laboratory) is just as apt to produce these reactions as not.

The equations are:

1. CH₂(OH)-CH(OH)-CH₂(OH) + HCl = CH₂OH-CHOH-CH₂Cl + H₂O.
2. CH₂OH-CHOH-CH₂OH + 2HCl = CH₂OH-CHCl-CH₂Cl + 2H₂O.
3. CH₂OH-CHOH-CH₂OH + 3HCl = CHCl-CHCl-CH₂Cl + 3H₂O.

The chlorine atoms displace OH radicals.

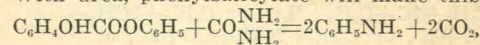
The formula for indole (one of the constituents of faeces) is C₈H₇ $\frac{CH}{NH}$ or C₈H₇N; and

for skatole (methyl indole, the main constituent of faeces, that which gives it its peculiar smell) is C₈H₆(CH₃)N.

They say salol (phenylsalicylate), C₆H₄OHCOOC₆H₅ is unharmed by the stomach, comes down to the intestine and acts as an "intestinal antiseptic." Granted! But what harm is it liable to do?

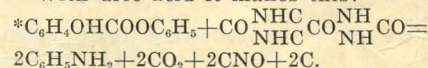
If it comes in contact with HOH, we have this equation: C₆H₄OHCOOC₆H₅ + HOH = C₆H₅CO.C₆H₅ + H₂O₂ + O, benzophenone + hydrogen peroxide + free oxygen.

In the intestine we get the bile from the liver. In the bile we get uric acid and urea. With urea, phenylsalicylate will make this:

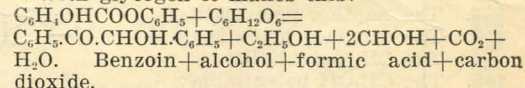


i. e. aniline + carbon dioxide.

With uric acid it makes this:

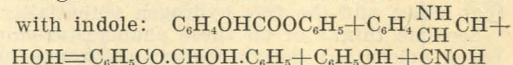


With glycogen it makes this:

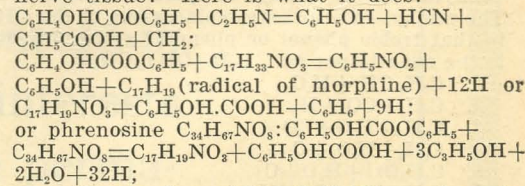


We also get the two main acids, glycocholic acid C₂₆H₄₅NO₇, and taurocholic acid, C₂₆H₄₅NO₇S. With these salol makes this: C₆H₄OHCOOC₆H₅ + C₂₆H₄₅NO₇ = 5C₆H₅OH + C₆H₅NH₂ + 3CO + H₂O + 16H C₆H₄OHCOOC₆H₅ + C₂₆H₄₅NO₇S = 5C₆H₅OH + C₆H₅NH₂ + 3CO + 2H₂O + H₂S + 12H.

Granted it gets into the large intestine and mingles with the faeces. There it makes this



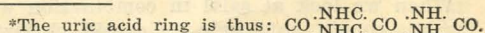
What if it comes in contact with spermine, C₂H₇N, a constituent of nerve, or, neurin, or cerebrin, C₁₇H₃₃NO₃, constituents of brain and nerve tissue? Here is what it does:



or with pseudocerebrin, C₄₄H₉₂NO₈, and protamine, C₁₆H₃₂N₃O₂: C₆H₄OHCOOC₆H₅ + C₄₄H₉₂NO₈ = C₁₇H₁₉NO₃ + C₆H₅OHCOOH + 2H₂O + C₁₀H₂₂ + 35H;

C₆H₄OHCOOC₆H₅ + C₁₆H₃₂N₃O₂ = C₆H₅COC₆₅ + 3HCNO + 6NH₂ + C₈H₁₈ + 8C; or with cholesterol, C₂₆H₄₄OH, of the bile: C₆H₄OHCOOC₆H₅ + C₂₆H₄₄OH = C₆H₅CO.CHOH.C₆H₅ + CO₂ + C₂₆H₄₂ + H + 5C; or with oxcholic acid, C₂₄H₄₀O₆: C₆H₄OHCOOC₆H₅ + C₂₄H₄₀O₆ = C₆H₅CO.CHOH.C₆H₅ + 3CO₂ + C₁₇H₃₄ + C₃ + H₄; or cholesteric acid, C₂₇H₄₂O₄: C₆H₄OHCOOC₆H₅ + C₂₇H₄₂O₄ = C₆H₅COCHOHC₆H₅ + 2CO₂ + Cl₁₈H₃₈ + H₂O + O.

Or with oxcholesteric acid,



Shop Talkers! Now is the time to send in 50 to 100 words of Comment on whatever is Looming Biggest in Your Thinking.—HSB.

$C_{26}H_{42}O_5 : C_6H_5OHCOOC_6H_5 + C_{26}H_{42}O_5 =$
 $C_6H_5COCHOHC_6H_5 + C_{17}H_{36} + 2CO_2$; or with
 dioxycholesteric acid,
 $C_{26}H_{42}O_6 : C_6H_5OHCOOC_6H_5 +$
 $C_{26}H_{42}O_6 = C_6H_5COCHOHC_6H_5 + 3CO_2 + C_3$.

Menthol, $C_{10}H_{20}O$ thymol (phenol-cymene)
 $C_6H_5(CH_2)_2OH$, produce this: $C_{10}H_{20}O +$
 $C_6H_5(CH_2)_2OH = C_{10}H_{16} + C_6H_6 + CH_3OH +$
 C_2H_6 . Here we have camphor plus benzene plus
 methyl alcohol plus ethane, all four are violent
 poisons. Still our "doctors" (supposed to be
 "viri docti") use this combination to a stand-
 still, both internally and externally, and it is
 a poisonous combination, not merely internally,
 but also externally! It may work untold harm!

This is only one of many reactions that may
 take place with this harmful combination.
 Were these "learned men of the healing art"
 (doctores medicinae, medicinae doctores)
 somewhat more versed in chemistry, they would
 make this equatio inter alios before they ad-
 minister the combination, and, after seeing
 what a concoction they concocted they would
 either abstain from administering it or be pre-
 pared for the pharmacotoxemia they are pro-
 ducing!

Now let us make the equatio per se or poly-
 merization of menthol and thymol: Menthol,
 $C_{10}H_{20}O$ may be:
 $C_{10}H_{16}O + 4H$ or $C_{10}H_8 + H_2O + 10H$ or $C_{10}H_8OH +$
 $12H$ or $C_6H_6 + C_4H_6 + H_2O + 6H$ or $C_6H_5OH +$
 $2C_2H_6 + 2H$ or $C_6H_6 + C_2H_5OH + C_2H_6 + 2H$ or
 $5CH_4 + CO + 4C$ or $CH_3OH + 4CH_4 + 5H$, or
 $2C_2H_6 + 2C + C_2H_2 + H_2O$, or $C_4H_{10} + 2CH_4 +$
 $H_2O + 4C$, or $C_4H_{12} + 2CH_4 + CO + 2C$, or
 $C_4H_{14} + CH_4 + CO + 2H + 2C$, or
 $C_7H_{16} + CH_3OH + 3C$, or $C_8H_{18} + H_2O + 2C$, or
 $C_6H_{20} + C$.

Here we have the following toxic poten-
 tialities:

1. The naphthelene potentiality;
2. The naphthol potentiality;
3. The camphor potentiality;
4. The CH_4 potentiality;
5. The CH_3OH potentiality;
6. The ethane potentiality;
7. The propane potentiality;
8. The butane potentiality;
9. The pentane potentiality;
10. The hexane potentiality;
11. The heptane potentiality;
12. The octane potentiality;
13. The nonane potentiality;

Then the potentiality of all the alcohols of
 that series and the free hydrogen potentiality.
 When one thinks of all these phamacotoxemic
 (drug poisoning) possibilities i. e. toxicopeth-
 anoses, one must shudder and one at least
 has to use some caution in their administra-
 tion. What drug physician does?

Thymol is the methyl of cymene, $C_6H_5(OH)_3$.
 The methyl radical here replaces one of the OH
 in that treble phenol or phenoldi glycol. Here
 is the equatio per se: $C_6H_5(OH)_2CH_3 =$

1. $C_6H_5CH_3 + H_2O_2$
2. $C_6H_6 + CO_2 + H_2$
3. $C_6H_6 + H_2O + CO$
4. $C_6H_6 + H_2O_2 + C$
5. $C_6H_5OH + H_2O + C$
6. $C_6H_5OH + CO + 2H$

Here we have the

1. Toluene potentiality
2. Benzene potentiality
3. Phenol potentiality
4. CO potentiality
5. CO_2 potentiality
6. Methyl Alcohol potentiality
7. Ethyl Alcohol potentiality and many other
 toxic potentialities, but this is enough!

In law a feme sole in a state of castity is not
 presumed to be pregnant, but such may be
 true of a feme covert even in a state of chastity.
 But these drugs are neither chaste nor are
 they sole or covert. What is their status,
 situs, locus and so forth? One thing is sure:
 They are pregnant with evil!

When we look at salol in combination with
 the bile constituents, urea, uric acid, cholester-

in, the two main cholic acids etc., we meet
 with the most dangerous potentials, e. g., ben-
 zoin, benzile, benzilic acid, decanes, eicosane,
 hydrogen sulphide, HCN, etc., etc.

This proves that a drug may be poisonous
 even if it eludes the HCl of the stomach. After
 it leaves the stomach we still have the con-
 stituents of the blood, the succus pancreaticus,
 entericus et hepaticus, the urine, the faeces,
 etc., etc., to contend with.

In such synopsis as this only a glimpse at the
 toxic potentialities with the tissue-ingredients
 can be given, but the author's book manuscript
 gives thousands of them, besides formulae for
 combinations of different foods with the tissues
 and tissuefluids, secretions, etc.

The author develops in his MS the following
 theory: When a drug is given, it must first
 be analyzed by itself, e. g., $C_2H_5OH + C_2H_6 + O$.
 When you have done this you must equate it
 with the HCl of the stomach: $C_2H_5OH + HCl =$
 C_2H_5Cl (ethyl chloride, terrible poison) + HOH .

This shows that you must be on the lookout
 when you give it or not give it at all.

When you combine a drug with another you
 must make an equatio between the two drugs:
 $C_2H_5OH + CH_2OH-CH_2OH-CHOH =$
 $CH_2OH-CH_2OH-CHOC_2H_5 + H_2O$.

This is an equatio inter alios as distinguished
 from equatio per se. Now in this case ethyl-
 glycol is a violent poison. If you choose to
 give it, see what it will produce with the HCl
 in the stomach: $CH_2(OH)-CH_2(OH)-$
 $CH(OC_2H_5) + HCl = CH_2OH-CH_2Cl-CHOC_2H_5 +$
 H_2O . Here you have ethyl-monochlorhydrin, a
 virulent poison. Do you want it in *your* body?
 No? Well, why, put it into somebody else's
 body?

After pursuing this subject carefully with
 the present writer you will come to the con-
 clusion that when you give fluid extracts, tin-
 ctures, spirits and other alcoholic mixtures you
 are giving ethyl chloride. Ethyl chloride is an
 anaesthetic, and this is the reason why alcohol
 makes you sleep. You are getting anaesthetic
 which the surgeons have rejected as dangerous
 and inadequate!

And "innocent" glycerol or glycerin is not
 so very innocent. Combine it with any drug
 that contains an acetyl radical, e. g., acetanilid,
 phenacetin, salicylic acid, etc., and you are get-
 ting either

1. monacetin, $CH_2OH-CH_2OH-CHOCH_2CO$, or
2. diacetin, $CH_2OH-CH_2OCH_2CO-CHOCH_2CO$,
 or
3. triacetin, $CH_2OCH_2CO-CH_2OCH_2CO-$
 $CHOCH_2CO$.

In either case, violent poisons.

Any drug containing an amine or imine will
 produce aniline. There you face danger, and
 you must have a certain method, a modus
 operandi, to know whether you are adminis-
 tering poisons or not; if you do, what kind of
 poisons you are giving? and how are you pre-
 pared for emergencies?

Why walk in the dark? It is all well and
 good to know that urethane, $CO \begin{matrix} NH_2 \\ | \\ OC_2H_5 \end{matrix}$ is a
 hypnotic, but you must also know how to auto-
 analyze it. It is $C_2H_5NH_2$ (ethylamine, a
 ptomaine) + CO_2 . Now when you know it is
 liable to split (and probably does) into carbon
 dioxide and ethylamine, then you must study
 the physiological effects, not merely of the ure-
 thane or ethyl carbonate, but also of ethyl-
 amine and carbon dioxide. You have there the
 possibility of poisoning by $CO_2 + C_2H_5NH_2$.

It is best to leave it alone and not give it al-
 together; but this being a Drug Civilization, a
 Drug Age, and the average physician, not know-
 ing any other method of healing, he, poor fish!
 must stick to his drug-fetishism and give his
 urethane, veronal, luminal, trional, sulphonal,
 morphine, paraldehyde, chloral hydrate, the
 bromides and what not! But before giving
 them, the "physician" (in whose "profound"
 knowledge the poor deluded patient so naively
 believes) in reason and safety must know the

formulae, make the equations, per se and inter
 alios, with HCl and with all constituents of
 the blood and other tissues. Then and then
 only will he have a good idea as to what to
 expect.

Veronal, $CO \begin{matrix} NH-CO-C_2H_5 \\ | \\ NH-CO-C_2H_5 \end{matrix}$ is diethylbarbituric
 acid. What is it per se? $3CO + 2C_2H_5NH + C$,
 not a very flattering potentiality! To make the
 other equations with this compound would lead
 us too far.

My book MS contains every possible equa-
 tion. Suffice it to say that they are all poisons.
 Some have been studied and some have not.
 We know the antidotes of some, but we do not
 know those of others.

The question arises, why do they not kill
 instantly? The answer is because the leucocytes
 and the powerful leucomaines in the body
 are fighting them. But in a weak body they
 do not always come out the victors! Some are
 brought to the skin in an effort of the blood
 to get rid of them, some are eliminated in the
 urine, etc. A drug eruption is a real entity of
 the dermatologist.

I Am Strong In the Faith

Just let me say that *no mixer has any faith*,
 but five-finger, A. T. Still osteopaths are the
 shouting methodists that keep osteopathy on
 the map. Master Harold Weirman, two years
 old, dwarf, rickety, with enuresis, took osteo-
 pathic treatment four times in October, 1914,
 and has grown to be a well and hearty young
 lad. Master Harry Weirman who was four years
 old, May 24th, 1914, had six treatments in
 September, 1914, for the same complaint, and
 he, like his brother Harold, is a fine young
 school lad. Both of these cases were controlled
 from the third lumbar and 8th to 11D. Do
 not understand me that either of these children
 had broken backs; they were enemic and the
 slight luxations mentioned retarded the action
 of normal internal secretion.

—Eugene Pitts, D. O., Bloomington, Ill.

"Osteopathic Health" Patrons Are Money Makers

I N regard to writing a story for publica-
 tion in *The OP*, as you suggested, I
 would gladly do so, but I know that I
 would take some of the old timers, as
 they have christened themselves, com-
 pletely off of their feet. My predecessor,
 Dr. Coplantz, for instance, as he squan-
 dered about nine years of his life around
 Portage, when he could have been doing
 a thousand dollars a month, in place of
 three hundred. Publicity would have
 made the difference. I have been running
 about fifteen hundred a month but I am
 not going to quit "Osteopathic Health"
 until I make it twenty-five thousand a
 year. As you suggested, I intend to make
 a selective tabulated list for you to send
 three or five hundred *O. H.'s* per month.
 I will attend to this at the earliest date
 possible.—Dr. Vincent A. O'Rourke, Port-
 age, Wisconsin, April 28th, 1920.

P. S. If there are any of you so-called "Old
 Timers" not making the money you should, take
 the tip. Our propaganda service will help you
 to your goal.

Dr. Henry Fuehrer has been added to the faculty of the American School of Osteopathy bringing the Department of Pharmacosophy to the excellent curriculum of the parent college.

The students are delighted at the Doctor's simple, masterly and convincing presentation of his subject. There will be no "mixers" fostered under Professor Fuehrer's teachings of the chemical incompatibilities of pharmacals with the human tissues.

The progressiveness of the parent college in adding this valuable instruction to its course is indicative of its alert concern in furthering whatever conserves the interests of the student and makes for the permanent welfare of the osteopathic profession.

Osteopathy for Reclamation Service in Big Business

By Don C. McCowan, D. O., Chicago

IN MY previous article, I mentioned the fact that I had been connected with industrial work practically ever since I graduated from the ASO, being the first osteopath to receive an appointment on the medical staff of a large railroad system, namely the Chicago, Rock Island & Pacific. I was appointed as a specialist to do osteopathic or manipulation work and a large number of cases were referred to me by the chief surgeon, Samuel S. Plumer, and the surgeons along the line and especially the local surgeons at Blue Island which is a terminal for the road with extensive yards, at which place I lived. In fact, practically all their old bad fracture cases, lame backs, sprained knees and ankles, sciaticas, lumbagos, railway spine cases, etc., were referred to me. In discussing my experiences I will refer to cases just as they appear on my records.

Case No. 1: Referred by chief surgeon to treat lame knee of three years' standing. I found nothing wrong with the knee but the trouble was in the ligaments of the hip joint, being shortened and thickened. I stretched and loosened the ligaments of hip. The knee trouble cleared up. By the way, this man was the chief road master.

Case No. 2: Referred to me by local surgeon. Was thrown across the caboose by the sudden stopping of train, striking his back against a desk. I found no bony lesions, simply hard, board-like contracted lumbar muscles. Relaxing treatment to loosen up muscles. Cured this man in three days. By the way, I always treated these cases daily. In my opinion this was a case of simple lumbago.

In industrial work we have a great many cases come to us with a history of stepping down an unexpected distance, lifting some object they had been accustomed to lift every day, or making a sudden move and getting what they call a "crick in the back," from which they cannot bend, over, or when once over cannot straighten up, and they come in under an accident claiming a sprain or some kind of injury. There are no signs of trauma and on close examination, no lesions except some contracted muscles, and while the "accident" might have been the exciting cause, there certainly must have been a predisposing condition there ready to be precipitated to account for the disability, for these cases usually clear up in two or three days under a simple relaxing treatment, while under the old medical treatment they are laid up for weeks and they have been the cause of a great deal of friction in the claim department.

Case No. 3: Had been disabled fourteen months. Referred to me by chief surgeon to treat for sciatica. He was bent way over to one side; went up stairs one foot at a time; left foot on affected side, two inches off the ground. Examination showed innominate posterior, yet the company had negative x-rays. Corrected the lesion in three treatments and the man was well and back on the job in a week.

While I am talking about sciatica I will say that in a hundred or more cases I found and demonstrated to my own satisfaction, by actual measurements, a lesion at the sacroiliac joint in at least ninety per cent.

Case No. 4: Referred by chief surgeon. A lame knee. History of jumping over a fence and lighting on cement walk which was unexpectedly a foot lower on the other side of the fence, and wrenching his knee. Found external lateral ligaments very sore and some discoloration. Probably tore some of the fibers loose and badly sprained the ligaments. These are very difficult cases and are the ban of the industrial surgeon. As quick as they find it is a knee case of any length of disability, they

shake their heads, but the claim department wants reports every week and want to know when the man is going back to work. While nature provided two external lateral ligaments and only one internally, it is usually the external that suffers; but if you will drop a plumb line down from the center of the hip joint you will see why that is. But the difficult side of it is from the industrial standpoint and payment of compensation. There is no sign of trauma and the x-ray reveals nothing. You have to take the man's word for it that his knee hurts. Early rest, then active manipulation, supporting the joint and putting a lift on the outside of the shoe to keep the strain off the ligaments is the treatment.

Without citing any more cases, I want to say that big industrial concerns working under the strict compensation laws that most states have now are very anxious to shorten the disability and get the employee back to work as quickly and with as little permanent disability as possible, and it seems to me, from my experience, here is where the osteopaths can show where they can save millions of dollars annually. You will find the big corporations are quite amenable to reason when you talk to them in the language of dollars and cents.

However, I want to assure you it is not all easy sailing for an osteopath to work along with a lot of M. D. surgeons. When, for instance, they have been fooling along with a case of sciatica for a year, and the osteopath cures it in a week, they don't seem to appreciate it like they really ought to! Of course, the claim department appreciates it, but the medical department is run by M. D.'s and they stick together closer than fleas.

You asked me to tell you some more about my experience as osteopathic specialist for Armour & Company at the stock yards. Of course, you remember that Miss Lolita Armour was supposed to have been cured of a congenital hip by the orthopedic surgeon, Dr. Lorenz, from Vienna. You probably don't know that he did not fully cure her. You probably don't know that the final help she got was from an

osteopath. Anyway, the Armours are loyal believers in osteopathy and utilize it in their own family. Whether that accounts for their kindly feeling and the fact that an osteopath is at the head of the medical department for their entire office family of 1,300 people, I do not know. Also, their big gymnasium is under the supervision of an osteopath. Of course, they have an M. D. over there, too, in order to side-step any medico-legal complications. But I do know they have no drugs and that the only adjuncts are hydrotherapy and electrotherapy. Diet, too, of course, being food producers.

My experience, however, was with actual traumatic injuries of people who work out in the plant. If I should attempt giving more cases, I would never get to the end and would be more or less of a repetition of what I have already said. However, I will discuss briefly a few foot conditions. As I had some very good experiences and excellent instructions in regard to the feet while in the military service, they are positively interesting to me.

First, fractures of the small bones in the feet. On account of so much trucking and handling heavy boxes and barrels, we had many crushing injuries from most every angle and to make a diagnosis of fracture of some small bone in the foot is a very difficult, if not impossible, task; but with the excellent x-ray outfit they have at the plant, we located many a fracture that otherwise would not have been discovered. For instance, we had several cases where men fell down an elevator shaft or through a scaffold and lit hard on the heels. We found the astragalus cracked through, or fracture of the osseous.

Another common condition of the feet is stretched and relaxed ligaments, letting these small bones become subluxated, due to long hours standing and carrying heavy loads. In treating these cases you did not have to say osteopathic treatment. You could really say orthopedic. Springing these bones back into place and taking tension off of over-stretched, relaxed ligaments was a two-fold pleasure. It was so easy and gave the patient such instant relief. But here, as elsewhere, I had the claim department and employees patting me on the back, and the medical department giving me a slap in the face. Yes, there is a big field for osteopathy in big business.

Sleeping Sickness and Other Mental Conditions

By Dr. M. E. Church, D. O., Calgary, Canada.

