

The Osteopathic Physician

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The Osteopathic Physician

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Volume XXXV

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Number 2

Osteopathy Had but 472 Deaths Among 48,911 Influenza and Pneumonia Cases Treated!

FIGURES tabulated by the American Osteopathic Association covering 48,911 epidemic cases treated by physicians of the osteopathic school establish that the combined death rate of influenza and pneumonia was not quite one per cent of all the cases under osteopathic care. Both diseases did not quite total one patient lost out of every hundred treated.

Compare this astonishing success of the osteopathic profession with the appalling losses of the "regular" or allopathic profession, viz.:

Influenza fatalities: 12 to 15 per cent. (Some estimates were as high as 20 per cent.)

Pneumonia fatalities: In civilian practice (estimated), 25 per cent. (Some estimates were higher.) In U. S. army hospitals (actual), 38.9-10 per cent.

The osteopathic record per hundred treated for both diseases was:

Influenza fatalities: 4-10 of 1 per cent.

Pneumonia fatalities: 10.4-10 per cent.

Why the total death rate from both diseases when taken together amounts to 96-100ths of 1 per cent, while pneumonia alone stood at 10.4 per cent is explained by the fact that osteopaths do not let many of their "flu" cases pass into pneumonia. Only 5.9 per cent of osteopathy's influenza patients contracted pneumonia, and of these only 10.4 per cent died, or 96-100ths of 1 per cent of the total number of epidemic sufferers treated. The two fractions do not add up to one per cent.

As nearly as figures can be averaged up and interpreted the allopaths would seem to have lost 6,250 or more patients for every 50,000 cases treated. That is setting their combined losses from influenza and pneumonia at 12½ per cent, and nobody seems to have put it at any less figure. More precise comparison is difficult, since the "regulars" do not publish figures on the total number of patients treated, preferring to base their percentage of losses on the total population. You see, it looks smaller when stated that way.

Draw your own conclusions as to who are the most skilful, the safest and sanest physicians for the treatment of these (and all other) deadly infections!

Let Us Analyze the Situation

By way of throwing light on the causes of osteopathy's brilliant success and allopathy's excessive mortality rate as revealed in the foregoing figures, we introduce here the statement of a research investigator of international reputation as to the utter uselessness and positive danger of drugs, vaccines and serums in the treatment of influenza and pneumonia. The writer interprets accurately the attitude of mind of research technicians the world over toward the unscientific efforts of doctors to fabricate "cures" out of these materials in the present crisis of a world pandemic. His utterances are authoritative. * * *

The foregoing is the impressive and authoritative announcement of the profession to the general public as contained in the March installment of the *Osteopathic Health* service. It is surely glad tidings of great joy to a pandemic-cursed

world whose black cloud of death and despair has not shown one rift for light, life or hope from the therapeutic resources of regular medicine.

You have the most wonderful opportunity that will arise in the first hundred years of osteopathic history to put this blessed truth before that part of the world which is *your* world—the locality and the people in and among whom you live and move and have your being.

March issue of *Osteopathic Health* offers you in concrete form an opportunity that no osteopath in the world ever had before in the twenty-five years of our organized history. That opportunity and privilege is the chance to tell this wonderful and true story.

What Research Scientists Think of Drugging in Influenza and Pneumonia

By Professor Michael A. Lane, Experimental Pathologist at the American School of Osteopathy
[From the March Issue of *Osteopathic Health*]

IN all the infections due to bacteria (and these constitute the vast majority of the infections) drugs are not only useless but positively dangerous and to be avoided at all costs. They can have but one effect—and that is to make the patient (by suppressing natural reactions) an easier prey to the bacteria and their toxins.

Of the diseases caused by bacteria (and bacteria are plant organisms) *there is not one upon which any drug whatever has the slightest effect.* Bacteria can be killed by chemical reagents, but a drug or other chemical reagent that will kill bacteria will first kill the body cells of the individual to whom the reagent is administered. Any physician who would give any drug whatever to a person suffering with a bacterial disease would be a criminally ignorant man—in the present state of knowledge concerning bacteria and their toxins. For chemical reagents, or the pharmaceutical drugs, not only have no effect whatever on bacteria, or their toxins, *when in the body*; they

You have wanted *facts*—statistics of cures—honest figures covering a great multitude of one certain kind of cases treated by osteopaths with which "to prove our case" and establish osteopathy in the *very front rank* of scientific therapy. You never had this chance before—A REPORT OF NEARLY 50,000 VERIFIABLE CASES. Now you have the chance ready-made for you, will you use it? How much of it will you use? It speaks for itself.

We would as soon expect that the Allies would be reticent or apathetic to advertise the fact that they have won the war as that osteopathic practitioners would let slip by without utilizing to its fullest degree of possible good this grand and inspiring achievement of the osteopathic profession which needs proclaiming to the world. Are you a proclaimer? Or do you believe in giving the traducers and competitors of osteopathy the full opportunity to use their propaganda without contradiction and confounding such as the plain truth published broadcast will bring?

also hurt the patient, and thus help the bacteria, and their toxins in their work of destruction, by interfering with the reaction the patient's body is making against the bacteria and their toxins.

All really well-grounded biologists have long since come to the absolute conviction that drugs (we refer here to so-called chemical, not serum or vaccine, reagents) are absolutely limited in their uses to three certain diseases (syphilis, malaria and diphtheria) due to the invasion of the body by protozoa (animal organisms) and are *positively hurtful* and indeed *highly dangerous* things when used in cases of infectious or toxic diseases when due to bacteria (plant organisms)—including, of course, influenza and pneumonia—or when due to poisons generated by the cells of the body itself.

These are the natural and necessary conclusions from the experiments, observations and deep thinking of the best and least shackled men in all the world—not medical doctors, but the laboratory scientists of the past 25 or 30 years.

What Research Science Holds Regarding Serums for Influenza and Pneumonia

There are, however, a certain few biological reagents which will help the body in its fight against the invading germs (bacteria) and their toxins, and although it is customary to call these biological reagents *drugs*, we do not classify them with the drugs that have been heretofore called "medicines." These biological (not pharmaceutical) reagents are called "sera" (plural of serum) and "vaccines"—the latter term having no reference whatever to the "vaccine virus" used as a preventive of smallpox.

Of all the various serums that have been tried to cure bacterial disease (and a serum has been tried for nearly every kind of bacteria infection) *only one anti-serum has been found good as a curative agent*, and that is the diphtheria serum,

or diphtheria anti-toxine discovered by Behring, many years ago, and now used extensively in all civilized countries for the cure of this disease.

Of the scores of serums tried against other diseases, *not one has stood up as a useful reagent*, diphtheria anti-toxine alone emerging as a real remedy from the vast mass of experiment done by research men during the past twenty years.

Ignorant medical doctors (who do not at all understand diphtheria anti-toxine) have used this serum in the hope that it might also cure other diseases, and it is a great pity that the laws of the land permit doctors to do such things. Behring himself—the discoverer of the anti-toxine—would be disgusted with the fatuous ignorance of such men, for the great virtue of his anti-toxine lay

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

in its *specificity*—that is, in its power to neutralize the toxine of diphtheria and of *no other germ whatsoever*.

What a Serum Is

A serum is made by carefully injecting graded doses of the toxine of the disease germ being experimented with into the veins of a horse or other animal, subsequently bleeding the injected animal, and drawing off the clear serum from the blood clot. In this animal-serum is a substance which when injected into the patient—so the hope goes—will neutralize the toxine of the bacteria being combated and this, if it is successful, should make the patient promptly recover. That this does not work out in practice except in regard to diphtheria is the unfortunate fact which spoils the hopes for this yearned-for theoretic therapy.

It is probable that there is no disease of any kind for which a serum has not been tried. Ex-

perimenters have tried to do for *all* diseases (even insanity (!), alcoholism and the morphine habit) what Behring has done for diphtheria; but the failure of all these experiments is obvious and manifest in the hard fact that diphtheria anti-toxic serum is the only one in general use, all other so-called "curative serums" being, for the most part, *mere commercial products, manufactured for the purpose of selling at a profit to the credulous doctor* who, without understanding the barest elements of the laws of immunity, is an easy prey to commercial exploiters. Did such doctors know even the simplest facts of immunity they would not use any curative serum but diphtheria serum.

The wide-spread use of serums to "cure" influenza and pneumonia and the hopes set up as justification of this empirical practice have their best refutation in the increased mortuary statistics of such present-day practice.

How Research Authorities View Vaccine Usage in Influenza and Pneumonia

And what of vaccines and their hoped-for immunizing powers against infections, among the most commonly used of which nowadays are those aimed to ward off influenza and pneumonia?

What Are Vaccines?

A vaccine consists of dead bacteria, rubbed up with physiological salt solution, which is injected into an individual infected with the same species of bacteria as is used for injection. It is imaginable that there are certain vaccines potentially existent which could cure the diseases for which

they are specific *if only all the facts and laws of vaccines and their actions were known, and if the specific vaccines could be obtained—neither of which is true!* Unfortunately, these conditions are so far from being realized that vaccine therapy, too, is almost useless in the present state of affairs. In the opinion of the only men who are qualified to pass judgment in the matter—the laboratory technicians of pure science who are not practicing physicians at all—vaccine therapy, beyond what little it has already yielded, will remain practically useless to prophylactic and healing art for a long time to come.

The Little That Serum and Vaccine Therapy May Justly Claim

Research in the hands of the world's master technicians seems to have exhausted the possibilities both of serum and vaccine therapy. The entire claims of results from all the work that has been done in serums and vaccines are now limited strictly to (1) diphtheria serum; (2) the supposed reduction of mortality in spinal fever by the Flexner serum (always doubted and actually very little discussed today); (3) the beneficial results in a small number of cases of boils and acne (pimples) by Wright's vaccines; (4) the new "immunity treatment" for preventing (not curing) typhoid now under experiment by the U. S. Army; (5) the use of vaccination in small-pox; (6) a preventive (not curative) serum for tetanus; and (7) the hydrophobia treatment.

This summary includes the sum total of the

fruit of all the incalculable mass of research work done by the world's scientists in the hope of curing disease by these methods. The possibilities of serum and vaccine therapy have been considered for some time past by the foremost workers and critics of the European laboratories as having been completely exhausted. They regard this field as a worked-out mine.

The doctors of medicine trying to follow in their footsteps who announce "discoveries" from year to year do not usually know enough of the subjects in which they dabble to realize that they merely repeat experiments on human beings that these original investigators have already tried out on animals and found barren of actual therapeutic results—in a word, disproved. Serum therapy, therefore, will probably rest on the laurels it has already won, such as they are.

Regular Medicine's "Shot Gun" Vaccines Pure Charlatanry

"Shot gun" vaccine are vaccines made by commercial houses and sold to gullible medical doctors who *must have something to use*; and who therefore use injections consisting of *several strains of dead bacteria mixed together*. Pure science having failed to demonstrate a single vaccine that will immunize satisfactorily against any one of the bacteria suspected of responsibility for influenza and pneumonia, the naive empirical inspiration dawns among doctors that by mixing various varieties of dead bacteria in one dose, or in other words *compounding failure*, the hodge-podge will acquire new and mystical powers not possessed by the pure strains!

But there are only a few medical doctors who have training enough to use any kind of vaccine—even a "shot gun" one. In any event "shot gun" vaccines are mainly worthless, and autogenous vaccines (grown from material taken from the patient who is to receive the injection) are not easily obtained without expert bacteriological assistance. Secondly, perhaps not many practicing M. D.'s in America could count the bacteria or make an opsonic determination. And, thirdly, if they could do all this they (in common with their betters, the research technicians in the fields of

bacteriology and experimental pathology) would probably fail to obtain the results claimed. Consequently the present-day fad of using the much advertised vaccines to prevent influenza and pneumonia rests on such shallow scientific grounds as to fall under the same condemnation with drug-giving and serum experimentation. All are empiric, purely.

Osteopathy in the Inflammatory Diseases

In this issue Professor Lane tells why inflammation causes pain. He explains how the blood works its cure. He shows the use of osteopathy in virulent tonsilitis and acute and chronic dysentery, etc. You should never be without this number. Price \$4.00 a hundred.

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

Martyrs to Duty

DR. M. E. CANNON, of Leitchfield, Kentucky, died in November of pneumonia, following an attack of influenza.

Dr. J. Mark Kilgore, of York, Nebraska, died in November of a complication of influenza and pneumonia.

Dr. Kilgore and Dr. Cannon sacrificed their lives in the great cause of rendering service to those afflicted with influenza or pneumonia during the great pandemic. Both of them worked almost day and night in giving attention to their cases and both of them refused to "give up" until their own physical resistance had been so impaired that they fell easy victims to disease themselves. Osteopathy will honor the memory of these men who sacrificed their lives in answer to the call of duty as they saw it, but the profession can ill afford to lose these men and their passing from our midst should be a warning to other osteopathic physicians to take good care of their own health and strength.

6,000,000 Dead Toll of "Flu" in Last Three Months

[From the Chicago Tribune]

LONDON, Via Montreal, Jan. 19.—The Times' medical correspondent says that it seems reasonable to believe that thruout the world about 6,000,000 persons perished from influenza and pneumonia during the last three months.

It has been estimated that the war caused the death of 20,000,000 persons in four and a half years.

Thus the correspondent points out, influenza has proved itself five times deadlier than war, because in the same period, at its epidemic rate, influenza would have killed 100,000,000.

Never since the black death has such a plague swept over the world, he says, adding that the need of a new survey of public health measures has never been more forcibly illustrated.

How do infectious diseases attack the human system and how does the body resist their assaults? These questions are often asked, especially since the great influenza-pneumonia pandemic hit this country. The answer to these queries—stated in popular language—is to be found in

"Osteopathy in the Infectious Diseases"

the remarkable popular brochure by Professor Lane. It tells about immunity and infection in a fascinating manner and shows by simple statements why osteopathy is the supreme scientific therapy for *all* infectious diseases. We have a few hundred copies of this valuable document. While the supply lasts they can be had at \$5.00 per hundred. It is a brochure that should be prominently displayed on your reception room table during several months to come and which should be presented to a selected number of your most influential patients. Order without delay or you may be too late to secure a consignment.

The OP Company

9 So. Clinton St. - - - Chicago

How ASO Students Handled the "Flu"

By Dr. Geo. A. Still, Kirksville, Mo.

DURING the "flu" epidemic in Kirksville and surrounding territory the upper classes at the American School of Osteopathy realizing the value of treatment in the disease, offered their services to the community, agreeing to handle any cases that were in need of care, and the lower classes to either treat or help nurse cases that they might be assigned to. School was closed for a month during which time there was probably no student in the school but treated, or helped treat, some cases.

One senior student, McCollum, treated one hundred and ninety-six cases. He is now on the ASO treating staff.

Definite statistics from sixty-six students report ten hundred and fourteen cases, including forty-one pneumonia cases following the "flu," six straight pneumonia, two of meningitis, and four other with complications.

Some of these students went into rural communities and stayed for weeks.

Some of them nursed and treated both.

At one time there were a dozen or so around Milan, Mo., alone.

They were along the Santa Fe at nearly every little village, and similarly along the O. K. R. R. Students went to Macon and helped the staff there in the epidemic at the Still-Hildreth Sanitorium.

A few even went over into Illinois.

To say the least, they were quite well scattered, and this not including senior students who went to help field doctors in their practice.

School was abandoned for about a month.

Students and doctors from the ASO handled the Municipal Hospital, established by the Red Cross and the Rotary Club in Kirksville during the height of the epidemic.

No case, under the most unfavorable circumstances, which had osteopathic treatment from the beginning, proved fatal, so far as has come to our attention.

When requested, these students accepted cases at any stage of the disease.

It was agreed that they should accept no compensation if the people were poor, but would make a charge if they were able to pay for attention.

In many instances, there was no chance for faculty or graduate supervision of the case, because the cases would be out in the country, and sometimes even without a telephone.

Of the entire ten hundred and ninety-four cases reported accurately, there were six deaths. An investigation of the vital statistics record of the county reveals no other deaths handled osteopathically.

In other words, those cases that, for some reason or another, were not reported would simply increase the number of cured cases.

Of the six cases that died the following analysis may prove interesting.

Case One. Patient with bad double spinal curvature, and a cough for three weeks that had suspicion of tuberculosis, developed symptoms of pulmonary, meningeal and intestinal infection. Called a case of "flu." Diagnosis questionable, but it is counted in anyhow.

Case Two. Baby aged two and one-half. Sick four days with no bowel movement. Great abdominal distension. Temperature 107, and had three tablespoons of castor oil on the fourth day. Student began treatment at the beginning of the fifth day. Case died within twenty-four hours.

Case Three. Child aged six, had been on calomel and aspirin for four days, after having been sick four days. Student was called on the fourth day, but the child, who had suffered with asthma from birth, did not respond and was taken to the Municipal Hospital, dying thirty-six hours later.

Case Four. This patient had the "flu," got up and contracted pneumonia. Had pneumonia seven days, then called a student, when in a very critical condition. He died on the eighth day.

Case Five. Student commenced treatment on the fifth day of a meningitis and pneumonia, which followed whooping cough. There had been no "flu." Death occurred on the seventh day.

Case Six. The last case was a pneumonia that had lasted six days and been delirious two days, and treatment commenced six hours before the patient died.

The ASO Hospital established an Emergency Hospital, which was entirely distinct from the Municipal Hospital, and also distinct from the ASO Hospital. This was to care for any prospective cases that might arrive with the "flu" or develop it after arrival, or any nurses who might contract it in the line of duty.

This was in order that we should not have any "flu" cases in the ASO Hospital, as we considered it a little short of criminal to mix "flu" cases with non-contagious cases.

In this Emergency Hospital all cases were treated osteopathically from the start.

None of them developed any sequel whatever.

In the Woman's Hospital two cases of haemolytic pneumonia developed with severe hemorrhages.

They yielded beautifully to treatment.

So far as I know, no member of our staff lost a single case.

So far as I know, no member of our staff advised the use of any strychnine, oxygen or alcohol.

It was not allowed in those cases that I had anything to do with, of that I am sure.

No drugs of any sort were employed, to my knowledge.

In order to explain things to those who have not been at the school for some time, I must mention that at present the ASO is operating three different buildings as Hospitals, exclusive of the building used as a nurses' home and the Infirmary department of the school.

These are also exclusive of the Municipal Contagious Hospital which has been closed.

122 Cases—1 Death

By Dr. J. E. Baker, Brazil, Ind.

IHAD 122 cases of influenza during the epidemic and of these thirty developed pneumonia. I lost only one case and that was a man who had influenza followed by pneumonia, complicated by a leaky heart. This patient refused absolutely to follow my instructions. His wife, a person of weak character, had always been petted and spoiled and demanded that she be waited on all the time. The patient, while suffering from high fever, running 104 or over, persisted in getting out of bed and attempting to do housework in the kitchen in a half-clothed condition. I was called in on the case on a Saturday, went back on Sunday and found the patient up and about. He was weak and had a high fever. I put him back to bed and told him to stay there but when I visited him on Monday, I found him up and in the kitchen putting around with housework. I put him back to bed, told him how serious was his condition and told him I would visit him again soon, but did not say when. I went back Tuesday and again found him out of bed. On Friday his case was hopeless.

I had three cases of double pneumonia to which I was called in after M. D.'s had given up all hopes. I saved all three of these cases.

During the epidemic I urged all my regular chronic patients not to visit my office unless it was absolutely necessary. I stayed on epidemic cases day and night, treating patients constantly until my hands became cramped. The only difficulty in handling influenza and pneumonia cases under osteopathy is the constant attention required and the physical limitations of the osteopathic physician.—J. E. Baker, D. O., Brazil, Indiana, February 18th.

Osteopaths—Get Right with your own Therapy—not only Use It and Get Results But Understand what you are Doing—Do you?

No agency on earth will help you as much as Professor Lane's book "A. T. Still, Founder of Osteopathy." Perhaps you misunderstand the scope and contents of this work from its title. It is not a book of biography in the usual sense of a chronological sketch, but a scientist's interpretation of the Theory and Practice of Osteopathy. Of course you need it—that is, if you want really to understand what you are about in your work and intend to know all that pure science can teach you up to this hour in the education of your therapy. One thousand dollars would be a cheap price for this little book were it impossible for a doctor of the osteopathic school to get it on any other terms. It costs you but \$2.00 by return of post.

