

# **The Osteopathic Physician**

**April 1919**

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# The Osteopathic Physician

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Volume XXXV

CHICAGO, APRIL, 1919

Number 4

## HOW DID YOU TREAT YOUR "FLU" CASES?

The *OP's* Follow-Up Questionnaire is designed to supplement the invaluable statistical data of epidemic **results** now being collected by the AOA. This Questionnaire deals with **methods**. It is to disclose **how our patients were treated**.

Please answer as many of these questions as you can and send your data to The *OP* for prompt printing and compilation into general articles in order that the whole profession and mankind may profit.

1. What kind of lesions were found?
2. Where were they?
3. How were they corrected?
4. What general manipulations were given for bedside treatment?
5. What was the **average time** used per patient for osteopathic treatment?
6. **How frequently were patients treated?**
7. Did you find it easy to **over-treat** your cases?
8. **How many days** were patients under treatment?
9. Did patients who had been drugged respond as well as others to osteopathic treatment?
10. What regulation of diet was prescribed for
 

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

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

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

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

{	If drugs were used, mention them and quantity used? If not used, <b>state so definitely.</b>
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Blanks of the above will be furnished gladly upon application. Please be prompt in your response.

Henry Stanhope Bunting, Editor *The OP*  
9 South Clinton St., Chicago

### OSTEOPATHIC FLU-PNEUMONIA STATISTICS

As Reported to Chairman Geo. W. Riley by April 11, 1919

Flu Cases  
81,997

Deaths  
205

Percentage  
.25%

Pneumonia  
4,870

Deaths  
468

Percentage  
9.6%

The number of Physicians reporting to date is 1,876.

## \$6,000 Raised by "Tag Day" for Chicago Osteopathic Hospital Children's Ward

A "TAG DAY" for the benefit of the Children's Ward of the Chicago Osteopathic Hospital was held in Chicago, March 31. Five hundred friends and boosters of osteopathy acted as "taggers" in the "Loop" and at outlying points and the proceeds to date are \$6,000.

Identified with the work of the Chicago Osteopathic Hospital is an enthusiastic group of women, representing the laity, organized by Dr. Nettie M. Hurd, and known as the Woman's Board. The membership of this organization is made up entirely of friends of osteopathy. No proposition is too big for them. They are all earnest workers. Less than one year old, this organization has donated many hundreds of dollar's worth of linen, dishes, silver, etc., to the hospital and during the influenza epidemic the members volunteered as nurses to care for the patients, made surgical dressings, masks, etc.

Early last fall, when tag days were so popular in Chicago, the Woman's Board decided that the Chicago Osteopathic Hospital should appeal to the city authorities for a tag day permit. Dr. Ernest R. Proctor and his secretary, Miss Ethel New, made the first advance by interesting a patient to write a letter which finally reached the mayor's office. His reply gave the necessary information as to further proceedings. Every "Political Wire" available was solicited to gain the consent of the city council to grant us this privilege. Finally on March 24th the Woman's Board was notified that Monday, March 31st had been set aside by the city council as a "City Wide" tag day for the Chicago Osteopathic Hospital. A "City Wide" tag day, meaning the permission to tag on any and all streets in the city with police protection, is a concession granted to but few local institutions and seldom to a single institution, the usual custom being to include several charities in the one tag day. The action of the Chicago city council, in this respect, is fully appreciated by the Woman's Board of the Chicago Osteopathic Hospital and by the osteopathic profession of the city generally.

The time in which to organize was short—only seven days—but the opportunity was too great to lose. The undertaking was placed in charge of the Woman's Board Tag Day Committee, Dr. Nettie M. Hurd, Mrs. E. S. Comstock, Mrs. O. C. Foreman, Mrs. A. B. Culley, Mrs. E. A. LaRochelle, with the aid of Mr. W. Frank Powers, a senior student, as Lt. captain. The entire student body of the Chicago College of Osteopathy, under the able leadership of Miss Bessie Bell Johnson, a freshman; the trustees and management of the hospital; members of the profession, patients and friends; co-operated in every way toward success.