HAVING seen no reports thus far in our periodicals re sleeping sickness, I feel that it will be an allowable heading for something I wish to get off my chest, as well as report three cases we have run across.

After returning from post graduate work last February I was called to see a patient who had been under medical care as well as specialist care, for she was suffering from an eye trouble that was not understood by any of the doctors, myself included. I was called because the patient had been sleeping for three nights and two days and she could only be aroused by the greatest effort. The husband and son thought our treatment might rouse her up, having had sufficient experience with other doctors to satisfy them they at least could not do so.

We treated the patient, examined the swollen congested eye, not knowing what to call it, brought back a sample of urine which we found not only loaded with sugar but many other heavy sediments and indican, the patient was put on a strict milk diet and treated regularly until she had fully recovered, and, strange to say, the eye symptoms cleared up completely, and the patient is well, or was, if she lived according to rules laid down. (Sleeping sickness.)

On Dec. 2nd I was called to see a laboring

man of 34 who had his curtain drawn, complaining of pain in the head; had vomited several times; was so dizzy he could not sit up; I visited him five days, twice a day, the sixth he walked a block, and came to my office on the seventh day. This was strictly a case of Lethargic Encephalitis. I failed to mention the drowsy symptoms but they are very bad. The only cause this young man gave me was that he had received a chill after a hard day's work and was taken down almost immediately.

On Dec. 22nd I was called to see a man who had been working in his cold shop, cold because of low gas pressure during a cold spell. He had been carrying a heavy mental load repurchasing a home, etc., lately and working early and late almost to exhaustion to make ends meet. I knew this man well, having treated him for asthma about a year ago, he having come to this part of the country from Niagara Falls because of the trouble and having been advised that he could not live any longer there. I found this man suffering a great deal of pain over the hypocon drum, especially in the upper right, and pain in the neck and forehead, slight delirium when aroused from his drowsiness. Because of expense I had not been called earlier in the case, he thinking that he would soon recover.

Surgery and Surgical Diagnosis Laryngology and Ophthalmology

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Los Angeles, California

Principles of Surgery: In this course is covered the field of general surgery. It includes a brief review of bacteriology and immunology as related to surgical procedures — asepsis and antisepsis, and physiological reactions of protective and reparative types, etc. A comparative analysis is made as between surgical and non-surgical types of pathology. The diagnosis of surgical affections is covered systematically, and the course concludes with a practical consideration of operative technique, and the after-care and treatment of surgical cases. Ninety hours in the 6th semester, under Dr. Norman Frederick Sprague.

Surgical Diagnosis: A further consideration of the important field of differential diagnosis as applied to surgery is given in this course. The subject is handled regionally, by surgeons of experience, their work being so co-ordinated as to cover the important operative fields and surgical regions of the body, exclusive of the extremities and orifices. Ninety hours in the 4th year, under Dr. Robert Dudley Emery, Dr. William Curtis Brigham, Dr. Carlyle Young, Dr. Walter Vincent Goodfellow, and Dr. Carle Harve Phinney.

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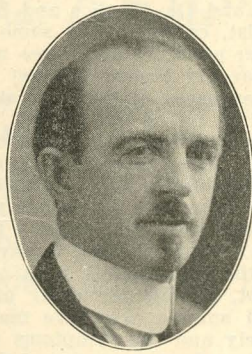
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instruments is taught in a practical way. The post graduate surgical clinic furnishes cases for practical demonstration. Particular emphasis is given to the manipulative treatment in indicated conditions, and thorough training in the proper diagnosis of surgical conditions is a feature of the course. One hundred and ten hours in the 7th and 8th semesters, under Dr. Thomas Jefferson Ruddy.

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There having been so much said about "sleeping sickness" I got my eyes open and recognized what he might be dealing with. I say "we" because I had called in my partner, an eye, ear, nose and throat specialist, Dr. Siemens, to look at a chronic running ear, and for the sake of the profession let me say, I failed. I got my eyes off the patient and on to the possibilities of what I was up against, and suggested to the folks that I would call an M. D. in consultation if they wished. The wife said the case was entirely in my hands and do what I wished. I called a man who stands high in his profession; we saw the case again and he was satisfied that we had a case of sleeping sickness, and asked if I hesitated to have a lumbar puncture. In the meantime I had done very little for my patient. That evening three of us doctors and Dr. Hughes and Dr. McCall, a bacteriologist, called at the same time and made a lumbar puncture and, bless me, instead of sixty or seventy leucocytes that have been found in other cases of sleeping sickness we had five hundred to the millimeter! Horror of horrors, the worst kind of encephalitis, it must be tubercular. This the culture failed to show as it was impossible to get a culture from the fluid. That evening late I called to get a nurse for the case, and returning about 9 p. m. I, for the first time, I am ashamed to say, gave the man a very thorough spinal, neck and abdominal treatment, paying particular attention to the liver and splenic area, the man vomited bile very freely and the symptoms cleared. I was surprised at the appearance of the man the next morning, so was the M. D., who asked to continue to see the case as he had not had a case thus far. That evening, Tuesday, I gave the patient another thorough treatment, after which he vomited freely but less than the night before and the next day the man was apparently well but of course was weak.

Having suffered from pus tonsil for some time, I decided because of the condition of the patient I would have my tonsils out the next afternoon, Dec. 24th, taking a few days rest and stay with my wife and family, my wife needing my presence for a few days, because of the infant's death, the effects of a shock from a street car accident, and having assisted in the delivery I was all in and did not get to see this other patient again until the first of

the next week. I found him suffering what I call, according to Osler, masked pneumonia. I was not able physically to give my best to the patient at this time, and on Dec. 29th his tongue cleared, he endeavored to raise, and on Dec. 30th after a bad night he died at 11:15 a. m. I filled out the death certificate, primary cause unknown, secondary, pneumonia.

And now I come to the other part of my subject, "And Other Mental Conditions," and begin by saying I for one wish to God I had never known an M. D. You may say I would never have been born; that's wrong, for several of us were born and reared with very little use of one; and I learned of a family yesterday of eleven who have never had an M. D., even for that critical hour, when they first came into the world. But you say, "Dr. Church, you are registered and protected by being a member of the College of Physicians and Surgeons of Alberta, it gives you protection and standing." I deny it to the last letter; any standing I have in this city and province I can assure you has not come from any accommodation, standing or help of the C. of P. and S. of Alta. When we are little in our own eyes, like David of old, and enthusiastic for osteopathy (truth) we do something for our patients and shall I say in our ignorance of the name of disease we got results, and when we learned what we cured, because of our knowledge of the disease we learned from medical books we shook like a green leaf in a thunderstorm! If you please we have become, to a certain extent, a profession of High Brows. The Rev. Paul Rader of the Moody Church, Chicago, says a High Brow is a person educated above his intelligence, in other words, educated above what he is able to put into practice (medically).

Chiropractic is absolutely stepping in and trying to steal our birth right. The question is, will they get it? Thank God, they are not doing it in Calgary. If you doubt this, write the mayor, the manager of the Bank of Montreal, or any other respectable source.

We occupy about one-third of the floor space in this large building; there are four of us D. O.'s associated; Osteopathy is the one thing we push to the front continually; our nurse is an osteopath nurse. We believe absolutely that germs are not the primary cause but the effect of disease. We believe that pus tonsils must be

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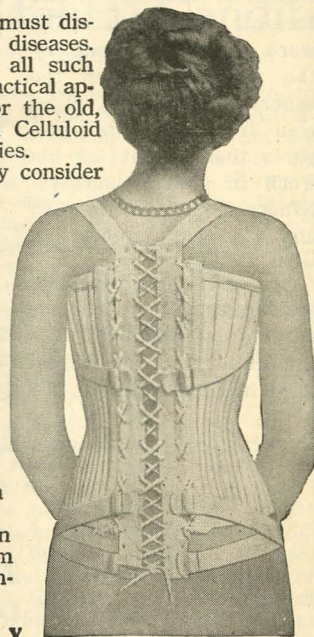
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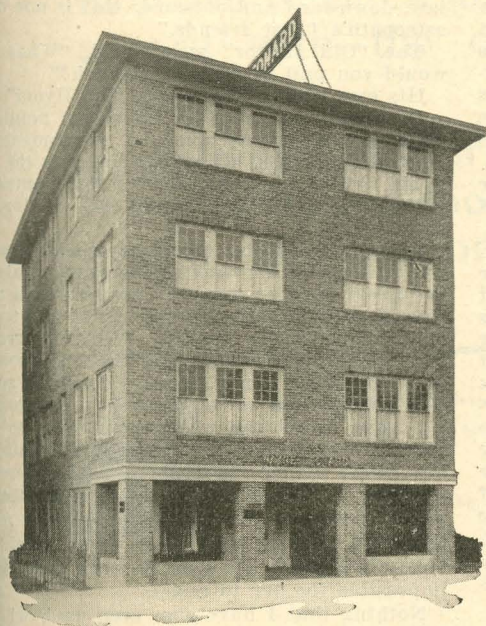
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removed—that's osteopathic; we believe that septums that are so deflected that they have points of contact, and enlarged pale turbinates cause trouble and are better removed. We believe that there are certain conditions where glasses do relieve eye strain, and allied nervous conditions; to that end we have an osteopathic specialist who operates only when and where needed, and fits glasses only where we are sure there is need of same. We have a man who pays special attention to gastro-intestinal and nervous diseases; another to Gynecology and Obstetrics; and the writer, knowing a little something of the effect of the thyroid, adrenals, pituitary, liver, spleen, etc., has made somewhat of a specialty along that line, together with the treatment of hemorrhoids, orificial surgery or the removal of irritation to the sympathetic nervous system.

We all know, or should, that when any poison, drugs included, appears in the blood stream, it excites the anti-pituitary and the post-pituitary and through the sympathetic the adrenalins, the pancreas, the thyroid, the leucocyte organs more leucocytes to act as phagocytes and food carriers, etc., and this whole system is controlled from the brain glands.

Now for my enlightenment tell me where drugs come in if you medical osteopaths who practice medicine are the curse of our profession, you who have not appreciated your birth-right and have sold it for a mess of pottage and become a servant of two masters (for if I understand the truth right we cannot serve two masters for we will cleave to one and despise the other), so we cannot serve osteopathy (truth) and medicine, they absolutely will not mix.

What I am criticising myself and blaming myself for is that after all these years being thrown off the track of truth, to bow to the mental thought of a man who at least is a Christian man, and a good M. D., but unable to see disease as it actually is. What did

Osler say on his dying bed? The great art of a physician lay in profound knowledge of the human body.

In Toronto where they have had a number of cases of diphtheria following vaccination the health department are investigating the possibility of the vaccine being the cause, and if they are honest they will probably find that rotten serum has been the cause!

Now, in closing this article, or ramble, I wish to state that it would have been infinitely better for my poor patient who died, had I never recognized the name of the disease and had I treated it as purely the effects of a constitutional disease and never called in my honest, faithful M. D. friend! For, surely, our vision of disease absolutely must be different, and my vision was, to say the least, obscured and I was influenced by what I thought he knew. I am not pleading for ignorance. God forbid! But a high brow is one educated above his intelligence, and that is medical science today, and religion of today, too, if you please; a beautiful medical structure and beautiful churches, if you please, without horse sense enough to bring forth or deliver the needed goods. We osteopaths have this ability. Are we going to cherish it as we would a sacred truth? Or are we going to turn our school into teaching drug medicine, as evidently some of our schools are according to recent investigation. Ah, shame! shame on us! It seems to me, if Dr. Andrew Taylor Still knew of the drug medicine being taught and used by people who claim to be Osteopaths he would turn over in his grave and groan with anguish for those who have gone after strange gods, to be like the nations around them. I am thankful that I am learning, and been under medical care as well as specialist only once in awhile, when some new fangled disease comes up (which is only an old disease taking a new manifestation) because of mental strain, etc. I am learning I see the uselessness of medicine and medical advice.

"Pertussis"—When It Loses Its Whoop

By Hewes O. Harris, D. O., Poplar, Montana

AN acute highly contagious disease of childhood, sometimes affecting the adult. It is characterized by its peculiar cough, associated with vomiting and sometimes a whoop, due to a forced inspiration. I say "sometimes a whoop"; that has been my experience; very few cases have had the typical whoop, no doubt due to early treatment. Whooping cough in this community is like the Indians, it has lost its whoop; the old-fashion whooping cough is almost out of style; I don't mean that it is extinct, but it is like small-pox, it has lost its virulency. Let us hope that the human race has acquired a certain amount of immunity to this once-dreaded disease of childhood.

I will not go into the etiology, pathology or diagnosis of pertussis but will give a brief sketch of the osteopathic treatment.

The lesions found are bony and muscular. The bony lesions are of the cervical and upper dorsal region. Cervical lesions are frequent but by no means common. The dorsal lesions are common and are confined to the upper four and their corresponding ribs, which are most always rotated downward. All these lesions including the clavical are very important, having a decided effect upon the innervation to the respiratory tract and the mucous lining of the trachia and larynx. The above lesions have much to do with the sympathetic control of the vasomotors, also the pulmonary and cardiac plexus, the superior and recurrent laryngeal, vagus and phrenic nerves.

The muscular lesions are found over the entire cervical, dorsal and pectoral regions.

The treatment is directed to improve the entire system, the prime point is to free circulation, stimulate vasomotors, and hasten all body elimination.

Spring the spine; don't be afraid of breaking it; get good movement between each vertebra; raise ribs several times; correct all lesions possible; then leave them alone. Pertussis can not be treated specifically! Give the upper dorsal a lot of your time; raise the clavical to stimulate lymphatic drainage; spring the jaw, downward and outward; this is one of the osteopath's "best friends."

The "Old Doctor" was asked, "What bone would you pull in whooping cough?"

His ever ready reply was, "The Hyoid".

Do not forget this very important point, this little bone has many muscular attachments, the most important in whooping cough is the omohyoid, which you will always find contracted, pulling the hyoid bone to one side or tipping it downward.

Relax all muscular areas mentioned, especially the anterior cervical region; and straighten the hyoid bone as much as possible each time; stretch every muscle. Treat larynx and trachia along their entire course. Stimulate respiration and cardiac action, the heart is on heavy duty and great strain during a coughing spasm. The kidneys and bowels must have proper care.

I have found the above conditions to hold true in over twenty-five cases; the duration of the cough under treatment has been on the average of three weeks, treating three times a week. Only one case reached a serious point; the child resisted very much, even fought the treatments until she was so weak that it was impossible for her to resist.

Nothing that I have ever seen used, whether it was medicine, family remedies, grandmothers advice, neighborly sympathy, milk-weed soup

(Continued to Page 30)

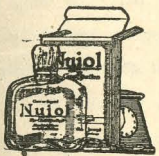
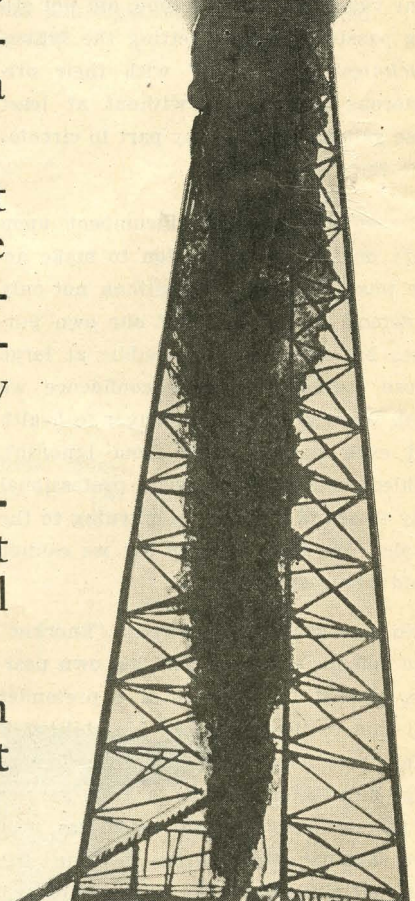
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Old Scout Paul Says

YOUR sample of "Chiropractic Kleptomaniac" just at hand. I have carefully read it and to it I say "Amen." You doubtless received today my letter of the 17th in which I enclosed clippings from one of our local papers of last Sunday — that you might appreciate just what osteopathy has to contend with in one city. Doubtless this is but one of many.

Hardly a day goes over my head but what some one, or several, of my patients bring up the subject of "chiro-quack-tic" to combat which I make verbal explanations of the fake. I give them copies of such printed matter as I can obtain. I want you to know I, for one, am not sitting passive, inactive, letting the "chiro-quack-tics" "get away" with their preposterous pretensions, without at least some gallant effort on my part to circumvent their activities.

Personally, I feel it incumbent upon every one of our profession to make active war upon these impositions, not only to defend the sincerity of our own purposes but to protect the public at large whose consideration and confidence we need. We who know the danger to health and even to life itself from ignorant, ruthless manipulators owe a professional duty to sound the note of warning to the people. We may sidestep but we cannot avoid our responsibility.

No man can be considered a "knocker" who defends the truth and his own position against the inroads of a pretender and this to the utmost of his ability. I think you could do the profession at large and the public, too, a great service to agitate and advocate relentless warfare against the chiros in *The OP*. "Eternal vigilance is the price of liberty," — Arthur H. Paul, D.O., Bridgeport, Conn.

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Get Busy!
We Are—Are You?

Little Stories of the Clinic

By C. W. Young, D. O., Grand Junction, Colo.,
Stories 9-10-11-12 Herein Are Tales of The Tilted Pelvis

STORY No. 9. Mr. R. age 40, a rancher of Clifton, Colorado, a year ago had a severe pain in the fleshy part of the calf of his left leg. The pain was in an area 2/3 the way up from the ankle at the right side of the posterior part of the leg, about the size of a silver dollar. This area appeared as though it had been injured and felt rough to the hand, and the skin was not freely moveable. He was almost incapacitated from work. He was greatly emaciated because of the affliction, and the pain was so great as to force him to leave his bed at night and walk the floor hour after hour. Complete relief was secured by the correction of a tilted pelvis as described in *A. O. A. Journal*, December, 1917. I taught him how to correct the tilt on himself whenever there was a recurrence which often happened. Whenever the tilt did come again, the terrible pain in the leg would start again, and when he corrected the tilt he stopped the pain. On three occasions during the past year, the tilt has recurred, and he was unable to adjust it himself, and he would come to my office, and leave happy, and free from pain. The last time he came, he reported that he had had no sleep for two nights, and had rendered the excruciating pain in the calf of the leg bearable by walking the floor most of these nights. I asked him if he didn't want me to massage the pain spot, as I had done when I first treated him. "No," he replied, "it is too sore. You just straighten the tilt and the leg will be all right." I found the left leg over 5/8 of an inch shorter than the right, and after employing the technique for the tilted pelvis, the left leg was still 1/8 of an inch shorter than the right. I flexed the left leg on the thigh and gave a downward jerk as described in *A. O. A. Journal*, December, 1917, for a slipped innominate, and his legs became of the same length and pain in the calf of the leg disappeared. It may be that the slipping of the innominate up and back on the sacrum made recurrence of the tilting of the pelvis very easy and self correction so as to stay very difficult. Anyway this was the way he and I accounted for his occasional inability to correct the tilt himself. He has regained normal weight and is amply able to do heavy work on his ranch. He said he told the story of his cure to his medical doctor, who said he knew how to fix the pelvis (he used sacro-iliac belts) but he never dreamed that the pelvic condition would cause such pain in the calf of the leg. He had advised an incision into the seat of pain with a surgical knife.

No. 10. Mrs. C. age 70, receives treatment frequently for the tilted pelvis and other ailments. Many times she has relieved herself of pain in the back by self adjustment of the tilt. One day she had a severe pain the neck, whereupon by self treatment she adjusted a tilted pelvis and the pain the neck at once disappeared. This experience has happened several times since. She does not understand it at all, only she knows that time and again she can relieve pain in the neck by correcting a tilted pelvis.

No. 11. Mrs. W. age 42, was severely injured in an automobile accident. She was in a hospital for several months. When she came to me she was pale and emaciated and walked with a limp. She was decidedly a cripple. When she went down stairs she had to go backwards and steady herself with her hands on the wall. She had a thrombus in her left leg and her medical doctor advised her to keep away from an osteopath, saying he would kill her by manipulating the thrombus. I found the right leg nearly an inch shorter than the other. I diagnosed the case as a tilted pelvis

and left innominate slipped up and back as described in *A. O. A. Journal*, December, 1917, and treated accordingly. After the first treatment, the patient could walk much more readily and in time she began to walk in a normal way, and could walk down stairs like other people. I followed the leg evening treatment with treatment to loosen and remove adhesions in the lumber vertebrae. After correction of the tilted pelvis, I would find the left leg still a quarter of inch shorter than the right and I would give the treatment for the slipped innominate (jerking the leg) and she could then walk better and felt better. She said she had a marked sense of relief in the sacro-iliac articulation immediately after the treatment was given. She has gained thirty pounds in weight. This is the most marked case I have had, where correction of a slipped innominate, brought appreciable relief to the patient. Have had hundreds and hundreds of cases where the patient immediately recognized improved conditions after correction of a tilted pelvis.

No. 12. Charles, of Ohio, age 50, visited his sister in Colorado. He had backache and other troubles and the sister persuaded him to try osteopathy. He had a tilted pelvis and was shown how to fix it himself. In due course of time he returned to Ohio and wrote to his sister that when he returned he found his brother, Joe, with a lame back. Joe, for months had been almost incapacitated for work. He went around with a cane. He tried medical doctors and their prescriptions, and was no better. Charlie told him he had a tilted pelvis and taught him how to fix it himself. Joe succeeded much to his surprise and joy. He threw his cane away and sang the praises of osteopathy and said things about medicine that the doctors would not like to hear.

WHERE PEGASSUS BROWSES

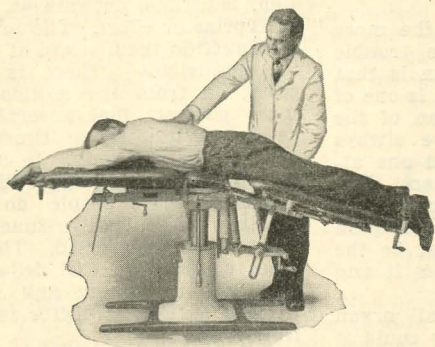
Ye Springtime Breeze

[From the Cleveland News.]