The Osteopathic Publishing Co.

9 South Clinton St., Chicago



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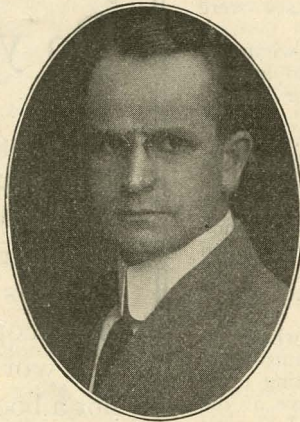
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The Taylor Clinic

DES MOINES GENERAL HOSPITAL, Cor. E. 12th and Des Moines Sts., Des Moines, Iowa

The Taylor Clinic is now well on its tenth year of existence. During that time it has grown from one man to eight men; each man has been added as the demand arose.

At first, we depended upon a physical examination for a diagnosis. Now we make blood counts and tests, stomach, urine and fecal analysis and bacteriological tests.

We have added the best X-Ray outfit purchasable, and by its use very fine radiographic and fluoroscopic work is the daily routine.

Anaesthetics of every kind are used, but, by choice; Ether is used in majors and Nitrous-Oxide Oxygen Ether in obstetrical cases.

The Taylor Clinic keeps a record of every case entered. No attempt at pretense and misrepresentation is ever made. Fads, fancies and hobbies are tabooed. Here we are interested in Therapeutics and seek the highest professional respect.

S. L. TAYLOR, D. O., Surgeon-in-Chief, Des Moines General Hospital.

First Aid—The Prevention of Infection

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

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

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

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

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

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

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Dioxogen is odorless, colorless, and does not stain the skin or clothing.

The service Dioxogen has rendered in countless homes and factories offers the strongest possible testimonial of its value whenever and wherever a safe and effective germicide is needed.

THE OAKLAND CHEMICAL CO.

10 Astor Place

New York

468 Epidemic Cases With One Death

By Merl J. Carson, D. O., Wilmington, N. C.

SINCE the epidemic of "Flu" began here in September, Dr. Griffiths and myself have treated four hundred and sixty-eight cases with one death, this being due to pre-epidemic complications. The vast majority of our cases were given one treatment daily; when we had the opportunity we gave more, this being seldom during the rush of the epidemic. We tried to diet our cases carefully, but a number of them broke over and apparently made as good a recovery as those that did not. Of course no medicine was used.

The medical fraternity has lost over two hundred cases here during the same time.

While we are gratified at the results we have achieved, we are not greatly surprised, for osteopathy has demonstrated its worth in acute cases of all kinds for the past fourteen years we have been practicing it. There are some few cases in which we use some drug medicine, but our chief reliance is placed on the manipulative treatment, altho when we think it to the patient's advantage to use a drug we do so and do not believe we are any the less osteopathic for having worked as we consider to be to the best advantage of the patient.

I believe the lesson to be drawn from the "flu" is that osteopathy is the treatment par excellence in all acute cases as well as chronic. For a number of years we have realized that osteopathy cures sixty to seventy per cent of the cases that medicine has failed in, and if it can do that, what is surprising about our curing practically all the cases where seventy to eighty-five per cent of them get well without any treatment and almost as many of them get well where they have medical treatment, provided it is not pressed too vigorously?

The other lesson to be drawn is that we should pay less attention to the diagnosis and prognosis

of the medical fraternity and base our prognosis on the osteopathic diagnosis for, since medical mortuary statistics show them so wrong in these epidemic cases, why should we base our conclusions of other diseases on their point of view? We should not at all. If the osteopathic profession will realize that for every disease there is a cause and then search for that cause, equipping their offices in such a way as to be prepared to make an intelligent diagnosis, using physical, clinical, chemical or laboratory and X-ray examinations, I am confident they will be able to increase even the number of chronic cases under their treatment.

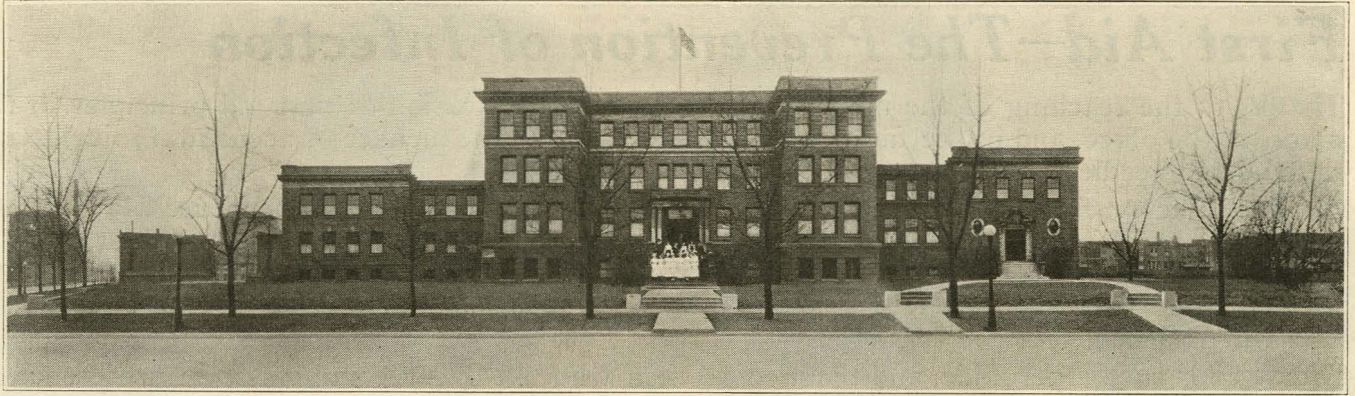
Would like to write of any number of cases we have had in the past year where our medics had made serious mistakes, as well as cases that have come to us that required all the above methods of diagnosis to clear up the cause, but every osteopath has these cases, so—what's the use?—Fraternally, *Drs. Carson & Griffiths*, per *M. J. Carson, D. O., Wilmington, N. C., Feb. 10th.*

503 Cases and 1 Death

By J. J. Moriarty, D. O., Ottawa, Illinois

TOTAL number of influenza cases treated, 503; deaths, none. Average duration of fever, four days. Total number of cases of pneumonia following influenza, 5; deaths, 1. Average duration of fever, 9 days. Termination by lysis, 2; by crisis, 3. All five cases of pneumonia were well developed when I was called. Three of them had been treated by M. D.'s. Treatment of the case that died was started by me on the fifth day and the patient was delirious when I called. I saw him three times each day for one week or until crisis came.—Fraternally, *J. J. Moriarty, D. O., Ottawa, Illinois.*

I find the copies of "Osteopathic Health" you are sending me to be like a popular brand of medicine. "They work while you sleep." My practice has been increased and the booklets are more than paying for themselves in direct results. — *C. F. Brooke, D. O., Columbus, Georgia.*



CHICAGO OSTEOPATHIC HOSPITAL & COLLEGE, 52nd and Ellis Avenue

This building is a monument to the efforts of the following physicians:

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This means progress. It means added prestige. It means more favorable legislation. It means general recognition. And what's more, Dr. Osteopath, it means dollars in your pocket. Will you co-operate?

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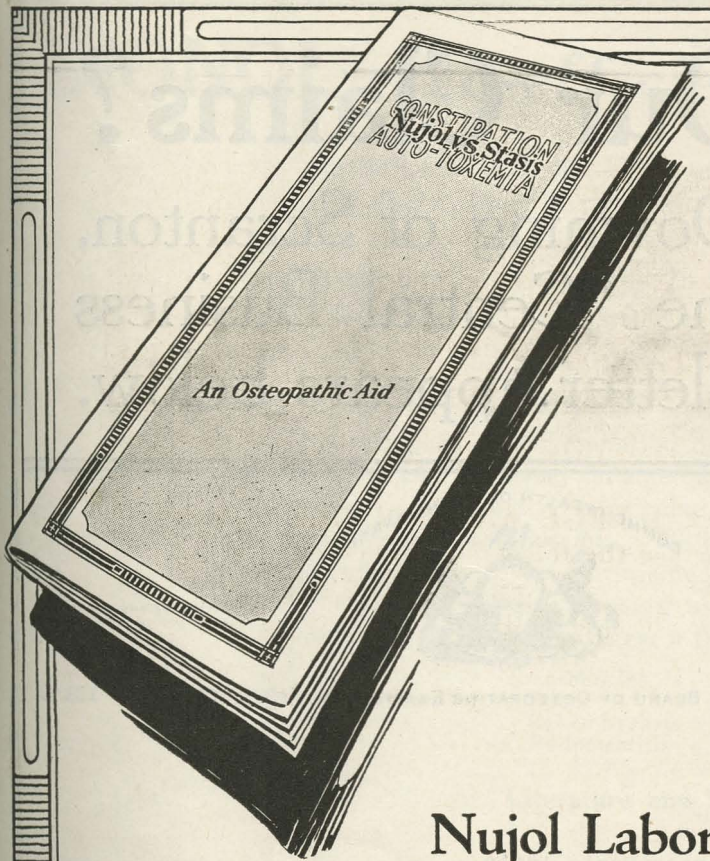
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Nujol softens and moistens fecal contents, facilitates peristalsis, absorbs toxins, protects the intestinal mucosa, brings about bowel reform by natural means.

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How the "Flu" Hit Alberta

By E. A. Roe, D. O., Edmonton, Alta.

YOU ask for our experience during the "flu" epidemic. Well, I must be brief as I am pretty busy. Any osteopathic experience from this city must be of more or less interest because of the fact that we were very hard hit by the scourge, and showed a larger death rate than perhaps any other city of our size on the continent. We have a population of 50,000 or very slightly over, and up to the end of the year had over 6,000 cases reported, with perhaps two or three thousand more that were never reported, and with considerably over 400 deaths, perhaps 460, all told; the papers reported over 8,000 cases in the city up to December 31st. How reliable the latter figures are I am unable to say; anyway, we "had it bad."

I treated 25 cases with no fatalities. The interesting thing, however, about my experience is this, that of the 25 cases which I handled three of them had a broncho-pneumonia; two just beginning, and one fairly well advanced, and these three cases had all been under medical care when I was first called in, and none of my other 22 cases had, to my knowledge, been seen by an M. D., with perhaps but one exception. When I took these three over I made them discontinue all drugs. I then outlined a proper diet (free from all animal protein, excepting milk), gave osteopathic treatments, and had nothing after that but uneventful recoveries.

The drug stores here did a regular land office business in aspirin and "booze" (this is a prohibition (?) province) and our death rate was correspondingly high. Six very prominent and influential gentlemen of the city (among them one M. D., one dentist, and two university professors), were given a "protective" inoculation of serum, but it failed to protect and they are now "resting from their labors"—sad to relate. How

many other poorer and less "prominent citizens" were "protected" in the same manner I do not know.

Another local D. O. had 35 to 40 cases and lost none: so we made a good record for osteopathy in this section. Yes! the profession has done finely, and the results have been most encouraging; but this "flu" epidemic ought to open the eyes of the public, surely, to the advantages of our system of therapy in acute infections, as well as in old chronic cases.—*Yours fraternally, E. A. Roe, D. O., Edmonton, Alberta, Canada.*

[This epidemic will open the eyes of the public, doctor, if all the profession send out the good stuff we are furnishing within the covers of *Osteopathic Health* these days. But they will not realize 5 per cent of the truth of the situation so long as the great bulk of our doctors don't use any literature whatever, and leave it to the people to find out the truth for themselves from the doctors of drug medicine.—EDITOR.]

Over Eighty Cases with One Death

The December issue of *Osteopathic Health*, "Osteopathy Met the 'Flu'-Pneumonia Test Successfully" and the January issue, "In the Wake of the Destroyer," are two of the best and most timely pieces of educational literature that I have ever received. The utter failure of the medics and the complete triumph of osteopathy in the recent epidemic of influenza has been a great eye-opener to the public in general and people should know it. They will not know unless we publish the facts and circulate the publications which tell them. I have had over eighty cases of influenza with only one fatality and that was a case twelve miles in the country, which had been treated by an M. D. who said he gave the same treatment that was given at Camp Grant where they lost 1,100 soldiers.—*Hugh Thomas Wise, D. O., Rockford, Ill.*



regard the February number of "Osteopathic Health" entitled "The Day of Therapeutic Reckoning" as one of the strongest appeals for the osteopathic profession that has ever been sent out from any source, and the best part of it all is that the argument is incontrovertible. — *Lester A. McMasters, D. O., Urbana, Ill., February 5th.*

Do We Pay Our Claims?

Read what Dr. John T. Downing of Scranton, Pa., has to say about the "Central Business Men's Association." His letter appears below.

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BOARD OF OSTEOPATHIC EXAMINERS February 17th, 1919.

Central Business Men's Ass'n.,
Westminster Bldg.,
Chicago, Ill.

Gentlemen:-

Please accept my thanks for your draft to cover my recent claim and my sincere appreciation of your promptness and courtesy in all your dealings with me.

I regret that in the past four years I have had to present three claims, one accident and two sick benefits. I carried a similar policy with another Association and presented identically the same claims to both. The other Association only paid the claims after a long lapse of time and numerous excuses and bickerings till it became so exasperating to me that I cancelled my policies with them. The contrast of their treatment of my claims and your treatment of the same is so marked (you have always been so prompt and courteous) that it gives me positive pleasure to recommend the Central Business Men's Association of Chicago to all my friends.

You may use this letter in any way you please.

Very truly yours,

John T. Downing.

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The red lines of inflammation disappear with surprising rapidity when Dionol is applied over any and **every** inflamed area. Cover with absorbent cotton. Renew applications every six hours. Never mind what the—"ITIS" is. TRY IT! Then ask us how much results are **possible**. We have the answer. If this method is new to you, you should know of its surprising efficacy at once. It is a demonstrated success. Thousands of packages are being used in this manner by osteopaths **every month** (names on request). We suggest a trial in

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97 "Flu" and 5 Pneumonia Cases— One Death

By Dr. U. M. Hibbets, Grinnell, Iowa

YOU ask me for report of "flu" cases treated, and as you will recall, I am alone (no partner, I mean), doing a very large office practice for a town of this size, outside or bedside work comes hard, more especially if it is in the country. But I have had ninety-seven cases of "flu" and pneumonia, with but one death, that a woman 33 years of age who had never been strong from childhood, and who had a very weak heart, she died from the "flu." Of the above number, five cases were pneumonia cases, resulting from or following "flu," and I lost none of them, altho one man who was in the country eight miles from me had two relapses due to poor nursing, and when you take into consideration the fact that at times it was almost impossible to get nurses, I think it wonderful that we did not lose more of these cases.

And another fact that enters into the care of cases when a man is going day and night almost, as we had to, and being able to see your cases not more than once a day, with one's own vitality going down each day—can anything show better the value of osteopathy than that we should get such results with such a minimum amount of attention to our cases?

When it was all over, I was "on the blink," and hied away to Excelsior Springs, Mo., for a very much needed rest, and may I add, osteopathy is on the map with a better showing and more friends than ever before here.—Fraternally yours, U. M. Hibbets, D. O., Grinnell, Iowa.

202 Cases—No Deaths

By W. B. Linville, D. O., Middletown, Ohio

I HAVE, since October 1, 1918, treated 202 flu cases and 20 pneumonia cases up to the present date, without a death.—Respectfully, W. B. Linville, D. O., Middletown, Ohio.

117 Cases—No Deaths

By F. A. Barger, D. O., Sidney, Nebraska

I HANDLED 117 "flu" cases without a loss and not one case developed pneumonia.—Frank A. Barger, D. O., Sidney, Nebraska, January 28th.

115 Cases—No Deaths

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

SINCE my last report I have been busy with more "flu" cases. My cases now total 115, with no deaths. One case only developed pneumonia.—W. C. Dawes, D. O., Bozeman, Montana.

87 Cases—No Deaths

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

ADD 13 more "flu" cases to my previous reports—making a total of 87 cases to date, without a single death or case of pneumonia or other complication of any kind. Straight osteopathy in large doses did the work. Am the only doctor in this vicinity with such a record as above. It brings patients for other acute and chronic diseases, too.—Yours truly, James A. Cozart, D. O., Canonsburg, Pa., Feb. 9th.

91 Cases—One Death

By R. M. Thomas, D. O., Fort Scott, Kansas

AS per your request I make report on my "flu" work up until present date. Total cases, 91; total deaths, 1; but this was a T. B. case of 2-3 years' standing and should not be taken into "flu" statistics. Highest fever, 104.3; general range of fever, 100 to 103; average days fever ran 4 to 6.

One case developed double lobar pneumonia on the 4th day of "flu." Case got very bad. An M. D. was called in to see case when very bad and said patient could not live many hours. No medical treatment whatever was given. I stayed by the case and pulled him through; remained all night with him two consecutive nights. Aborted

12-15 cases of pneumonia onset by early treatment. Had only two cases pneumonia where M. D. treatment had preceded "flu" treatment, recovery in both instances by osteopathy. This is not much of a report for details, but can be added to the statistics.—Yours truly, R. M. Thomas, D. O., Fort Scott, Kansas, Feb. 6th.

Nine Cases—No Deaths

By R. M. Packard, D. O., Oakland, Nebraska

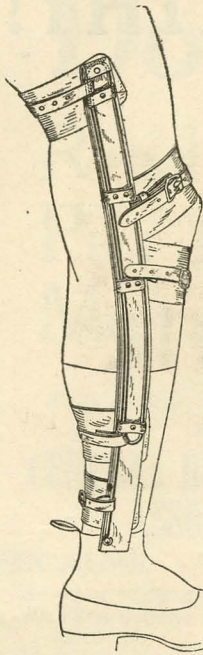
I HAVE had but nine cases of influenza to treat. Temperature went as high as 106, followed by sub-normal temperature. No deaths, no pneumonia. Treatment—rest in bed, enemas containing bi-carbonate of soda, lemonade, hot; light diet, little or no treatment otherwise. Where chest symptoms appeared, gave light treatment to lower cervical and upper dorsal area.

During the illness of one of the local M. D.'s, by request I took over his work and made his calls. I made no change in his treatment for I figure that if the patient had wanted my treatment he would have called me. Two of these cases died, but it is only fair to say that one had diabetes mellitus of two years' standing, and the other was a weak-minded half-wit with a weak heart. I doubt if they could have been saved under any treatment.

One interesting case I ran into was a youngster of four years; saw him on a Monday night and my thermometer said 107°. I was shocked, used the one they had at the house with same result. Ordered baths, enemas, cooling drinks and fever went down 3° in two hours. The M. D. saw him the next day and temperature was 102, next day 100.5° and on the next developed pneumonia, but recovered. I never before had a temperature get that high and the patient live.

In my opinion, I do not believe the "flu" germ can live in an alkaline medium, hence the bicarbonate douche to the nose and throat is very beneficial.—R. M. Packard, D. O., Oakland, Neb., February 1st.

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Circumference of the leg: child 6 in., adult 8 in., above the knee.... Child 6 in., adult 8 in., below the knee..... Distance from ankle to knee.

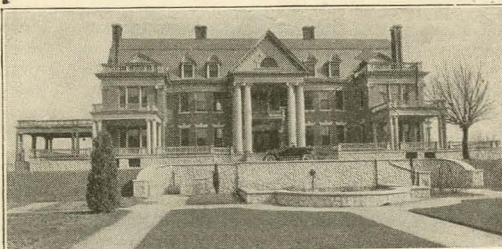
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THE O P CO., 9 So. Clinton St., Chicago

Sixty-three Cases—No Deaths

By L. E. Sowers, D. O., Warren, Ohio

THE influenza epidemic in our locality has kept me going nearly every minute. To date I have had 63 cases and not one has developed into pneumonia, nor have I had a death.—L. E. Sowers, D. O., Warren, Ohio, February 11th.