Through the kindness of Dr. Carl G. Winslow, in loaning one of his rooms, headquarters were established in the Goddard Building. This afforded a central location for distribution of tags, boxes, supplies, etc. Tin tag boxes were donated by the Uban coffee people.

The city was mapped out in districts, captains appointed, and the rush continued day and night to gather taggers sufficient to cover the main points. The response was remarkable. Information was received that many public spirited, influential women, who assisted at various tag days during the year, had been acquired as captains in certain localities, hotels, public buildings, etc., with their own workers. These women did not know our hospital, nor much about osteopathy, but felt that as the city council had upheld our request in such a large way, they wished to be identified with it and their response was most cordial. The students strung and tied 100,000 tags, which was one of the big features.

Newspaper items appeared in the various daily papers, through the efforts of a special reporter engaged for the week, at whose request the *Chicago Examiner* sent a man to the hospital to

photograph the children and soldiers under treatment there. Illustrations from these photographs appeared in the early Friday evening issues.

The weather was very disagreeable on March 31st, but notwithstanding, six o'clock in the morning, found five hundred enthusiastic women at their corners ready with tags, literature, and smiles to exchange for the contributions put in the boxes. They were all so eager to sell tags that they forgot the weather and for hours stood facing the bitterest wind in many weeks, until they were stiff and blue with cold. They refused to go inside, for each wished her box to be the richest. Many interesting tales are told by the

## A. T. Still Research Institute Sells Its Chicago Property at a Profit

THE A. T. Still Research Institute has sold its ground and buildings at 122 South Ashland boulevard, Chicago. The price obtained was \$19,000. The money will be put into gilt-edged investments and its income used to further the work of research thru branches of the institute until such a time as a new and better located and better adapted building and grounds are selected for laboratories of the institute. Headquarters meanwhile are located at 27 East Monroe street, Chicago.

Dr. Fred Bischoff, secretary of the institute, makes this statement regarding the sale:

### "THE A. T. STILL RESEARCH INSTITUTE FORWARD MOVEMENT"

"At the meeting of the AOA in Detroit, Michigan, July, 1912, Chicago was chosen for the home of the A. T. Still Research Institute, on condition that the Illinois profession furnish suitable quarters for the use of the workers. A campaign among the Illinois profession netted over ten thousand dollars and the property at 122 So. Ashland boulevard, Chicago, was purchased, where research work has been carried on for the past four years.

"Owing to the war it was difficult to secure workers in the laboratory, and it became necessary to temporarily discontinue all research work in Chicago. A branch was opened in South Pasadena, California, under the direction of Doctor Louisa Burns.

"In November we had an opportunity of selling the 122 South Ashland boulevard property at a good profit, and it was thought best by the board of trustees to make the sale. The property was purchased in 1913 for \$15,000 and sold in November, 1918, for \$19,000, making us a net profit of \$4,000.

"Our endowment fund is gradually increasing, and several young men in the profession are taking special work in the university preparatory to entering our laboratories which we hope to open soon.—Fred Bischoff, Secretary.

Frankly, the trustees were very glad to have the chance to sell this property at such an advantageous price. It was \$4,000 in excess of the cost of the property to the profession. It was early found out that the property was not at all well adapted to research purposes. This admission has been made only reluctantly, or not at all, but it was evident to anybody who really looked into the matter with half an eye. An old-fashioned and passe heavy-stone construction dwelling, with handsome dark hallways, staircases, ponderous chimneypieces, dingy parlors, dining room, bed chambers and bathrooms is about the least adapted and least adaptable place on earth for research laboratories. Some of us foresaw this and urged against the selection of the old Fitzsimmons home at the time it was being selected as the "plant" of the Research Institute.

taggers, of questions asked by the public about osteopathy, some persons saying, "Another fake;" others guessing it a new religion. Several M. Ds. are now wiser in regard to the extent of the training in our osteopathic colleges; the requirements upheld for matriculation; and the success of the Chicago Osteopathic Hospital. That the osteopathic physicians of Chicago could maintain such an institution was news to them. This tag day was surely one of the biggest advertisements in an educational way that osteopathy has enjoyed in many a year. Several patients have come to the hospital this week as a result of it.