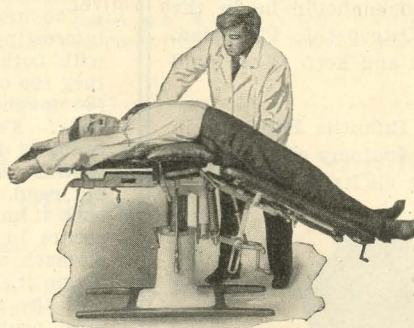
The other day I took a ride in my open limousine,
And the road sped by as I went on high past forest, hill
and stream;
The springtime air whistled through my hair, and it felt
like Paradise true,
But that night in bed, as I held my head, I found that
I'd caught the flu.
Oh the springtime air rushing through my hair had done
its work up well,
And the misery that it left to me was more than words
could tell;
Every breath a stab, every move a jab, and the ease of
life had fled,
While a nightmare dark and a hacking bark had come to
stay instead.
I had doctors all, fat, short and tall, who came around
to me,
There was one, I swear, from the devil's lair, using osteo-
pathy;
He pulled me north, he pulled me south, he knocked me
in the chest,
And all the while he would look and smile and say,
"Relax, now and rest."
He shook my throat 'til he got my goat, he grabbed me
by the neck,
He pulled my side 'til I almost died, 'til I thought I was
a wreck;
He knocked me east, he threw me west, he tore my only
sweater,
And then he'd say, as he glanced my way, he knew that
I felt better.
I must admit that he did his bit and cured me in a
hurry,
And I rose once more from my bed, quite sore, but
minus care and worry:
Now the springtime breeze may sigh as it please, and
the day may call as it care,
For I'm through with the ride in the gay springtime,
with the wind rushing through my hair.

RALPH H. SINGLETON.

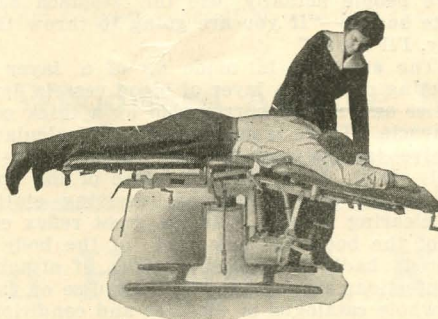
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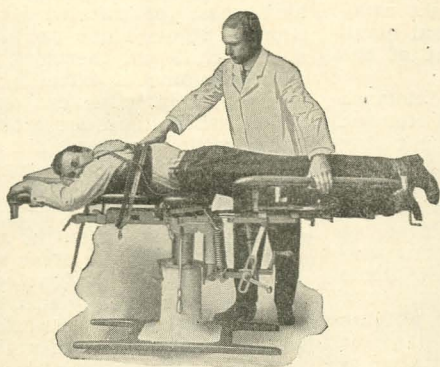
This illustrates the stretching and manipulation of the spine according to the method of Dr. A. G. French, Syracuse, N. Y., and is a quick and effective way of securing spinal traction.



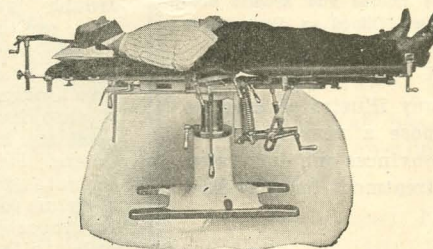
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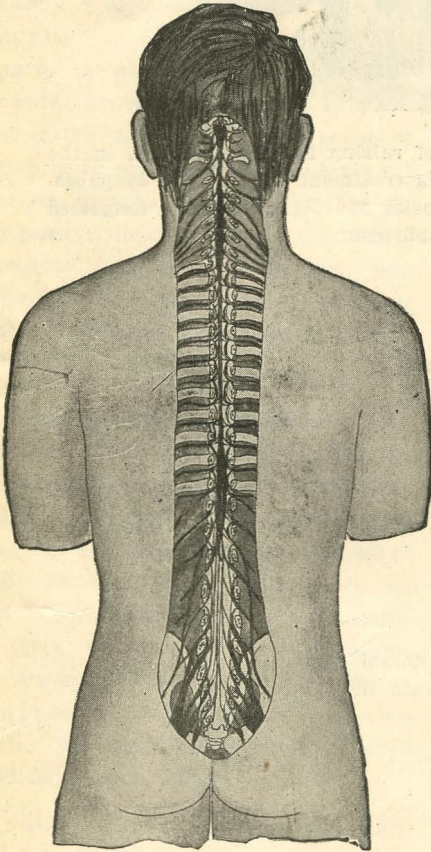
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Chololithiasis or Gallstones

(Continued from last month.)

IN my last paper on gallstones I stressed particularly disturbances of the gastro-intestinal tract as diagnostic indications of chololithiasis.

The more one studies the subject the more interesting are these features. The trouble with both the laity and the physician is that they too often forget that the stomach is one of the toughest if not the toughest organ of the body. Forgetting that fact they are always coddling it, giving it a thousand and one attentions which it does not deserve and does not need. They seem to think if vomiting occurs it must be due to the stomach. If pain occurs in the upper abdomen, it must be the stomach and so they pet it and caress it and blame it.

If the stomach were really the frail organ most people seem to think it is, how could it possibly survive the quantities of indigestible victuals thrown into it in season and out of season? I know a party who eats a pound of candy at one time, another who drinks as much as six cups of black coffee at one meal, another who eats dill pickles in season and out, yet they go on from day to day without much, if any, complaint with the stomach. Some people actually use the stomach as a waste basket—"If you are going to throw that away, I'll eat it."

The stomach is made up of a layer of secreting cells on a layer of blood vessels, lymphatics and nerves surrounded by a thick coat of muscle. There is nothing about it calculated to give trouble and true to its structure it rarely does. It is the warehouse of the body and at the same time the receiving station and clearing house. It is the great reflex center of the body. If any part of the body is injured badly the patient vomits, if attacked by infections the patient vomits and so on thru the whole catalogue of diseases and conditions.

I have thus again introduced this subject of gallstones by remarks on the stomach because I recognize the fact very clearly that so many ills are attributed to the stomach which are not due to the stomach. This is particularly true in the case of gallstones and infections of the gallbladder. It is my purpose to influence the profession as far as I can, to get away from the habit of attributing abdominal manifestation to the stomach as the seat of the trouble.

In some cases they have cured the "stomach trouble" repeatedly. It is a funny stomach that can be cured so rapidly and won't stay cured. The trouble with that doctor who thus claims so much and does so little is that he has broken his differential. He can't tell one disease from another. He thinks lots of his spiel and keeps volubly on without getting anywhere. He simply plays his fiddle while Rome burns and the patient pays the fiddler. It is a grim reality that pathology cares nothing for theories and fads in medicine. It yields only to the most common sense and matter of fact treatment and most of us are happy if we can creditably meet the pathological conditions and even the small responsibilities incumbent upon us as physicians.

Discussing again, therefore, the similarities between gallstones and gallbladder infections we find that while pain is present in both conditions it may be apparently absent in both. While this statement is true in the specific sense yet I am sure in the general sense it is just as true. I mean to say that the gallbladder cannot be infected or filled with gallstones without manifesting the fact in some form of distress. The physician possibly cannot point to any one symptom in the particular case,

pathognomic of gallstones or infection, and yet the general health of the patient is not what it ought to be. There is a painful depression, lassitude, drowsiness, or indisposition to enterprise or effort. The brain in distress does not function readily and at times there is mental confusion. There is always absorption going on from the gallbladder which makes these patients feel miserable. They show a painful irritability at times and are more or less morose and ugly. In their undefined misery they are more easily discouraged and disgruntled; these people do not "enjoy" poor health. All bodily functions probably are more or less perverted. Thus we see in these cases we have no well defined pain but a very real sort of misery and the patient suffers without patient or doctor recognizing what the trouble is.

In both chololithiasis and gallbladder infections we may have icterus or jaundice or we may not have it in either. Jaundice is a sign of obstruction to the common duct or hepatic duct. It makes no difference what causes the obstruction. Thus infection of the gallbladder may lead to swelling of the mucous membrane of the cystic duct down to and including the common duct. This swelling may be so great as to obstruct the lumen of the common duct and the bile backs up into the liver and is absorbed into the system and we see it in the eyes, skin, mucous membranes and secretions of the body. If icterus is caused by gallstones the mechanism is exactly the same. Either the stone gets down into the common duct or presses upon the common duct and obstructs it, or the associated infection enflames the common duct and obstructs it by the swelling. I have heard physicians assert with great show of confidence that icterus is the sign of stones. It may be and it may not be; it certainly is not pathognomic.

Nausea and vomiting are just as characteristic of gallstones as infection of the gallbladder. The chill which we often observe in gallstones is just as often seen in cholecystitis. I presume if all the cases could be differentiated we would find far more cases of cholecystitis with chills than of gallstones for we know we have cases of infected gallbladder without stones. Stones alone would probably not produce a chill and therefore, the chill is really pathognomic of infection, but inasmuch as stones and infection are ordinarily found together, when stones are present it is impossible as far as the symptoms are concerned to differentiate between the two conditions.

The one symptom upon which I think much stress should be placed in chololithiasis and cholecystitis, is gas on the stomach. It is just as bad in one as the other and I think no one can differentiate the two conditions by this symptom alone. They complain that they have a heaviness and fullness after meals. So great is this fullness at times that women cannot with any degree of comfort wear their corsets. They rift a great deal and complain that gas forms in the stomach immediately after eating. The time of the gas symptoms in relation to the meals is one very important sign pointing to gallstones or gallbladder infection.

The clay-like stools formerly were emphasized as another very important sign of gallstones but now we know that infection of the gallbladder and common duct may and often does cause the same thing.

There are two other symptoms, enlargement of the gallbladder and tenderness over the ninth costal cartilage, which so often go together that they should be discussed together. Both of these are just as characteristic of gall-

From a Philadelphia Osteopath

(Name to physicians on request.)

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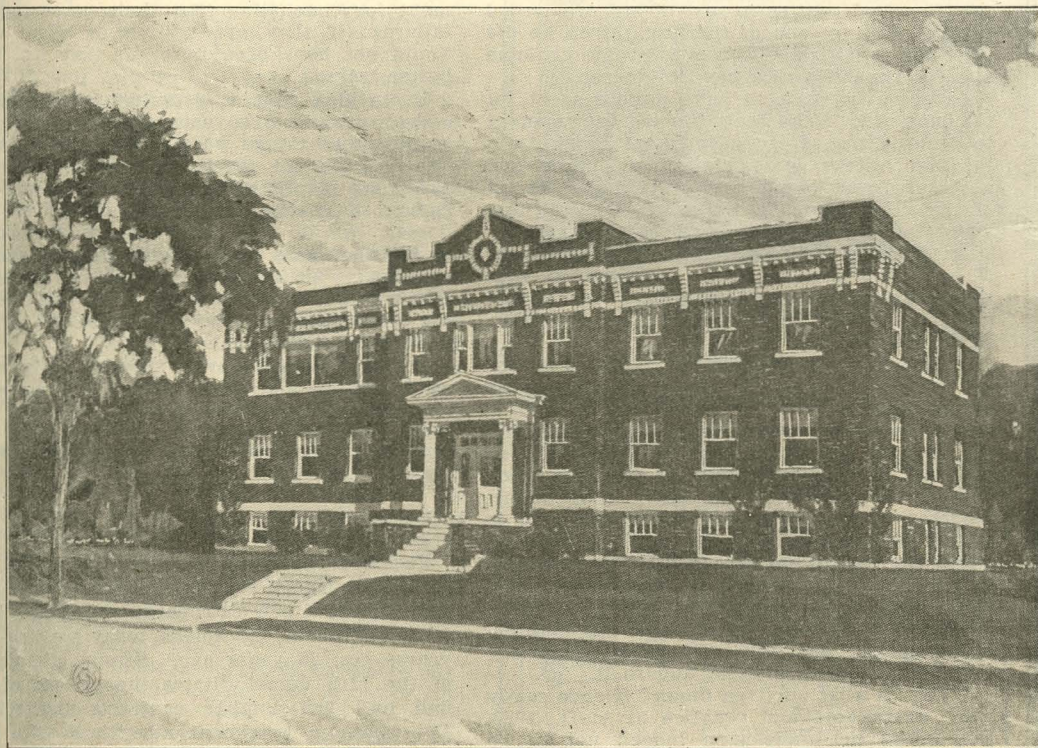
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stones as of cholecystitis and vice versa. In eliciting this sign one must be careful to observe that the pain is really at the ninth costal cartilage and not at some other point. Pressure on this area may cause the patient to wince and the trouble not be in the gallbladder at all. It is a very common experience of the diagnostician to have the patient cry out or remonstrate against pressure being made over the liver, the physician thereby getting the impression that the remonstrance is due to pain at the point of pressure when as a matter of fact the pain was over the appendix or some other distant region of the abdomen. These observations can be readily explained.

The heart symptoms in cases of gallstones and gallbladder infections are very manifest and due doubtless in both cases to the same causes. The absorption of bile always leads to a slowing down of the heart rate and doubtless to myocardial changes and weakness. The gas in the stomach from which most patients suffer can easily be assigned as additional cause of heart symptoms. The stomach thus over inflated must necessarily, owing to its adjacency to the heart, press upon and interfere with the heart's action, oftentimes leading to irregularities and palpitation. The careless diagnostician not searching for the real cause or not being able to interpret symptoms at-

tributed to the heart, tells his patient that he has heart trouble.

Fever is also a very common symptom of cholelithiasis and cholecystitis. There are cases of gallstones in which no fever is present but in all probability fever was present some time during the development of the stone, for as we have said, infection of the gallbladder is the probable cause of gallstones. At any time when the gallstone begins to move in this area of latent infection new inflammatory reaction is set up and we have a rise of temperature. It may go up to 103 or 104 and continue with slight remissions for days and maybe weeks. Owing to such attacks as these the patient shows unusual tenderness over the gallbladder and again oftentimes the symptoms are misinterpreted, the physician carelessly asserting that the patient is malarial.

It is true gallbladder diseases and conditions are hard to diagnosticate and many physicians are too indifferent or careless to make the effort necessary for diagnosis. For this state of affairs both the people and physicians are to blame. The people have too often been unwilling to pay the price for good work and the physician has yielded in his weakness and helplessness to the caprice of his patient.

In our next article we shall tell how the TAYLOR CLINIC makes the diagnosis of gallstones.

What Is Dr. Sigler Really Arguing For?

By Charles J. Muttart, D. O., Philadelphia, Pa.

In the last number of *Osteopathic Truth* we find the following written by Vane B. Sigler, D. O., M. D.

"Osteopathy as taught by Dr. A. T. Still is a complete system of therapeutics. The sooner we as a profession come to the realization of this fact, and purge the profession of those who do not know it, or who are not willing to study and work until they reach the point of efficiency where they cannot but know it, the sooner we will really and truly reach the place where we can call ourselves a profession," etc., etc., etc.

Dr. Sigler was borne in Kirksville, in an osteopathic atmosphere, and comes of an osteopathic family, studied osteopathy "under the founder"—as so many of us are proud to say—and yet one of the first things he did after leaving Kirksville was to study medicine and get himself a nice medical degree.

Later on he says, "I have more respect for the man who, if he feels himself incompetent to treat diseases by adjustment, goes to a medical college, gets himself a degree and a license, and hangs out his shingle, as an M. D." Did Vane B. Sigler, D. O., feel that way when he entered a medical college?

Dr. Sigler's position would be much stronger if he would declare (if he believes it) that the time spent in a medical college was wasted and if he signed his statement Vane B. Sigler, D. O., instead of D. O., M. D.

This is a fair example of those who cry out for a return to the "good old simon-pure osteopathy."

If they were really honest they would tell the younger generation that Dr. Still ridiculed the use of all instruments of precision such as the thermometer ("pig tail"), sphygmometer, stethoscope and microscope. It is a well known fact that Dr. Still at first opposed the institution of a course in chemistry in the American School of Osteopathy. Dr. Still's idea of an osteopathic course of study consisted of anatomy, physiology and manipulation, and it was only with great reluctance that he was persuaded to add to it.

If that is what our "ten finger" friends really want us to hold and practice in A. D., 1920, they must be brave men indeed not to be discouraged when they see to what depths of degradation the American School of Osteopathy

and all other osteopathic schools have degenerated.

Nor is it any argument for scientific efficiency to call attention to the financial success of the pioneers in osteopathy.

Dr. Munyon of "There is hope" fame, made more money and had a larger following than whole regiments of the graduates of osteopathy put together. Dr. Munyon's success was also due to the fact that he knew the patent medicine business only and was imbued with the patent medicine spirit. With all due respect to the early graduates and the good work they were able to do, yet when we analyze the situation at that time we are forced to the conclusion that it offers no argument for concluding that their percentage of failures (if they are willing to admit any) would not have been fewer, if they had been better trained.

Everything that was taught in osteopathic colleges twenty-five years ago is taught now, except those things we would prefer to forget. True we do not teach the treating of spinal caries by manipulation; we do not teach the curing of gastric cancer by setting the 4th dorsal; we do not teach the application of cantharides as a prophylactic measure against smallpox. We do not claim to cure goiter or migraine in one treatment. We don't teach the absorption of brain abscess and fibroid tumors by adjustment.

Do our "simon pure" friends really want us to go back to this? Don't say we were never taught that kind of stuff for every "old timer" knows we are.

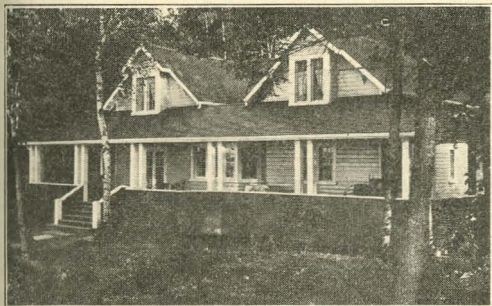
—Chas. J. Muttart, D. O., Philadelphia, Pa.

The Spleen Again

Just because some one says, "Let's treat the spleen for infections," this exclamation is now heralded as a new osteopathic discovery. What we know about the spleen today we knew 15 years—yes, 25 years ago. Strong stimulation of the 11th dorsal dilates the spleen; of the 2nd and 3rd lumbar contracts the spleen. The shot-gun treatment advertised as a new discovery savors strongly of quackery.—*The Spinal Column (St. Louis Osteopathic Society).*

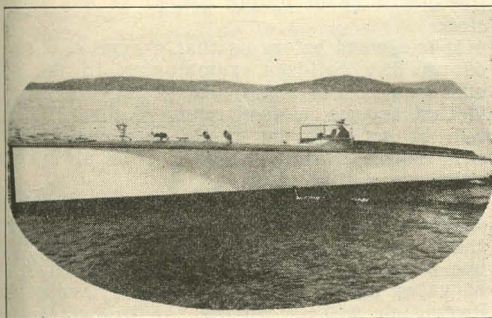
Dr. Millard a Motor Boat Sportsman

Dr. R. F. P. Millard, of Toronto, Canada, maintains a summer home bungalow in the Highlands of Ontario on the picturesque Lake-of-Bays. He has a 40-foot motor boat house with two slips in it, one for a little



View of Dr. Millard's Bungalow on Lake of-Bays, Ontario.

launch small enough for his "kiddos" and the other for his own big racing boat which makes 30 miles an hour. It is one of the fastest



Dr. Millard's Racing Motor Boat.

motor boats in that section. Dr. Millard has a son who is a wireless operator and he is putting in a wireless plant at the bungalow which will be ready for communication with the rest of the world next summer.

**Maryland Wants More Women
D. O.'s**

With your help we have been particularly successful in securing men to locate with us but we have not been so lucky as to women. We especially want some good women osteopaths in this State. In looking over the list I find but five, all told. One in Cumberland, one in Hagerstown, one in Aberdeen and two in Baltimore.

Baltimore is an especially good field for women if they will only have a little perseverance as to practice. I am sure that Frederick could hold a woman. There are two men there now. Cambridge a town of six thousand has no osteopath at all and I think that maybe a woman might make a go of it at Salisbury. It is a town of some seven thousand and has one man.

If we could get a dozen women or so we would feel highly gratified in our campaign this fall and we will do everything to grant reciprocity to any person. In writing to me if the persons will only state their qualifications I will be glad to pass on them before the application is made out. Numerous letters reach this office asking if we will grant reciprocity and "nary a word" do they say as to the applicant's qualifications. We are not mind readers in any sense of the word.

We will try to make ourselves agreeable with those who come and do our best to locate you. We want others to come in with us and while we have some barnacles here we mostly are not afraid of a little competition.—*Faternally yours, Robert Keeningsham, D. O., 519 Charles St., Baltimore, Md.*

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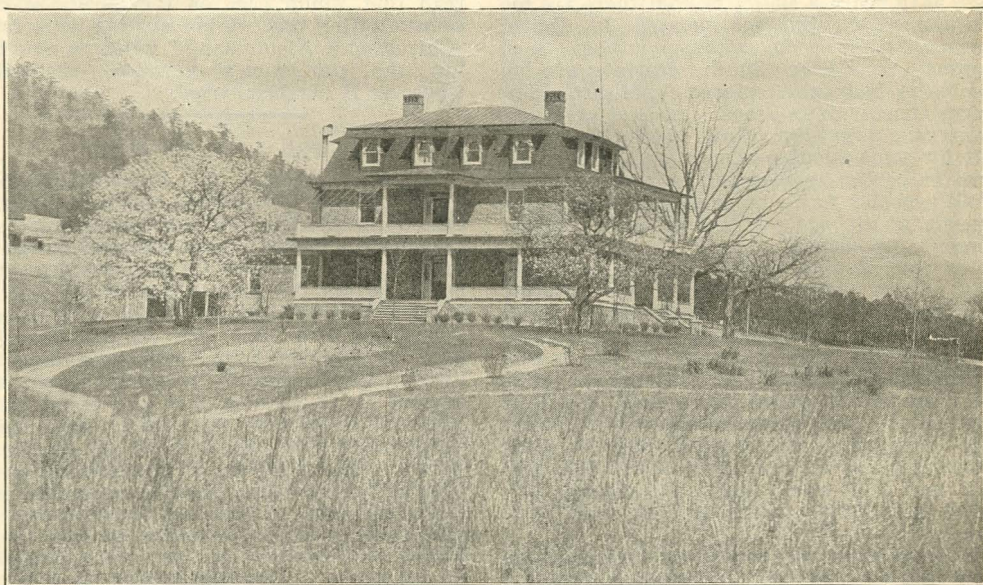
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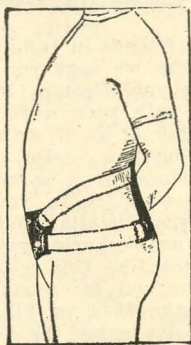
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SIDE VIEW

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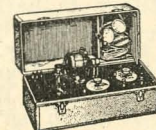
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The Osteopathic Physician

The Organ of News and Opinion for the Profession

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EDITORIAL

Fairness, Freedom, Fearlessness

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

Vol. XXXVII May, 1920 No. 5

GIVE EDITOR SMITH MORE SCOPE

Editor Ralph Kendrick Smith is putting out a corking good AOA *Journal* these months. It is a wonderful improvement. We can truthfully say we are actually reading it for the first time in its whole twenty years of issuance. It is snappy, full of variety, well presented and readable on every page.