Twenty Cases—No Deaths

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

I HAVE treated eighteen cases of influenza and two cases of pneumonia with no fatality. Eight of these cases were given treatment early and had it in mild form. One case of influenza of the bowels and intestines was taken at the eleventh hour. Temperature 104 3-10 and temperature reduced to normal in two treatments inside of twenty-four hours. A medical man here was sure surprised to hear the case came out so nicely and quickly. I used hot packs to the chest, hot water bottle to feet, ice cap or cloth to head, hot drinks, treatments twice a day, bath and alcohol rub three times a day. The pneumonia patients were treated about the same way. First pneumonia patient was a child eighteen months only and was only sick about eight days. Second patient was a woman four months pregnant who ran high temperature, 104½ to 104 8-10—was sick about twelve days. One army M. D. lost about three cases a week in the past seven weeks. Have treated one case of leakage of the heart given up to die, and yet the patient started to improve from first treatment. Pulse was running 140; girl, 14 years old; couldn't sleep nights; constipated and had severe headache. This was January 4th. She has been out of bed since January 20th, and came to my office for treatment January 28th. The girl's trouble was due to influenza-pneumonia and strong drugs. Parents are now happy as larks. Have six other "flu" cases with fine results.—H. H. Christensen, D. O., Pender, Neb.

News from the Firing Line

By G. B. Dockery, D. O., Beaver Dam, Kentucky

HURRY up, Bunting, I am in a hurry to get 150 copies of your February number with card, for which I enclose check. I have read much from so-called health boards, but your article in the January number, "How Pneumonia Kills and Osteopathy Cures," is the only scientific discussion I have seen. The board's utterances are all "may be's." It is nice to be able to talk such osteopathic facts.

I think your January number has reviewed fairly the epidemic here and I suppose in other places. The percentages of mortality were so different that I think the allopaths have attempted to reduce theirs by multiplying their number of patients by imaginary cases. They have advised the people when they feel a little bad to go home, go to bed and send for the doctor, which I think is wise for the most of them have a little "cold" and that mixed with a scare would not send for the doctor at all unless for a little bad feeling, so that there is double benefit: first, it gives them a patient, and second, by increasing their number of patients thru imaginary cases, they reduce their per cent of mortality. Still, the advice is sound.

I think the February number has entered a field that needs much to be looked after—the tyranny of allopathy. The attempt will soon be made to force everybody to have something shot into his blood as a preventive for every disease imaginable, which not only gives the M. D.'s nimble dollar or two, but gives them a "follow up"—a chance to fight the disease placed there by the serum. I write this thinking it may be profitable to an editor occasionally to get news from those on the firing line.—Granville B. Dockery, D. O., Beaver Dam, Kentucky, Feb. 7th.

Undertaker Objects to Osteopathy

An undertaker told me a few days ago that he had buried two hundred "flu" victims, but not one of the death certificates was signed by an osteopath.—F. C. Clark, D. O., Los Angeles, Cal.

TO SEE OURSELVES as OTHERS SEE US

An Osteopathic Claim

[Editorial in the Scranton (Pa.) Times, February 11th]

INFLUENZA has been epidemic in its pandemic sweep. Quarantine was the principal resort to stop its spread. That undoubtedly helped as it does in contagious and infectious diseases generally. Treatment by physicians varied, was more or less guesswork. The ablest physicians have been unable to agree upon a pharmaceutical deterrent or positive cure. Now come the osteopath.

Through "Osteopathic Health," an ethical journal of the profession, it is asserted that osteopathic treatment met with great success in influenza. It is claimed that out of 48,000 cases treated by osteopaths "the death rate was less than one per cent." Says this authority further, "When you consider that our army doctors lost 38 9-11 per cent of all their pneumonia patients (this figure official) and an estimate of 12 to 15 per cent of all their influenza cases, this achievement of the osteopathic profession stands forth in astonishing significance."

The truth is not subject to distortion in matters of this kind without discovery. If the osteopath has a record of performance as is claimed it should engage the serious attention of people. Devotion to a particular school of orthodox ideas should not intervene. Wherever there is possibility of humanity learning something new or clearing something that is clouded, what harm is there if the claims of discovery or success are inquired into?

Would not state departments of health and national health officers, representing a disinterested public so far as prejudice is involved, be justified in inviting the osteopaths to show what they did? This proposal is suggested in order to overcome the indisposition of the separate schools of healing to start out on any such inquiry with mind already in disagreement.

It is a well known fact that there is between the divers schools in the art of bodily healing an apparently insurmountable prejudice as to the respective theories of each. It would seem that claim such as the osteopath makes is a fit subject for unprejudiced search and research, notwithstanding.

The Reason

[From the Philadelphia North American]

WHY are not osteopaths allowed on the army medical board when they have a larger percentage of cures in influenza than any other school? —SOLDIER, Camp Meade. (For the same reason that a snail would properly refuse to share his race track with a greyhound. "Gangway! Gangway!")

This Homeopath Is Right, Too!

[From the Western Osteopath]

SAYS a homeopathic physician, "I believe the reason for so many heart conditions following 'flu' is that patients have been dosed with aspirin, heroin and whiskey."

Osteopathy's Opportunity

[From the Western Osteopath]

IN the recent epidemic osteopathy's opportunity came and osteopathy made good. From Boston to San Diego in country and city practicing osteopathic physicians were overwhelmed with work and only in rare cases lost patients. As reported in last issue, twenty D. O.'s handled over 600 cases with a fatality of only 1.3 per cent and many reports that have come in since show an even better record.

Let us help Dr. Riley in his good efforts to secure a complete report from every D. O.

People Want Osteopathy

By Will H. Bruce, D. O., Nacogdoches, Texas

SINCE I sent you my little report on my experience with influenza cases, I have had the pest myself, so have not treated many cases since that report. I am now getting about and doing a little practice. Many people here are beginning to call for osteopathic treatment even while they are under the care of an M. D. I had several such calls while I was entirely out of commission with my own sickness and since I have been up and about I have had many more, but the M. D.'s won't let go of the cases. It seems that they would prefer to let the patient "peg out" rather than to let him have osteopathic help or to turn the case over to an osteopathic physician. As I wrote you before, I treated twenty-one cases of influenza, one case going into pneumonia on account of my getting the case late. All the others came thru in good shape. The M. D.'s here have been losing their cases of influenza right along. This scourge has certainly opened the eyes of the world to the good that is in the science of osteopathy.—Will H. Bruce, D. O., Nacogdoches, Texas, February 3d.

Two in Each 1,000 Men Overseas Lost Limbs

WASHINGTON, D. C., Jan. 23.—Two soldiers out of every thousand who fought with the American army overseas lost an arm or a leg. Lieutenant Colonel Strong, of the army medical corps, told the house military affairs committee today that 3,000 of the total combat force of 1,500,000 men were so maimed and that 1,100 had been returned home and were being fitted with artificial limbs in military hospitals. An appropriation of \$7,000,000 to purchase artificial limbs, as well as serums and vaccines, was asked for by the medical corps.

Bully Suggestion by Dr. N. D. Wilson of Jackson, Mich.

THE page of comparative courses in osteopathy and medicine is doing good. Yet many readers do not realize that the osteopathic course is four years of nine months each; after nine years and more in general practice and preaching the "gospel" continuously, I begin to realize how little real knowledge of osteopathy people have.

May I suggest that alongside of the page of comparative courses that you also carry one page stating that the course is four years of nine months each; that every student is required to have given a certain number of treatments; that all have hospital training and do surgery; handle all kinds injuries (name several); attend confinements; use all kinds of antiseptics and gargles for sore throats, ears and nose; take care of all the contagious diseases (be sure to name them); use antidotes for poisons; in fact, that an osteopath is taught to be a real doctor.

You may say that the table of studies does all of this. I will admit, between you and me, that it does, but to the average lay reader it does not. There was considerable discussion in osteopathic literature some time ago about the lack of knowledge that people in general had of osteopathy. If a doctor is busy he is short of time to explain all this, and if he is not busy he has no one to explain to.

Again, if a person goes for a treatment, you may argue that such person knows about osteopathy, yet I have met numbers who know it is good for a lame back but never heard of it for pneumonia.

Personally, I think *OH* would be worth a great deal more if it contained such an outline—*N. D. Wilson, M. D., D. O., Jackson, Michigan.*



Your idea is correct, doctor, and moreover fine, and we hasten to apply it in our March number. Thanks. Other ideas as good are solicited.—*Editor.*



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"Your table is a costly article, but I have never regretted the money. All I do regret is that I did not have one ten years ago. It is an ornament to the office and can be adjusted to the convenience of the operator, last but not least it saves the operators spine. I would feel like quitting practice now if I had to part with it.

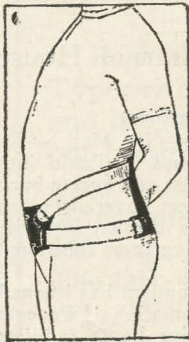
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SIDE VIEW

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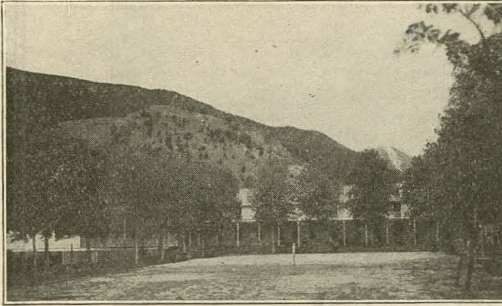
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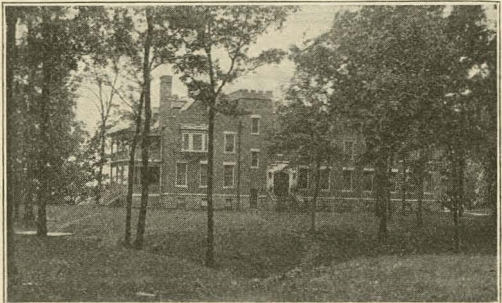
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OP Co., 9 So. Clinton St., Chicago

The Army's Death Rate

[L. C. Little in Chicago Daily News, Jan. 27th]

A CONTRIBUTOR says that the year before inoculation was started there were 1,400 cases of typhoid in the United States navy and that two years after this treatment was begun there were only two cases of typhoid in the entire navy; that these two men had been overlooked and had not taken the treatment.

Referring to the report of Surgeon-General Braisted, dated Oct. 17, 1917, I find a table giving the typhoid record of the navy for seventeen years, 1900 to 1916, inclusive. It is there averred that the use of the "prophylactic" began in February, 1912. For the year 1911 the typhoid "admissions" are 222; deaths fifteen. In 1912 there were fifty-seven cases and two deaths; in 1913 twenty-two cases and four deaths. The highest number of cases in any one of the seventeen years was 230, in 1906, with fourteen deaths.

Careful investigation of army and navy records relating to typhoid do not result in such a case for the inoculation as its sponsors make out. The disease had been nearly wiped out in the army before a man had been inoculated and it still occurs and causes deaths with every man thoroughly "protected." Also, at least one disease has appeared that was unknown before the inoculation was introduced. This is paratyphoid.

Twenty years ago sanitary measures were given far less attention and it is to be hoped that some things have been discovered in a sanitary way in that period. The death rate of the United States army in 1897 was 3.14 per 1,000. The average

for the preceding decade is given by the surgeon-general as 4.77. But in the six months ending Oct. 18, 1918, according to the figures from the surgeon-general published in the public health reports, the death rate of soldiers in camps and cantonments in the United States was 23.01 per 1,000. What was the cause of this frightful increase? If some one suggests the late influenza epidemic, the answer must be the question. Why did the epidemic cause more deaths proportionately in the camps than among civilians? At the signing of the armistice there were approximately 1,500,000 troops in the United States. The estimated death toll from the late epidemic has been given as 20,000. I shall not be surprised if it runs higher, since in a single week in October there were 6,266 deaths from the disease in the camps and the epidemic ran through a period of six weeks, taking all camps. At 20,000 the rate per 100,000 living would be 1,333. In the civilian population—total 110,000,000—with a death toll estimated at 350,000, the death rate would be 302 in the 100,000 living.

Yet the advantage, normally, is all with the soldiers, who are young, vigorous, well fed and well cared for in a sanitary way. The civilian population includes all the multitude of feeble, suffering, dying, as well as all the slums of all cities. How does it happen that the death rate of the soldiers in this epidemic was more than four times as high as that of the general population?

"Take with a Grain of Salt," Says Dr. Wm. A. Evans

[From the Chicago Tribune]

MRS. L. S. writes: "What do you think of the saltpeter bread given to soldiers to help them control their passions? Is it injurious to the system? Could you give me the recipe?"

REPLY.

We have received several such letters recently. One was from a very cocksure young man, who said he was a chemist. He gave me a lot of detailed information as to how the drug was slipped into the food. He was a regular Sherlock Holmes. In view of the persistence of these rumors, I have taken some trouble to find out whether there was any truth in them. There is none. I have just talked with an army surgeon who has served in the United States army for twenty-five years. He assures me there is no foundation for the report, and there never has been. Army officers tell me that the bright young man mistook salt for saltpeter.

I do not know when the rumor started. In olden times saltpeter was taken by the ignorant for a purpose just exactly opposite to that which is alleged to be the basis of the present alleged use.

There is no physiologic or therapeutic basis for either opinion. Try spring water. It will be just as effective, or if you want a salty taste, try salt."

Tahiti Turned Into Charnel House by "Flu"

[From the Chicago Tribune]

PAPEETE, Tahiti, Dec. 9.—(By Mail.)—Influenza has turned the island of Tahiti into a charnel place. At the crest of Papeete burn great pyres, with the stark, sheet covered bodies of many natives waiting to be thrown into the glowing ashes of those who have been consumed by the flames.

The Associated Press correspondent has learned that fully one-seventh of the population of Papeete is dead. In almost every native home families are with no medicine and little attention, while

the fever consumes their lives. They beg in vain for food.

Those Europeans and Americans who escaped the disease formed a volunteer corps to carry food and medicine to the sick and to take measures for the disposal of the dead. But the situation grew enormously and soon got out of hand. The deaths became so numerous in the past week that to bury the victims was impossible. Only the pyre was left.

The start of the epidemic has been traced to the arrival of a steamer here on Nov. 17 with many cases on board.

Influenza Takes Heavy Death Toll Among Indians

[From Chicago Evening Post, Feb. 12th]

WINNIPEG, Feb. 12.—Approximately 750 deaths from influenza have occurred among the 14,179 Indians of Manitoba, according to official figures made public here today by Dr. O. I. Grain, chief medical officer for the federal government of Indian affairs. The death rate among the 5,000 Indians in the northern part of the province was 10 per cent.

Poker to Be Recommended for Shell Shock

PITTSBURGH, PA., Feb. 6.—Lieutenant Colonel Thomas S. Arbuthnot, just returned from France, told friends today of a soldier whose power of speech was lost due to shell shock.

"It returned while the youth was in a poker game," said Doctor Arbuthnot.

"Must have held a good hand," interposed Mayor Babcock.

[The following will please notice the above: Bannic, Rafie and R. K. S. Thanks.—EDITOR.]

Some Job, We Say

I WAS in Chicago on February 2d with a patient I took out to Still-Hildreth Sanitarium and had to stay thirteen and one-half hours because I missed my train by three minutes. Spending thirteen and one-half hours in Chicago with a "nut" is some stunt. Never again!—Fraternally; G. B. Powell, D. O., Owosso, Michigan.

WHERE THEY GET IT OFF THEIR CHESTS

Dr. McManis Points Out That He Is Author of the Law of Joints

HAVE read with much interest the article in the January issue of *The OP* by Dr. Alexander Smith, of New York City. Dr. Smith is laying claim to being author of the "Law of Joints" is a clean steal. He is a plagiarist, pure and simple. He had no more to do with originating the "Law of Joints" than the Man in the Moon.

While Dr. Smith was at Kirksville attending school I became acquainted with him. I think it was while he was a freshman. At that time I had been working on the "Law of Joints" for several years. I showed Mr. Smith what I had at that time, which was exactly like what I have now except that the word "diminished" has been changed to "impaired" at the suggestion of Dr. Laughlin. I read the Law as it was then to Dr. Smith and asked him to criticise it, as he seemed to be familiar with words and their meaning. He went after it rough-shod and tore it all to pieces and tried to get me to adopt another law worded differently, but as I did not like it and as we could not agree about it, the matter was dropped.

Imagine my surprise, therefore, a little later to find that Dr. Smith was claiming as his own the Law as I had written it. Really and truly he has no interest at all in this law. He simply got sore because I would not change it to suit him and now he is trying to claim the whole blamed thing.—*J. V. McManis, D. O., Kirksville, Mo.*

LAW OF JOINTS

In the degree that the flexibility and activity of a joint (including spinal joints) falls below normal, so will the blood supply to that joint and adjacent tissues (including the segments of spinal cord in relation) be impaired.—*J. V. McManis, D. O., Kirksville, Mo.*

Reprinted from March 1916 issue of The Osteopathic Physician

Is It Worth While to Make Examinations and to Charge for Them?

By **George M. McCole, D. O., Great Falls, Montana**

THE following letter which I recently received explains itself. I quote it because it emphasizes the point that intelligent examination work wins credit and prestige for a physician and that people are perfectly willing to pay for such service.

Dr. George M. McCole: I will pay your bill of \$5.00 the first of next month, which is the best I can do, and I

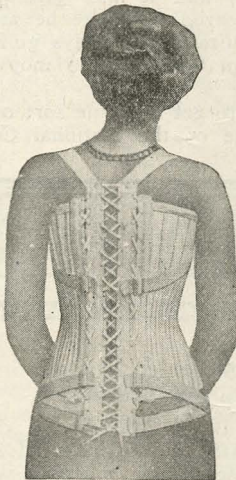
am sorry to make you wait so long—the fairest and squarest doctor I ever knew. I would like to state here that I never felt so well in ten years; absolutely every bit of my trouble has disappeared, and I have gained almost ten pounds notwithstanding the fact that I had several hard colds and the "flu" shortly after my teeth were extracted. I would have been willing to spend \$30.00 or \$40.00 in treatments, which, under the circumstances, would have done me no good. I thank you for insisting on my going to the dentist and optician as you did. I will take care of your bill the first of the month.—*Mrs. Grace Winje, Williams, Montana, January 13th.*

It has been said that a physician who is not getting larger fees at the end of six years in practice is close to a failure.

How are we to increase our income from our practice?

The scientific way is to perfect ourselves in diagnosis and to then make thoro examinations for patients and to charge them for this service. A physician who, at the end of six years in practice, cannot make a better and more valuable examination than he did when he started in practice, has made one failure. If he cannot get paid for examination service, he has made another failure.—*George M. McCole, D. O., Great Falls, Montana, February 6th.*

Many Osteopathic Physicians Find It a Great Help



YOU doctors of Osteopathy have the faculty of finding the cause of ailments in your patients. You are not given to treating symptoms. You seek out the source of trouble. And very often you find the source of trouble in the spine—a deflected vertebra, a slight or perhaps well-defined curvature, or tender spots at various points. Now, in cases of that sort, in addition to the regular osteopathic treatment many of your brother practitioners have found a most efficient aid in the

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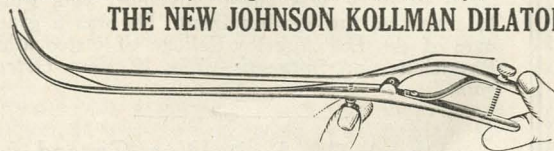
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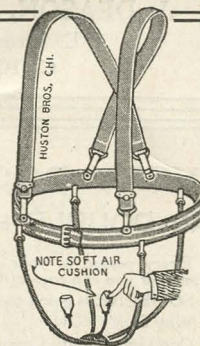
By turning the thumbscrew on the upper handle slowly and gently to the right, the stricture can be dilated to the desired size in from 10 to 20 minutes. Special spaces are provided for filiforms, whereby the instrument will pass through very tight strictures. This instrument can be used without danger of lacerating, and positively will do the work better than any other pattern.

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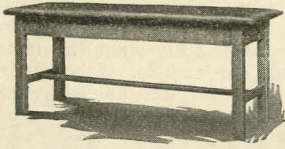
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Is There a Golfer Present?

BUNKER BOGIE, D. O.,
In the Loop District,
Chicago, Illinois.

My dear Doctor Bogie:

Only yesterday I learned that you were "some" golf player. I hereby challenge you to a game of golf this summer. If you will accept the challenge, and provide the place to play, I will carry my clubs all the way there for the purpose of giving you at least one trimming. I realize that I am taking some chances, inasmuch as I know nothing about your past experience or how proficient you are at the game. I am willing to take that chance just on the general knowledge I have of your ability in other lines of work. Now take that and come across.