As a guard against any undeserved criticism, the Union Trust Company's Bank kindly consented to receive the boxes directly from the taggers and to count the money and turn it over to the custody of the city treasurer from whom it will be checked out by voucher.

That this was absolutely true was quickly proved by the fact that only the garage on the rear of the lot was fitted up and used as a laboratory where animal and other experimentation went on, while the big pretentious house was used for sleeping quarters for the staff and as an office for the "business administration" of research.

The *OP* always argued that such a thing as the "business management of research" never existed in fact any more than a poet laureate or a painter or a composer of music or an inventor needed or could abide a "business management" sitting astride his neck and directing the production and direction of the outpourings of genius.

Well, we have now had some years of "business administration" of research and what did it accomplish for research? All the personal sacrifice and hard work done in that direction availed nothing for research that we can see.

If research is ever to be done for our field it must be done—as we have insisted from the outset—by qualified researchers, who do not need direction, working untrammelled and without any guidance or restraint but the inspiration that is fathered by genius and mothered by technical training. If you don't get this idea you do not understand the nature of research. There is no other way.

As The *OP* has printed at various times, what the A. T. Still Research Institute needs to do with its money is to keep it permanently invested in safe and productive securities and use the income to do actual research. It should save all the overhead outlay that it takes to run any kind of business management, or do business campaigning, or conduct a publishing enterprise, or conduct school classes, etc., and should have nobody actively connected with the establishment but qualified technicians, each able to work unmolested chasing the mysteries of his own fancy in his own special line of investigation. If the profession's experience has not made us all of one mind as to the wisdom and necessity of such a course, then it means only so much further delay for the era of actual productive research. Men and women able to do research do not have to be directed, and there is nobody able to direct them except he who is a pastmaster in research science himself.

We have only lost a little time and may have learned the lesson by experience, which is a good teacher. Let us start right next time. A satisfactory laboratory for research workers would be a small inexpensive building or a second story loft with good light, air, space enough for various laboratories, good ventilation to carry off poisonous gases, plenty of ground to keep the animals on and bury carcasses and used up material in, with no danger of being voted a nuisance by close neighbors, or stopped from burning off or becoming subjected to search and seizure by the Society F. T. P. O. C. to A. Such quarters

with heat and janitor service could easily be secured for from \$1,200 to \$2,400 a year in any suitable locality selected and even \$600 per annum might do for a beginning as long as qualified workers were few.

We congratulate the research trustees on getting rid of their fancy house and grounds and upon being able to unload their investment at a profit of \$4,000. It might have been a whole lot worse.

in its history or the history of any therapy and the complete story in popular language has been presented in a series of six issues of *Osteopathic Health*. To help these brochures carry the big news to the people everywhere should be regarded as a duty, privilege and proud pleasure by every sincere and loyal osteopathic physician. It is the sort of educational propaganda which will win the world to osteopathy. It is 100 per cent perfect in both attention value and suasion-value, and that constitutes the alpha and omega of successful advertising.—*Ralph Arnold*.

## Mechano-Therapist Treated Florian Miller— Not An Osteopath

IN the daily papers of Chicago, March 25th, there appeared a news item stating that "Florian Miller, suffering from paralysis, said to have resulted from dislocation of his neck while taking osteopathic treatment for a cold eighteen months ago, died yesterday at the county hospital."

Dr. H. H. Fryette, president of the AOA, and other Chicago osteopathic physicians, immediately got busy and discovered that Florian Miller was not treated by an osteopath, but by a man named L. W. Miller, claiming to be a "mechano-therapist."

Mr. Perry S. Patterson, attorney, was secured to attend the inquest and obtain a complete stenographic report of the testimony. It was brought out at the inquest that L. W. Miller was not a licensed practitioner of any sort; that he held only diplomas from mechano-therapy and chiro schools; that he admitted he knew nothing about osteopathy; and that he denied having ever represented himself to be an osteopath to anyone at any time.