We have heard a criticism, that there are too many medical clippings printed by Editor Smith. We think the criticism unjust. Such clippings as Editor Smith reprints are all about the body and disease. If he gleans many timely facts from medical journals about your every-day work which, should he wait for some member of our profession to observe or originally discover or report to him, would probably never be printed in osteopathic journals at all, are you not much the gainer thereby? Of course.

Now isn't it true, that nine-tenths of all the facts of the body and disease are properly quite devoid of person, number, gender, pathy or party? Then why should such a critic insist on having such facts served up to him in packages tied up only with osteopathic labels and dogma? Of course, it is true, and it is unfortunate, that many minds would rather have osteopathic abracadabra and dogmatic metaphysics served up to them exclusively than learn new facts about health and disease, presented from other points of view than their own.

Editor Smith is not preaching drug medicine—just the reverse. He is pounding it into a jelly. I confess I can not get the point of view of readers who would turn from what they have (not) had in the AOA *Journal* for the past twenty years, to offer criticism for what RKS is giving them at present. But of course, no one mortal can please everybody.

We have only one suggestion to the powers of the AOA. Make Dr. Smith a *real* editor by giving him his own editorial pages to fill in his own way. At present that department is void. It ought to be the strongest section in the *Journal*. Perhaps it would be if you gave Smith the chance he is entitled to. I cannot get your point of view, either, in having an editor but not letting him write editorials except under censorship of the secretary. If a man is big enough to edit the AOA *Journal* at all he is big enough to be a leader of thought without being trammelled. If Smith isn't that, "can" him, and put a man in who is. If Smith is big enough, then give him rope! The editor's job on the AOA *Journal* is potentially a far bigger and more important job than either the secretaryship or presidency, and it is far more necessary to have it well filled.

If you believe you've got a good editor on the job, friend powers, then let him function. It will give aid to your own work.

CHIRO DATA BURIED

Every once in a while we receive an urgent, last-minute call for information about the history of "chiro" and the various ways in which it has plagiarised osteopathy. For many years Dr. George B. F. Clarke, of Detroit, Michigan, has been collecting and compiling original documents and data on this subject. Of late years the work has been under the recognition of the Michigan State Osteopathic Association and the AOA, Dr. Clarke having been appointed official "statistician."

We have repeatedly urged during the past five years that the data collected be given out in suitable form so that it could be available to all members of the profession, and especially for national and state legislative and publicity committees, but the material still stands hidden in the archives of Dr. Clarke. When is this data to be used, if not now? The data collected would be invaluable for osteopaths to have in their offices for emergency reference, for refuting the false claims of the chiros. It should be reproduced and made available. Of what value is it buried in the office of one man?

Several years ago we printed a brochure on "Osteopathy and Its Imitators" which was written by Dr. Clarke and Dr. Bunting in collaboration and appeared as an issue of *Osteopathic Health*. So many calls have been received to give quick aid and something easily read that would pass on the merits of chiro counterfeiting that we got out the little folder, "Chiropractic Kleptomania" which is now serving the profession's purposes successfully wherever it has been tried.

TOO LIVE TO MISS

We have received the Proceedings of the Third Annual Convention of the American Osteopathic Society of Ophthalmology and Otolaryngology in 96 pages and well worth the \$2.00 a year charged for membership. This report covers the proceedings of the last convention held at Chicago College of Osteopathy June 23 to 27th, 1919. We can not fancy anybody in practice being willing to miss this helpful work while it is going on or being content to do without this publication in his library. Investigate this society with the ungodly name and you will be apt to connect with it. Mister Dooley told of the doctor who couldn't lance a felon "because he never studied below the neck." Well, he could be that and still know a lot! He might be able to pronounce and explain the name of this society, for instance. One would like to hear this organization being paged in the Sherman House lobby at the next convention.

LET US DO IT FOR YOU

"I have not been able to get out my February 'Osteopathic Healths' yet, as I worked all day and far into the night with flu for several weeks."

So wrote one of our good friends in Indiana. That's just the reason why we urge you to let us do your mailing for you, Doctor. You should not have to bother with such work at all. You don't *have* to bother at all if we are supplying your publicity for you. Do you suppose a lawyer or a business man as well established in his field as you are in yours would bother himself over such details? Why, of course not! While you are bothering yourself over a mere clerical job like this which our clerks will perform for you for a small charge you could easily make \$5.00 or \$10.00 as a professional man or else enjoy the rest and refreshment you deserve after a hard day's work.

Remember that "Osteopathic Health" offers you a *service* just as well as an ably edited magazine. Half the service is in writing the sort of stuff that will put the best foot forward for osteopathy, and the other half is knowing how and being able to distribute your magazines so that you get the best results from your publicity. Advertising only begins when correct circulation—in this case distribution is effected.

When you are worked to death, naturally your distribution of field literature suffers. Probably it stops altogether. Surely your sleep is more vital to you, after excessive periods of work, than your publicity, important as the latter is; but if we do it for you the publicity goes out, even when you are too busy or too engrossed to think about it, and it then literally *works for you while you sleep*, as all good advertising should.

Nearly all the big successful practitioners let us mail their magazines for them. Why not adopt this plan yourself?

Approves Our Pharmacosophy Effort

Your department of Pharmacosophy, I believe, will be of untold benefit to our profession.

It is always before us that charge, that some of us, like children, rummaging in the cast off ideas in the scrap pile of the Old School. If that is true, a good many of them, I hope, will be set right by the discussions of your able editor, Doctor Fuehrer. It is always the unknown that we fear.

If everyone knew exactly the failure of drugs or the degree of their success, if any, there would be no fear of them. When any one drug or serum is absolutely proven to be of value and not dangerous, the Osteopathic Profession will be among the first to accept that truth. No drug has ever yet proved its clear cut value, so we in general do not accept them.

All good wishes in your efforts to dispell the cloud of mystery, glamour and superstition about the effects on the body of chemicals and drugs.

—Geo. M. McCole, D. O., Great Falls, Mont.

* * *

Fine business! You have got a whole lot more chemistry wrapped up in your system than I ever supposed you would have.

Your chemical and physiological analysis of aspirin and its effect upon the body is mighty good dope—for the other fellow to take. There is one important physiological factor, however, that you seem to have left out and that is the effect of aspirin after it has been partially split up by the action of the stomach and intestinal juices and then absorbed into the blood stream, namely: Its effect in slowing up all nervous reflexes of the body.

It seems to have the ability of partially inhibiting the responses of any nerve cell to a peripheral stimulus. As an illustration: One of our students who was in the Air Service in France told me that he knew absolutely of four deaths which were due to aspirin and nothing else. The men were suffering from colds and the physicians in their charge undoubtedly were followers of this subtle German propaganda in regard to the effect of aspirin and they liberally dosed the men in the effort to break up colds before it went any further. Instead of knowing, as they should, the effect of this deadly drug upon the central nervous system, they did not report their patients' unfitness for duty, but sent them back medically O. K.'ed. These men went up into the air, and as a result of the effects of aspirin upon the motor center's in the cord and in the cortex of the cerebellum they did not respond as they should to any inequality in the equilibrium of the plane and consequently everyone of these men fell to their death. This shows

absolutely the evil effects of the use of aspirin, even in what is supposed to be comparatively safe doses.

The only thing I did not like about your article was the little footnote at the end of it, in which you mentioned that the succeeding articles to follow on the chemistry of drugs would be confined to only two pages. Why two pages? It takes propaganda to defeat propaganda. Go to it!—*E. H. Henry, D. O., ASO, Kirksville, Mo.*

* * *

The article "Aspirin and the Other Coal Tar Drugs Unmasked by Chemical Research," by Dr. Henry Fuehrer, is a masterpiece for indictment of drug therapy. Not being competent to analyze his argument from a chemical standpoint, I shall not attempt it. But from the standpoint of observation and experience in practice I am positive his arraignment of drugs is none too strong.

Dr. Bunting is right in saying we have stood criticism by drug doctors long enough. It is now a most opportune time to do what Dr. Fuehrer has so well begun, namely, analyze all methods by scientific study. Few are competent to do this; yet it is the plan that must win the intelligent lay man.

The average man or woman feels an instinctive repulsion to taking drugs and yet when sick will take drugs because no better way is known. By educating the people to the serious danger of the use of drugs the osteopath can do a great and indispensable service to humanity.

I am treating a lady whose husband is a druggist. He told me of a lady with a child in her arms bringing to his drug store a prescription to be filled. The druggist by chance asked for whom was the medicine prescribed. The lady replied for the child in her arms. The druggist immediately called up the physician who was not in, though a brother answered who was also an M. D., and the druggist told him the prescription called for fifteen grain doses which would kill the child. The brother replied "Oh! then, put it up in one grain doses." The druggist answered "Like hell I will," and he took it upon himself to make the dose one-sixteenth of grain or one two hundred and fortieth strength of the original prescription!

He also told of an M. D. prescribing an incompatible Tincture of the Chloride of Iron in wild cherry which would make a mixture similar to ink. What redress has a human being against drugs properly or improperly compounded? None! Therefore, it is best to let them severely alone.

Cold analysis of claims in every field of work is now demanded. I trust you will continue the investigations along the supreme line of saving human lives.—*Morris Lychenheim, D. O., Chicago, Ill.*

How Illinois Osteopath Felt About Having Smallpox

By Louisa J. Collins, D. O., Evanston, Ill.

I know The *OP* will be thunderstruck to hear from me here in the Isolation Hospital, 34 W. Hamlin Ave., Chicago, being treated for smallpox. I know that I was to have had the D. O.'s at my house, either the 10th or 12th of March, but instead of that I came down with a discreet case of smallpox. I haven't been vaccinated for a number of years and then it did not take.

Dr. O'Neal, of North Shore Hotel, Evanston, had a smallpox patient in the hotel which he and Rooney, head of the Evanston Board of Health, diagnosed as chickenpox. I came in with the maid who cared for the room. May be I was not some mad!

What this letter is for is to give the facts and the differential diagnosis between chickenpox and smallpox, which is, viz:

Chickenpox

- 1—Vesicle on skin.
- 2—High Fever.

Smallpox

- High fever, boneache, headache, malaria, etc. Period of hours feeling good.
- 1—Macule. 3—Vesicle.
- 2—Papule 4—Rotula.

An infected person may have only one or two more vesicles while the next person coming down with it may have the hemorrhagic type or the malignant type, and if the last two—God help them.

There is an unbelievable amount of smallpox in the country and the M. D.'s know it but will leave the patient in doubt as to the nature of the rash and inevitably the patient calls the health officer and gets himself sent to the isolation hospital and in the meantime exposing, not only the various members of his family, but the neighbors as well.

The doctors stand by and excuse each other on the grounds that it is not a well-known disease. They called my case chickenpox first and then syphilis and I asked them how they knew and then I called them liars! I told them that one was not down flat on one's back for three days with a temperature of 101 to 104 degrees with syphilis.

I am mad from one end of me to the other and I know that this letter is a disjointed affair, but do put every D. O. in Chicago and the whole country wise to the facts about smallpox and the fact of what other doctors are doing.

It is no fun to eat your meals for two-and-one-half weeks without having your hands washed or a bit of water on your body!

If there is some one who wishes a good D.O. to take charge of his practice I wish that you would let me know as I want the place.

Please excuse pencil as it is the only thing that holds its own in a mercurial bath.

—*Louisa J. Collins, D. O., Evanston, Ill.*
Yale, Jasper Co., Ill.,
April 16th, 1920.

Dear *OP*:

Well, I am down in Old Blue Jasper County once more where the sun and the wind are playing havoc with these smallpox spots.

When I get back I will send you a rough sketch of smallpox, its various cycles—feves, vesicles, etc. They are not mentioned in the modern texts.

This morning I hardly know which way to turn, after being away from my work six weeks today.

If you care to have it, I will show the different stages of these three somewhat similar diseases; chickenpox, syphilis and variola, their different phases, differential diagnosis, prodromal symptoms, etc., all that belongs to it and how to warn our patients of it. Get up a good article on the three vesicle diseases. It may have a good effect.

You should have a taste of the good eggs, butter, and milk that I am now getting. I will come in and see you when I get back.

—*L. J. Collins, D. O.*

LATEST

Dr. Collins called at The *OP* sanctum April 28th feeling fine and showing almost a complete restoration of her skin lesions without any pitting.

Here's the Modern Osteopath—He Treats Smallpox

PERHAPS the following case will be of as much interest to other osteopaths as it was to myself. April 8th, 1920, I was called to a bedside. Patient, age 37 years. Female Temperature 102. Pulse 100. Slight headache. Gave history of having nursed at a home where, according to an M. D., they had had chickenpox. Treated her.

Saw case again next day. Temperature 100. Slight murmur over mitral valve. Headache

gone. Treated her. Next day, temperature 98 F. Heart murmur still present. Next day, temperature 98.4. Murmur over mitral valve gone. Bowels sluggish. Slight papular eruptions appeared around border of hair on the forehead and on wrists. Diagnosis made of smallpox. Treated her and advised enema. Patient felt fine and wanted to get up but kept her in bed. Quarantine.

Next saw patient during pustular stage. Temperature up to 99.1 for one day. Pustules well developed. Next day, temperature normal and has been normal from that day on. Uneventful recovery.

In commenting on this case: I protected myself with rubber gloves, a cap and surgical gown. Case ran a very mild course with no complications. This individual had previously shown a weak mitral valve at times.

—*M. F. Stedman, D. O., LeSueur, Minn.*

South Carolina's Excellent New Law

By F. B. F. Hardison, D.O., Charleston, S. C.

IN the new bill passed at our last legislative session, please note the definition of the Practise of Medicine. I am proud of that definition, as I think that it covers everything, past, present, and future in the treatment of the sick. Dr. W. E. Scott and myself can claim the credit for that definition. I got my share of the idea from having convicted two chiros, and watching their defense. The chiros put up one grand fight in the legislature but it helped them not at all. The bill was passed. The only weakness I can see lies in the fact that the medical board in this state pride themselves on being absolutely fair and, in their efforts to be perfectly fair, they may make the chiropractic requirements for education lower than they should be. If they do, we will appeal to their fairness to the public and to us keep them from making it too easy. One thing is certain and that is that they will not permit any correspondence school diplomats to take the South Carolina examinations.

Note this definition:

SEC. 2. Any person shall be regarded as practicing medicine, within the meaning of this Act, who shall as a business treat, operate on or prescribe for any physical ailment of another, or who shall engage in any branch or specialty of the healing art, or who shall diagnose, cure, relieve in any degree, or profess or attempt to diagnose, cure, relieve any human disease, ailment, defect, abnormality or complaint, whether of physical or mental origin, by attendance or by advice, or by prescribing or using or furnishing any drug, appliance, manipulation, adjustment, or method, or by any therapeutic agent whatsoever. But nothing in this Act shall be construed to prohibit service in cases of emergency or the domestic administration of family remedies.

Observe this provision:

SEC. 14. Osteopaths, Homeopaths, Chiropractors, Naturopaths, Magnetic Healers and other practitioners of any branch of the healing art may practise such branch or specialty within this State by obtaining from the State Board of Medical Examiners, by the same method as is herein provided for the obtaining of licenses to practice allopathic or regular medicine, a license to practice such branch or specialty, which license shall not be granted until the applicant shall have successfully passed the examinations required of applicants to practice allopathic or regular medicine (save that examinations in materia medica, major surgery and therapeutics and the practice of medicine shall not be required), and shall also exhibit to the said Board a diploma from a college showing that the applicant has graduated therefrom, in the said specialties, which college shall be one the course of instruction in which shall have been investigated and approved by the said Board, and which shall be found by the said Board to teach such subjects and to conduct courses containing such number of hours, lasting over such number of years, as shall satisfy the said Board that the competency of the applicant has been assured by graduation therefrom.

The practice permitted to each profession is to be defined on the license issued. At least, that is the present idea. I am to appear before the board at their next meeting and tell them what we osteopaths want to practice. Will let you know about it when it is all settled.

"Bang!" If you haven't used "Chiropratic Kleptomaniac" there is still time to do it.

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Anything to Help the Patients

By J. C. Howell, D. O., Orlando, Fla.

Democracy in medicine is just as essential to its growth and well being as democracy in the body politic. When the American Medical association debarred osteopaths from entering the army, and, thereby, depriving some hundreds of thousands of soldiers of their right as Americans to have the treatment they had been accustomed to at home, they did that which, not only resulted in death for a great many American boys, but also deprived themselves of the opportunity of learning what osteopaths had to offer in the treatment of the flu, pneumonia and kindred diseases.

Likewise it is just as bad for the practice of osteopathy to have the stand-patters (may their tribe decrease); oppose innovations in the practice of osteopathy. "Anything to help the patients," should be our motto. It is the motto of all real physicians, those who hold the welfare of their patient above creed, cult or filthy lucre.

One definition of a quack is, "one who tries to cure everything with one remedy." I have as little regard for a physician who tries to cure everything with medicine, or surgery, or electricity, or psychotherapy, or spinal adjustment, or auto-hemic treatment, as I have for the old grannies who used to cure everything with "yarbs".

As an illustration, several months ago a patient applied for treatment for pruritis ani. He had been treated by well-known osteopaths, he had been treated by the best known surgeon in the community, and he had tried various patent medicines, home remedies and other treatments but his condition gradually grew worse. A thorough examination revealed a small ulcer in the rectum, from which a discharge, almost imperceptible, was flowing over the tissue surrounding the anus. This ulcer was treated surgically, the patient was instructed to take an enema every day to begin with, using Bullock's solution, one teaspoonful to a quart of cold water. The tissues surrounding the rectum were painted with Ziratol, which is a carbolic preparation, and, later, a good deal of the tough corrugated tissue around the rectum was removed surgically.

Throughout his treatment he received ultra-violet rays from the Alpine Sun Lamp. He was instructed to live on a low protein diet. The result was gradual improvement, and at the end of some ten weeks, he was discharged as cured. In this case, ten-fingered osteopathy, according to the usual definition of ten-fingered osteopathy, had failed, but "anything to help the patient," osteopathy succeeded.

Another illustration: a dentist came for treatment, complaining of life-long constipation, indigestion, insomnia and lack of "pep". An examination disclosed a low blood pressure, hemoglobin was only 75 per cent, sub-normal temperature and a weak pulse. His sphincter ani muscle was very much contracted. The condition of his pulse, temperature and blood pressure indicated lack of tone of the internal secretions. He was given the Auto-Hemic treatment (Roger's), the external sphincter ani was dilated with Pratt's rectal tri-valve speculum. He was placed on a McManis table and his spine was stretched and lightly manipulated.

To help the insomnia, he was placed under a 2,000 candle power Radiant Heat light for ten minutes before each treatment. Result; at the end of six weeks he was having one and sometimes two free bowel movements per day, was eating anything in sight any time from seven o'clock in the morning until midnight without the slightest indigestion, sleeping like a child and says that he has so much "pep" that he can work all day and stay up all night and still feel good. He had been treated by osteopathy before coming to me and was not enthusiastic over the results that he had gotten before.

In this case, it is my opinion, without the auto-hemic treatment (treatment with your own blood without bugs or drugs), the case would not have responded as it did.

As an illustration of where manipulative treatment was needed I will cite the following case: A young man recently discharged from the navy was on his way to a surgeon's office to be operated for appendicitis, but was persuaded by a friend to have me examine him before being operated upon. The examination revealed no cardinal symptoms of appendicitis but there was great tenderness over and anterior-superior spine of the ilium, also at the sacro-iliac articulations. The right leg was nearly an inch longer than the left.

The diagnosis was a slipped innominate. I placed him under the 2,000 candle power lamp for ten minutes to take out the soreness, then set the innominate and strapped it with adhesive to keep it from slipping, and told him to come back the following day. He returned and reported a good night's sleep and feeling much better. I gave him the light again for the soreness and a very light treatment in the lower lumbar region. Three treatments cured his appendicitis completely, and, incidentally, saved him about \$100.

As an illustration of where neither manipulation, nor surgery, psychotherapy or anything of that kind was needed, I will cite the case of a little boy five years of age who was suffering from a case of acute indigestion, as a result of eating too many under-ripe oranges. Temperature 104, rapid pulse, coated tongue, bad breath, to all general appearances was a sick child, which he was. A high warm salt enema was ordered, all food withheld from the patient and two tablespoonsful of castor oil were administered. Next day, found the little patient free from all the symptoms of the previous day and calling loudly for food.

The following case will illustrate where a combination of treatments were needed. A woman 60 years of age who had had treatment some two years before for sinus trouble, applied for treatment, complaining of a peculiar sensation in her right side, as though there was something inside whirling around. She also complained of pains in the region of the coccyx, also flatulency and a general disturbance of the gastro-intestinal tract. A thorough examination disclosed a carbuncle at the external meatus, internal piles, and an examination of the colon with a sigmoidoscope revealed a very severe catarrhal colitis with a stricture about ten inches up the bowel.

The carbuncle was removed by orificial methods, as were the piles, the Pratt slit operation being used under a local anesthetic. The patient is getting negative galvanism through the sigmoidoscope to remove the stricture, and Bullock's solution to wash out the bowels. Also application of Krameria to the intestinal walls as advised by Ireland in his work on gastro-intestinal diseases. This case is also receiving auto-hemic treatment on account of the poor condition of her blood. Case is still under observation and, while some of the symptoms have been relieved there has been no remarkable change in her condition and probably won't be until the condition of her bowel has improved.

When Doctor Still said "Find it, fix it and let it alone," he, in the vernacular of the street, "said a mouthful." Finding it and fixing it is a man-sized job in a good many cases, especially to find it, as I consider diagnosis the most important and difficult feature of the healing art. Also fixing it is not always easy, as witness the above cases.

"Know the truth and the truth shall make you whole." We, as physicians, should always seek the truth, no matter where we find it or where it leads us. In fact, "anything to help the patient," should be our mental attitude in all times and all places.

WHERE THEY GET IT OFF THEIR CHESTS

Physician or Masseur, Which?