If you will say so, and it will give you fellows any more pleasure, and there be more than one of you in Chicago who plays golf, I will bring a team from California to mop up the rest of you with.

Won't it be possible to get up some sort of a tournament at the time of the National Con-

vention? Supposing you take this to your locker and tell us what you can do about it.

I know of one more "live wire" out here who would very likely attend the National Convention if he thought it had a golf game in it; otherwise he is not likely to be there. No doubt there are others who might feel the same way about it. Possibly we might stimulate a larger attendance at the National Convention by making an attractive side-issue of the golf feature.

I am expecting to be in Chicago at the time of the meeting of the Society of Otology and Otolaryngology the week before the National Convention. This is very likely to keep me there for two weeks, beginning June 23rd and extending until after the Convention. During this time I fear my general health will suffer unless I have some period of outdoor recreation, hence my request to you. Please answer soon. Fraternally yours, *W. V. Goodfellow, D. O., 801 Ferguson Bldg., Los Angeles, California, Feb. 17th.*

The Reception Committee is respectfully authorized to give this man attention. He needs a trimming. Why not make a feature of Sunrise golf during convention week?—*Editor.*

OSTEOPATHS in WAR SERVICE

Osteopathy's Gold Stars Dr. Paul William Browne

PAUL WILLIAM BROWNE, D. O., died September 19, 1918, in the Base Hospital, at Tours, France, while in service with the United States Army.

Dr. Browne was born at Mason, Michigan, December, 1882, and graduated from the Des Moines Still College of Osteopathy, Des Moines, Iowa, January 17, 1918. He was assistant obstetrician at the Des Moines Still College hospital from February to June 15, 1918. He enlisted at Fort Des Moines; joined casualty company No. 7, July replacement draft July 3rd, and left for Camp Merritt July 5th. He was attached to the Chief Surgeon's office in the Base Hospital at Tours at the time of his death.

Dr. Charles E. DeLario

Captain Charles E. DeLario of Company A, 360th Infantry, was killed November 2nd, while in action on the Verdun front. He was a graduate of the Los Angeles College of Osteopathic Physicians and Surgeons.—*The Western Osteopath.*

Dr. A. V. Kalt Was Gassed

[From the Western Osteopath]

Base Hospital 60, France,
October 11, 1918.

YOUR excellent letter of August 21 arrived a while ago when I was on the front line and I am taking my first opportunity now to answer it. So much has happened since I last wrote to you that it is impossible for me to tell it all on paper if I were allowed. Most of the tale will have to be told in person after the war. Things are going exceptionally well over here now and that day may not be very far off. It certainly would seem good to be back in the States for Christmas dinner.

Don't be alarmed by the heading of this letter. Yes, I'm in the hospital, but I am neither very ill nor wounded. The occasion for my being here was a gas attack on the front line.

We were leading strenuous lives for a while and during the excitement Heinie succeeded in giving me a little gas without letting me know it. I didn't get very much and it didn't bother me a great deal but they insisted on sending me to the hospital, so I have been taking sight-see-

ing trips through France in ambulances and Red Cross hospital trains ever since. It's really quite an interesting occupation.

France is a beautiful country, far more so than I ever realized before I returned from the front a few days ago. No doubt my experience there was enough to make me appreciate the beauties of this world more than I ever did before. The country around here is rolling, with red-roofed villages and patches of woods scattered through it. To make it more beautiful the leaves are turning color and the landscape has an autumnal aspect.

The regiment is back for a rest now. I don't know how long the rest will be but I hope they make it a substantial one. The front is all right, of course, and we all enjoy it (!?) but there are other places we like better. I don't know where my organization is at the present time and I expect I'll have a lot of traveling to do before I find them.

The detachment has fared pretty well so far—only one death. When I was gassed it made our seventh or eighth casualty, however. The captain had an arm and leg broken, but the other wounds were slight. Collage had a face wound but was in the hospital only one day. The boys are all doing fine work and I am more than proud of them. They work like demons and stand up under heavy fire like veterans. It's a great life! I'm charging a lot to my experience column these days, believe me.

My usual good appetite has been with me all the way through, and now that I am recovering from a little illness it is tremendous. You can imagine how the hospital commissary must suffer.

It is almost mess time now so I must say good-bye for the present. Write as often as you can find time.

SERG. (DR.) A. V. KALT,

Med. Detach. 316 Eng., A. P. O., 776.

Dr. Lux Back from Army Service

[From the Colorado Osteopathic Physician]

DR. LEO L. LUX, formerly of Eaton, Colo., is the first Colorado D. O. to be discharged from the army. Dr. Lux answered the draft last May and after spending three months in the army was finally transferred to the Medical Department and sent to Camp Freemont, Palo Alto, Cal. The medical corps at this camp had as one of their principal duties the examination and cor-

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rective treatment of foot disorders among the recruits.

Dr. Lux spent about five months assisting in the diagnosis and treatments of various foot conditions. He states that the cases were divided into four classes: the first two were amenable to treatment, the last two practically hopeless. The corrective treatment consists largely in special exercises. The Doctor states that he had no opportunity to use strictly osteopathic methods on any of these cases. The treatment was a routine laid down by medical officers in charge.

On being mustered out the soldiers are subjected to a more rigid examination than when they were taken in and this work falls, of course, upon the medical department. Dr. Lux states that he treated the major assigned to his corps for an injury to the back with unusually good success.

The Doctor was mustered out on Friday the 13th of December, but his unusually robust physical condition indicates that he doesn't need to be superstitious about the date. The Doctor is glad to get back to his usual work, but has not decided, however, just where he will locate, but at some point in Colorado.

Charles E. Pollard, D. O., Becomes Lieutenant in Quartermaster's Corps

WHILE I was in the practice of osteopathy in Illinois, I wrote to two of my former schoolmates who were in service. The information contained in their letters and the information conveyed through the columns of *The Osteopathic Physician* assisted me in arriving at a decision to enter the service in some branch other than the medical department. As a result I entered the quartermaster corps for which work I was specially trained. In previous years I had graduated from a college with a degree of Bachelor of Commercial Science. Following my graduation I had been an instructor of commercial subjects in various institutions. So I felt that my commercial training and experience could be offered to a good advantage to the service. Having to choose between offering one of the two special services for which I felt myself trained, I decided for the Quartermaster's Corps.

I reported to the quartermaster at Camp Custer, in which organization I was placed in personnel work. After five months' service as an enlisted man, I received a commission as second lieutenant in the Quartermaster Corps. I was directed to report to the commanding general, Camp Greene, Charlotte, North Carolina, for duty with the Sub-Depot Quartermaster. At that place I was assigned to duty with the Finance Officer, in whose office I acted as an assistant for two and one-half months. At that time the camp was quite reduced in numbers and six of the finance officers were ordered to report to Washington, D. C., for duty with the Director of Finance. A few days later I was ordered to report to the Finance School at Camp Meigs, which is within the limits of the city of Washington, D. C. I am now acting as an instructor in this school, training enlisted men for finance work in camps and hospitals. People who are not in the army or in vital touch with army work, little realize how much paper work is necessary and essential. There has been and will be more criticism of the paper work of the present army but to me the wonder of it all is that as good work has been done as we have witnessed. There are so many peculiarities in army paper work and conformity to rulings and necessary red tape makes the work of an army clerk a big and responsible thing for him to assume. As you will no doubt realize the men come into an entirely new field of work and are expected to be familiar with a mass of details.—*Charles E. Pollard, 2d Lieutenant, Q. M. C., Washington, D. C., January 30th.*

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The Osteopathic Physician

The Organ of News and Opinion for the Profession

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EDITORIAL

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

Vol. XXXV FEBRUARY, 1919 No. 2

A CALL TO THE BRAVE

If you are on pleasant terms and even enjoy social intimacy with four or five nice gentlemen who are M. D.'s in your locality—as many of the rest of us also confess—and you are letting that stand in the way of publishing the truth about the comparative statistics of osteopathy's success and allopathy's failure in the treating of epidemic cases, then you are ditching your duty to osteopathy. You are, in effect, accepting a little social bribe to keep silence instead of exercising your great opportunity as teacher and light-giver and bringer on of the new dispensation of healing to mankind. Think it over.

This hour and its expanding opportunities and voice of authority belong to the type of osteopaths who have ceased to apologize for osteopathy and who from this moment on put regular medicine on the defensive.

If you are more concerned for the blighted hopes, wounded pride and professional chagrin of the handful of M. D.'s whom you happen to know and like as gentlemen, co-workers and good fellows in your home town, than you are to proclaim the TRUTH—now fully proven—that osteopathy cures while allopathy fails to cure your fellow human beings who are stricken with influenza or pneumonia,

—if this be actually true of you,

—then you care more for the pampared pride and blind folly of a decadent medical system and the ruffled feelings of its ministrants than you do the rights of the people of your community to live instead of falling victims to a therapy built of superstitions—

And you think more of the friendship of a little group of medical competitors and "the few patients they send" you then you think of demanding and receiving the recognition for your science, art, profession and practice that is your own just due!

Don't be bribed to surrender your birth right for a mess of pottage.

A. T. Still never did such a thing.

Your local M. D.'s will think a hundred times better of you after the prestige of osteopathy, in your community and theirs, rises to its full stature.

This is a call to the brave—to the sort who have put osteopathy where it is—to the sort who are carrying it where it is now going, *up front!*

Go ye into all the world and preach the glad tidings to all the people, and before you speak or send forth your professional literature telling the meaning of salvation by osteopathic therapy to earth's sufferers pray do not sit down and form your rule of conduct by asking yourself "how will my 'regular' competitors like it?" They won't like it at all. And that's just why you ought to do it.

Who are you for—osteopathy and the people—or organized allopathic medicine? Let us hear from you.

ASPIRIN, "ENEMY ALIEN" TO BOTH UNITED STATES AND HUMAN LIFE

Aspirin that was fed by the ton to American soldiers and sailors that died—Aspirin that was evolved in a German laboratory and whose making in this country during the war by an enemy alien was accused as camouflage to hide a Hun plot to buy up and control nine-tenths of America's supply of sulphuric acid, thus keeping this country from obtaining its needed supply for explosives—Aspirin, that as a coal-tar derivative, is a heart poison and a menace to the life of the poor deluded victim who takes it on "doctor's orders" or on the prompting of newspaper advertising—Aspirin, whose trade-mark is "the Bayer Cross on each tablet" (which unerringly recalls the late Iron Cross of the late German kaiser and his late school of kultur diabolic to all red-blooded Americans—Aspirin, whose manufacture and traffic should be prohibited by act of congress, is now claiming to be purged of its despicable Hun sins and to be decently, patriotically American!

Can you beat the gall of this Hun Crowd, wherever you find them, and whatever they engage in?

Here is the ad. that Aspirin—after its traitorous sins against the United States as an enemy alien, plotting to defeat this government in the war—recently carried in the medical journals of the United States, seeking to establish "character" for itself:

100 PER CENT AMERICAN

The Bayer Company, Inc., is controlled by the Alien Property Custodian and the manufacture and sale of its products are entirely under the supervision of American Officers and Directors appointed by him.

As soon as its books have been audited and the property appraised, the capital stock of the company will be sold by the Alien Property Custodian to American Citizens.

All profits as well as all the money realized from the sale of the company will be used for the purchase of Liberty Bonds to help in the prosecution of the War until the complete defeat of Germany.

Therefore, genuine Bayer-Tablets and Capsules of Aspirin as well as the other Bayer products can be purchased with full confidence.

117 Hudson Street New York, N. Y.

THE BAYER COMPANY, INC.,

Would you not suppose that self-respecting physicians, loyal to their government, would refuse to use this vital damnation on their patients? And should not any "American citizens" who may stand ready to buy the Bayer business from the alien property custodian be examined by the government to prove up their loyalty? We think so in answer to both questions. Traitors of yesterday are not entitled to American citizenship or trade respect on tomorrow.

Congress also should establish a commission to make inquiry—a non-sectarian scientific commission of pharmacologists (not pharmacists, by your leave) into the causes why army doctors lost 38 9/10 per cent of all their pneumonia patients in the late epidemic and are still doing so. We will bet a hundred-to-one that a very definite share of the responsibility for this inexcusably high mortality will be credited to the tons of these Iron-Cross tablets of Aspirin which our Class-A medical school graduates (who comprised the bulk of the medical bureau of the war department) fed enthusiastically to our sick and helpless soldiers.

Let us have this inquiry, members of Congress. It's due the cause of rational healing and the safety of human life that the bold facts be put on record by an authority higher in science than the practicing physician of the allopathic school.

This will be the first logical step to hew the foundations from under America's intolerant and emperical "state medicine."

SHOTGUN VACCINES AND SERUMS IN THIS EPIDEMIC

Don't be disturbed by what you hear claimed as to the success of vaccines and serums in this epidemic. There is nothing to it. They are the same unavailing disappointment that they have been in every preceding epidemic and year of experiment. There is not even good scientific reason why they should be hoped for as successful, since in their make-up and usage they violate the fundamental law which alone could

make them successful were it fully operative. The doctors who use these biologic nostrums are not, as they would like the people to believe, the "advanced scientists" of therapy. They are not even in the scientific bandwagon but are quite outside of the warrant or respect of pure science. You will find these facts well stated and fairly well proven in the current (March) issue of *Osteopathic Health* (in part reprinted herein), which see, and give your patients and public the benefit of this information also.

ELIMINATION FOR THE UNFIT

The cost of living has increased 62 per cent since 1914, according to figures made public by the Consumers' League of New York. Where does the practitioner of osteopathy get off who charged \$2.00 per treatment as his profession fee in 1914? Does he eat less and wear less? Or take it out of his wife and children? Or his professional societies and field literature? Or sit up all night treating more patients so as to make up the deficit? Verily, the osteopath is in a heluva fix who charged a small fixed union-wage for himself, so to speak, in the beginning of his practice 10, 20 or 25 years ago and considers his services of no more value today—and, if he admits this by his own course (which is shown by fear to charge such a fee as he is entitled to receive), perhaps he is right and his service is not worth any more. Nature eliminates the unfit. Demand and get whatever you are worth.

WILL ISSUE A BOOK ON THE "FLU"-PNEUMONIA EPIDEMIC

The editor of *The OP* wishes to announce that he has in the course of preparation a little book on the subject of "Osteopathy in the Flu-Pneumonia Epidemic of 1918-1919." The book is based on the splendid record of the profession now being collated by Dr. George W. Riley for the AOA, and it will be as authoritative in its statements as all of the matter that has appeared on this subject in the past four issues of "Osteopathic Health" and in the present March issue, just come from the press.

Anyone who is alive to the meaning of osteopathy to the world must be inspired by the contemplation of the work done by the profession in this sorrowful epidemic, and the editor acknowledges that he has never been so stirred by any piece of work he has ever done as by the appeal that has come out of this present subject. Therefore, the little book (which will probably not be very long in making its appearance) should bring a distinct gain to the osteopathic practitioner and student, as well as being available for successful campaigning among the press and people.

Meanwhile, the editor will cordially welcome all the reports that our practitioners are able to send him about their experiences and results with both influenza and pneumonia in this period.

And we very earnestly implore any osteopath who may not yet have made his report to Dr. George W. Riley in answer to the AOA Questionnaire on the subject to do so immediately. Also, those who reported weeks ago should revise their reports so as to include the total number of their patients to date. If any osteopath who has complied with this injunction talks with co-workers who have not done so, he is exhorted to persuade them to give their complete and instantaneous cooperation. Fifty thousand cases have been reported. Let's be sure and make it 100,000 before we quit!

We Gladly Sent Him a Free Book

Osteopathy has done so much for my friends, my family and myself that I would be more than glad to receive a copy of "A. T. Still, Founder of Osteopathy."—Yours very truly, David W. Benjamin, City Editor, *Schenectady Herald, New York.*

Washington State Has a New and Real Law

[From the Bulletin of the Washington Osteopathic Association]

Board Membership

THE Governor shall appoint five members for a term of three years. These members must be graduates of a school giving a regular course in osteopathy and surgery and must be licensed to practice osteopathy in this state.

Licenses Granted

Two forms of license may be given, one to practice osteopathy and one to practice osteopathy and surgery.

Requirements

In order to procure a certificate to practice osteopathy, the applicant must file with the board at least two weeks prior to a regular meeting, satisfactory testimonials of good moral character, and a diploma issued by a legally chartered school of osteopathy and surgery, the requirements of which shall have been at the time of granting such diploma in no particular less than those prescribed by the Association of Osteopathic Colleges for that year of satisfactory evidence of having possessed such diploma, and he must file with such diploma an application sworn to before some person authorized to administer oaths, and attested by the hand and seal of such officer, if he have a seal, stating that he is the person named in said diploma, that he is the lawful holder thereof, and that the same was procured in the regular course of instruction and examination, without fraud or misrepresentation. The application shall be made upon a blank furnished by the board and it shall contain such information concerning said medical instruction and the preliminary education of the applicant as said board may by rule provide. Applicants who have failed to meet the requirements must be rejected.

An applicant for a license to practice osteopathy and surgery must furnish evidence that he has served for not less than one year as interne in a thoroughly equipped hospital which shall have had at least twenty-five beds for each interne devoted to the treatment of medical, surgical, gynecological and special diseases, and he also must have had a service of six weeks, or the equivalent thereof, in the maternity department of the same or some other hospital, during which time he shall have attended or participated in the attendance upon not less than eight confinements. He shall furnish evidence that he has had sufficient experience in and a practical working knowledge of pathology and the administering of anaesthetics; PROVIDED, that when an applicant who has graduated before July, 1917, has not completed one year as interne as above provided, he must furnish evidence that he has been engaged in the active practice of osteopathy for a period of at least two years prior to that date: PROVIDED FURTHER, that any person holding a valid unrevoked certificate to practice osteopathy in the State of Washington who is a graduate of a college recognized by the Association of Osteopathic Colleges and desiring a certificate to practice osteopathy and surgery shall be examined in surgery (including anaesthetics) and the management of surgical cases and be granted said certificate if satisfactorily passing said examination.

Examination

Examinations are held the first Tuesday of January and July alternating between eastern and western Washington. The subjects are as follows: anatomy, histology, gynecology, pathology, bacteriology, chemistry, toxicology, physiology, obstetrics, general diagnosis, hygiene, principles and practice of osteopathy and management of surgical cases. Those applying for a license to practice osteopathy and surgery are also examined in surgery. Sixty percent must be obtained in every subject.

Fee

Twenty-five dollars must accompany the application. If the applicant's credentials are insufficient or in case he does not desire to take the examination, \$15.00 will be returned.

Renewal License Fee

The law provides that every person licensed to practice osteopathy or osteopathy and surgery who is engaged in active practice shall pay

on or before the first day of May of each year to the secretary-treasurer of the board a renewal license fee of \$5.00 until 1926, after which the renewal license fee will be \$2.00 yearly. Licenses not so renewed will not be valid.

Other Provisions

Licenses must be recorded with the county clerk as at present. Licenses issued by this board or previous boards may be revoked for the same causes as applied previously. The board is authorized to prosecute illegal practitioners. Osteopathy is defined in the act as "the practice and procedure as taught and recognized by the regular colleges of osteopathy."

IN THE DOCTOR'S LIBRARY

Dr. F. P. Millard's Book on Infantile Paralysis Exceedingly Meritorious

By H. S. B.

IT IS always a great pleasure to an osteopathic editor to welcome a book that represents a distinct gain to the profession. Some of the books offered in the name of osteopathy are a credit and a benefit to the cause, and some—well, some are not. A new book either gives a pleasurable feeling or the reverse, depending upon its merit. Of the former and delightful class which fulfill expectations is the new little volume just issued by Dr. F. P. Millard of Toronto, entitled "Poliomyelitis."

The *OP* is very glad to give it the right hand of fellowship and recommend it for the bookshelf of every thinking osteopath in the profession.

This charming little book is well organized—that is to say, its arrangement is well thought out and its different features and chapters are nicely differentiated. One chapter gives you one aspect of the subject—just as a well-behaved chapter should, and succeeding chapters deal with quite different matters. So that if you want to read up the anatomy involved in infantile paralysis you may do so without having obtruded into your thoughts various and sundry miscellaneous things that don't belong in the anatomy of the subject. Ditto with the physiology and pathology of the subject.