Meanwhile, however, some person or persons,

seem to have been very interested in giving the erroneous news item wide publicity. It was sent out thru the country as a wire dispatch, apparently by the United Press (the Associated Press denies that it sent out the item). On having its attention called to the facts, the *Chicago Tribune* published a corrected story. Steps are being taken to compel a correction by the news agency responsible for sending the original wire dispatch out thru the country.

The Chicago osteopathic physicians are to be congratulated on their quick and thoro action in getting Mr. Patterson on to the job to obtain the complete facts in this case. They have already been put to considerable expense—the transcript of the testimony at the inquest occupies fifty typewritten pages—but the case will be carried thru to a finish. The evidence obtained indicates that there was absolutely no excuse for connecting the name of osteopathy with the case, and there is fair assumption that it was another underhanded attempt of the medics to bring osteopathy into disrepute.

## \$10,000 Cash Gift to Chicago College of Osteopathy

AT the Palmer House, March 26th, twenty interested osteopaths guaranteed the raising of \$40,000 for the Chicago Osteopathic Hospital and College—a pledge of \$2,000 apiece. In consideration of this support a prominent citizen of Chicago paid the college's \$10,000 note that fell due April 1st.

Osteopathy is coming into its own. The opportunity is unlimited. We must place ourselves in a position to receive the benefits.

On March 29th at the Hotel Sherman, a meeting of the profession was held to celebrate the success of our institution.—*E. S. Comstock, D. O., Secretary*.

## Maine Last State in U. S. to Regulate Osteopathic Practice

THE state of Maine which was the only state in the union that had no law regulating the practice of osteopathy has just passed a bill giving the state an independent board. The bill was signed by the governor, April 4th.

As we get it, the bill prohibits the use of drugs internally, surgery with instruments and obstetrics. While these features are undesirable, still it was found necessary to make concessions to prevent medical opposition that otherwise would have defeated the bill.

We congratulate the profession of Maine on winning this tardy half justice for their practice and here's hoping the next may be all that they deserve.

## Proposed Amendment to New York's Public Health Law

AN act to amend the public health law of New York in relation to the granting of licenses to practice osteopathy was introduced by Louis M. Martin, member of the assembly. It was read once and then referred to the committee on public health.

We print here only a part of the proposed amended law which affects osteopathy and in which osteopaths are most interested:

"It is further provided that any person who shall be engaged or has been engaged in the practice of osteopathy in the state of New York for at least five years past, and who shall present to the board of regents satisfactory evidence that he is a graduate in good standing of a regularly conducted school or college of osteopathy within the United States which at the time of his or her graduation required a course of study of two years or longer, including the subjects of anatomy, physiology, hygiene, chemistry, obstetrics, diagnosis and the theory and practice of osteopathy, with actual attendance of not less than twenty months, which facts shall be shown by his or her diploma and affidavit, shall upon application and payment of ten dollars be granted, upon a satisfactory examination by the regents or proper board of examiners, a license to practice osteopathy."

## How Much Can a Fellow Stand?

NOW and hereafter the question is, how much of this work can we stand? It is no longer a question whether or not "biz" will be good for future, but how much of it can we osteopaths stand at the pace of recent months or years?—Best wishes, etc., *H. W. Gamble, D. O., Missouri Valley, Iowa, March 25th*.

## Bozeman to Be Location of Osteopath Hospital to Be Built by Montana Osteos

[From the Bozeman (Mont.) Weekly Courier, March 19th]

MONDAY night at the Bozeman Hotel a number of osteopathic physicians from Billings, Columbus, Big Timber, Livingston, Bozeman, Helena and Missoula met and associated themselves together for the purpose of incorporating, building and equipping an osteopathic hospital in Bozeman to cost in the neighborhood of \$75,000. Dr. Payne, of Columbus, acted as temporary chairman of the meeting. Drs. Dean and Dawes, of Bozeman; Dr. Stryker, of Livingston; Dr. Townsend, of Chico Hot Springs, and Dr. Wolf, of Big Timber, were chosen as directors.