By F. E. Wilcox, D.O., Detroit, Michigan

HAVING just recently been thrown up against the hard, cold, cruel world direct from college and having left said institution of learning with the understanding that osteopaths were physicians, I have been rudely awakened and shocked to find that osteopaths do not often have the status of physicians, but rather that of masseurs.

Not having taken up osteopathy with the intention of becoming a masseur, I have been rudely upset by the fact that the lay mind has not been accustomed to consider osteopaths as physicians, but merely as masseurs.

Now who is to blame?

Surely the other fellow, for who is there among us, who will admit that he or she is to blame? Are we to blame, or is the ignorant world at fault?

I at one time worked for a large corporation who had at its head a very big, broadminded diplomat and several of his original sayings have been indelibly impressed upon my mind. One was an old Indian phrase, "A man afraid of his horses." Another was "A good price dignifies the value of an article to the consumer;" still a third was "Cheap is nasty."

Now let us see what he meant by the first:

"A man afraid of his horses." Just simply this. Afraid to ask a good price for his services or goods, also afraid of his own ability to make good.

How does this apply to osteopathy and us?

Just this. The phone rings and a lady asks: "Doctor what do you charge for treatments?" Doctor—stuttering and stammering: "Well, well, ahem! Two dollars." It didn't matter to the doctor whether she had the pip, whooping cough, scoliosis or middle meatus trouble. His charge was \$2.00. How many patients call up M. D.'s and ask the doctor "How much do you charge for treatments?" Not one!

Now why do they call us up and ask a question like that? Simply because we osteopaths have educated them to believe that osteopathy is sold by quart or pound.

Now when I first started (and I am still doing it and getting away with it) I told the new patient that osteopaths first give a thorough physical examination to determine the cause of the trouble. We remove causes not symptoms. I tell them I charge for the examination, more or less, depending on whether a urinalysis or blood count is indicated. I examine them from head to foot and they are not only pleased, but remark time and again that that was just what they had been waiting for. They go away impressed that, if there is a cause, I surely must have found it and that they are going to get scientific attention.

Strange to say in my crude immature way, I really begin to get some results.

Another point regarding "The man afraid of his horses." Your important rich or would-be rich patient calls up. "Doctor, can I come in

for a treatment at 11:30? I have a lunch engagement at 12:30 and I really must see you at that time as I must go shopping in the afternoon." Doctor: "Just a minute Mrs. Shopper, I'll see;" makes a bluff to turn to his book and says—"Yes, Mrs.——— you may come then. I'll be delighted to see you." Now I would never allow a patient to call up and make his or her appointment, if I never had the cobwebs disturbed across my door. If I only had one patient, that patient would come when I wanted him—not when he wanted to come. Now I know this is old and kindergarten stuff to some of the regulars, but believe me I have met a few this past six months, who can get dividends out of this, if they will earnestly examine themselves.

I had a newspaper writer call the other day over the phone "Say, Mr.———" to me, a physician, "can I come over and get a rub?" "Not by a damn long shot, you *can't*," I replied, "I don't sell rubs." "Oh, well, I mean a treatment," he offered. "Well, come over and let me look you over," I replied. He came. I started in to explain that in order to give him his money's worth I would have to examine him, determine the CAUSE of his trouble and the examination would cost him ten dollars.

"That's just what I have been looking for", he said, "but I have been taking these treatments for 3 years, because they made me feel rested, but I didn't know that you osteopaths did that kind of work."

He continued to come twice a week for 4 weeks, felt better than he had in years and left on a vacation saying he had realized better results than he had obtained in three years for his ten times the amount. His recommendations sent four other fellow workers to my office for an examination and treatments and not for rubs.

Now the second quotation: "A good price

Dioxogen

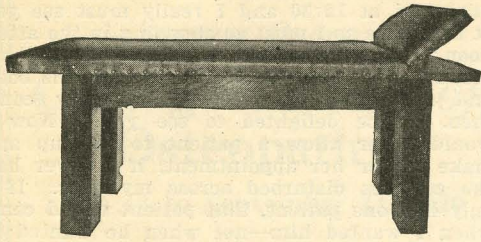
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WHEN typewriting communications or news matter for "The Osteopathic Physician" please double space it to make possible editorial revision between lines without recopying.—*Editor.*

dignifies the value of an article to the consumer."

Just as true of osteopathy as of shoes or hats. Go into a shoe store, have the clerk show you two pairs of shoes, one marked \$15 and the other \$8. If you have the 15 bucks you will walk away with the \$15 ones and always be satisfied with them, providing the quality is there. Take the \$8 kind and you no doubt will always wish you had taken the others, particularly if they are at all faulty.

A patient comes to you; you charge him \$3 to \$5 for a treatment, do your work thoroughly, specifically and honestly and he feels that he has spent his money wisely. Charge him \$1.50 or \$2.00 and he is not much interested, especially if there is a D.O. in your section getting \$3 and \$5 and I'll wager that in 9 times out of 10 the \$3 or \$5 man will eventually get your patient and do him some good.

The above also illustrates the third phrase, "Cheap is Nasty" and leaves a bad taste in their mouths as well as not satisfying your patients.

Now above all in closing remember this: "The recollection of quality remains long after price is forgotten."

Don't bow, or kotow to your patients; don't let them dictate where and when you shall treat them; be boss of your own office and don't let them dictate your charges or methods, or for Heaven's sake go back to the farm, pulpit or blacksmith shop and let the rest of us help lift osteopathy up toward its rightful destiny.

Now for the sake of old Daddy Still and Osteopathy let us all get busy and examine ourselves and see if we can't educate the people, not necessarily so much about osteopathy as that *osteopaths are physicians*, not just masseurs.

There are enough people right now acquainted with osteopathy to keep us all busy, who, if they really knew we were supposed to be physicians, would employ us more.

Now, in closing, let me add, today we are classed along with chiros, masseurs and all the other whatnots and no one on earth is to blame but just ourselves, pure and simple.

Let us wake up, shake our rattles and be really, truly, honest-to-God physicians!

Our Privileges as a Minority

By Charles R. Wakeling, D. O., Boston, Mass.

SOME of us, aye and perhaps many of us, in our daily work have wondered after all if it is worth while to continually be a pioneer. To accept the teachings of the ages is easy, but to blaze new paths, to teach new thoughts—particularly new thoughts in regard to health—is very difficult. To continually stay

with the majority—because the average person believes with the majority rather than because we believe the thoughts of that majority—may be compared to a dead fish floating down the stream; but to become convinced of a truth, although that truth may be in the minority, to gain a sure footing and hold to that truth in spite of opposition is like a live fish holding itself against the current and gradually making its way up stream. Thus far, in the history of medical thought of the United States, in fact of the world, organized medicine is in the majority. For years it will be. For years osteopathy has been and will be in the minority.

We who are daily meeting people are apt to become discouraged with the fact that we seem to be *always* pioneers in the minority. A certain great man once asked the question, "What is a minority?" He found that the chosen heroes of this earth have been in a minority. He found that there was not a social, political or religious privilege that people enjoyed that was not bought for them by the blood and the tears and patient sufferings of the minority. It is the minority that has stood in the van of every moral conflict and achieved all that is noble in the history of the world. Today in our country those who stand for the great things are in a minority. "If a man stand up for the right, though the right be on a scaffold while the wrong sits in the seat of government; if he stand for the right though he eat, with the right and truth, a wretched crust; if he walk with obloquy and scorn in the by-lanes and streets, while falsehood and wrong ruffle it in silken attire, let him remember that wherever the right and truth are, God himself stands watch over His own."

Osteopathy stands for right and truth. Its minority fight has just begun. Though every organization's finger be pointed at it, though the medical associations' lip be curled at it in scorn, osteopathy stands in a majority; for God and His truths are with it, and greater are they that are for osteopathy than all that be against it. We are gradually climbing the mountain top; it is not for us in our present generation to scale the summit, but it is for us to give to the present generation the opportunity of belief so that they may carry our standards onward until the day of medical freedom and righteousness shall dawn.

That day is surely on its way.

"The New Alignment"

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

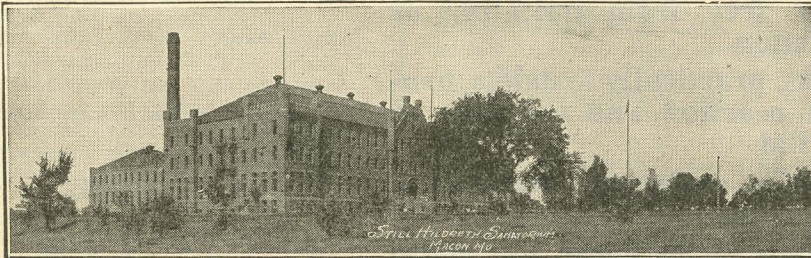
I WAS delighted with Dr. Goetz's "The New Alignment" in a recent *OP*. I have written him congratulations and urged him to make further contributions to osteopathic publications. I think he makes a true analysis of the situation, and yet one time, he was with the old alignment, and I gave him personally as hard a rap as I could for that very thing. For years it seemed to me I was entirely alone, in fighting for this very alignment, and it makes me very happy that the majority of our profession now are for this alignment.

From the very first I thought the physician's ideal was to "cure the patient." But no school of practice had such supreme ideals. The first ideal was "glorify your school!"

The election of Conklin and selection of Smith were evidences of the new alignment.

I find it no easy job to get the members of a profession to align themselves rightly. I have studied the problem for years, but have been unable to change my tactics. Little attention is paid to a smooth easy article. You must make people think, and when you force them to think, you make yourself disagreeable. But truth, even if forced on people's attention, gains recognition at last. I do not mind the discomfort and unpopularity that may come to me, if only I can get the truth recognized.

However much reason we may have to congratulate ourselves, there is much yet to be



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desired, as you know and appreciate as well as I. The people are turning to osteopathy in great numbers and the coming years will see a complete medical revolution, but to meet the great responsibilities that more and more will be ours, we must more and more be truly scientists.

Endorses the Call to Arms!

By A. S. Dowler, D.O., Perry, Iowa

Just read your splendid editorial in The OP on Individual vs. Collective Viewpoints in regard to the eternal conflict between osteopathy and the AMA. Also Dr. Geo. Reid's article on the AMA putting their program over. We have a remedy and a weapon on the American Medical Liberty League, 1104 Steinway Hall, 64 East Van Buren St., Chicago. Let all drugless healers join together under their banner and wage united warfare against a common foe. Many osteopaths are medical apes—(due to the training they had in so-called osteopathic colleges when they were told, as I was, that Dr. A. T. Still wasn't up-to-date because he opposed such "education") and won't realize what's being done to them until they are framed up and railroaded as "typhoid carriers," their practice prescribed, and they—with the laity—become the common property of the AMA for financial and experimental purposes. I saw the game ten years ago, and whenever I see a medical "nut" I take a crack at it—besides distributing the "Truth Teller" and osteopathic propaganda. The D.O.'s have less pep than the chiros. Why not give us something monthly in The OP on what the AMA is trying to do to us in Congress. I will tell Congressman Dowell about it and ask him to suspect the animus of every AMA measure.

South Carolina Calling for Osteopaths

[Letter received by M. W. Bowen, Chicago College of Osteopathy]

THIS is to plead with you in behalf of the laity for an osteopath—a woman—to come to Johnston, South Carolina. In this town of 1500 inhabitants there are now ten people going to other towns for treatment.

Dr. Anna Barnes is located at Ridge Spring, eight miles north of us, but she cannot begin to take care of the work that goes to her office. She is as anxious as I am to see an osteopath located in Johnston, and she gave me your address. Edgefield, seven miles from us, on one side, Trenton, eight miles on the other, and Saluda, thirteen miles distance, would support an osteopath here.

Saluda is anxious for an osteopath to go there two days in the week. We would be grateful for an osteopath for the winter, if no longer. Our climate is delightful. We are twenty miles from the famous Aiken winter resort. Dr. Maud Tupper is located there but is so overworked that she cannot do anything for us.

I have patronized osteopathy for six years and on that account have suffered all the persecution the M. D.'s and the laity wanted to give me; but I have won the victory—and the folks. Now come to my rescue and send a good woman operator. Our people are so educated to osteopathy that they readily know a good treatment.—Cordially yours for an osteopath in Johnston, Mrs. W. J. Hatcher, Johnston, S. C.

Unpopular

Have recently received a fecal impaction entitled "Bulletin of K. C. University of P. & S." I do not approve of McKenzie's school or his methods. Such wheezes as this one of McKenzie's must make our common enemies happy.—Howard A. Drew, D. O., Barre, Vt.

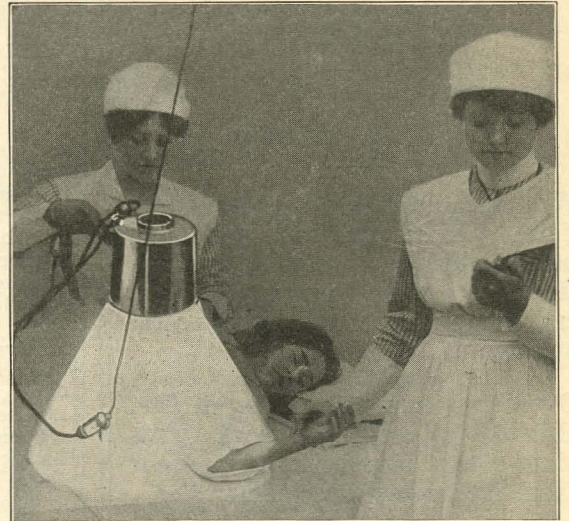
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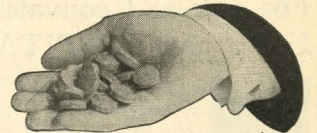
The future of osteopathy demands that the profession shall have creditable institutions. Are you doing your part to make such institutions possible?

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Six Months Fun With the Oregon State Board

By F. H. Wilson, D. O., Beaverton, Oregon

OREGON has a mixed board of five M.D.'s and one D.O. and so far, I believe one of the best laws in the whole U. S. We are allowed surgery, anesthetics and antiseptics, and it is so stated on our license. Besides this, we are allowed, according to a recent opinion of the Attorney General, all drugs (any drugs) pertaining to the subjects in which we are examined.

The State Board is beginning to appreciate the meaning of our law. Last winter I was informed by its president that I could not give a dose of salts; that the only drugs I could use were anesthetics; that it was criminal to treat flu without the use of drugs; that I soon must appear before the State Board to determine whether or not my license should be revoked for violation of the medical law, etc. Meanwhile, during our epidemic, I treated some three hundred cases of flu. I appeared before the board once. My last notification was that some day I would have to appear again. All is well. Let her buck!

I enclose intact herewith a letter I got from Urling C. Coe, M.D., of Portland, which will indicate how benighted the poor practicing M.D. is who gets all his light on "therapeutics" from the selling circulars of those pharmaceutical houses who have stuff to sell:

Jan. 10, 1919.

"Dr. F. H. Wilson,
Redmond, Oregon.

Dear Sir:

In reply to your letter, will say that any one not licensed as a practitioner of medicine or osteopathy may give an anesthetic in the presence of a licensed physician. The physician, however, assumes the responsibility of the case and is legally and technically responsible for anything that may happen. A licensed anesthesiologist may also give anesthetics though they are not licensed as doctors.

You should be allowed blanks on which to report contagious diseases by the city or the county health officer, and should report all such cases just as a M.D., and it might be well for you to look up the new State Law regarding quarantine of influenza cases. The State Health Board has made a rule to the effect that all cases of Spanish Influenza are to be quarantined just as any other disease. The quarantine period lasts until ten days after the fever has left the patient.

However, it would seem to me that an Osteopath was assuming a great responsibility to accept a case of influenza for treatment without having a medical practitioner on the case with him, as it is now a well proven fact that there is not much to be accomplished in the treatment of influenza except by the use of drugs, vaccines and serums.

The best prophylactic vaccine is that which

comes from the Laboratory of the Navy Department, Washington, D. C. This can be obtained through the State Health office. This vaccine contains the bacillus hemolyticus in addition to the bacteria contained in the other vaccine. The only serum of any value in the treatment of the disease, if it is established, is that now put out by the Mayo Brothers Laboratory in Rochester, Minn. This vaccine has specific action on the disease and is of positive benefit if used early enough. The hemolysis is positively and readily controlled by the use of normal serum and coagulin. Strophanthin is the only heart stimulant which should be used in the disease when accompanied by pneumonia. These remedies, together with judiciously selected expectorants, antiperiodics, etc., will save many cases, but without them little can be accomplished in cases of fatal severity. *Without employing all these means, or those of them necessary in the treatment of a case severe enough to be fatal it would seem that one was placing himself in a position of being criminally negligent to assume the treatment of a case.* This seems to be the opinion of the entire Board of Examiners when the matter was discussed at a meeting yesterday. Sincerely yours—U. C. Coe."

Here's a Troubadour for You

THE following is my candid opinion of the Osteopaths as compared with other men of science. I might say it is quite modest.

They are the fountain virtue; they are the moral law and all of those other fellows are effigies made of straw.

They are the sun that warms you; they are the driven snow, and others who say they're honest, are out for the wad of dough.

They are the glowing beacon, they are the life-boat crew, and men who dispute their virtue, are handing the bull con to you.

They are the balm and solace, they are the salve that heals, and all of these other fellows are fooling you with their spiels.

They are the twilight anthem and they are the dawn of morn; the world was void before them, all merit with them was born.

They are the people's comfort, that causes their tears to dry; all merit with them is living and merit with them will die.

They are the song that cheers you; they are the voice of fame and men who reject their teachings, are running a bunco game.

—O. A. Vold, D. O., Chicago.

P. S. I just returned from a delightful vacation spent in Florida. Gone about three weeks.

A Poor Definition

The last edition of Dana's Nervous Diseases contains a very interesting definition of osteopathy. This definition was taken from Stedman's Medical Dictionary. It is mighty poor, and all such misrepresentations of osteopathy should not be allowed to go unnoticed. I would like to know what some other fellow might have to say about it.

—H. E. Peckham, D. O., Rensselaer, Ind.

It Was Rumored

I wonder if this is true, as I have heard it reported, that Palmer had hung on the wall of his office two pictures, side by side, one of Christ, the other of himself, beneath which was written—"Christ Cured a Few." "Palmer Cures Them All." I understood that some of his students became so indignant over that hypocrisy that he was forced to take the pictures down.—L. C. Kline, D. O., Tarentum, Pa.

Machine That Will Make the Next AOA Convention

Of course you want to attend the American Osteopathic Association Convention in Chicago this year for it is going to be the most important round-up in the history of the AOA. We are in luck again to secure Chicago as our Convention City because she has unusual facilities for national meetings such as ours. Due to the fact that there will be a great number of other important gatherings here this year her accommodations will be taxed to the limit. Besides our Convention the Elks and the Republicans will be in Chicago. The Elks expect to bring 200,000 to the city. These conventions will not all be held at the same time of course but there will be a great number of strangers in the city all summer.

There are accommodations for all but these ought to be obtained as soon as possible in order to prevent a great loss of time in trying to secure rooms after you arrive here. It is more to the point and more profitable to attend clinics and lectures than it is to hunt rooms.

This year the general meetings will be held in the mornings and the lectures, demonstrations, and clinics in the afternoons. The Reception will be on Monday night and the Banquet on Wednesday night. These main events will be held in the Hotel Sherman and a large number of the lectures and demonstrations will be held in a near-by theatre. In order to see everything it would be advisable to secure accommodations in the Loop. The Hotel Sherman is the most popular hotel in the city and located in the heart of everything.

Now is the time to write for your accommodations because it will add greatly to the success of the AOA Convention and ease your

own mind. Below is a list of the Committee Chairmen. Select your man now and go after him if you have any ideas or suggestions you want adopted. Each chairman it at your service now; call on him but give him plenty of time for he is human.

Committee Chairman for the National AOA Convention 1920.

General Committee, Dr. James Fraser, 620 Davis St., Evanston, Ill.; Vice General Committee, Dr. S. V. Robuck, 25 E. Washington St., Chicago, Ill.; Secretary and Press Committee, Dr. O. C. Foreman, 27 E. Monroe St., Chicago, Ill.; Committees, Dr. Walter Elfrink, 27 E. Monroe St., Chicago, Ill.; Registration Committee, Dr. W. Burr Allen, 27 E. Monroe St., Chicago, Ill.; Hospital Committee, Dr. J. Deason, 27 E. Monroe St., Chicago, Ill.; Financial Committee, Dr. A. Young, 27 E. Monroe St., Chicago, Ill.; Banquet Committee, Dr. E. C. Comstock, 27 E. Monroe St., Chicago, Ill.; Information Committee, Dr. Jessie O'Connor, 17 N. State St., Chicago, Ill.; Reception Committee, Dr. Grace Leone Smith, 27 E. Monroe St., Chicago, Ill.; Halls Committee, Dr. Nettie Hurd, 27 E. Monroe St., Chicago, Ill.; Hospitality Committee, Dr. Fred Bischoff, 27 E. Monroe St., Chicago, Ill.; Badge Committee, Dr. J. R. McDougall, 27 E. Monroe St., Chicago, Ill.; Clinic Committee, Dr. A. A. Gour, 39 S. State St., Chicago, Ill.; Sergeant at Arms Committee, Dr. C. H. Morris, 27 E. Monroe St., Chicago, Ill.; Publicity Committee, Dr. S. V. Robuck, 25 E. Washington St., Chicago, Ill.; Exhibit Committee, Dr. F. J. Stewart, 7 W. Madison St., Chicago, Ill.—James M. Frazer, D.O., Gen. Chairman.

ACTIVITIES of the ACADEMY of OSTEOPATHIC CLINICAL RESEARCH

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

By F. C. Jones, M. D., D. O., Los Angeles, Calif.

325 flu cases, no deaths; pneumonia cases 9, no deaths.

I consider the flu an infectious disease, the infection as ingested and believe that it is animal and not vegetable.*

I had 325 cases—no deaths. Nine were respiratory (or pneumonia).

It is a disease of purely checked function from the infection which affects the whole body, but usually separates into the three classes, respiratory, intestinal and nervous. If it was a definite osseous lesion it would not come on suddenly as it did. The infection being ingested develops in the intestines, is taken up in the blood and so checks physiological functioning throughout the body.

We must meet the infection by the body protectors, the body being a complete laboratory in itself will develop antibodies, but too slowly for us. So we must help. Serums were a failure and, having gone through the pandemic siege in 1889 and 1890 while practicing medicine in Iowa, I was sure medicine would be a failure also. So I fell back on our theory of cells.