These two chapters were written by Dr. Millard and are very well done, indeed. His language is simple, clear cut and to the point and he does not lapse into fol-de-rol or generalities or dogma but presents his subject in a concise way that stimulates thinking, increases one's knowledge of the subject and often presents an unthought-of fact or relation in a new way.

This brings me to the point of remarking what wonderful and beautiful original illustrations Dr. Millard has provided for this little book. His anatomical drawings of a popularized sort illustrating the structure and relations of the spine and brain are ideal in every way. They are developed in a graphic way which enables you to realize their significance at a glance. Dr. Millard is certainly to be congratulated upon his achievement in this direction and if there were nothing of merit in the book but its splendid anatomical drawings, illustrating the structures, relations and functions of the central nervous system and the place these tissues hold in the cause and cure of infantile paralysis, his little book would be well worth publishing and well worth possessing. But there is a lot more of good in the book, as

we have just indicated, besides its good pictures.

Dr. Millard has done his utmost to enlist the collaboration of as many other osteopaths in the preparation of this book as he could interest, so that he has brought in other experience and points of view in addition to his own. One of the most prized of these is a contribution by Dr. E. Florence Gair who has had an experience with poliomyelitis broader, we dare say, than anybody else in the profession. Dr. Gair's chapter is charmingly written in characteristic vein and reveals to us just a little of the splendid work she has been doing among the poor children of her native Brooklyn. We could well wish that Dr. Gair had written more fully on the subject. She is far too modest.

Somehow Dr. Millard persuaded Dr. Gair to give him photographs of herself and of her beautiful little child's clinic building which she erected for her office in Brooklyn—on which we congratulate Dr. Millard since *The OP* had long aspired to present these two pictures to its readers but always found Dr. Gair too modest to come across. We dare say he worked some little strategy and got these photos from others than Dr. Gair herself.

Dr. A. G. Walmsley has also written interestingly and very helpfully for quite a full and important department.

Then the author has included such case reports as he has been able to accumulate on the subject and they will all be welcome to the practitioner interested in this subject. One can but regret that a book as good as this in its general features is not able to include 50 or 100 carefully written, complete clinical records of interesting cases, but Dr. Millard cannot be criticized because this was not possible, for the simple reason that the profession has never yet prepared such a body of records on this subject, so far as anybody is aware. The best that Dr. Millard could do was to make use of such fugitive, fragmentary reports of work and experiences with this disease as had been printed in the several professional journals which he gives due credit for them. Of course, the author would have been delighted had it been possible to get hold of—say, one hundred thoroughly well written and complete case records handled in a scientific way. Let us hope that when his little book goes to its second edition that the merit of what he has produced will so appeal to our practitioners that one after another of those who have had experience with this work will come forward and

produce a more solid and substantial department of clinical records which are up to the same grade of excellence as the other departments of the book.

In strict justice, we should make one more criticism of the book while praising it for its merits; that is to say that, as conceived, it is not strictly a popular work such as would be written for patients, nor a scientific work such as is designed for the practitioner and student; the style of treatment is midway between both; and yet is so lucid and understandable that it is adapted to serve both purposes. It is lucid and simple enough to be fairly well understood by the lay reader and Dr. Millard's book, therefore, becomes a distinct addition to our popular literature and as such *The OP* recommends it to the practitioners for adoption and generous usage. The simplicity of the presentation of the anatomy and pathology of the subject do not disqualify the book as a text-book on the subject for the student and practitioner of large experience. The latter, of course, is privileged to sigh for a thoroughly technical work on this subject, and it would be well if it were yet to be produced; but that does not prevent us appreciating very thoroughly the sincere effort Dr. Millard has put forth and

the nice result that he has given us in his present little book; and, for all practical purposes, it will answer very nicely to straddle both fields and fulfill both functions until the day arrives when the doctor shall have had time and a sufficient amount of scientific co-operation on the part of our practitioners to produce a larger and fuller text-book on the subject which will be all that it should be.

It seems to *The OP* that if the section of the Academy of Osteopathic Research dealing with this disease were to take Dr. Millard's book as the basis of its activity and set out to accumulate all the known and verifiable records that can be obtained of cases on this subject, that its members would accomplish a real work for themselves, for the profession and for humanity, and we recommend that that sort of enterprise be adopted and pursued as a policy by those concerned. Dr. Millard has made a good start and given the nucleus.

Congratulations, Dr. Millard, and thanks for your good effort. May the little book speed on its way and find a ready welcome and wide circulation. No osteopath who is awake could begrudge the price you charge for it (\$2.00) and we hope you will have to publish second and third editions promptly.

Osteopathy. It should be up to the Los Angeles County Hospital to defend itself against such false accusations, but probably they will not attempt this for fear of bringing wrath upon themselves and being boycotted by graduates of Class-A medical teaching institutions. The C. O. P. & S., I know from personal knowledge, and other osteopathic teaching institutions, I believe from reputation, are maintaining as high practical standards and are actuated by as lofty methods as are medical teaching institutions of the older schools. That graduates of these latter schools continue to mistake anathema for argument, ridicule for reason and laughter for logic does not minimize the facts and wherever opportunity for comparative judgment has been offered, Osteopathy has not suffered.

Hoping that from Dr. Abbott's letter and any parts of mine that you may choose to use, you can refute the unfair innuendos contained in the article referred to, and wishing you and your publication success, I am, Fraternally, R. W. Bowling, Dean.

* * *

DEPARTMENT OF THE CHARITIES
of the
COUNTY OF LOS ANGELES
CALIFORNIA
Office of
COUNTY HOSPITAL DIVISION
Norman R. Martin, Superintendent
January 28, 1919.

Dr. R. W. Bowling, Dean,
College of Osteopathic Physicians and Surgeons,
San Fernando Bldg., Los Angeles, Cal.

Dear Sir: The interns of the Los Angeles County Hospital are appointed from the certified list furnished to the hospital management by the County Civil Service Commission. That list is made up of men from the various schools of medicine throughout the United States who have successfully passed the Civil Service Examination. If at any time the list becomes exhausted the management of the hospital has the right to make appointments from the medical profession at large.

Graduates of the College of Osteopathic Physicians and Surgeons are eligible to take the examination given by the Civil Service Commission and on the written examination they compare very favorably with the students from other schools, but on their credentials they are graded lower than those from other schools.

There are 11 osteopathic internists here at present. All of these except three have successfully passed the examination and are on the regular Civil Service list. There are three osteopathic interns here who have not passed the examination, having received their appointments after the available list had been exhausted and along side of those there are one or two regulars who have not passed the examination.

The dentist who was here was here at the request of the Federal Government for a special internship. There is not at the present time, and has not been since I have been here, any person who is a graduate of the "Notorious Oriental University" that is purported to be a correspondence school.

All interns hold diplomas from recognized medical colleges including the C. O. P. & S. Sincerely yours, Dr. Edward Abbott.

We're All Proud of Them!

I WISH you would compliment the osteopaths on the Pacific coast on the valuable work they have been doing this last year. I feel that California especially has been a very fine example for the other states.—H. H. Fryette, D. O., President, AOA, Chicago.

Well Said

The money you spend for legitimate publicity is not a contribution. It is an investment in your own business.—Walter E. Elfrink and S. V. Robuck, Chicago.

THE FRUITS of STATE MEDICINE

An Attack on the Los Angeles County Hospital And Interns

[From the Journal of the American Medical Association, Issue of Jan. 4]

THE Los Angeles County Hospital is one of the largest hospitals on the Pacific Coast, having 1,250 beds according to the latest report. Heretofore, the requirements for the admission of interns have been sufficiently rigid that only graduates of better grade medical schools have been admitted to the staff. From a recent report, however, there appears to have been a serious change in this respect. Out of twenty-six interns at present in this hospital, eleven are reported as graduates of an osteopathic college, one is a graduate of dentistry, and one holds a certificate from the notorious Oriental University, a "correspondence" institution, at Washington, D. C. It is unbelievable that these interns could have secured their places had they been required to pass a thorough but fair examination, including practical and clinical tests, such as is used in testing the qualifications of interns by other high grade hospitals in the United States. Where high requirements are upheld, not only do the hospitals gain the best qualified interns, but the internships are more eagerly sought after. Any relaxation of requirements, however, by which poorly educated or incompetent graduates could secure internships, would produce the opposite effect. Graduates of high grade medical schools will avoid rather than seek internships in hospitals with easy or no educational requirements. They know that, as a rule, such hospitals are not conducted on a plane that will further their medical training. More particularly, however, they do not wish to be held partly responsible for bad conditions, if not scandals, which are liable to result from incompetence on the part of other members of the intern staff. It is hoped that the conditions at present in the Los Angeles County Hospital are only temporary, due perhaps to a war emergency, and that this otherwise splendid hospital will restore such strict regulations for admission to its intern staff as will not only uphold its reputation and guarantee a continued supply of competent interns but will also provide the best possible care for its patients.—Editor.

THE ANSWER

College of Osteopathic Physicians and Surgeons
Los Angeles, California
Office of the Dean
300 San Fernando Bldg.
January 29, 1919.

THE OSTEOPATHIC PHYSICIAN,
9 S. Clinton St.,
Chicago, Ill.

Dear Editor: Dr. Dain Tasker forwarded your letter to me for reply, stating that the matter more nearly concerned our institution and for that reason thought the reply should come from us. I have delayed writing until such time as I could secure authentic facts.

The enclosed letter is from Dr. Edw. Abbott, graduated from the College of Osteopathic Physicians and Surgeons June, 1918, he having passed the P. & S. examination of this commonwealth, holds a "physicians' and surgeons'" license. He also passed the Civil Service examination for internship at the County Hospital, standing well toward the top of the list, regardless of the fact that graduates of Osteopathic teaching institutions suffer unjust discrimination, being marked down for standing of school. I am informed that questions for Civil Service examination are prepared by faculty members of the University of Southern California medical department and answers graded by them. Further, I have been informed that the aforesaid medical school conducts a quizz course some weeks in duration prior to the Civil Service examination. Carrying this handicap, our graduates have passed "under the wire" and receive appointments based upon results of Civil Service examination.

The article referred to in your letter quoted from the *American Medical Journal* of January 4th is like most attacks made upon Osteopathy by practitioners of the older schools. The inaccuracies stated and implied are of like sort with the misinformation possessed by the medical rank and file concerning the principles and practice of

Doctor:

Do you believe in Osteopathy? Then why not send your surgical cases to a hospital where the after-care is Osteopathic?

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

*Sincerely,
GEO. STILL*

Chicago Osteopaths Get the Vision and Pass It Along

A BUNCH of the osteopaths in Chicago who do things had a very notable dinner at the City Club the night of Feb. 13th. If the whole local profession were not present it was entirely the loss of those not there. The vision of osteopathy's future and especially its future in Chicago was the inspiring toast and conversation. Such a meeting had never taken place before in the twenty years of Chicago's get-together's. Old "Doc" Gage presided. He threw pep into it that surprised every one. Those who spoke and all to a purpose were: Drs. H. H. and Myrtle Fryette, Walter E. Elfrink, Carpenter, Chester Morris, Brockway of Waukesha, Groenewoud, Bunting, Mr. Arnold of *The OP*, and Miss Morrow, superintendent of the Chicago Osteopathic Hospital, and Mr. Joannis, who is directing the campaign to endow the local college and hospital. You will get the vision if you sit in on any of the dinners when this bunch of practitioners and professors get together to formulate their ideas and talk their professional battles. It was an inspiration.

Meeting of the Vesalius Anatomical Society

THE annual meeting of the Vesalius Anatomical Society was held January 10th in Newark, N. J., and elected officers for the year of 1919. Several interesting papers were read, and a record was taken of the influenza cases of those present, and altho they ranged from five to 107 cases, total cases reported by all present 347 and not one death. *Some osteopathic record.*

The Vesalius Anatomical Society was organized by the Special Post-Graduate Class 1916-17 at the Philadelphia College and Infirmary of Osteopathy.

The new officers elected are:

President—Dr. Richard R. Schleusner, Paterson, N. J.

Vice-President—Dr. Jackson H. Becker, Newark, N. J.

Secretary—Dr. Harry Van Doren, Elizabeth, N. J.

Treasurer—Dr. Mary McKee, Newark, N. J.

Sergeant-at-Arms—Dr. Chas. Baudendistel, West New York, N. J.

Membership certificates were distributed to those present. It was decided to hold quarterly meetings with a banquet. Special attractions such as lectures and demonstrations will be featured.

The meeting was concluded with a banquet.

Stops Two Days' Hiccoughing in Five Minutes

A CASE of hiccough that had lasted over forty-eight hours came to me yesterday after the patient had tried all the drugs the M. D.'s could think of to prescribe without any result. The man who was about 40 years of age had not slept to amount to anything for two nights, but I succeeded in stopping the hiccough. He was hiccoughing hard at the rate of 15 to 18 times per minute and he told me that he had been going at about that rate during the whole attack. He stopped hiccoughing completely within five minutes after I finished treating him and there was no recurrence.—James G. Morrison, D. O., Terre Haute, Indiana.

Students for the Next Freshman Class at Los Angeles!

THINK it, believe it, work it, and it will be done. Osteopathy never stood so strong as today.

Our success in the "flu" epidemic has added a multitude of friends. And what are 100 students for 1,000 Western D. O.'s? Says Emerson, "Be careful what you set your heart upon, for it surely shall be yours."—*The Western Osteopath.*

Special Information for Osteopaths

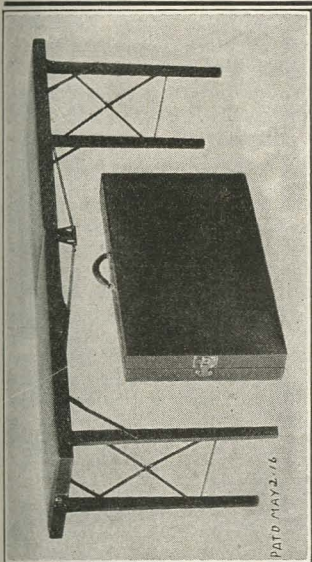
Under the laws of some States osteopaths are prohibited from using anything of a drug nature.

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.

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The Best Equipped Laboratories
A Faculty of Specialists

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E. C. BROTT, Secretary

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

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

DR. F. D. PARKER

New York Life Bldg. St. Paul, Minn.



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AMONG OUR OSTEOPATHIC INSTITUTIONS

Program at Chicago Osteopathy Hospital

A VERY interesting program and dance was given at the Chicago Osteopathic Hospital Feb. 20. The affair marked the close of a post-graduate course recently held at the college.

Several members of the class made brief talks on the benefits they had received from the course. Among these were Drs. E. M. Downing of York, Pa.; W. Orrin Floy of Minneapolis, Minn.; F. G. Burnett of Bellefontaine, Ohio; M. E. Church of Alberta, Canada, and Maude Williams of Northampton, Mass.

Other speakers of the evening were Dean Comstock, Dr. Geo. H. Carpenter, Dr. H. H. Fryette, Dr. H. S. Bunting and Mr. Joannis.

Music for the dance was furnished by The OP Orchestra. Members of the orchestra are Ralph Arnold, H. G. Kaufman, Chester Fox and Harry Geise.

Hear Ye! Hear Ye! Chicagoans, Come, Eat and Dance!

THERE will be a classy junior promenade given by the Chicago College of Osteopathy, at the Chicago Beach Hotel, on the night of St. Patrick's Day. The thing will be classy, because everything the Chicago College of Osteopathy and its students do, nowadays, is classy. Dinner will be served before the dance. The affair will be well bolstered with patronesses and all of the old and some of the new steps will be shown. Tickets are \$5.00 a couple for the dinner and dance and Floyd Peckham, chairman of the Finance Committee at the College, who takes the money and gives out the tickets, says they would be cheap at \$10.00. Make your reservations early and encourage the friends, patients and boosters of osteopathy to come also. Dr. J. B. Littlejohn has agreed to do the Highland fling in costume. Dr. H. H. Fryette and Mrs. Fryette will lead the grand march. Bring your best girl and share the

Chicago College of Osteopathy Post Graduate Class Boost Institution

WE, the undersigned graduate osteopaths, duly assembled at the Chicago College of Osteopathy, do hereby place on record the following resolution:

Whereas, We believe that: (1) Since this graduate course, now being given by the Chicago College of Osteopathy for the benefit of practicing osteopaths, is undoubtedly among the most valuable courses ever offered to graduate students; and (2) Because the course is purely and wholly osteopathic; also (3) As the faculty conducting this course, well deserving the national reputation they have as leaders in their line, have given enthusiastically and unreservedly of their unstinted time and energy for the benefit of the individual members of the class; and (4) In view of the fact that Chicago is the logical center for intensive training; and (5) Moreover, because the buildings and equipment are such as to permit of every expansion; and (6) Since Chicago's clinical opportunities are unsurpassed; and (7) Because the hospital facilities in connection with the Chicago College of Osteopathy offer unique advantages in teaching, demonstration and practical experience,

Be it Resolved, That the present class wishes to emphasize most strongly the tremendous advantages to be obtained by attendance at such a course; and

That the osteopathic profession be widely urged to support this course to the limits of possibility; and

That the faculty of the Chicago College of Osteopathy be requested to offer this course, or one of equal length and scope, at least twice each year.

Dr. M. F. Hulett, Dr. W. M. Koons, Dr. J. E. Baker, Dr. A. M. Brockway, Dr. F. G. Burnett, Dr. E. C. Chappell, Dr. Elmer Charles, Dr. A. E. Charbonnea, Dr. M. E. Church, Dr. P. R. Collins, Dr. H. L. Davenport, Dr. H. J. Dorrance, Dr. E. M. Downing, Dr. W. Orrin Flory, Dr. Albert L. Galbreath, Dr. Albin H. Doe, Dr. W. C. Gordon, Dr. M. J. Grieves, Dr. Edmund Grothouse, Dr. C. E. Hough, Dr. Payson W. Hoyt, Dr. Preston R. Hubbell, Dr. T. M. King, Dr. W. B. Linville, Dr. J. Johnston MacCormack, Dr. Carrie Mundie, Dr. Frank C. Nelson, Dr. R. L. Park, Dr. F. A. Parker, Dr. Francis Platt, Dr. Emma Rector, Dr. Byron La Rue, Dr. T. C. Stephanson, Dr. B. W. Sweet, Dr. M. E. Taylor, Dr. Maude G. Williams.

News of Pennsylvania Osteopathic Sanatorium, York, Pa.

WE take the liberty to thank the profession for their support, and to inform them of our progress. Our profession is passing thru a crisis which requires vigilance, and will succeed only by all of us doing our part. It is of general professional importance that we cooperate in the promotion of all osteopathic institutions, because of their great service to humanity. There is another necessity in their support which must not be overlooked, and is too often not seriously considered by a great many osteopaths, namely—keeping our clientele within our professional supervision, first, for their own good, and secondly, to promote our interests by leaving the public know that our field of practice is as broad as human disease, and that all character of diseased conditions that afflict the body are most successfully treated.

This information cannot be produced nor our patients receive the best treatment, regardless of the nature of the case, without institutional facilities. We must, therefore, support our colleges, hospitals and sanatoriums, of which we have too few. Why should we support medical institutions by supplying patients for them that we could direct to osteopathic care? Do we not lower our standard by so doing? Does it advance your interests and hence those of the profession? Why not support the institutions which are now in existence and further aid our combined interests? Do we not promote our opponent's interests and lessen our patient's chances for their speedy recovery, when we fail to keep them under osteopathic supervision? Do we not thus force the public to dub us as a "Limited Practitioner"?

The Pennsylvania Osteopathic Sanatorium has been open for ten months, and has done much to bring osteopathy to the attention of the public. One osteopath states "that since the institution has been open his practice increased \$200 per month." This is only one reason; the greater reason is the service rendered to humanity. We are osteopathic in every respect. All of the nurses and physicians are graduates from osteopathic hospitals and colleges. Our nurses are intelligent, cultured and take a special interest in the comfort of all patients. We wish to make special mention of the supervising nurse in the surgical department. We have treated a great variety of cases. Some have come for rest, and a few to make it their home. We have had a great variety of major surgical cases, and some of an orthopedic nature. Surgical cases have the opportunity here of quiet, rest, and an excellent place to remain

for convalescence. However, the majority of our cases have been of the nervous type.