This hospital when completed will be second to none in the state for architecture, modern convenience and equipment.

The contemplated plans for the building call

for a two-story structure with daylight basement constructed of fireproof brick. Every room will have hot and cold running water and toilet. Some of the rooms will be equipped with bath conveniences. X-Ray and operating rooms will be installed and it is planned to procure the finest equipment possible for these rooms.

The organization and incorporation will be completed as soon as possible and the site of the building will be selected.

Bozeman was selected as the location for the new hospital because it is centrally located in the state and osteopathic patients from all over the state will be treated here. This will be the only institution of the sort in Montana and it is believed to be essential because of the rapidly growing popularity of the profession.

## Ignores His Greatest Opportunity Because He Has "Chronic Practice"

THE following letter shows an attitude which unfortunately is typical of some osteopathic physicians who should have a broader vision:

"The last two numbers of "OH" were no good to me. My practice is an office practice—chronic cases. If you get out any more of the "flu" talks, don't send them to me.—*Dr. Blank, Missouri*.

Just think of it! The flu-pneumonia pandemic gave osteopathy its great opportunity to prove its efficacy and it met the trial with most wonderful success, and yet this osteopath *does not wish to tell the story of that great achievement to his patients!*

How sadly shortsighted!

Every osteopathic physician in the world should be spreading broadcast the facts about osteopathy's great triumph in the flu-pneumonia test, regardless of whether his practice is exclusively among "chronic" patients or otherwise. Placing the facts of this situation before the people will bring more "chronic" patients to osteopathic offices than anything previously said or done to herald the merits of osteopathic therapy.

If osteopathy can accomplish such wonderful results in saving lives from the fierce onslaughts of virulent acute infections, which often kill off their victims in a few hours, is it not safe to say that it will be equally sure and successful in caring for "chronic" patients? Of course it is, and the history of osteopathic practice proves it. Osteopathy in its early days made its reputation by its success in the treatment of chronic cases and it won its way to public confidence for ability to cure acute cases by reason of its first successes with chronic cases.

No equal opportunity for establishing the truth about osteopathy in the public mind and upbuilding osteopathic practice of any sort, chronic or acute, office or bedside, specialty or general was ever before offered as has been given by the great influenza-pneumonia pandemic interpreted by the brilliant exposition of the facts as set forth by Dr. Bunting in the six recent issues of *Osteopathic Health*.

Osteopathy has achieved the greatest triumph

## Chief Surgeon, A. E. F., Publishes That Vaccination by no Means Gives Complete Immunity From Typhoid

[From the Indianapolis News]

WASHINGTON, April 4.—Charges of gross carelessness and negligence in preventing and controlling the spread of typhoid and paratyphoid fevers in the army are made against many medical officers serving with the forces overseas in a circular published by the chief surgeon of the American expeditionary forces and made public here today by the public health service in connection with a warning that vaccination does not give complete immunity from typhoid.

### Surgeon Cites Instances

The chief surgeon cites many instances where epidemics prevailed among troops, especially during the last offensives on the western front, and points out that the occurrence and distribution of diseases was constantly brought to the attention of the medical officers thru weekly bulletins.

"It would appear," the circular continues, "that many officers utterly failed to grasp the significance of these reports and warnings, a fact which may be due to a false sense of security under the popular belief that vaccination against typhoid and paratyphoid gives complete immunity even in the midst of gross insanitary conditions.

"Notwithstanding the fact that typhoid and paratyphoid fevers are epidemic in the United States and in spite of our extensive experience with these diseases during the Spanish-American war and later during the period of mobilization on the Mexican border, it is evident that many medical officers have gained but little knowledge of the fundamental principles underlying prevention and control. It is also quite evident that some medical officers are grossly careless and neglectful of their duties and responsibilities as medical officers and sanitarians."

### Conditions Cause Laxity

It is fully recognized, the circular says, that conditions brought about by the mobilization of millions of men and the active participation in the war of 2,000,000 of them have at times made sanitary control extremely difficult, especially during the stress of active combat.