Everything is a living cell and all cells live by internal and external digestion. Every cell has these characteristics—it lives, develops, digests, reproduces and is amenable to stimulation. This is where we get our greatest re-

sults and response of osteopathic treatment. These WORK-CHANGES respond to infection, irritations, exercise, emotion and pregnancy but we can duplicate their action by treatment with hands over the organ or tissue or somnic area.

We get results through the brain, nerves, thyroid, liver, spleen and super-renal-capsules. Now we have this infection and it is often so rapid and makes such headway as to cause pneumonia or even death before the body can of itself elaborate enough protectors. So we get busy with our hands and stimulate or excite these cells to action, correlating all our own efforts as well as those of the patient to start normal physiological functioning. The result is success every time.

I answer questions by numbers.

1. I found no definite osseous lesion. If there were any they were there before, or else the result of muscular contraction from the infection or lack of functioning.

2. There may be none, or some, anywhere, but not the result, or the cause of the flu.

3. They corrected themselves, if the results of faulty functioning, under osteopathic stimulative treatment.

4. I found the usual three classes of flu, alimentary, respiratory and nervous. Treatments were directed to meet the conditions of each one's own class. The manipulations were:

No. 41

How "Bad" Mechanism In Our "Joints" Makes Sick

This new edition of this famous brochure is carefully revised, set in a new type and bound in cover of attractive color effect. This brochure persuades attention, and in succinct, easy language explains "osteopathic lesions;" what they are and why they cause disease; how osteopathy removes them and enables the patient to get well. Only a few thousand copies left; price while they last \$4.50 per hundred.



No. 42

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

Serious Ills That Follow Upon the Flu.

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If fever was high I pressed or inhibited the superior cervical ganglion. It is found in front of the transverse processes of the 2 and 3 cervical vertebrae and behind the rectus capitis anticus major muscle. A roll under the neck and pressing down on the forehead inhibits it and allows the outflow of blood as it is a vasomotor and thus reduces the temperature; or with fingers to the back of the neck and pulling forward, with thumbs on forehead pushing back.

If it is a respiratory case I use a mustard plaster, with my two hands on the chest, vibration of the lungs; treat the thyroid and each side of the spine.

If it is an intestinal case, I treat liver, spleen and abdomen, treating super-renal capsules and kidneys at tenth dorsal, and rolling and cupping in all three classes.

5. Only specific treatments and short, 5 to 10 minutes.

6. Only once a day unless pneumonia; then twice if I could.

7. I never give over-treatment.

8. One to ten days.

9. Depends on the drugs. If salts they did no harm often good. If whisky, quinine or coal tar—yes rotten! I cut them all out long ago.

10. (a) I cut out all food for first few days; gave no protein or carbohydrates, but later let them have food containing vitamins; but lemonade and fruit juices were all at first.

(b) The same with little buttermilk or oranges.

(c) Cut out all but drink and fruit juices.

11. No medical applications used.

12. Treat liver and bowels and use enema—warm water only (2 qts. for adults.)

13. I treated the kidneys the last thing in every case.

14. Yes, let them sweat.

15. No cotton jacket.

16. Free ventilation.

17. Cool, no gas or coal-oil stoves allowed in room.

18. Answered above.

19. To overcome cough concuss 8th dorsal and let them use a little salt or sugar with finger on tongue.

20. To strengthen heart I concuss 7th cervical, 2 and 3 dorsal vertebrae and vibrate over the heart. **NO DRUGS AT ALL.**

21. Cases—325. Deaths—none.

Pneumonia—9. Deaths—none.

22. I treated 16 to 22 cases a day depending on where they were and time taken to get around to them. Some day I worked twenty hours.—*Reported June 20, 1919.*

By H. H. Christensen, D.O.,
Pender, Nebraska.

1. Dorsal rib lesion, atlas and axis.
2. Third, fourth, fifth and sixth ribs.
3. Osteopathically.
4. General treatment, mostly cervical and dorsal areas.
5. Twenty-five to thirty-five minutes.
6. Twice a day.
7. No.
8. Three to nine days.
9. Not so well.
10. Milk, eggnog, orange juice, water, honey, ice cream.
11. Hot mustard plasters, flaxseed and mustard plaster.
12. Castor oil, osteopathic massage and water injection.
13. Water. Baths.
14. Yes, right at start.
15. Yes.
16. Much.
17. 60 to 70 degrees.
18. Bath every four hours and alcohol rub.
19. Cold compress. Throat and neck treatment.

20. 1/50 gr. strychnine on three occasions. Osteopathic treatment.

Let's Get at the Truth

[From The Rocky Mountain News, Denver, October 13th.]

A FEW months ago Dr. John B. Fraser of Toronto published an article describing extensive experiments which he had made to determine if germs cause disease or not, his conclusion being that they do not. He ended by challenging the medical profession to make similar experiments to test the germ theory. The matter was taken up by Dr. H. W. Hill of Minneapolis, who challenged Dr. Fraser to submit himself as the subject of his experiments. Dr. Fraser being then on his vacation, the challenge was accepted by Dr. H. A. Zettel of St. Paul, who suggested that both he and Dr. Hill should submit to inoculation with the germs of typhoid, tuberculosis, diphtheria, meningitis, smallpox and leprosy. Dr. Zettel was to rely on diet and general hygiene for protection against these diseases, while Dr. Hill would use antitoxins and vaccinations. Dr. Hill, however, did not accept the challenge and the "duel" still hangs fire. Legal experts say that if the plan were carried out and one of the doctors should die the other would be legally guilty of murder.

While the circumstances of this "germ duel" are rather amusing it brings up a subject of vital importance, the correctness of the germ theory, according to a physician. As a result of the lack of success of the medical profession in trying to prevent and cure disease by treatments based on the germ theory, the number of people who depend on drugless healing is rapidly increasing. In an article in a medical magazine, Ely G. Jones, M. D., of Buffalo recently said; "As physicians we have failed in our duty to the sick; we have failed to find a definite treatment for the diseases common to our country. As a result of this sad state of things there are thirty-five million people in the United States that depend upon some form of drugless healing when they are sick. It is said that 'the average mortality from disease in this country would not be over 7 per cent without any medical treatment.' The mortality under the treatment of some physicians is 12 per cent. From this it will be seen that the public would be better off without them. If we as physicians are to be of any real benefit to the public the mortality under our treatment must be below 7 per cent."

It might be mentioned in connection with the above statement that the mortality from the flu during the epidemic was from 10 to 20 per cent when treated by the regular medical methods, whereas it is claimed drugless methods of treatment resulted in a mortality of less than 1 per cent.

It would seem that more conclusive proof of the germ theory is required than has yet been produced. For the benefit of humanity as well as in the interest of science the medical profession should perform experiments similar to Dr. Fraser's and those made by the government last winter when unsuccessful attempts were made to cause the flu by inoculation and voluntary exposure to contagion. If the germ theory is right the result of such experiments will prove it. And if it is wrong the sooner the world knows it the better.—*Editorial.*

Academic Freedom Essential

Doctor Bunting's editorial in the January *OP* is a wizard. The profession must be wakened up to the fact that we surely must preserve "academic freedom" in order to be physicians or else we will voluntarily allow ourselves to be classed as a therapeutic side show or mere bath-house porters. How many osteopaths are really family physicians? All except specialists should be.

—F. E. Wilcox, D. O., Hanover, Pa.

HEART to HEART TALKS from the FIELD

Partial Business and Pleasure Trip
Vacation

On a recent date I was selected by a bunch of men of Ord, Neb., to go to Kansas and Oklahoma to investigate an oil proposition under lease by them and myself, so I left on that trip but en route, stopped off for three days at Minneapolis, Kas., where I was ten years in one office at Osteopathy—pure and simple A. T. Still kind, and in all that time or since I have not wanted any mixing as Osteopathy (in its broad sense) was all that was required to deliver the goods to give satisfaction. From Minneapolis I went to Tulsa, Okla., where my work commenced, as six miles south of that town, (and by the way the best town in the south for its size) we have oil selling for the real money which finds its way into our (jeans) every thirty days. Also my son, Dr. R. W. Howes, is located there and treating those oil millionaires every day. So I killed two birds with one stone there. Left there after two weeks for the Butler, Kas., oil lease; spent several days looking and learning the oil game for which I have already paid my tuition, in advance, years ago, into the faiker oil game at that time, but now am reaping the reward for persistency; found the lease becoming more valuable as the new wells are being drilled in all around it and good big producers, too.

At Wichita I met Deering Marshall, the school teacher of only a few years back at a small town in Kansas at \$40.00 per; stuck in a few dollars into a lease and drew down three millions out of the one deal.

After ten days of ruffing it in the oil fields there I returned home and within ten days after arriving home sold my residence and made three thousand, so am now busy watching the contractors rebuild a bungalow, of which I saw its original in Tulsa, the young man's town of bungaloes.

My other son, Dr. Percy Howes, who is associated here with me and looks after me most of the time, is trying to hold down the office while I watch the house progress; however, he was out on a call this A. M. about three and a call came in, so I responded and drove thirteen miles through the mud and delivered a 10-pound German girl. Father is still alive, the mother and child doing nicely, as I quit punching these keys and proceed to put my feet under the noon table.—L. A. Howes, D. O., Ord, Nebraska.

SHOP TALK on MATTERS of
PROFESSIONAL INTEREST

An Early Peek at Chiro-Klepto

In 1898 I graduated at the Northern School and began practicing in Davenport, Iowa, remaining until 1903. Dr. James Strothers—one of Dr. Still's first graduates—had been there and had gone. I think he returned to Davenport in 1899 and was my competitor. He told me that he had taught Dr. Palmer osteopathic movements.

Dr. Strothers died, I think, in 1902.

I knew Dr. Palmer very well. Somebody told him that I said chiropractic was second-handed osteopathy. He mailed me one of his monthly sheets containing a "Description of Chiropractic" and marked "This is second-handed osteopathy, is it?" I wrote underneath "Yes, this a reprint of Dr. A. P. Davis' booklet on osteopathy" and returned the same to him. Really, it was a verbatim copy.

Use the above in any way you like.

I write slowly—I have been all winter writing my observations and impressions of chiropractic as compared with osteopathy, in which I shall refer to and discuss to some extent Dr. Young's article "Chasing Chiro" in No. 40 of

"The Osteopath." It may appear with "the flowers that bloom in the Spring," but not before.

For a few years I did not practice, but have regained my health and for a year have seemed to fit in here with Dr. M. F. Hulett. Dr. Bunting may recall me.—O. E. McFaddon, D. O., 8 E. Broad St., Columbus, Ohio.

Notice

Lest we forget. Don't overlook the bony lesion.—E. J. Breitzman, A. B., D. O., Fond du Lac, Wisconsin.

Explore the Abdomen

A favorite word with the Old Doctor was "explore." Many of his paragraphs were opened with "Now let us explore" and it is a well chosen expression. I am inclined to think, from observation, that many of our practitioners do not "explore" the abdomen with the care necessary for a diagnosis. I know the average medical man does not in one case out of a thousand, with the result that many conditions are not found, particularly those connected with the large bowel. If the osteopath will "explore" in every case he will "discover" some surprising and unsuspected complications that have a direct influence on the case in hand. This applies to impactions which exist so frequently but have never been "explored," so continue to be a factor in ill health. In one of my cases an impaction in the hepatic flexure had existed sixteen years that was really known and for how long previously no one knew. It was called a "growth" but osteopathic treatment removed it permanently! In any enlargement along the colon suspect an impaction and exclude that before you go further in diagnosis. Ten fingers, a fountain syringe and a hot water bag will go far—oh, yes, it is well to have a brain somewhere connected with the trinity! —Charles C. Teall, D.O., Kirksville, Mo.

The True Blues Will Win

A good fight now and then is not amiss and when it happens to be with the mixers it's rather enjoyable. Let the calamity prophets condemn our 'lack of vision' but as long as we have the intelligent public and Bunting with us osteopathy will march on! Have forgotten how many 'good and just' people were required to save Sodom, but I know we have the required number of genuine ten-fingered D. O.'s to preserve the traditions handed down by our great founder. Of course, I read The OP every month and wish it were a weekly for it helps amazingly.—Marthana Cockrell, D. O., New York City.

Catholic D.O. Wanted

To inform any competent Catholic member of the profession of a good field in Peoria, Ill. 120,000 people to draw from and only eight D. O.'s here.

—A. R. Brunsman, D. O., Peoria, Ill.

Specific Treatment Cured Appendicitis

I completely relieved W. F. Beasley, a farmer of Yale, Iowa, of acute appendicitis in one treatment by adjustment, February 11th. His spine had been lesioned by a rotation of the second lumbar vertebra in twisting to avoid a fall on an icy sidewalk five days previous. Pain soon followed and was sharp and continuous; soreness and pain being easily traced from appendix to second lumbar and from second lumbar to appendix. An adjustment at this point corrected the trouble, all pain disappeared in fifteen minutes and all soreness in twenty-four hours.

—A. S. Dowler, D. O., Perry, Iowa.

Special Information
for Osteopaths

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

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

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

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

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Emphasizes *Diagnosis*, believing that a condition accurately diagnosed is half cured.

All modern facilities for diagnosis, as well as treatment, are found in our equipment.

Our institution has been inspected and endorsed by many of the best men in our profession.

THE DELAWARE SPRINGS SANITARIUM
Delaware, Ohio

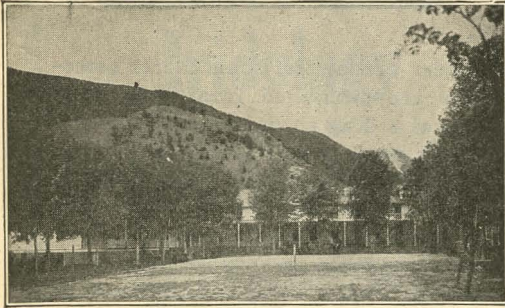


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Read what Dr. Harold A. Fenner has to say about it.

Dr. T. C. Lucas:

I can faithfully recommend the use of Naevola to anyone who wishes to completely and permanently eradicate warts and moles without noticeable cicatricial formation.

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Don't wait another minute, doctor. The price is \$5.00 a bottle and every bottle is guaranteed to satisfy customer or money refunded. Better send your check for \$5.00 today to Dr. T. C. Lucas, 1130 Lady St., Columbia, S. C., and get a bottle of *Naevola*.

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For treatment of the eye. The eye cup fits over the closed eyelid, and by suction manipulates all structures of the eye, moulds the eyeball into its normal shape, establishes circulation of blood, and normal functioning of the nerves. Restores vision in far sight, near sight, Astigmatism, causes absorption of Cataracts, relieves attacks of vertigo, sick headache, nervousness and other conditions which are due to eye strain. The P. S. R. is made of polished hard rubber, cannot wear out nor liable to get out of order. Guaranteed to give satisfaction if used according to instructions.

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Quick Action in Colic

In August, 1901, while eating supper at a hotel in Pontiac, Illinois, (my seat being at an open window, just off the main porch) I heard an M.D. say: "He's dying." Freshly-like, out of the window I jumped and found a crowd gathered around a young fellow apparently lifeless, lying on the porch.

"Can I do anything to help you, Dr. Fitzgerald?" I asked of M.D. in charge (for three M.D.'s had gathered on the case by this time).

The M.D.'s gave me the laugh and Dr Fitzgerald (whom I had had several hot arguments with concerning osteopathy and my experience with drugs, not only on myself but on my boys whom drugs killed in infancy) said to me, "The patient is dying. If your *rubbing* can do any good, you are perfectly welcome, to *rub* him."

Well, I lost no time in getting my hand on his bare skin, both aft and fore, and I found great distention of the stomach and positive lesions governing the stomach and pyloric outlet, and at once, as soon as these lesions were corrected the young man began to show signs of life. He recovered rapidly and within ten minutes was running down the street like a scared dog. I collared his partner and demanded of him what the young lad had been doing, or what he had been drinking, and he (half drunk) stammered out "he just drunk six quart bottles of beer, right off the ice, and then got sick!"

Well, none of the M.D.'s stayed to see the outcome for as soon as the young man began showing signs of life, they skidded.—*Eugene Pitts, D.O., Bloomington, Illinois.*

Remonetizing the Osteopathic Dollar

Six out of the seven members of the Warren (O.) Osteopathic Association were present at the April meeting held in the office of Dr. Luther Perry. By unanimous vote it was decided to raise prices to \$3.00 for office and \$4.00 for house treatment. On motion of Dr. Reid it was voted to publish in full in the Warren dailies the article on "Chiropractic Kleptomania" by Dr. Bunting, as published by *The OP*, arrangements having been made with the author for reprint privileges.—*George M. Glassco, D.O., Sec'y., Warren, Ohio.*

Expense the Great Deterrent

Why can't we hire a good speaker, from within or from without our ranks, to go about the country giving public lectures on osteopathy? Each local society or group of osteopaths could well afford to pay the expenses for this publicity. Suggestions, such as the great value of taking at least one treatment a month in order to keep up body resistance, could be sent in by every osteopath.

—*Frank W. Mossinger, D. O., Cincinnati, Ohio.*

The Innocent Purchaser

Once there was a man who saw a home that he liked. True, it was not the best place in the world but it suited him and he bought it. He immediately moved in and lived there contented for a few years. What was his surprise when he learned that he had purchased a property that had been stolen a score of years ago. Upon investigation he found the state recognized the thief as the lawful owner of this property and that the state stood back of this man as having a legal right to convey the place to him. He is the lawful owner and should any one appear to contest his legal right to the property, the contestant would have to first sue the state to recover.

What would the present owner do? What would you do were you the owner? There is no question of doubt but what you would hold it. You paid for it and the state declares it yours. Reason enough for keeping it.

The chiropractor is in a somewhat parallel dilemma. Suppose from reading "Chiropractor Kleptomania" the D. C. is convinced of the truth of every statement. He fully occupies and has possession of a profession that was stolen from osteopathy, sold to an innocent purchaser who in turn sold it to him.

What is he going to do? The state has given him license to practice. He has practiced this osteopathic principle for years and has demonstrated its wonderful truth. What would you do if you were the innocent purchaser of such a profession?

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

[The osteopathic profession ought for policy and out of justice to such parties make room for the better prepared chiros within our own ranks on some basis possible to them and safe to osteopathy.—*Editor.*]

Dr. Henry Fuehrer Is Added to the ASO Faculty Teaching Pharmacosophy

[From the Kirksville Daily News, April 7th.]

THE American School of Osteopathy has added to its teaching staff another scientist who, like Dr. M. A. Lane, studied deeply enough in drug medication to find that there was nothing to it and then, in searching for the truth, found osteopathy.

This is Dr. Henry Fuehrer who contributed a very long article to the current number of *The Osteopathic Physician*, on the subject "Aspirin and the Other Coal Tar Drugs Unmasked by Chemical Research," in which he shows that aspirin is a German-made poison.

Dr. Fuehrer was born in Galicia and educated in Europe. He has taken courses in pharmacy and medicine and has studied very deeply in chemistry. He handles many languages freely—Latin, Greek, Sanskrit, Hebrew and the modern tongues.

He has taught in the Atlanta Medical College and in a college of Pharmacy. He has taught bacteriology in a veterinary college and in a medical college in Chattanooga. He has written a big book on the subject of Pharmacosophy, which is the name he gives to the subject he is teaching in the American School of Osteopathy.

Pharmacosophy he defies as the philosophy of drugs from the standpoint of the effects

produced by medicinal substances, after their introduction into the animal body, found by making an equation between the formulae of those substances and the formulae of the constituents of the body.

That is to say, he takes up from a purely chemical standpoint the make-up of a drug. From a purely chemical viewpoint he takes up the stomach juices, the blood and other fluids and tissues of the body. Then he shows by the mathematics of chemistry that the result of the union of these substances is a poisonous product in every case, or nearly so.

There are four beliefs as to drugs, he told his class this morning. First, the all-sufficiency of drugs, the view held by most of the laity and a few of the doctors. Second: the partial efficacy of drugs, the belief that some or a few drugs are good. Third: the total inefficiency of drugs which is good as far as it goes. Dr. Fuehrer goes farther and takes the fourth view, namely that all drugs are harmful when taken into the living body.

He promises the seniors that when he is thru with them they will understand the actions of drugs so thoroughly that they need not fear to meet any drug doctor in discussion of the subject.

HOW THEY REGARD CHIROPRACTIC KLEPTOMANIA

It fills a long-felt want.

—E. C. Andrews, D. O., Kirksville, Mo.

I enclose five dollars for it's worth in "Chiropractic Kleptomania." I think it fine.

—E. G. Phelps, D.O., Chillicothe, Mo.

The chiro folders received in as good shape as desired. Bully work. Thank you.

—J. G. Morrison, D. O., Terra Haute, Ind.

"Chiro-Klep" fills the bill to a "T." Am sending my order under separate cover.

—John A. Cohalon, D. O., Philadelphia, Pa.

Text with facts developing the period, character and boldness of the steal is most admirable. Good! Go to it!

—Geo. T. Leeds, D. O., Yonkers, N. Y.

I have received and read carefully "Chiropractic Kleptomania." It surely has a lot of "kick" in it. Let us have some more pamphlets just as good.

—Clifton A. Crosby, D. O., Chicago, Ill.

The folder on chiropractic knavery is very good. It is a clear, concise statement of fact. Will you be having another run of it? If so, fill my order.

—Franklin Fiske, A.B., D.O., New York City.

The little folder, "Chiropractic Kleptomania" is great and I want some of them for distribution as we are blessed with a chiro in our town, altho I do not think he will stay long.

—Mabel F. M. Brown, D. O., Prophetstown, Ill.

"Chiropractic Kleptomania" is concise and well written. It can be read in a few minutes and I think it will hold the interest of those who receive it. In a very clear way it tells a truth that the people should know. It is forceful without being radical.

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

Please send me 500 folders, "Chiropractic Kleptomania." This little folder contains good stuff and I can use it to big advantage here in my locality as I believe I have about the worst competition along chiropractic lines of any one in the State of Missouri.

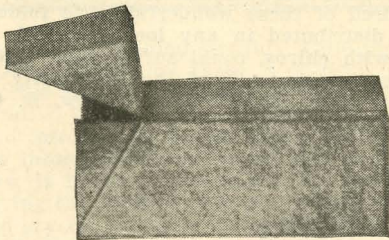
—E. K. Clark, D. O., Washington, Mo.

I need 1,000 "Chiropractic Kleptomania," and I need them badly. I am asked so frequently to explain the difference between chiropractic and osteopathy that I get tired repeating the whole story, for a part would never suffice. Your folder saves my vocal cords and says it better than I could and with fewer "cuss words." Please send 1,000, quickly.

—H. E. Stahlman, D.O., Clarion, Pa.