We have reconstructed the West Cottage and the third floor of the main building. This gives us fifty private rooms and enables us to separate our patients so that it will work to our convenience, and also prevent mingling of patients that might otherwise prove disagreeable. We do not wish to burden our readers with case reports, why take your time? Go to any osteopathic institution. Do as our Great Teacher commanded "Come and See." By your continued co-operation we can advance all our institutions which will enhance our worth many fold to our clientele and also give us a professional prestige we could not otherwise receive, and thus be of greater service to humanity, and further advance the cause of osteopathy.—O. O. Bashline, President and Surgeon.

Appeal for Chicago's Ear, Nose and Throat Clinic

IT is my purpose to make the Ear, Nose and Throat department of the Chicago College and Hospital of Osteopathy second to none. Heretofore, the physicians have had no place to send their charity patients and the students have had no place or apparatus to treat such cases.

I am furnishing such a clinic room at a cost of about \$500, and am depending upon the support of the Chicago Osteopaths to help me pay for this by sending us their clinic cases.

A small fee will be charged for all operative

work and treatment. We want you to tell us in each case, about what you think your patient can easily afford to pay. If you have deserving cases that cannot pay, these will receive just as good attention as those who can pay. All money received from such cases above the regular hospital clinic fee will be applied to paying for equipment and for maintaining the department.

New patients will be received for examination 8 to 10 A. M. every Tuesday. You may phone Dr. E. R. Hoskins at the College (Blackstone 6715) for further information or appointments.

We are especially anxious to have a good number of Ear, Nose and Throat, as well as all other kinds of clinics for our Post Graduate Course Feb. 10th to 22nd.—Fraternally, J. Deason, M. S., D. O., Jan. 23d.

Denver Will Have a Clinic

[From the Colorado Osteopathic Physician]

ONE of the healthful signs of the times in Denver is the probability of the establishment in the near future of an osteopathic clinic where those unable to pay will be taken care of without charge, and where a good percentage of the Denver D. O.'s will perfect an organization for the purpose of clinic work. Every town with more than one D. O. should have a clinic, if it is only one or two hours a week set aside by the practitioners for the treatment of cases who cannot pay and for the use of these cases for study and demonstration. Incidentally there is no better way of getting before the public than by means of the clinic.

SOCIETY PAPERS and ORIGINAL COMMUNICATIONS

Retained Testicles Cured Osteopathically

By C. L. Parsons, D. O., Roswell, New Mexico

A NOT uncommon condition in the male is the retained testicle. Retention of the testicle is caused by obstruction to its progress or by traction from behind. Thus some cases are attributed to abdominal adhesions which close the inguinal canal at some point before the testicle has descended. In other cases there is a congenital shortening of the vas. The commonest form of retention is the inguinal variety, sometimes near the external and sometimes near the internal abdominal ring.

As puberty approaches and the testicle begins to grow, and is pressed upon by the surrounding tissue, the results are both painful and dangerous. Neuralgia or atrophy of the parts are the least of these dangerous sequela. Saint Vitus dance and insanity are often the result, and the most common cure so far adopted by the medical profession has been castration. It has been the writer's privilege to have treated three of these cases osteopathically and all three cases were cured.

The first was a boy of fourteen years, suffering with Saint Vitus dance. Taken to a physician for examination, it was found that he had retained testicles and a castration was advised.

Of course the parents were frantic, and in their panic called on the osteopath, of whom they knew nothing and hoped less.

After examination I told the parents I had never treated a case of this kind, and so far as I knew, no other osteopath had. That I did not know what I could do, but I would be willing to try. With this slight encouragement they permitted me to proceed. I began by working out all contracture of surrounding tissues and grasping the cord and stretching it. Soon, by manipulation, I got the testicle into the scrotum, then by grasping just above it I could get quite a little traction upon it. Of course, one has to do all this with a great deal of caution so as not to bruise the testicle itself or break the blood vessels attached to it.

Suffice it to say that in two months' time the testicles stayed in the scrotum and the boy was entirely well of his Saint Vitus dance.

This was twelve years ago. The boy has been in France for the past year, doing valiant service for his country. I have since had two cases, one of which I am still treating, but am about ready to dismiss. It seems to me that every osteopath ought to give these cases a trial instead of sending to a surgeon, if they come his way.

About View Points: Are We Narrow Minded?

By W. V. Goodfellow, D. O., Los Angeles, Calif.

DIFFERENCES in viewpoint account, in a great measure, for the differences of opinion upon subjects on which science leaves no room for such differences. If we could change our viewpoint, or borrow the other man's viewpoint, or, better yet, could we leave our viewpoint behind and take a look all around the subject, viewing it from all angles, we might find

our conclusions and opinions coinciding, rather than conflicting, with those of others. Religion's great mistake has been in clinging too tenaciously to one viewpoint. Churches are getting together today by getting a common viewpoint as well as a common aim. There is less excuse for differences of opinion upon things medical than upon things religious. All schools of medicine have a

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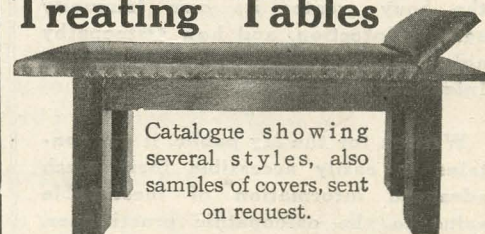


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Journal of Osteopathy
KIRKSVILLE, MISSOURI

To Understand *Why* Osteopathy Conquers Influenza Read

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

By Prof. M. A. Lane

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

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

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

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

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common aim. Medicine has a scientific basis. With a scientific basis and with common aims, intolerance among schools of medicine should be as reprehensible as among churches. Religion has a theoretical basis. Men may theorize and be excused for clinging to their opinions based upon those theories. There will be none to convert them except those having different theories. Whether the theory is right or wrong determines whether the opinion is right or wrong. But what shall we say for the man who has an opinion based upon a theory that is in conflict with proven scientific fact? Such an opinion is valueless.

It is interesting to note that many writers of medical articles start with theories and put forth their opinions based upon those theories, instead of starting with some proven facts with which to establish their conclusions. The trite motto of *The Osteopathic Physician*, "Osteopathy stands for the truth, wherever it is scientifically proven," should be adopted as his motto and guiding principle by every physician.

The following interesting comparison of viewpoint will serve to illustrate what I may, have failed to make clear above: In the November issue of *The Dental Cosmos*, Guthrie says, "It may seem far-fetched to us, but it should be perfectly true that, by the year 2000, disease will have been banished from the earth. Such a boon is no more impossible than was the idea a hundred years ago that by now we would have driven smallpox, yellow fever, bubonic plague and typhoid fever from intelligent communities, and that the medical man of our time would find means to prevent lockjaw and blood poisoning." He argues that disease-producing bacteria enter the circulating fluids of the body largely through primary foci of infection in tonsils, nasal accessory sinuses and at the roots of teeth, and that by proper attention to these incubating places bacteria will no longer be able to enter the body fluids, disease will disappear and health will result. He argues entirely from the exciting cause of disease, the bacteria.

Hazzard, in the October, 1918, issue of *The Journal of AOA*, believes that disease can be stamped out, but by an entirely different method. He says: "In times past scientific advancement has resulted in the total stamping out of many forms of disease, once the terror and scourge of the human race. Many others, while not conquered, have been so greatly mitigated in viru-

lence as to have quite lost their terrors. Others, in continually increasing numbers, will, beyond doubt, begin to yield to improved methods of scientific attack, and in time take their places in the museum. In bringing about this result our own science will have much to do. In the ideal case of a given individual we know that osteopathic therapeutics or osteopathic prothylactics, early enough and frequently enough applied, would result in the maintenance of such a correct mechanical status, and reasonably enough, such a perfect development of the natural immunity as to practically protect the individual from disease. The fundamental osteopathic idea of keeping the human machine right so that it will run right, meeting all the very great demands made upon it in the stress and strain of life, is the basal concept fundamental to the question of disease-prevention, or health-preservation, no matter from what angle the subject be approached."

He argues entirely from the predisposing cause of disease, body resistance. It is fair to assume that he is giving little or no attention to the theories presented by Guthrie in his treatment of the sick, and it is equally fair to conclude that Guthrie is giving no attention to Hazzard's theories of body resistance in his treatment of his patients.

Is it possible that any of my readers will fail to grasp the full significance of the ridiculous spectacle presented above? Is there no school of medicine big enough to "stand for the truth wherever it is scientifically proven"? Can it be possible that Guthrie can overlook contracted muscles, shortened ligaments, lesioned spinal joints, congested organs and impoverished nerves, and after pulling the patient's teeth, enucleating his tonsils and draining his sinuses, feel that his work is done and that his patient is a normal human being? And is it possible that Hazzard can overlook the acidosis, the leucocytosis, the inflamed joints, in fact, the general bacterial attack constantly hammering away at the tissues, while he is putting the human machine in order so that it will "manufacture the chemical substances necessary to protect from disease"?

Both men desire the same end, the eradication of all human disease. Are the two viewpoints irreconcilable? Certainly not. Each man can borrow from the other and strengthen his own therapy. Guthrie's patients need manipulation. Hazzard's patients need attention to neglected foci of infection. Suffering humanity needs to have these two men get together.

An Open Letter—to the President and the Congress of the United States of America by the Osteopathic Physicians of Rhode Island

[From The Providence (R. I.) Journal, Christmas Morning, 1918]

THE osteopathic profession of Rhode Island respectfully calls to your attention a condition of discrimination which we believe to be undemocratic, un-American and unconstitutional.

We, as osteopaths, have been denied not merely the privilege of practicing our profession in the medical branch of the Army of the United States, but have been denied the privilege of submitting ourselves to the same medical examination required of medical doctors, both homeopaths and allopaths, for commissions that would permit us to give to the men in the service the benefit of our osteopathic and medical knowledge.

Following the declaration of war and the call to arms, osteopathic physicians from every part of America offered their services to the medical department in Washington, actuated by the oft-repeated and urgent pronouncement on the part of the government that every man should serve in the position for which he is best fitted. With what result?

Surgeon-General Gorgas ruled: "Only physicians who are graduates of well-recognized medical colleges authorized to confer the degree

of M. D. are eligible to service and commission in the Medical Department."

We then sought to serve in the Red Cross, where we received the same answer.

Thereupon, the American osteopathic association prepared a bill, which was introduced in Congress, to admit osteopathic physicians to examination for commissions in the Medical Corps.

The bill has been held up upon the strength of the following quotation from Surgeon-General Gorgas, the plain bias of which needs no emphasis from us:

"The Judge Advocate General has advised the Secretary of War to the effect that while the law does not specifically provide that a physician, in order to enter the Medical Corps, must be a doctor of medicine, unwritten practice does, and the Secretary has decided in accordance with this opinion that he will require a man coming into the Medical Corps shall have the degree of M. D.

"I hope that this decision, which is in accord with all previous practice, will be maintained, and that the degree of D. O. will not be recognized as an equivalent, as is desired by the osteopathic physicians.

"The admission of osteopathic physicians, as

such, and without the degree of doctor of medicine, to the Medical Corps, must have the practically unanimous opposition of the medical profession of this country and of allied countries; would be regarded, and justly so, as lowering the standard, educational and professional, of the Medical Corps, and would have a discouraging and detrimental effect upon efforts to secure physicians for the Corps, both now and in the future, and upon the general morale of the Corps. "For the reasons above set forth, I recommend to the Secretary of War that he strongly oppose this bill."

We submit to you that a great wrong is being done the Army of the Osteopathic Physicians of America, and, because the court of last resort is and must always be the sense of fair play on the part of the American public, we address these words through you to them.

Is it fair that upon the recommendation of any department head of this government a great body of men shall be denied the privilege accorded to another body of men, when the claimants unqualifiedly express their willingness to submit themselves to the same lawful processes accorded to another body of citizens?

Is it fair that any departmental head of this government shall assume to invoke the so-called unwritten law as against written jurisprudence?

Is it fair that the hundreds of thousands of American citizens who have received the inestimable benefits of osteopathic practice, who are now in service under the Stars and Stripes, shall be denied their preferred form of treatment in the great hospitals at home and abroad?

Is it fair that such rank and unqualified discrimination against a great professional body shall be made in favor of another great professional body?

Is it fair that men who have devoted at least equal hours of study, as shown by the accompanying table, in preparing themselves for the practice of their profession, shall be denied the same privilege accorded to another profession?

Is it fair that when forty-six states of the United States of America, including Rhode Island, recognize and admit osteopathic physicians to be licensed practitioners in each of these Commonwealths, that the Federal Government of the United States shall deny them the professional privilege of serving their country?

Is it not fair that, in view of the foregoing statements and queries, we should announce to you our willingness to place our ability in competition with that of the medical fraternity, and assist in the physical reconstruction of those men who so valiantly have kept this great land of ours free from the inroads of a devastating war and helped to preserve the world as a great democracy?

Mr. President, we ask you and we ask the members of the Congress to accord us merely fair play. In the name of the American people we ask you jointly to accord to us the right to submit to the same examination which is taken by other doctors.

IS THE OSTEOPATH BY EDUCATION QUALIFIED TO SERVE?

Comparative Courses in Medicine and Osteopathy (Compiled from Catalogs of 1916-17)

Average hours in each subject and the average totals in the following six leading medical colleges: Johns Hopkins, University of Pennsylvania, Cornell, Harvard, University of California and University of Illinois. Average hours in each subject and the average totals in the following six osteopathic colleges: American School, Chicago College, College of Osteopathic Physicians and Surgeons, Des Moines Still College, Massachusetts College and Philadelphia College. All recognized osteopathic colleges are on the four-year basis.

	Medical Colleges	Osteopathic Colleges
Histology	171	188
Anatomy	489	696
Physiology	329	279
Embryology	72	52
Chemistry	284	288
Pathology	405	342

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

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

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

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

Some of the brochures offered are:

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

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-No. 3—Flat Foot, Hay Fever.
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-No. 12—How "Bad" Mechanism in Our "Joints" Makes Sickness.
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-No. 17—The Osteopathic Catechism, Part 1.
-No. 18—A. T. Still as a Medical Thinker.
-No. 19—Three Hundred Cases of Pneumonia Without One Fatality.
-No. 20—Nervous Prostration or Neurasthenia.
-No. 21—Osteopathy Synonym Surgery.
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THE OSTEOPATHIC PUBLISHING CO.,
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Hygiene	66	119
Gynecology	131	135
Pharmacology	119	18
Materia Medica.....	33	15
Genito-Urinary	42	48
Surgery	549	489
Obstetrics	196	172
Jurisprudence	13	25
Eye, Ear, Nose and Throat..	187	154
Pediatrics	123	60
Dermatology	41	50
Orthopedics	71	62
Psychiatry	160	155
Symptomatology	531	653
Therapeutics	90	454
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Total Osteopathic Colleges 4,952
Total Medical Colleges.....4,521

The above comparison shows that the osteopathic colleges give a course the equal of that of medical colleges, whose graduates are accepted by the Surgeon General without question.

We do not wish you or any one who may read to misinterpret this open word as an appeal for the enlistment of sympathy.

We address it to you and to America upon the merit of the cause, which to our minds, ought to be granted simply as a matter of fair play; and we ask every one who desires the recognition of the osteopaths of the country by the Government to write to you or to their two senators and representatives, requesting that this simple American right be given to the great body of men and women who practice the profession of Osteopathy, and that their bill be enacted into law forthwith.

- Niles Brown,
- Henry W. Clement,
- F. Chandler Dodge,
- Charles D. Flanagan,
- Alice L. Gants,
- S. L. Gants,
- Ellen M. Hinds,
- Harry M. Hutchins,
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- Annie Roberts Slack,
- J. Edward Strater,
- Ralph A. Sweet,
- Clarence H. Wall
- Francis W. Wetmore,
- Lydia H. Wright,

Registered Osteopathic Physicians of Rhode Island.

Some Lessons Taught by the War

MUCH knowledge has been gained during the war with regard to the treatment of wounds, and especially as to their prophylactic treatment. It has been shown that free and thorough drainage of septic wounds must be done and that irrigation with a suitable inhibiting agent as continuous as possible is a preventative measure of the first importance. In the case of wounds in which the anerobic bacteria predominate and which, if not checked may develop into tetanus, such irrigation should be performed promptly. According to Dr. A. R. Fullerton, a well known English surgeon writing in the *Lancet*, March 6, 1915, the most effective way of inhibiting the growth of anerobic bacteria is by means of oxygenation, and the readiest and most satisfactory method of doing this is by frequent irrigations with peroxide of hydrogen solutions. Fullerton further points out that this treatment is practicable in civil practice. Thus a fact long known to surgeons and general practitioners has been emphasized by war time experiences, the germicidal efficacy of nascent oxygen. One of the most convenient and thorough modes of evolving nascent oxygen, is to irrigate wounds with Dioxygen, because Dioxygen is the purest and most stable solution of peroxide of hydrogen procurable. Irrigation with Dioxygen by liberating oxygen inhibits the growth of germs, and is there-

fore to be recommended as a safe and dependable procedure in the treatment of wounds. And as Fullerton has well said, this method of treatment is as practicable in civil as in war practice, as witness the every day experiences of the thousands of American physicians who use Dioxygen in preference to any other antiseptic solution.

Orificial Clinic in Chicago During AOA Meeting

THE School of Orificial Surgery, Des Moines, Iowa, will hold a clinic in Chicago at the time of the Annual convention of the American Osteopathic Association, in June.

This will give opportunity for graduates and advanced students of the correspondence course to witness demonstrations of office and bedside orificial methods and operative technique.

Taking of cases, examination, diagnosis, case analysis and outlining treatment will be presented in a clear, didactic manner.

Doctors who have attended previous clinics express keen satisfaction regarding the practical benefits received.

The faculty and alumni will be in charge of the demonstrations, treatments and operative work.

These clinics will in no way conflict with the meetings of the A O A, but will be arranged to accommodate the members who attend both.

Says Osteopath Ran a Chiro Diploma Factory

[From the Pittsburgh Dispatch of January 17, 1919]

DR. F. H. SIMMONS, a registered osteopath, with offices in the Schmidt building, was arrested recently by City Detectives Bauer, Buonocore and Forsaith, charged with obtaining money under false pretenses. According to the detectives, Dr. Simmons has been conducting a school for student chiropractors, the graduates of which were given diplomas by the doctor, it is said, after the fee, which ranged from \$50 to \$100, had been paid. The State Medical Board was interested to such an extent that they sent Dr. A. Lubin of Philadelphia to Pittsburgh to investigate. The result of the investigation was the serving of the warrant.

"Most Diseases Are of Spinal Origin"

Sixth edition. This pioneer brochure originally appeared in 1901 as Vol. 1 No. 1, of *Osteopathic Health*, becoming at once the prototype of all popular presentations of osteopathy that have followed. Dr. A. T. Still in 1908 pronounced it "the most literary production on the subject" he had ever read. Price \$4.00 a hundred.

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

OSTEOPATHIC HEALTH

is the leading exponent of Osteopathy in simple language for lay readers. The Lane Documents, contained in recent issues, are wonderful in their simplified statement of scientific facts.

THE OP COMPANY, 9 So. Clinton, CHICAGO

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

"CHIRO" STANDS for FALSE PRETENSES and LAW EVASION

Wouldn't This Break Your Heart?

From "Questions and Answers" Department of the Keystone Magazine of Optometry.

Edited by C. Henry Brown, M. D.

"Osteopathic and Chiropractic Treatment"

SIR.—As I am about to engage in the optical business I shall be pleased if you will let me know whether chiropractic and osteopathic physicians are capable of strengthening vision, so that glasses are not necessary as is claimed by them.

The reason I ask this is because I figure probably you know more about the anatomy of the eye than I do, and therefore would like your opinion of it, since it would affect my business.

Would also like to know if Washington, D. C., has an optometry law. And lastly do you think it a good thing to fill prescriptions by mail (to retail customers)?

P. S.—Kindly send a sample copy of your magazine.

We do not know just how far osteopathic and chiropractic physicians go in their claims for influencing the organ of vision. Cataracts and other serious diseases of the eye are said to have been cured by these forms of manipulation, and then again we have heard that these statements are not true. We are somewhat skeptical, and yet we would not want to assert that any of the so-called cures have been misrepresented.