I am just in receipt of a copy of a pamphlet, "Chiropractic Kleptomania." I am heartily in sympathy with the sentiment, and have been for years. As a matter of fact, several years ago I fought myself almost to obliteration in the State of Iowa on this question, as our own people would not support any propaganda leading to opposition to the chiropractic untruths, and they frankly told me that the chiropractors were not hurting their business and they were not going to have anything to do in fighting them, and a lot of other things along these lines.—S. L. Taylor, M. D., D. O., Des Moines, Iowa.

The Kimono Problem Solved
— BY M. C. KIMONO BOXES and CABINET —



The M. C. Kimono Box is for keeping your patient's kimono clean and out of the dust; sanitary and convenient; a separate box for each patient. Each box has a brass card holder to insert patient's name. Boxes are made of extra heavy Chip Board covered with water proof brown paper. Size of box is 13x5x5 inches. Prices:

1 Doz. Lots - \$ 7.00 2 Doz. Lots - \$13.50
 5 Doz. Lots - 30.00 100 Lots - - 46.00

The M. C. Kimono Cabinet, including base, is 21 inches high, 19 inches wide, 13½ inches deep. It holds 12 kimono boxes. Cabinets are carried in stock in mahogany finish only. Prices on other finishes furnished upon request.

Price of M. C. Kimono Cabinet, mahogany finish.

With base and one dozen kimono boxes\$24.00

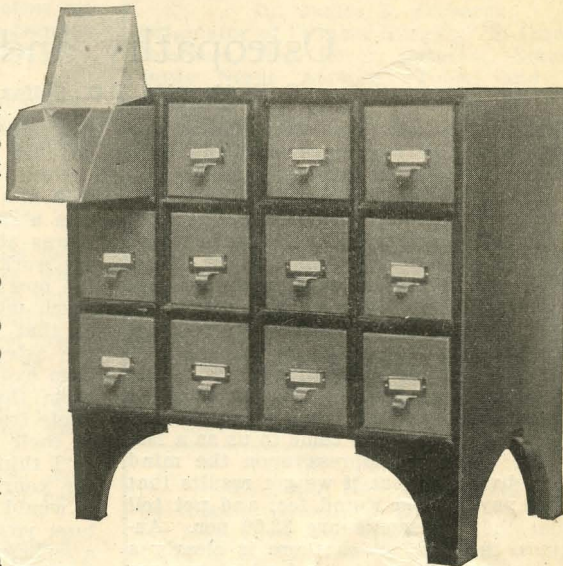
Cabinet and one dozen kimono boxes, without base. 20.50

Cabinet without base or boxes... 14.00

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It is a wonderfully valuable assortment. Send your order for one of these "lots", now, while they are available.

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No. 38

The Why of Nervous Diseases

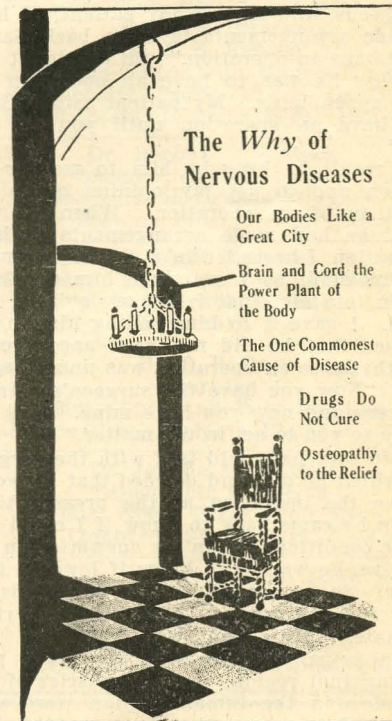
Our Bodies Like a Great City

Brain and Cord the Power Plant of the Body

The One Commonest Cause of Disease

Drugs Do Not Cure

Osteopathy to the Relief



Your "Chiropractic Kleptomania" is good, very good. I am a little sorry you did not include the report of the Am. Med. Ass'n, "Chiropractic Is a Freak Off-Shoot from Osteopathy." It seems strange that in Missouri a man may not doctor cats and dogs without a license as a veterinary, but chiropractors are treating human beings on all sides of the osteopaths and doctors of medicine without being molested and they have no licenses of any kind that I ever heard of. I want a few hundred of these leaflets.—C. M. Case, M.D., D.O., St. Louis, Mo.

I am indeed very sorry I have neglected writ-

ing you in regard to the wonderful little folder entitled, "Chiropractic Kleptomania," which you were so kind to send me; but believe me, it was not for lack of appreciation of your noble work for the osteopathic profession, for I consider it a great little educator, inasmuch as so many people do not know the difference between osteopathy and chiropractic, and a few hundred of these wonderful little folders properly distributed in any locality which is infected with chiros, could surely make plain to the people the truth of the superiority of osteopathy over chiros.—J. C. Harter, D. O., Leadville, Colo.

Osteopathy and Fees

C. E. Abegglen, D.O., Colfax, Wash.

I have not yet seen a thoro discussion of this subject in any of our magazines, and wish some one would start something along this line. I notice that some of the D. O.'s are getting as high as \$200 for a single treatment. I should like to have them tell the cases in which they are able to command such a price. I am aware that the profession as a whole are not charging what their services are worth. I think that the time has arrived when we must get away from the idea of two or three dollars per, and to charge according to services, namely, those that have been to all the so-called leading medical specialists, and have been unable to get relief, and then come to us as a last resort. We ought to impress upon the mind of those individuals that if we get results that they must pay a good round fee, and not tell them that the treatments are \$2.00 per. Another class, those in which there is clearly a case of mistaken diagnosis, and which we are able to get them well, ought to be charged about as much as it would have cost them under the medical regime. Otherwise they won't appreciate us.

I have a case in mind at the present time, and shall relate it, and hope thereby to elicit a general discussion. Early in December I was treating a patient from a neighboring town, and after the treatment he went down on to the street and there met a friend of his who had just come down from the office of one of the surgeons, and said to my patient, "I have just made arrangements to come back Saturday and have an operation." On inquiry it was found that he was to have an operation for chronic appendicitis. My patient said to him, "Don't have an operation until you see Dr. A.—"

As a result he brought him to me for examination and to get my opinion as to the advisability of an operation. When he told me that he had made arrangements to have the operation, I hesitated in giving my opinion, but he insisted; so I examined him carefully, and then told him that I had my opinion formulated. I gave it to him, telling him in the first place that he did not have appendicitis, and in that case an operation was unnecessary. I said: "Now you have the surgeon's opinion of the case and now you have mine. It is entirely up to you to act in the matter."

He said that he would talk with the surgeon again, which he did, and decided that he would not have the operation at the present time, and then he came back to know if I could relieve the condition, and in my answering in the affirmative, he wanted to know if I would take his case. So he put himself in my hands.

What I found was a badly posterior right innominate. The pain was not over McBurney's point, but down in the lower part of the inguinal region, and the muscles of the right side in the lumbar region were very sensitive. I was sure that by correcting the innominate lesion that all the other conditions would clear up, which was the case. Just a

few treatments cleared up the pain, and to this day has had no difficulty.

Now my contention is that I should have told him at the time that it would have cost him a round fee for the operation and that if I was able to cure him without an operation my work should be more valuable to him than the operation, and that it would cost him so much money; but I did not do that. Instead of that I put the proposition up to some of the osteopaths of our state. I may not have been explicit enough, and left the opinion with them that it was a case of appendicitis. I quote from the letters, which will give an idea of their way of looking at the situation.

"I think you might safely charge \$25 or \$50 for your appendix operation, but don't think it would be advisable to go above. You didn't hurt your patient enough and lay him up for a sufficient time."

"Yours re appendicitis received, and scarcely know how to answer. I have never been strong on big prices, perhaps to my own, and the profession's hurt, relying on the stronger friendships and more loyal support one has a right to expect from a patient, his friends and family, after or following big saving in money and suffering as well as loss of time and danger of operation. I believe such people, if ordinarily intelligent, will be more apt to stick with osteopathy if we charge them a reasonable or even an "irregular" fee than if we "stick them up," as does the surgeon. Then there is always a chance that manipulation has *not made* as complete and permanent a cure as sometimes appears at first sight, or immediately following early relief. And nine times out of ten the surgeon will catch them the second time and osteopathy get a black eye, for charging more than a normal fee for a cure which did not last."

"In reply to your letter would say that if the man is pretty well to do, I sure would charge him \$100. I know that we make a very grievous mistake in not charging enough for our services. If it is worth \$300 to have his appendix removed it should be worth more to have it cured and still not removed. I think it is the time we, as osteopaths, were waking up and charging according to the service rendered."

"In replying to your inquiry, it is my judgment that in a case such as you describe you are justified in asking a fee commensurate with the skill you have demonstrated in diagnosing and successfully treating and relieving a condition which was presumably beyond the knowledge of the surgeon to find or treat. If the patient's circumstances justify it, a fee of \$100 or \$150 should be very reasonable for the services rendered."

I hear the question asked by many, "What *did* you charge him for the work?" and to save perplexity, I charged him only \$50, and he was a well pleased man.

When Will You Use It— 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.

This folder is designed to go out in your ordinary commercial size (No. 6) envelope, either alone or as a "letter enclosure" and to be mailed inside your field magazines as a slip enclosure.

We have made the price so low that you will use a thousand of them at a time. Price \$9.50 per thousand, and *no extra charge for imprinting your professional card on the bottom of the sixth page*, in thousand lot orders, if you want it done. This is providing we have your electro used in imprinting OH. If not—oh, well, for orders of 1,000 folders we will make your electro free as a special offer during the next 30 days, and then, maybe, we can use your electro sometime in printing "Osteopathic Health" orders for you—*why not?*

If you are interested, write us so and we will gladly submit a copy of this folder, "Chiropractic Kleptomania."

The Osteopathic Physician
9 South Clinton Street
Chicago

PUBLISHER'S DEPARTMENT

OSTEOPATHY CURES SPANISH PRINCE OF DEAFNESS

JUNE'S installment of *Osteopathic Health* is fascinatingly interesting to the lay reader of all grades of education, both the well and poorly educated alike. The cure of little Prince Jaime of Spain of congenital deafness by a London osteopath is told by quoting freely from two well known newspapers of the British Empire which tell the story in an intelligent way. The story is of absorbing interest and of great potentiality for advertising the truth about osteopathy's lesion theory of diagnosis and adjustment. You will wait a very long time for another current event of equal value for boosting osteopathy.

"What About Your Backbone?" is the heading of the Scotland newspaper's article which tells the story of the Hapsburg Prince who never heard a sound until J. Johnston May, D. O., of 7 Park Lane, London, West, England, set the lesions of his atlas and axis following failure by all the great specialists of Europe who had been invoked in vain by King Alphonso to help his son, the little Prince. Think what a sensation this cure has made in Europe! The Queen Mother, Victoria, being of the reigning English house, how great a boost for osteopathy this will prove throughout the far-flung British Empire!

It is just as strategic an opportunity for getting the attention of American readers here at home. Witness the fact that a full page illustrated story has been run in the Sunday editions of various American newspapers about this cure, although all have refrained from giving osteopathy credit for the cure. *But you can give it that credit!* That's what this edition of *OH* is especially aimed to do—to make that easy for you to set about doing. If the newspapers won't advertise your practice for you, why you still may do it for yourself, and we urge you to utilize this incident for that purpose. If you don't, the kleptomaniac chiro will soon beat you to it and make the public think it was a chiropractic achievement! Don't wait for him to begin!

Besides, this talk from the *Edinburgh Dispatch* is a surprisingly sane and correct lay statement of osteopathic theory and practice. It ought to be, too, for the writer was given a copy of "Most Diseases of Spinal Origin" for his instruction by the lady osteopath, whom he interviewed to find out what osteopathy is; and he paraphrases it in a very intelligent manner. So, besides stating a big piece of osteopathic news, the article restates osteopathy very acceptably.

Then this issue of *OH* prints the declarations of several of the leaders of the medical profession that they have absolutely no treatment to prevent or cure epidemic influenza or pneumonia. These witnesses to medical helplessness include Surgeon General Blue, formerly of the Navy, now head of the U. S. Public Health Service, Dr. Geo. H. Simmons, editor of the *A. M. A. Journal*, the *Medico-Military Review* issued by the Surgeon General of the U. S. Army, Dr. W. H. Park and Commissioner Cope-land of the New York Health Department.

Also Charles E. Page, M. D., of America, and Sir James MacKenzie, M. D., of England, are quoted saying that digitalis is a dangerous drug to use, works just opposite to what is expected of it part of the time, and costs many a life.

These two classes of medical testimony taken together, complete proof of what *Osteopathic Health* had printed long before the epidemic

began, and repeated monthly while the scourge was on, to wit, that there is no drug, serum or vaccine known which is either preventative or curative of either flu or pneumonia. We have said this all along with perfect assurance that our information was correct and authoritative. Now it is nice to complete the argument by having the medical profession come out frankly and say so, too, thus upholding the osteopathic contention entirely.

We repeat, in statistics, the comparative success of osteopathy in treating flu-pneumonia which shows that osteopathy is *both* prophylactic and curative.

IN CONFIDENCE—WITH REGRETS

We regret having to admit that this most excellent issue is limited to less than what our estimated sales will be owing to the paper famine; so we give you the tip that only the earlier orders will have the chance to get filled.

You ought to be getting our service on the annual contract basis, anyhow, and then you would never miss this wonderful editorial and advertising service that we give the field monthly in *Osteopathic Health*.

April *OH* was oversold by 3,000 copies. And we quit pushing it or the deficit would have been much greater.

May *OH* had 5,000 less copies than were ordered! You see, a lot of late ordering patrons have to go unsatisfied. The moral is plain: Order *in advance* on the annual contract plan and get the advantages of *lower rate and sure service*. We have to pay 16 and 18 cents a pound now for paper that we got for 3¼ cents two years ago, and its hard to obtain, at that. So you can be sure we will print fewer magazines each month, from now on, than we are sure of selling, so as not to be left with unsold copies after all orders are filled. Order in advance.

JULY OH WILL BE AN ILLUSTRATED EXPLANATION OF OSTEOPATHY

WE announce in advance that our July issue of *Osteopathic Health* will contain a brochure written by Dr. Charles Hazzard of New York entitled, "A Simple Explanation of the Science of Osteopathy." It will be beautifully illustrated by Dr. Chester Morris of Chicago. It also will include a full page half-tone reproduction of that George Burroughs Torrey portrait of the "Old Doctor." From the art point of view we consider that this issue will have far and away the best anatomical illustrations that we have ever put out. The Hazzard explanation is a peach. *Order in advance or go without!* It is not safe nowadays to place orders after stocks have been sold out—it spells going without. We give fair warning: *order in advance.*—HSB.

YOU MAY PROVE OUR MAILINGS FOR YOURSELF

We recommend the plan of having "*Osteopathic Health*" mailed to your list of names direct from Chicago. It is economical and efficient. We use a "cross check" system which automatically prevents skipping names and guarantees full delivery to the postoffice of all magazines each month.

We are entirely willing that the accuracy of our work should be tested and it is easy for you to do it to your full satisfaction by including in your list persons with whom you are intimately acquainted and with whom you have arranged to watch for the arrival of "*OH*" and report to you each month as received.

Let us handle for you all the bothersome details of distributing your magazines, monthly. It is a plan which is economical and care-free to you, and works out to your big advantage. Nearly all prominent osteopaths follow that plan.

Professional Cards

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Dr. J. Deason, Osteopathic Physician
Specializing in Ear, Nose and Throat
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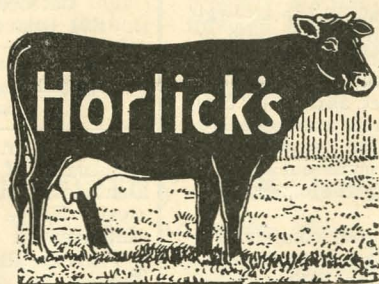
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Honor the Good Old General Treatment!

My last contribution that *The OP* printed surely seemed to stir the profession — like donating a carload of bombs to the simple minded Russians! Two or three of the reflex explosions have reached me and branded me as everything from an egotist to "the poorest osteopath in the country."

I acknowledge with some sadness that Old General Treatment is a very good friend of mine. He demands from thirty to forty-five minutes of hard labor, but *we get the results!*

The General is the best tonic known. The late lamented John Barleycorn and his numerous relations have tried from time immemorial to take this honor. The drug doctors have assisted him all they could and they will not let him die. Each doctor can buy from the holders of the remains as much as three barrels and as they cannot sell it or give it away legally, those three barrels each will keep John's memory green for many years.

Dispensing said booze for nervousness, corns and bunions, falling of hair and other specific diseases seems to me like dispensing some of our specific five-to-ten-minute treatments to patients that have lesions from the top of their heads to their big toes, and have had some of these lesions most of their lives. In other words, it can't be done except for delusion's sake or the money in it.

A general treatment would help such a case and could be given as frequently as the case demanded. The tonic affect, and any specific work that might be done would be worth the money.

Give the patients osteopathy, even though it takes more time! An eight-minute treatment is mostly suggestion, with a few pops to make it more impressive. A little pink pill or some of the above mentioned booze with the same suggestions would often do as much good and might be even more speedy though more expensive, as one would have to buy what are dispensed.

If an eight-minute treater failed to open the cavity under his nose while giving the fast cracks and the once-over, or if he talked about the weather or the fishing situation it's a hundred-to-one bet that the benefit from the treatment will be nil. Try it and see!

Diagnosis of a lesioned spine can't be done

in eight minutes. It is unsafe to depend on the position of the spinous processes.

Recently I had a case with a very pronounced lesion of the lower back—seemingly by spinal palpation a pronounced anterior fourth lumbar, and so extremely tender that the girl began to cry on the slightest pressure. I immediately thought T. B. and demanded an x-ray. I had a lateral view taken to see the condition of the bodies of the vertebra. There was no evidence of T. B. The spineous process at the top of the sacrum stood up like a horn about two inches long nearly covering the process of the fifth lumbar vertebra. Would not a good strong popping eight-minute treatment have fixed that girl?—George H. Bartholomew, D. O., Los Angeles, Calif.

Shingles

There are popular fallacies regarding the prognosis, cause, treatment and results of shingles. The medical view is that it is an infection result; infections of tonsils, appendicitis, pyorrheal pockets, supporting sinuses, etc. "These infections seem to have an elective affinity for the posterior root ganglia" (at head of intercostal nerves.—Edward Rosenow, M. D., Sverre Ofteval, M. D., Chicago.—*Journal of the American Medical Association*, June 12, 1915—Volume LXLV. No. 24. Page 1968.

The osteopathic quotation following is from McConnell & Teale's "Practice of Osteopathy," published 1906: "Rib and Vertebral lesion causing pressure on the nerve—other causes which might produce exudates—inflammations, etc."

My own experience has shown that these cases are more often the result of severe strains, such as riding in a "Ford" over rough roads at twenty-five miles an hour for four or five hours, cranking a car, first few days playing baseball, pulling one's self up aboard a train, etc.—anything, in fact, that will pull a rib out of position or aggravate an old lesion. Osteopathic treatment of this condition is so very satisfactory, that it is worthy of note when we consider the commonness of it. Slipped semilunar cartilages of the knee, heart troubles, smothering, etc.

I had a case presenting such a condition that came to me a few weeks ago, a man seventy-

five years of age who had fallen on a cement floor, with the result, shingles. The condition was easily corrected and left the patient with full use of his arm and hand. It was one of the cases we hear about but rarely have an opportunity of handling.—Hubert Poccock, D. O., Toronto, Canada.

How Ashlock Feels About It

"Enclosed find check for three dollars in payment for Lane's 'A. T. Still, Founder of Osteopathy.' 'Too busy' and 'procrastination' are my only excuses for not ordering one before now. To have had the pleasure and inspiration of so close an association with Dr. Lane as I enjoyed during the past few years at Kirksville has been of untold value to me. There is never a day passes without my quoting Dr. Lane to some of my patients and my loyalty to him and his theories shall always remain with me. His book, of course is a masterpiece, and I should always regret not possessing a copy; so shoot one along to me before they are all gone!"

—Tom Ashlock, D. O., Lewiston, Mont.

Pertussis

(Continued from Page 8)

or goose-grease, have the slightest effect upon this persistent disease. The widely advertised "Vapor-Lamp" is worse than nothing; it is even irritating to the healthy mucous membrane. I went into a house where this was used; it was stifling; I could hardly breathe.

Don't let anybody talk you into using anything but plain, old-fashioned osteopathy.

In small children and babies it is well to have the mother make a suitable, fitting binder, which in bad cases will prevent hernia.

St. Louis Star's Boost

Dr. Thomas R. Moore, of St. Louis, was instrumental in getting nearly a column review in the *St. Louis Star*, Feb. 28th, of Dr. Geo. W. Riley's report to the AOA on the profession's success with flu-pneumonia. It was printed by his patient, Mr. Elzey Roberts, owner of *The Star*. Good work, Tom!

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

IN D. O. LAND

Dr. Bernard at Chicago College

Dr. Herbert Bernard, of Detroit, addressed the student body on March 4th, in the interest of the AOA Auxiliary.

National Fraternity Will Hold Banquet and Meeting During A. O. A. Week

At the Hotel Morrison, in Chicago, on Tuesday, June 29, 1920, at 8 p. m., the Phi Sigma Gamma Fraternity will hold a dinner meeting. All members are urged to be present.

Dr. Frank F. Jones Made President of Local Rotary Club

At a recent annual meeting of the Macon Rotary Club, Dr. Frank F. Jones, of Macon, Georgia, was elected president. Dr. Jones has served the club for three successive years as secretary.

Big Fall Class Expected

Preparations are being made at Chicago College of Osteopathy to accommodate the large freshmen class which is expected in the fall; the building of a "pit" will make this possible.

Chicago Osteopathic Hospital to Capacity

The Chicago College Hospital has been running "full" for the past three months with a splendid showing. Our new Superintendent, Miss Jones, has whipped things into excellent shape, and even the most critical have nothing but words of praise for the institution.

Babies Galore

I have delivered over fifty babies within a year and a half and I have now five cases for delivery in the next two months. There seems to have been an epidemic of babies in this section so I expect to keep very busy.—*Frank A. Barger, D. O., Sidney, Nebraska.*

Osteopath Handsomest Man in Danville, Ill.

Dr. Hugh Beaton, of Danville, Illinois, was recently elected Danville's handsomest man in the Y. W. C. A. beauty contest. The most beautiful woman and the handsomest man are to be featured in a moving picture film which will be taken in Danville and the immediate vicinity.