But even granted that the cures are genuine, there are too few of them to constitute conclusive proof, because some diseases in some persons under some conditions, would improve under any form of treatment. But for a general rule to follow, we do not think it would be safe in serious diseases that threaten the vision, to depend upon manipulation to the exclusion of the well-trained methods of medical treatment, general and local.

In regard to any form of treatment that would obviate the necessity for glasses, we do not think that this is within the range of possibility. We cannot conceive that manipulation of the occipital region would shorten the axis of a myopic eye, or lengthen the axis of a hypermetropic, or symmetrize an asymmetrical cornea, or soften a hardened crystalline lens, so that rays could be focused on the retina without the assistance of lenses.

There is no optometry law in the District of Columbia.

We cannot approve of conducting an optical business by mail. This is one business where personal service is of the greatest importance, and hence it cannot be included in the mail order class.

What Is the Chiropractic Idea?

This method of treatment is comparatively new, the first adjustment having been made in 1895, and the general public has but an indefinite idea of it as yet, so that a few words of explanation would not be out of place.

The basic principles are that all nerves originate in the brain, and converge to form the spinal cord, from which the nerve filaments emerge thru small openings in the spinal column, and proceed to the different organs, the vitality of which is thus controlled.

That when the flow of impulses thru these nerves is interfered with, disease results, or at least impairment of function. That the only place where such interference can occur is at the little openings between the vertebrae, where the nerves merge, and the *modus operandi* is thru a misalignment or subluxation of a vertebra, causing pressure upon the nerves.

The chiropractors claim that the real cause of disease is an interference with the flow of impulses from the brain to the suffering part and is due to some form of vertebral subluxation; and that the cause can be corrected and the disease cured by one or more adjustments made by trained hands.

Likes OP Best

Please find enclosed check for \$2 for which please renew my subscription to *The OP*. Of all the professional papers I appreciate *The OP* the most. I look forward to its coming each month with pleasure. I like its style, clearness and aggressiveness.—E. M. Steele, D. O., Madison, Indiana.



Dr. Charles D. Finley.

I have used *Osteopathic Health* more or less ever since I have been in practice and with good results. Recently I have been using 1,000 copies a month and as soon as I am able to handle more patients, I expect to increase my distribution. The circulation of osteopathic magazines, in my opinion, is always a good paying investment.—Charles D. Finley, D. O., Atlantic, Iowa.

A. T. Still, Scientist and Reformer

By M. A. Lane, professor of pathology in the American School of Osteopathy at Kirksville. Professor Lane has written this authoritative paper on Dr. Still and his place in medicine with the pen of a man whose touches are sure and true. Price \$4.00 a hundred.

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

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The Osteopathic Physician

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Contributors for next issue:

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REMARKABLE CURE OF A BLIND, DEAF, IMBECILE CHILD BY OSTEOPATHY

SIX physicians and several hospitals pronounced this child a hopeless case. Osteopathy restored this benighted little sufferer from a crying imbecile to a laughing healthy baby.

This brochure presents an issue of vital interest to your community. Distribute it for the sake of osteopathy. Price \$4.00 a hundred.

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Will You Abide by the Verdict of the Jury?

These men and women of the osteopathic profession have weighed the evidence and brought in a verdict—not of “guilty” but of award, bestowing the honor of highest merit on the new book, “A. T. Still, Founder of Osteopathy.” Let these well-known members of the profession speak in their various individual ways about the privilege and duty of possessing and using this book.

Lane's articles in book form are the last word on osteopathy. They will make me a better osteopath and they will make my patients osteopathic. You may put me down for twenty copies of “A. T. Still, Founder of Osteopathy.” Later on I will put in an order for more of them.—Yours very truly, *Charles S. Green, D. O., 51 East 42d Street, New York City.*

Kindly send me six volumes of Lane's book on “Osteopathy.” Dr. Lane's articles are certainly masterpieces. He is surely giving osteopathy the scientific interpretation it so greatly needs. I trust you will receive a hearty response from the profession. Kindest regards and best wishes.—*Geo. W. Reid, D. O., Editor, Herald of Osteopathy, Worcester, Massachusetts.*

Find enclosed check for two copies of Professor Lane's book. It contains more Simon-pure osteopathy than any book published, and it should be in every library, both public and private, as well as in the hands of the clientele of the profession.—Fraternally, *Nelle Ferry, D. O., Nevada, Missouri.*

Enclosed find check for Professor Lane's book, “A. T. Still, Founder of Osteopathy.” It certainly is Simon-pure osteopathy and just what we all wish to see published—especially we older operators who want nothing but pure osteopathy.—Yours truly, *Walter C. Carter, D. O., Springfield, Illinois.*

The story is connected, scientific and most interestingly readable. The profession owes much to you and to Professor Lane, and I hope the first edition does not last long.—*Francis A. Cave, D. O., 30 Huntington Ave., Boston, Massachusetts.*

Enclosed find my check for one of the books, “A. T. Still, Founder of Osteopathy.” Dr. Lane has given us the “why” of osteopathy. It is the one book next to the “Old Doctor's” Theory and Practice of Osteopathy that every osteopathic physician should have in his library.—Yours fraternally, *M. B. Starbuck, D. O., Urbana, Ohio.*

I am enthusiastic over publication of Professor Lane's book on Dr. Still and Osteopathy and shall order more copies as soon as possible. God send more such literature along with untiring and intelligent osteopaths to uphold “first-water” osteopathy.—*Elizabeth Broach, D. O., Atlanta, Georgia.*

Book just received. It is the finest piece of literature on the subject that has ever been published for the laity. In fact, it is valuable to any physician. I intend reading it again. Professor Lane is a marvel. His perfect conception of pathology from a strictly scientific standpoint, and his analytical and elucidative writings are absolutely beyond criticism. Put me down for two copies.—Sincerely, *F. P. Millard, D. O., 4 Richmond Street, East Toronto, Canada.*

I feel that every D. O. would do well to keep the Lane book on his table at all times. I am placing one in our public library here and shall have every library in the city presented with a copy.—Fraternally, *Paul M. Peck, D. O., San Antonio, Texas.*

I am in receipt of the four copies of the book, "A. T. Still, Founder of Osteopathy," and have looked it over carefully and believe it is the very best book along the line that osteopathy has yet put out. It is written in a very attractive way, and will hold the attention of the reader from beginning to end. It is fortunate that the profession has a man in it like Dr. Lane.—Yours truly, *C. E. Abegglen, D. O., Colfax, Washington.*

If it is going to cost two dollars or ten dollars, we must have the book. Surely you have made another "ten strike" in getting Dr. Lane to prepare this book.—*R. P. Buckmaster, D. O., Orlando, Florida.*

Enclosed please find check for another Lane book. I'm sorry that I can't order more of them at present. I shall undoubtedly use a large number of them this summer.—Yours very truly, *Robert W. Rogers, D. O., Sommerville, New York.*

Find enclosed check for which send one copy of Professor Lane's book. It is a great work.—Cordially yours, *A. J. Garlinghouse, D. O., President, Michigan State Osteopathic Association, Charlotte, Michigan.*

Please send me five copies of Professor Lane's book, "A. T. Still, Founder of Osteopathy." I consider this a masterpiece that no osteopath can do without.—Yours sincerely, *W. L. Buster, D. O., 505 Fifth Avenue, New York City.*

Please send me one copy of Dr. Lane's book. Find check to cover. Our dear "Old Doctor" has left us in the flesh; it behooves us to keep his spirit with us if we hope to hold fast to the eternal truth he handed us. The truth, of course, will live; but our allopathic foes will not allow it to live as "osteopathy" if rank injustice will do the dirty work they contemplate putting into effect.—Fraternally, *Joseph H. Sullivan, D. O., Goddard Building, Chicago, Illinois.*

You will find enclosed my check for which place my order for 10 copies of "A. T. Still, Founder of Osteopathy." The book makes one of the strongest endorsements for the science of osteopathy that has ever been placed before the public, and it is due every practitioner to avail himself of this grand opportunity to help educate suffering humanity and perpetuate the name of A. T. Still, one of the greatest benefactors of the human race.—Wishing you success in the production and sale of this work, I am, cordially yours, *Edwin R. Larter, D. O., Niagara Falls, New York.*

From the sound philosophy contained in the book I think you are correct in your estimate of the book when you term it a great work. Nothing can advance osteopathy more at the present moment than the widespread circulation of this book.—*Earle S. Willard, D. O., Washington, D. C.*

Shall the Verdict Be Unanimous?

Hundreds more have signed the verdict in the same straightforward manner. If you have not yet claimed your copy of this epoch-making book, will you not send in your order accompanied by a two-dollar remittance and lend your voice and vote to make the verdict unanimous? We have a copy already done up for shipment that may just as well go forward to you by return post.

THE OSTEOPATHIC PUBLISHING CO.

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PUBLISHER'S DEPARTMENT

Osteopathy Had But 472 Deaths Among 48,911 "Flu"- Pneumonia Cases Treated

HOW would you like to be able to tell the true story of what osteopathy did to save human lives among almost 50,000 persons who had influenza or pneumonia?

You now have the chance.

You never had it before.

We have all sighed for years for definite facts and figures to prove how potent osteopathic therapy is in one or another class of diseases. We believed it was remarkably, if not wonderfully, successful in the prevention and control of pneumonia, for instance, but beyond the fragmentary records of a few—a very few—osteopaths who had treated a hundred or more cases, we had no figures to go on. We were then hoping somebody would collect reports on "as many as a thousand cases," so as to be able to *begin* to base percentages of our successful results. Think how weak our position then was, as a profession, in a court of scientific evidence! Nothing but personal experience and hearsay to go on.

Now, thanks to Dr. George W. Riley's Questionnaire for the AOA, we are able to give the record of almost 50,000 osteopathic cases! Think what this means! Do you want your public to know the truth and obtain the full credence it gives you as a scientific healer?

For the first time in osteopathy's life as a profession and the history of its publications, dear little *Osteopathic Health* for March makes definite

report on over 48,000 counted cases of influenza and pneumonia! And our success sticks as the number of patients runs up! Our practitioners did not lose quite one per cent of their cases from both diseases combined!

This proud, authentic and revolutionary fact was never before announced in print and you may have a supply of this first gladsome, cheering, human message for immediate circulation in your field. It is ready—speak the word. What will your order be?

Osteopathy's Victory Over Death From the Infections

ALL who have been interested in osteopathy's renaissance for acute work during the "flu"-pneumonia epidemic, as developed in successive issues of *Osteopathic Health*, will be interested and instructed in the fifth installment of the series, which has now appeared as the March issue of the "little "patient-educator" and "patient-getter" par excellence. This month's magazine is of monumental significance in osteopathic history, in that it reports on almost 50,000 epidemic cases treated by osteopaths, among whom fatalities from both influenza and pneumonia have scarcely reached one per cent—a patient lost out of every hundred epidemic cases treated! Will you tell the glad tidings to friend and foe in your community? How many times will you tell it? One copy of *Osteopathic Health* in circulation may reach a dozen people when its contents are as important and gripping as this tremendously interesting story of osteopathic success. Buy the March issue of *OH* in a liberal manner befitting its stupendous message and see how much good it will do your practice.

Lane's Book on Osteopathy

Professor Lane's book entitled "A. T. Still, Founder of Osteopathy," is the finest scientific book I have ever read on osteopathy. Professor Lane has shown clearly the scientific system that osteopathy is.—*W. L. Durnan, D. O., Toronto, Canada.*

* * *

Enclosed find my check for \$4.00 for two copies of Lane's book entitled "A. T. Still, Founder of Osteopathy." I am placing one in our public library and I realize that a copy should be in every library thruout the land, that the laity may learn and know.—*Charles T. Kyle, D. O., Menomonie, Wisconsin.*

* * *

I am going to obey that impulse and, as Life says, order now. I have always liked the writings of Dr. Lane from the first that I read in *OH*, so kindly send me a copy of "A. T. Still, Founder of Osteopathy."—*Clyde A. Clark, D. O., Hartford, Conn.*

* * *

I have just finished a hurried reading of Dr. Corbin's copy of the Lane book entitled "A. T. Still, Founder of Osteopathy." I must have one to lend to my friends. It was with the deepest joy and satisfaction that I read this splendid appreciation of the dear "Old Doctor." He has voiced the deep faith we all had in the teachings of Dr. A. T. Still.—*Mrs. L. A. Barr, Chickasha, Oklahoma, February 3rd.*

The recent issues of "Osteopathic Health" have all been A-1 and they have saved me a lot of time as they explained to my patients just what they wanted to know and so I did not have to stop and tell them. It is not at all necessary for me to do the explaining when a patient receives copies of "Osteopathic Health."—*L. E. Sowers, D. O., Warren, Ohio, February 11.*

Please send me 200 copies, with envelopes, February *Osteopathic Health*, entitled "The Day of Therapeutic Reckoning." I want to compliment you heartily for the inspired number and believe the masses will accept it as a masterpiece.—*A. G. Willitts, D. O., Minneapolis, Minnesota, February 6th, 1919.*

Please forward me 50 copies of the February issue of *Osteopathic Health* entitled "The Day of Therapeutic Reckoning." It is a great number.—*Emily T. Wilson, D. O., Boston, Massachusetts, February 9th, 1919.*

I have been well satisfied with *Osteopathic Health*, for I have found it a good little explainer.—*Royal H. Johnson, D. O., Conneaut, Ohio, February 10th, 1919.*

I think *Osteopathic Health* will be of a lot of service in our legislative work.—*Louise M. Jones, D. O., Portland, Maine.*

This month's *Osteopathic Health* will go a long ways towards enlightening the public on the advantages of osteopathy over other methods. Please send 250 more copies with card.—*E. K. Stretch, D. O., West Hoboken, New Jersey.*

Kindly send me 100 extra copies of the February issue of *Osteopathic Health* entitled "The Day of Therapeutic Reckoning." I think it is a splendid and timely number.—*E. A. Roddy, D. O., Winnipeg, Canada, February 8th, 1919.*

Please send me 300 *OHs*, "The Day of Therapeutic Reckoning." It is a splendid and timely number.—*R. W. Shultz, Garner, Iowa, February 6th,*

Just received the order of February *OH* entitled "The Day of Therapeutic Reckoning." It is just what we want—a superfine number. Please send me 500 more as soon as possible.—*G. E. Thompson, D. O., Peoria, Illinois, February 8th.*

And There Are Others



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

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

Broadening Out

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

Bellyache in Children

By Dr. Ira Walton Drew, Philadelphia

THERE appear in the practice of any physician who deals largely with children, many cases presenting a group of symptoms in which recurrent abdominal pain is present. This condition was called by our old family doctor "the bellyache" and I am not sure but his somewhat rough term was better than many of the present day designations.

Abdominal pain would perhaps be better accepted in polite society and so abdominal pain it shall be for purposes of our discussion.

While on the topic of names for disease I cannot refrain from expressing thoughts which have long been with me. Diseases are, I believe, overnamed. It has always seemed to me that if some authors of text books had spent more time seeking to discover how to bring about a cure and less time in the hunting for a high sounding name, many patients might have been saved pain.

"Call it whate'er you please
There's nothing in a name
Had it been dubbed a rose
It would have smelled the same."

The writer of the above shall be nameless for our purpose, but if his somewhat misguided intellect had been centered on affairs medical, I am sure he would have written the same about disease nomenclature.

Despite the fact that I shall be called unscientific, I freely assert that there are many groups of symptoms, particularly in children, that should be given the name of the presenting symptom rather than some jaw-breaker derived from Latin or Greek.

Osteopaths have been paving a new way in the therapeutics for so many years that we cannot be harmed by ignoring names. Furthermore, our osteopathic findings and treatment are the same in so many diseases of childhood that the name means nothing, except for the purpose of classification. Perhaps that is sufficient reason. At any rate, I propose to discuss a group of symptoms, which I shall term abdominal pain.

I do not want it to be inferred that every case should not be used to reach a correct diagnosis. Every art a physician possesses, every laboratory test, should be utilized to the utmost. But in the last analysis we are not treating symptoms. We are treating a sick baby and the same osteopathic cause frequently produces many varied symptoms.

Who has not been called to see a child with dark rings under his eyes, constipated, restless in sleep, grinding his teeth, irritable and complaining, with stationary weight or loss in weight, with a recurrent abdominal pain. The pain may be fleeting and often is accompanied by pallor of the face. Here we have a group of symptoms, which indicate a digestive disturbance.

A great majority of these cases exhibit a primary lesion at the fifth dorsal segment, the great vaso-motor center to the abdomen. Cervical contraction is almost universally present. The lesions are commonly reflex, but their reduction usually brings prompt relief. In those cases in which trauma is the direct cause, we are, of course, always successful.

In making an examination in cases of this type, it is always well to get a complete dietary history. Perhaps the youngster may have had too much pie. An improperly balanced diet will produce abdominal pain. Unless we correct such faults our osteopathic treatment,

while affording temporary relief, will fail to give permanent results.

An examination of the stools is essential. If we find undigested corn, the pulp of fruit or shreds of this or shreds of that, we know immediately that diet is the basic cause of our trouble and prescribe a food regimen, properly proportioned and suitable to the age of the child.

Again, let us look to the teeth. A child with bad teeth will bolt his food, even tho it be properly proportioned and suitable, and bolted food means intestinal disturbance. Examination of the milk teeth is just as important as examination of the second teeth. It is just as easy for microorganisms to find nidus about a milk tooth as it is about the second teeth. If you find bad teeth, give the dentist a job.

Worms are sometimes responsible for the abdominal pain. If you find worms get rid of them. I know of no strictly osteopathic measure that will drive worms out. I have never seen them disappear as the result of spinal adjustment. As this treatment, so far as I know, is outside osteopathic adjustment, I shall not outline it here.

Constipation in early life is frequently the source of abdominal pain. What a relief it is to these newcomers when a properly applied enema frees the intestinal tract. How simple it usually is to get rid of constipation at this time of life with osteopathy, plus proper food!

Abominal pain is often due to nerve reaction, a nervous bowel if you will. Something akin to nervous indigestion we find in older folk. Here is where osteopathy shines because we have the osteopathic lesion as the basic cause. What a delight it is to see cheeks grow red, restless sleep with night terrors become peaceful, constipation disappear and a youngster resume normal play life as a result of brief, but sure adjustment.

Whenever abdominal pain accompanies a group of symptoms it is wise to have appendicitis in mind. Appendicitis is the bugaboo of parents whenever the kiddie has the stomach-ache. It probably is not appendicitis, but make sure of that.

Eliminate kidney disease by laboratory tests. Use the palpating hand freely to discover enlarged glands or adhesions. Use the eye for hernia or other microscopical evidences of disease.

When, by a process of elimination, you have excluded kidney diseases, hernia, appendicitis, worms, decayed teeth or inflammatory or infectious processes, as you will exclude them in 90 out of every hundred cases, go ahead with your osteopathic treatment, frequently and vigorously, assured that prompt relief will be your reward.

Technique of adjustment is a matter of choice, but some adjuncts are of great aid. First of all, every case of this type should have "A HIGH SOAPSUDES ENEMA REPEATED UNTIL WATER COMES AWAY CLEAR."

Adjustment should be brief. Five minutes will be sufficient for any single treatment. Repeat adjustment as frequently as necessary. If the pain continues, adjust two or three times in a single day. Right here let me say that we have had cases in the hospital that have been adjusted as frequently as every 15 minutes for a period of 24 hours. Do not be afraid of frequent adjustment in acute cases, but do fear prolonged or over-adjustment.

When it comes to the subject of diet it should be remembered that improper food plays a part in the great majority of these cases, altho food is by no means always the cause. Bad teeth will cause abdominal pain despite a well regulated diet. In cases like these the dentist will furnish first aid. If you

follow him and straighten out the nervous mechanism you will soon have a well child.

It is impossible to lay down definite rules of diet for all cases because of the varying age of patients and because of local conditions. It is well to avoid foods that leave a coarse residue, such as oatmeal (this may be given as a gruel), celery, onions, carrots, tomatoes, turnips. In fact, a semi-solid diet is advisable for a few days, gradually returning to the normal food for the age. Potatoes and sugar should be temporarily eliminated, as there is nearly always fermentation.

Hot drinks are likely to be irritating. Heat applied to the abdomen is helpful.

In attacks of this kind I keep the child on the face instead of on the back. It helps; try it.

Dr. C. R. Atzen Fell a Victim of the Epidemic in the Midst of Duty

C. R. ATZEN, M. D., D. O., the son, pal and professional associate in practice of Dr. C. B. Atzen of Omaha, fell a victim to the epidemic in the midst of hard work, November 2, 1918. His friends and his father's many warm friends in the profession were shocked at this news. He was born June 21, 1891. Direct cause of death, pneumonia. Contributing cause, influenza. Length of illness, two weeks.

He sacrificed his life on the altar of public duty in attending to those in need of his professional assistance.

He was a graduate of the Omaha Public High School, of the Medical department of Creighton University; spent one year as interne in St. Joseph's hospital, Omaha; was a graduate of the Chicago College of Osteopathy, and Fellow of the A. T. Still Research Institute, Chicago. Dr. Atzen started in the private practice of his profession as an associate with his father, Dr. C. B. Atzen of Omaha, Neb., June 1, 1917, and continued in this practice until his death.

No. 21

Osteopathy:
Synonym
Surgery


A Lame Back Cured

Typhoid Spines

Disabled Wrist Restored to Usefulness

Intercostal Neuritis Caused by a Slipped Rib

Sagging Stomach or Gastroptosis



No. 22

Facts and Fallacies Regarding Osteopathy



How People Get Ideas About
Osteopathy

Some Insist It Is What It Is Not

Osteopathy Not Severe—
Osteopathy Not Rough

Mistaken Fears Prevent Relief

Some Think Patients Are
Treated Nude

How Patients Dress for
Treatment

Many Believe Osteopathy "Good
Only for One Thing"

What Osteopathy Can Do for
Diabetes Mellitus

OH Helps on the Awakening

I received the February magazines entitled "The Day of Therapeutic Reckoning." They are very fine and I hope the March magazines are just as good.—G. H. Millenbaugh, D. O., New Hampton, Iowa.

The last issue of *Osteopathic Health*, entitled "In the Wake of the Destroyer," was the best ever.—E. N. McIntosh, D. O., Richmond, Michigan.

Please send me fifty copies of the January issue of *Osteopathic Health*, entitled "In the Wake of the Destroyer." This issue is worthy of a world of praise.—H. W. Clements, D. O., Providence, R. I.

Practice is fine and we are sure doing wonders with the "flu." *The OH* is very good education for the public.—H. H. Christensen, D. O., Pender, Nebraska, February 4.

The January number of *Osteopathic Health*, entitled "In the Wake of the Destroyer," reached me. This number is simply superb—the best *OH* I have seen, and I have seen them all.—A. T. Hunt, D. O., Omaha, Nebraska.

Enclosed please find check covering my January *OH* entitled "In the Wake of the Destroyer." Practice has never been better than now. I owe a great deal to the silent booster—*OH*.—A. B. Caine, D. O., Marion, Indiana.

Herewith check for January booklets. They are the best ever and I certainly can not do without them. Not because I am out of work but saves explaining so much and teaches the patient in such a simple, plain, straightforward way. You are sticking in the pep sure.—L. A. Howes, D. O., Ord Valley County, Nebraska.

Osteopathic Health for January is certainly fine and it brings home the bacon for osteopathy. I find that the people in general need to be educated to know what osteopathy is and what it can do. I have answered more questions about it during the last month than ever before.—H. H. Christensen, D. O., Pender, Nebraska, January 27.

They All Like the OP

I cannot get along without *The OP*.—Gertrude M. Clements, D. O., Fort Worth, Texas.

Always glad to get *The OP*. It seems like getting mail from home.—F. C. Sharp, D. O., High Point, North Carolina.

If I knew how to express myself in more fitting terms about the merits of *The OP* than many others have done, I surely would do it.—J. B. Hyman, D. O., Sydney, Australia.

Enclosed you will find check for \$2.00 to renew my subscription to *The OP*. Must have it if I expect to stay in business.—S. T. Cannon, D. O., Dexter, Missouri.

Enclosed please find check for \$2.00 to cover renewal for one year to *The Osteopathic Physician*. I consider two dollars mighty well spent.—J. Robert Moseley, St. Augustine, Florida.

IN DO. LAND

Chicago Association Meets

The Chicago Osteopathic Association met at the Sherman Hotel February 6. The subject for general discussion was "Pneumonia." The plans for the big convention at Chicago the early part of next July were also discussed.

Death Calls Wife of Dr. G. W. Bumpus of Denver

Maud W. Bumpus, wife of Dr. G. W. Bumpus of Denver, Colorado, died at her home January 14, death being caused by a heart lesion. Burial was at Kirksville, January 18. Mrs. Bumpus was a sister of Mrs. W. A. Fletcher of Clarksburg, West Virginia, widow of Dr. W. A. Fletcher, who died a year ago.

Atlas Club Install Officers

The Atlas Club, Axis Chapter of the American School of Osteopathy, held its annual installation and senior banquet just recently. Dr. H. V. Halladay of the A. S. O. faculty acted as installing officer. An excellent banquet was served afterwards.

Correction by Dr. Willard

In article by Dr. Asa Willard in the January issue of *The OP* a typographical error eliminated the "Dr." from Dr. Fryette's name, and made the word "administration" in the last sentence read "examination." The last sentence should read, "Certainly the element of no examination in therapeutics hasn't a thing to do with the practical administration of the law as to pretenders and fakers."

Dr. Hugh Beaton Back to Private Life

Dr. Hugh Beaton, formerly of Green Castle, Indiana, has been honorably discharged from service in the United States army. He enlisted March 7, 1918, and was discharged December 18, 1918. He was with the medical department at Camp Greenleaf, Fort Oglethorpe, Georgia, and was in charge of the Dispensary and acting as Assistant to the Group Surgeon at the time of his

discharge. Dr. Beaton has not yet selected his new location, but he rather expects to select a suburb of Chicago.

New Jersey Society Meets

The midyear meeting of the New Jersey Osteopathic Society was held recently. The program was as follows: Dr. Jennie A. Rye, Leader of Forum, Clinical Demonstration, Report of Interesting Cases, Technique, Personal Efficiency in Practice, the Individual and the Community.

The program of the afternoon was as follows: "The Clinic Opportunity and the Clinic Obligation in New Jersey," by Dr. Raymond W. Bailey of Philadelphia; "Discussion"; "The Osteopathic Service League," by Dr. Charles R. Wakeling of Boston; "An Open Door," by Mr. George P. A. Brayden, M. A., of New York City; "Here and There," by Dr. H. L. Chiles; "Business Session."

Boston Osteopathic Society Meets

The Boston Osteopathic Society met at the Osteopathic Red Cross Room Suite, 314 Kensington Building, Boston, on Saturday evening, January 18. The program was as follows: Constipation, Dr. Francis Graves; Pneumogastic Disturbances Thru Intracranial Pressure, Dr. Alfred W. Rogers; Cervical Technic, Dr. George N. Bishop; Osteopathic Treatment for Discharged Soldiers, Dr. R. Kendrick Smith; Dr. Francis A. Cave will tell us about "The Pending Osteopathic Legislative in Massachusetts." The name of Dr. George N. Bishop will be acted upon for membership. Dinner will be served at 6:30 at Trinity Court Cafe, Dartmouth street. Come prepared to pay your dues for the year.—Mary Emery, D. O., Secretary.

New York Society Meets

The Osteopathic society of the city of New York met at the Murray Hill Hotel on Saturday evening, February 15th. The following program was given: "Problems in Constructive Idealism," by Dr. Frank M. Vaughan, Professor of Chemistry, Massachusetts College of Osteopathy; "The Influenza Epidemic and Aspirin," by Dr. Mark Shrum, Professor of Osteopathy, Massachusetts College of Osteopathy; "Osteopathic Treatment of Hemorrhoids," by Dr. Mary Emery, Professor of Applied Anatomy, Massachusetts College of Osteopathy; "Surgery as Related to Osteopathy," by Dr. L. Curtis Turner, Professor of Surgery, Massachusetts College of Osteopathy; "Viscerotaxis and Its Correction (with demonstration)," by Dr. Edith Stobo Cave, Professor of Corrective Exercises, Massachusetts College of Osteopathy; "Osteopathic Service League," by Dr. Francis A. Cave, Executive Secretary.

PERSONAL

Dr. A. B. Ford of Seattle, Washington, has a new country home. His front yard is 200 feet of the briny deep of Puget Sound.

Dr. F. B. Teter of Davenport, Washington, was elected representative from his district to the coming session of the legislature at Olympia.

Dr. Sherman B. Weston, formerly of Canonsburg, Pennsylvania, has been honorably discharged from service. He has sold his practice at Canonsburg and is now located at Wilkinsburg, Pennsylvania.

Dr. C. L. Draper has been elected secretary of the Kiwanis Club of Denver for the year 1919 and is to be congratulated on the measure of confidence shown by the business men of Denver in their choice.

Dr. A. E. Freeman of West Palm Beach, Florida, just recently went to St. Louis, Missouri, and had an operation performed by Dr. Edwards of that city. Dr. Freeman states that the operation was successful.

Dr. and Mrs. J. A. Barnett of Boonville, Missouri, announce the birth of a daughter, Ruby Darline, on the 10th of December. Dr. Barnett states that this is the fourth girl and three boys, all osteopathic children.

Dr. E. Gertrude Smith of Alameda, California, recently had a very serious automobile accident. Her car collided with an S. P. train, totally wrecking the car. We understand that Dr. Smith is on the way to complete recovery.

Dr. William J. Forrest of Carroll, Iowa, was a visitor at the offices of *THE OSTEOPATHIC PHYSICIAN* February 5. Dr. Forrest was in Chicago on some special work. He is very busy just now assisting in the osteopathic legislative campaign in Iowa.

Dr. H. A. Stevenson, formerly of 36 Kingman street, St. Albans, Vermont, has moved to 12 Kingman street. Dr. Stevenson was at the old location nearly five years, but his practice has grown to such a point that he felt the need of larger quarters.

Dr. J. Fred Wood of Williamsport, Pennsylvania, died November 25 of bronchial pneumonia following the "flu." Dr. Wood, who was blind, was a graduate of the A. S. O., 1905. His practice has been taken over by Dr. Samuel L. Grossman, who has just been released from the field artillery, central officers' training camp.

Dr. A. B. Caine of Marion, Indiana, was recently chosen as president of the Indiana State Board of Medical Registration and Examination. Dr. Caine states that this is a recognition that has never been permitted the

No. 18

A. T. STILL AS A MEDICAL THINKER

By M. A. LANE

Professor of Pathology in the American School
of Osteopathy at Kirksville



osteopaths in the state before. To us it seems as if osteopathy has made a wonderful advance in the state of Indiana.

Dr. Albert R. Bell of Washington, North Carolina, son of Drs. R. W. and Mary C. Bell, Independence, Kansas, died on January 3 at the New Bern Hospital of influenza, followed by pneumonia. Dr. Albert R. Bell was a graduate of the A. S. O., 1913. After his graduation he married Miss Anne Wallingford. They settled in Clarksville, Tennessee. From there they moved to Washington, North Carolina. He leaves a wife and two children.

Dr. H. L. Sunderland, formerly located with Dr. B. E. May of Crawfordsville, Indiana, has just received his honorable discharge from the army and is now in Chicago. Dr. Sunderland was a graduate of the Chicago College of Osteopathy in 1916. He was commissioned as a second lieutenant in the field artillery at Fort Benjamin Harrison, Indianapolis. Later he was assigned to Camp Taylor, Kentucky in the school of instruction. After that he was sent to Camp Shelby, at Hattiesburg, Mississippi. Dr. Sunderland treated several hundred cases while in the army and stated he could have treated cases twenty-four hours a day. Of course all this work he did was on the quiet, but it took in much influenza work and also the treatment of an officer who had fallen off his horse.

LOCATIONS and REMOVALS

- P. M. Agee, from Clinton Building to Carl Building, Independence, Missouri.
- Joanna Barnes, from Greenwood to Ridge Spring, South Carolina.
- L. J. Courts from Pontiac to 40 Virginia Park, Detroit, Michigan.
- Coral Crain, from 68 North Marengo avenue to 263 East Union street, Pasadena, California.
- F. E. Hird, from 329 Ord street to 708 Garfield street, Kansas City, Missouri.
- W. H. Johnston, from Fort Wayne, Indiana, to 1559 West Forty-ninth street, Los Angeles, California.
- Edwin J. Pratt, from Chicago to Stebbins Block, Hastings, Michigan.
- E. I. Schindler, from St. Louis, Missouri, to 131 South Scot street, Sheridan, Wyoming.
- Mary A. Williams, from Pittsburgh to 109 Clearview avenue, Crafton Heights, Pennsylvania.
- F. O. Woodard, from 1422 Locust street to 1820 Twelfth street, Des Moines, Iowa.
- H. Harold Wright, from Salem to Wooster, Ohio.
- H. A. Stevenson, at 12 Kingman street, St. Albans, Vermont.
- G. B. Wolf, from 617½ American avenue to 405 First National Bank Building, Long Beach, California.
- Frank W. Shannon, from Delaware, Ohio, to 306 Main street, Princeton, Missouri.
- Amy M. Budd, from 715 West Scott, Middletown, New York, to La Platta, Missouri.
- H. M. Grise, from Chillicothe, Ohio, to 214½ Jefferson street, Wausau, Wisconsin.
- Ethel N. Norris, from Colorado Springs, Colorado, to Moira House, Eastfourne, England.
- Howard R. Juvenal, Upper Sandusky, Ohio, to Maryville, Missouri.
- Nathaniel W. Boyd, from Philadelphia, Pa., to 71 Herman street, Germantown, Pennsylvania.
- Ernest W. Bush, at Southern Pines, North Carolina.
- M. M. Hathorn, at Masonic Temple, Crawley, Louisiana.
- I. J. Eales, at 5681 South Boulevard, Chicago, Illinois.
- L. B. Smith, from Aberdeen, Washington, to 726½ I street, Hoquiam, Washington.
- M. B. Barstow, from Dorchester, Massachusetts, to 424 Huntington Chambers, Boston, Massachusetts.
- H. A. Stevenson, at 12 Kingman street, St. Albans, Vermont.
- W. S. Childs, at Roach Building, Salina, Kansas.
- Cora Pippenger, corner St. Charles and Lena streets, Salomon, Idaho.
- R. H. Dunnington, from Philadelphia, Pa., to 191 South Penn avenue, Atlantic City, New Jersey.
- E. H. Wright, from Salem to Wooster, Ohio.
- C. R. Bean, from 1621 Linden to 1530 Woodland, Des Moines, Iowa.
- George Bridges, from Kirksville, Missouri, to 146 Westminster street, Providence, Rhode Island.
- F. E. Wilcox, from Chicago, Illinois, to 14716 Detroit avenue, Lakewood, Ohio.
- Myrtle Price, from 810 West Fifteenth street to 655 West Fifteenth street, Des Moines, Iowa.
- G. P. Long, from Bronsville, New York, to 414 Madison avenue, New York City, New York.
- Clara Treat, from 1423½ Carroll avenue to 463 West Thirty-seventh place, Los Angeles, California.
- E. Saddon, from Allison, Iowa, to 322 Fountain street, Cherokee, Iowa.
- R. T. Tandy, from Golden Valley, North Dakota, to Grant City, Missouri.
- Russell M. Perry, from Kansas City, Missouri, to Bedford, Indiana.
- Alma Chase, from Kirksville, Missouri, to 202 East McPherson, Hinsdale, Illinois.
- J. H. Banker, from Norman, Oklahoma, to the Goodland Sanitarium, Goodland, Kansas.

BORN

To Dr. and Mrs. Harry B. Martin of New York City, on November 13, a daughter, Marjorie Elizabeth.

To Dr. and Mrs. J. A. Barnett, Boonville, Missouri, on December 10, a daughter, Ruby Darline.

To Dr. and Mrs. L. E. Sowers, of Warren, Ohio, on the 2nd of October, a 9 pound son, Richard Murray.

To Dr. and Mrs. E. A. Haight, of Detroit, Michigan, on January 31st, an 8½ pound baby girl, Margaret Lily.

DIED

Dr. C. R. Atzen of Omaha, Neb., son of Dr. C. B. Atzen, on November 2 of pneumonia.

Dr. Albert R. Bell of Washington, North Carolina, at the New Bern Hospital on January 3.

Maud W. Bumpus, wife of Dr. G. W. Bumpus, of Denver, Colorado, at her home, January 14.

Little Roy Milton, Jr., son of Dr. and Mrs. R. M. Wolf, of Big Timber, Montana, died Friday, January 24th, age 2 months and 25 days. He had suffered with malassimilation since birth, but was gaining at the time he contracted the "flu," December 30th, since which time he had been continually on the decline. He was buried in Mountain View cemetery.

EXCHANGE and MARKET

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

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

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

Office To Rent—Monday, Wednesday and Friday, to lady osteopath. Address 1131 Stevens Bldg., Chicago.

For Sale—Blickendorfer Typewriter No. 8, with tabulator and leather case. Machine has not been used 30 days and is as good as new. Former list price of machine was \$70. Will sell for \$30 cash. Address No. 131, c/o The OP, 9 S. Clinton St., Chicago, Ill.

Have you a standardized McManis table you wish to dispose of? The McManis Table Company of Kirksville, Missouri, will pay you spot cash. McManis Table Company, Kirksville, Missouri.

Wanted—Assistantship, partnership or practice. A. S. O. graduate. Address No. 136, c/o The OP, 9 S. Clinton St., Chicago.

Wanted—Man or man and wife with Oregon license to take charge of practice on commission basis with opportunity to work in as a partner. Dr. E. R. Lyda, 311-312 First National Bank Bldg., The Dallas, Oregon.

For Sale—Tycos sphygmomanometer, \$18; cost me \$25. Bazzi-Bianchi phonendoscope, \$3.50. Both perfectly new. Address No. 135, c/o The OP, 9 S. Clinton St., Chicago, Ill.

Excellent opportunity for young man graduate osteopath to acquire all around experience, including general surgery. Address Delaware Springs, Delaware, Ohio. Osteopathic office to sub-let. Well equipped office centrally located in Chicago loop. Private treatment rooms. Address No. 138, care The OP Co., 9 So. Clinton St., Chicago.

WANTED—At once, a good A-1 osteopathic physician as assistant or partner in large first class practice in California. I am overworked and must have help. With the right man I will make any reasonable arrangement, salary, commission or half interest partnership. When writing give references and full particulars about yourself. Address No. 137, care The OP, 9 So. Clinton St., Chicago.

WANTED—Practice for few summer months in north. Sixteen years' experience, acute and chronic. Address Lauren Jones, D. O., Daytona Beach, Florida.

WANTED—Some one to take charge of practice in good western Illinois town of 4,000. Only Osteopath. Will sell or leave on commission. Must have good references. Man and wife both Osteopaths preferred. Established nineteen years. Retiring. No. 139, The Osteopathic Physician, 9 So. Clinton St., Chicago, Ill.

Wanted—A Chattanooga vibrator. Address No. 140, c/o OP, 9 S. Clinton St., Chicago, Ill.

PROFESSIONAL CARDS

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

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

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

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

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

- James D. Edwards, D. O., M. D.
Originator of "Finger Surgery" in Catarrhal Deafness, Hay Fever, Eye, Ear, Nose and Throat Diseases
403-9-10 Chemical Bldg., St. Louis, Mo.

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

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

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

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

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

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

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

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

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

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

Osteopathic Health edu-
cates your patients. It
makes the patient have
more confidence in osteop-
a t h y by explaining its
therapy.

No. 19



Three Hundred
Cases of Pneumonia
Without One Fatality!

The Story of a Lost Voice

Osteopathy After Confinement

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



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

Osteopathic Health
for March, 1919

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

Less Than One in Every Hun-
dred Patients Died from Both
Diseases Combined

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

"Shot-Gun" Vaccines are Pure
Charlatantry

The Doctor of Osteopathy



No. 23

The
Osteopathic
Catechism

(Part 2)



Everyday Questions
and
Answers that Pass
Between Patient
and Practitioner

Part II.

No. 29



The Day of
Therapeutic
Reckoning

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

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

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



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