Many Bambinos

Perhaps you will be interested to see my Italian cards (printed in Italian) which an appreciative patient and proud father of a son made me a present of. I anticipate much obstetrical work in the Italian section of the city, for they prefer women doctors for confinement cases.—*Olive B. Williams, D. O., Worcester, Mass.*

New Jersey Society Meeting

The New Jersey Osteopathic Society held a regular meeting Saturday evening, March 6th, at Newark. A dinner was served early in the evening, followed by the regular business session. There were many warm discussions developed through the thrashing out of "Our Problems" which is a discussion on the profession's problems held at each meeting of the society.

Panhandle Osteopathic and Surgical Sanitarium is Open

The Panhandle Osteopathic and Surgical Sanitarium of Amarillo, Texas, opened its doors April 22nd. It is a small institution being capable of accommodating only twelve patients, but it is well equipped and has a good surgical room. It is located in the best section of the city and has good prospects of growing steadily bigger and better.

Special Meeting of Georgia Association

A special meeting of the Georgia Osteopathic Association was held at the Carnegie Library, Atlanta, on April 3rd. There was a large attendance and a lot of pep shown at this meeting. The needs of the State Association was stressed by all speakers and means were provided to make our Association one of the strongest in the country. Every one was well pleased by what was accomplished and left with the feeling of having done something.—*A. W. Chaplin, D. O., Secy-Treas.*

Says Big Baseball Leagues Advocate Osteopathy

Dr. S. B. Kiblinger, of Joplin, Missouri, who is looking after the men of the local baseball team says that the boys give him a great deal of work and that they seem to appreciate highly what osteopathy does for them. One of them told Dr. Kiblinger recently that all the big baseball leagues are advocating osteopathy for their men and that it is expected soon most of them will be employing osteopaths to especially look after the health of their men.

Chicago College Postgraduate Course

The Chicago College of Osteopathy is offering a special post graduate course from June 14th to 26th, being the two weeks preceding the national convention of the American Osteopathic Association, which will be held in Chicago the latter part of June. These special post graduate courses of the Chicago College have proven very popular and very helpful. Full information on the new course can be obtained by addressing J. H.

Raymond, Dean, The Chicago College of Osteopathy, 5200 Ellis Avenue, Chicago, Ill.

Dr. S. S. Still Receives Injuries

Dr. S. S. Still, professor of anatomy at the ASO was severely injured recently while driving his automobile. The accident happened when he attempted to cross a railroad track and the machine was hit by a train, smashing the automobile to splinters. Dr. Still was rushed to the ASO hospital immediately where it was pronounced his injuries were not serious. He received two scalp wounds, several scratches on his body and a badly bruised hip and shoulder. He was later taken to his home.

Meeting of the Osteopathic Society of the City of New York

The Osteopathic Society of the City of New York held its regular meeting April 17th at Hotel Knickerbocker. Dr. J. Oliver Sartwell, dean of Massachusetts College of Osteopathy made an address on "Principles of Practice and Technique," and Dr. R. Kendrick Smith, editor of the *Journal of the American Osteopathic Association*, gave an address on "Possibilities, Opportunities and Mistakes of the National Journal, Field Literature and General Publicity."

Charges Filed Against Three Texas Chiropractors

Charges of practicing medicine without a license have been made against three chiropractors of Houston, Texas, as a result of an investigation by the district attorney's office. The cases were brought to the attention of the Grand Jury which instructed that all information be filed in lieu of indictment. The chiropractors are P. H. Vesser, C. A. Robertus and A. L. Osborn. Vesser and Robertus made bond of \$200 but Osborn was placed in the county jail in default of that amount.

Dr. Fred W. Gage Resigns College Trusteeship

The resignation of Dr. Fred W. Gage as one of Chicago College of Osteopathy trustees was accepted at the February meeting. This was necessitated by Dr. Gage's ill health and we hope only temporary retirement from practice. Dr. Gage is one of the "Old Guard" and has worked hard and well for the advancement of Osteopathy in Chicago. He taught in our College, was trustee and acted on the finance and hospital committees. He is a member of the Kiwanis Club, Chicago Association of Commerce, in both of which he was very active.

Los Angeles Chiropractor Convicted

E. Bernard Hubley, chiropractor, of Los Angeles, Calif., was recently found guilty of practicing medicine without a state license, by a jury consisting of six men and six women who passed a decision in less than an hour's time. A 180 day jail term was placed on Hubley but was later suspended to a sentence by which he paid a fine of \$500 and was placed on probation for two years and ordered to discontinue the practice of chiropractic until he could obtain a license from the medical examining board.

Battle Creek's Epilepsy Clinic

One of Dr. Hugh W. Conklin's wealthy New York patrons—"A mighty fine man," as Hugh describes him, and we can well believe it—has contributed \$1,000 to start off the first year of a clinic to be devoted to the service of epileptics. This was in recognition of the cure of the benefactor's son by Dr. Conklin. The institution has been organized under the laws of Michigan as the Battle Creek Clinic. The donor does not wish any publicity. We all hope that the institution will accomplish a great work.

Mr. Mittleman Didn't Say It

Somebody played a joke on A. N. Mittleman, a senior student at Philadelphia College of Osteopathy, in February by sending a shop talk item in signed by his name. Mr. Mittleman is embarrassed because the item might be construed as reflecting on his college. Well, we are both hoaxed, friend Mittleman, but we can take a joke on ourselves mirthfully and *hope you can, too.* Remember what old John D. said: "You can't take out any more than you put in."—*The Spinal Column (St. Louis Osteopathic Society.)*

Southwestern Osteopathic Sanitarium Issues New Catalog

The Southwestern Osteopathic Sanitarium of Blackwell, Oklahoma, has recently produced a very beautiful catalog showing the equipment and giving complete details as to the work of the sanitarium. The book is very neatly printed on high grade sepia paper and profusely illustrated. It is bound in a very attractive cover with embossing. Any one interested in sanitarium work should not fail to obtain a copy of this book if possible to do so. It surely is a very creditable production.

Find Missouri Chiropractor Guilty

A chiropractor of Independence, Missouri, was recently found guilty of practicing medicine and surgery without a state license. He was fined \$50.00 and costs. The chiro's attorneys argued that he did not practice medicine or surgery but simply made adjustments of the spinal column. Ex-Governor Thomas Morris of Wisconsin, who is acting attorney for the Universal Chiropractic Association, aided in the defense. The prosecuting attorney read a decision of the state supreme court in which the practice of chiropractic was construed as

practicing medicine and that the state of Missouri does not license chiropractors.

That Great Western Circuit

Dr. C. B. Atzen, of Omaha, is covering the Western Osteopathic Association Circuit (Post Graduate Poly-clinic on wheels) this month delivering the goods on "Routine Physical Diagnosis."

In March Dr. E. M. Downing of York, Pa., covered the great Western Circuit. Reports are that he made a great hit all along the trail. Subject: "Technique." Mrs. Downing made the journey to the coast with him.

In February Dr. C. J. Gaddis, editor of the *Western Osteopath*, covered the Post Graduae Polyclinic Circuit for the Northern Societies from San Joaquin Valley to Salt Lake City, while Dr. S. C. Edmiston covered the Southern Societies, Imperial Valley to Pasadena. Subject: "Technique."

S. Howard Gardner, ASO Student, Victim of Influenza

Mr. Howard S. Gardner, a member of the class of January 1922, ASO, whose home is in South Orange, New Jersey, died February 8th of influenza. Brief funeral services were held at the Christian Church, Kirksville, and the body was taken to South Orange, New Jersey, for burial. Mr. Gardner was a member of the Atlas Club. The casket was escorted from the undertaking parlors to the church by the Atlas Club members. A big percentage of the student body attended the services and many floral tributes were presented by various organizations in the school. Resolutions of respect were drawn up by the Atlas Club. Mr. Gardner is survived by his wife, Mrs. Lydia H. Gardner, daughter of Dr. C. Hencke, of South Orange, New Jersey.

Dr. Chandler Joins L. A. Clinical Group

The Los Angeles Clinical Group of Physicians and Surgeons, occupying the eighth floor of the Ferguson Building, now have associated with their group, Dr. Louis C. Chandler, in the department of Heart, Lung and Nutritional Diseases. Dr. Chandler recently returned to Los Angeles from Berkeley especially to take charge of the experimental work in physiology and pharmacodynamics at the College of Osteopathic Physicians and Surgeons. In Berkeley he was engaged as food chemist for the California State Board of Health, devoting some time to post graduate study at the University of California. With the State Board of Health Dr. Chandler's particular attention was devoted to demonstrating the falsity of the claims made by manufacturers of the various egg-substitutes on the market. His work and testimony has been largely responsible for the taking off from the market of this class of dangerous substitutes.

Death of Dr. Walter J. Ford

Dr. Walter J. Ford, one of Seattle's leading osteopaths, died April 18th at his home, 350 16th Ave. N., after an illness of nearly two years. He never recovered from an operation performed on him at the Mayo clinic at Rochester, Minn., in July, 1918.

Born in Kirksville, Mo., in 1878, Dr. Ford graduated from the American School of Osteopathy in 1901. After practicing osteopathy in Charleston, Ia., until 1905 he came to Seattle, where he remained up to the time of his death. For twelve years he was chairman of the Osteopathic Legislative Committee of the state of Washington, president of the King County Osteopathic Association for two terms, president of the Washington State Osteopathic Association for one year and a member of the National Osteopathic Legislative Committee. He is survived by his widow, Dr. Roberta Wimer-Ford, two brothers, David E. Ford, Payette, Idaho, and Dr. A. B. Ford, Seattle, and a sister, Mrs. May Moorehead, Kirksville, Mo.

Osteopathy Booming at Kirksville

Dr. L. N. Pennock, of Amarillo, Texas, spent two days in Kirksville recently and writes as follows: "In Kirksville I found osteopathy still in the foreground, a city given over to osteopathy. One of the recent classes at the ASO includes two M. D.'s who have forsaken the faith of their fathers and started the study of osteopathy. The very atmosphere in the class rooms seem to whisper the 'old doctors' prayer, 'Give us this day our daily bread, but oh, Lord, teach us more anatomy.'" Most commendable work is being done in all the classes. Dr. Emmett Hamilton is rapidly showing himself a star of the first magnitude in his specialty. Dr. Lane stamps every mind with research spirit. I had the pleasure of hearing a most excellent lecture by Dr. Fuehrer, who, when he gets through with his investigations will have demonstrated what the public is beginning to realize that medicine is a blind echo of tradition and experimentine poison. Soon the public and science will both clamor for A. T. Still osteopathy. The ASO hospital was full and running over with patients. The Laughlin hospital though young, is rapidly becoming a potent factor in the life of osteopathy and it is an institution that every osteopathic physician may well be proud of."—*L. N. Pennock, D. O., Amarillo, Texas.*

Dr. Arthur T. Seymour Specializing in Eye, Ear, Nose and Throat Work

Dr. Arthur T. Seymour of Stockton, Calif., has been taking special work in eye, ear, nose and throat and will make a specialty of such practice in the future. Writing recently he says: "I entered as an interne in

the eye, ear, nose and throat clinic, College of Osteopathic Physicians and Surgeons, Los Angeles, last September and was there until February of this year, receiving a diploma for my post-graduate work. While there I treated all kinds of cases coming to the clinic and performed the operations needed. I shall incorporate this special work along with my general practice. At the clinic, operations for tonsils and nasal work were all done under local anaesthesia without pain or bleeding, and record for tonsil enucleations was usually one sponge. Children, of course, took general anaesthetic. We used the Ruddy incising hook and tonsil elevator and many times did not employ the snare. The course is good and one gets actual practice. While in Los Angeles I also took the oral examination given by the State Board for a physicians and surgeons license and successfully passed. I returned to my practice last of February and got really "going" about March 1st. Have been busy and return of practice after a six months' absence has been quite gratifying."

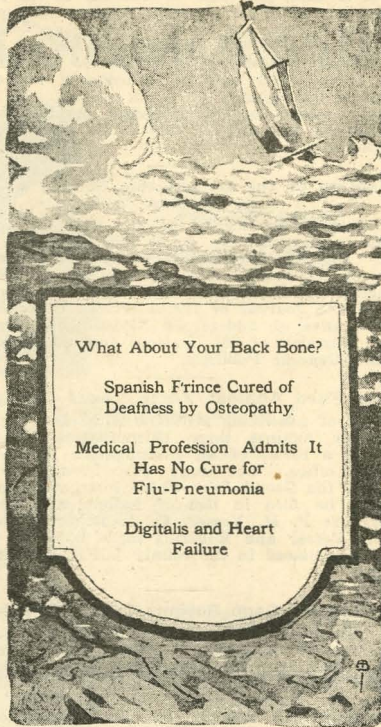
LOCATIONS and REMOVALS

Dr. P. K. Jones, at Franklin, Ohio.
 Dr. J. H. Dangler, at Gilman City, Mo.
 Dr. R. V. Warters, at Richland, Missouri.
 Dr. H. D. Radcliffe, at Dunkirk, Indiana.
 Dr. Celia Sutherland, at Selah, Washington.
 Dr. Frederick L. Schmitt, at Edina, Missouri.
 Dr. C. M. Wyatt, from Belleville, to Coffeyville, Kan.
 Dr. C. D. Heasley, from Des Moines, to Sac City, Iowa.
 Dr. A. E. Gifford, at 14 Blethe St., Lisbon Falls, Maine.
 Dr. Frank Ayers, from Emporia, Kans., to Deer Park, Wash.
 Dr. Arthur E. DuMars, from Belleville, to Coffeyville, Kansas.
 Dr. A. B. Cramb, from Tecumseh, Neb., to Kirksville, Missouri.
 Dr. R. R. Keiningham, from Baltimore, to Overlea, Maryland.
 Dr. J. E. Freeland, at 17-19 Columbia Building, Coffeyville, Kan.
 Dr. C. P. Harth, from U. S. Army, to Ponca City, Oklahoma.
 Dr. Birdsall J. Banker, from Kirksville, Mo., to Atascadero, Calif.
 Dr. W. D. Hardy, from Columbia, Missouri, to Wilsonville, Nebraska.
 Dr. Benjamin Baird, at Mt. Vernon, Mo., associated with Dr. Maxwell.
 Dr. W. C. Carter, from 413 E. Capitol St., Springfield, Ill., to Delta, Colo.
 Dr. J. H. Hardy, from Ashland, to Exchange Building, Columbia, Missouri.
 Dr. Ella Schiflett, at 405 Courier-Journal Building, Louisville, Kentucky.
 Dr. Orville D. Caldwell, from Los Angeles, Calif., to Mount Vernon, Wash.
 Dr. L. C. Lambert, at Canton, Illinois, with a branch office in Lewistown, Illinois.
 Dr. Norman J. Neilson from Nevada, Missouri, to Belleville, Ontario, Canada.
 Dr. A. L. Dykes, from 20 Fourth Street, to Interstate Building, Bristol, Tennessee.
 Dr. Isabel O. Barber, from 301 E. Park street, to 116 N. Broad St., Elkhorn, Wis.
 Dr. Anna K. Aplin, from 406 Stevens Building, to 20 Alfred Street, Detroit, Michigan.
 Dr. Geo. L. Spivey, from Corpus Christi, to 311 Provident Building, Waco, Texas.
 Dr. E. C. Brann, from Coffeyville, Kans., to 300 San Fernando Building, Los Angeles, Calif.
 Dr. Chas. A. Povlovich, from Hale, Missouri, to 1st Nat'l Bank Building, LaPorte, Indiana.
 Dr. Elizabeth Leonard, from Marietta, to Dayton, Ohio, associated with Dr. W. A. Gravett.
 Dr. Arthur N. Smith, from North Webster, New York, to Route 6, Bishopville, South Carolina.

PERSONAL

Dr. Harvey R. Foote, of London, England, has changed his address from Harwood House, Hanover Square, to 40-A Park Lane.
 Dr. Harold W. Burnard has announced the removal of his offices to Room 15, Astor Court Building, 18 W. 34th Street, New York City.
 Dr. Benoni A. Bullock, of Daytona, Florida, is spending a few months at Detroit, Michigan, and will make his office headquarters at 623 Stevens Building.
 Dr. L. N. Pennock, of Amarillo, Texas, had the misfortune to lose his father recently. The old gentleman was eighty-two years of age last November. He lived near Valparaiso, Indiana. He enjoyed remarkably good health until a few years ago.
 A letter was recently received from Dr. G. W. Barrett, of Pittsfield, Massachusetts, in which he states that the Rotary Club of Pittsfield was just recently formed and he had the honor of representing the osteopathic profession in the same and also of being one of its charter members.
 Dr. Florence J. Barrows has sold her practice at Kingman, Kansas, to Dr. Ellen H. Brookes, formerly of Wichita, Kansas. Dr. Barrows is now located in Lawrence, Kansas, having moved to that place because of better facilities offered for the education of her son. Dr. Barrows recently had the misfortune to break her arm but it making a good recovery.
 Since his return to active practice in Denver, things have been going very nicely for Dr. H. S. Dean. He has

Osteopathic Health FOR JUNE



What About Your Back Bone?

Spanish Frince Cured of
Deafness by Osteopathy.

Medical Profession Admits It
Has No Cure for
Flu-Pneumonia

Digitalis and Heart
Failure

Splendid news about osteopathic achievement and new admissions by "authorities" confirming the contentions of osteopathy. It will confound the traducers; convince the doubters; and rejoice the faithful. Order quickly. The edition will not last long.

Sold Out!

The following issues of "Osteopathic Health" are entirely sold out and many orders had to remain unfilled.

No. 39 December 1919

No. 40 January - 1920

No. 43 April - - 1920

No. 44 May - - - 1920

Extra heavy orders from old and new customers, coupled with the scarcity of paper, necessitating conservative printing, caused us to be short thousands of copies for filling orders on each of the issues listed. We shall continue to print "short" editions while the paper famine lasts. Moral: Hurry in your advance orders if you wish supplies of the June and July issues.

The Bunting Publications, Inc.
9 So. Clinton Street, Chicago

P. S. Less than 1,500 copies on hand of No. 42 (March, 1920) "Osteopathy's Victory in Flu-Pneumonia." Somebody will be disappointed. Don't let it be yourself! Order today.

found it necessary to add another room to his office suite and he is fitting up the new room for examination purposes and will have there all his instruments and his sterilizer and other equipment necessary for giving a good physical examination and making a correct diagnosis, at least insofar as his ability permits.

Dr. C. V. Fulham, of Frankfort, Indiana, has had a tremendously busy practice during the winter—in fact, he almost made a physical wreck of himself in his effort to look after his patients. He was using alternately a Franklin and a big Reo Roadster to look after his country patients. In addition he gave his services gratis to the Frankfort High School Basketball Team during its big tournament. As a result a number of expressions of appreciation appeared in the High School paper, "High Life."

Dr. Wm. L. Grubb, of Pittsburgh, Pennsylvania, has announced the removal of his offices from First National Bank Building to 705-707 Lyceum Building, which is at 611 Penn Avenue. At this office he will confine himself to the practice of ophthalmology. Dr. Grubb has just completed a special post graduate course of three months in physical optics and ophthalmology at the McCormick Medical College, Chicago. He will continue the general practice of osteopathy at his Wilkinsburg office.

MARRIED

Dr. Paul R. Kohlmeyer, of Weeping Water, Nebr., and Miss Anna Knapp, of Oil City, Pa., April 9th.
 Dr. Roland F. Robie, of Oakland, Calif., and Miss Clyde Joy Russell, of Berkeley, Calif., at Gilroy, March 29th. They will make their home in Oakland.

DIED

Dr. Herbert A. Thayer, of Rochester, N. Y., March 29th, after an illness of three months with brain tumor. Age 41. Dr. Thayer was born at Union Hill, N. Y. Educated in the schools of Union Hill and Webster, N. Y. Graduated from the American School of Osteopathy in 1902. Shortly after graduation married a classmate, Dr. Helen E. Hazels, of Washington, Kans., who survives him. Dr. Thayer commenced practice in Medina, N. Y., later moving to Rochester where he continued in practice up to a short time before his death.

EXCHANGE and MARKET

WANTED—An assistant. Must be good mixer. Lady of good appearance and one with the goods would do. Partnership later. Address No. 208, c/o The OP, 9 South Clinton St., Chicago, Ill.

WANTED—Male graduate of June '21 class ASO desirous of obtaining place as assistant for coming summer. Address No. 209, c/o The OP, 9 South Clinton St., Chicago, Ill.

WANTED—Position by man, taking care of practice during vacation of doctor, any time from June 10th to August 1st. Am a senior Chicago College. Address 210, c/o The OP, 9 South Clinton St., Chicago, Ill.

SENIOR student, Philadelphia College of Osteopathy, would like position in busy osteopathic physician's office after the close of semester. Has served in Hospital Corps, U. S. N. Address No. 211, c/o The OP, 9 South Clinton St., Chicago, Ill.

RECENT graduate wishes the care of a practice during this summer. Address No. 212, c/o The OP, 9 South Clinton St., Chicago, Ill.

PRACTICE FOR SALE OR LEASE—In lively western Illinois town of 4,000 with educated people who use osteopathy. Hospital open to osteopaths. In practice twenty years; grown too big so must sell or get assistant. House and office together in a central location. An ideal place for man and wife, both osteopaths. References required. Address No. 213, c/o The OP, 9 South Clinton St., Chicago, Ill.

WANTED—A gentleman osteopath to rent space or share office in the Stevens Bldg. Address No. 214, c/o The OP, 9 South Clinton St., Chicago, Ill.

WANTED—Assistant for the summer with view to location in upper Michigan. Graduate osteopathic physician, capable of handling acute obstetrical, ear, nose and throat work, administering anaesthetics, minor surgery. Fine prospects near by if does not care to locate in town of 18,000. Willing to introduce if creditable work shown by two month's stay or more. Should report June 1st if possible—by 10th sure. Want to leave practice in care while at convention. Preference for some one who can speak French or Scandinavian. Address No. 216, c/o The OP, 9 So. Clinton St., Chicago.

A New York City Osteopath, of fifteen years' successful experience wants an assistant. A recent graduate of Kirksville, Chicago or Philadelphia preferred, or a good man graduating from any of our reputable Colleges this year, so long as he is eligible to practice in New York State. He must be moderately large, but strong and clean physically and morally, and have a personality. He must be young enough to be molded into the type of man demanded by the place and he must not be too big to accept the role of assistant. If there is any regular A. T. Still brand of osteopath, who means business, is not an adventurer and who is looking for opportunity, Address No. 215 c/o The OP, 9 So. Clinton St., Chicago.