The high standards of sanitation and personal hygiene set by the army medical department during the previous decade, it adds, were not lived up to during the last year and a half, due to a combination of factors, the more important of which was the lack of facilities and material transportation difficulties and insufficient training and personnel.

"However," the circular continues, "many medical officers serving with combatant and S. O. S. units have been unable to overcome all handicaps, and have by wise counsel and eternal vigilance succeeded in keeping their units in excellent fighting trim."

The chief surgeon warns his subordinates that now the excuse, "There is a war on," no longer will be tolerated and that they will be held responsible for proper supervision of the health of troops nearly all of whom are in stationary training areas or in the army of occupation, where proper instruction and measures can be instituted and enforced.

In a brief review of the occurrence of typhoid and paratyphoid fevers in the expeditionary forces, the chief surgeon says that until June, 1918, few cases developed and the rate was within the expected limits. From then on, however, it appears the diseases spread thru many units.

### Seventy-Five Per Cent Affected

During the Chateau Thierry offensive, the circular discloses, approximately 75 per cent of the troops engaged were afflicted with diarrheal disease, such as simple diarrhea, bacillare, dysentery, typhoid and paratyphoid.

"The high evidence of intestinal diseases in

the sector," the chief surgeon says, "was due to entire disregard of the rules of sanitation."

Both dysentery and typhoid and paratyphoid fevers were demonstrated to have prevailed to some extent after the St. Mihiel offensive, but the epidemics of pneumonia and influenza prevailing at that time overshadowed all other medical admissions.

After the offensive in the Argonne, typhoid and paratyphoid began to be reported from virtually all divisions engaged, and, according to the chief surgeon, it was evident the first cases were due in large part to the drinking of infected water. In some instances either the first exposure was not great, the organizations were under good discipline or the medical officers had a proper conception of their duties and respon-

sibility, and only a few cases occurred. In other instances the contrary was true, and many cases occurred.

### New Orders Published

In July, 1918, a replacement unit consisting of 248 men from Camp Cody, N. M., reached England with typhoid prevailing extensively; 98 men, or 39.5 per cent, had the disease and the death was 8.42 per cent.

From the investigation it was developed that the men were exposed to infection thru drinking water while traveling across the United States. The unit had been vaccinated a few months before the epidemic.

The chief surgeon declares that in many instances patients, some of whom were wounded, passed successively thru camp, field, evacuation and base hospitals without any documentary evidence that typhoid or paratyphoid was even suspected in their cases. In not a few cases it remained for pathologists to make a diagnosis at the autopsy table.

A number of new regulations requiring all medical officers in forces overseas to report immediately even suspected cases of typhoid have been published by the chief surgeon.

## American Discoverer of Sleeping Sickness Describes Disease

[From the Syracuse (N. Y.) Herald, March 21st]  
Dr. Beverly A. Tucker

RICHMOND, VA., March 21.—The "sleeping sickness" which is now epidemic in various parts of this country is not the sleeping sickness caused by the bite of a fly which is common in Africa. It is known to physicians as cephalities lethargica, and to give it a popular name I have called it "epidemic somnolence."

It was known in the seventeenth and eighteenth centuries, and in 1895 was reported in all countries of Europe and one or two places in the United States.

It was not heard of here again until eight cases were reported from Camp Lee, Va., two weeks ago, when the fact first struck me that I should notice seven cases of extreme sleepiness, accompanied by high temperatures, in my own practice and consultations. I recognized that it was an unknown disease and had spoken to my friends about it.

I reported the cases to the state board of health, of which I am a member, and because I was the first to report them I was made chairman of a committee to investigate the disease. Soon six more cases were reported, making a total of thirteen, four of which are in Richmond and the rest in other parts of Virginia and North Carolina. Then came the reports of several cases in Chicago.

### Three Months Longest Sleep

The periods of somnolence vary. In our shortest case the patient slept for three days, and in the longest case he has been sleeping for three months and is still asleep.

The condition is, in reality, not sleep, but a puzzling sort of coma. The patient can be aroused as you would awaken some one from sleep. We feed him and then he goes back to sleep. The bowels function normally. The patient remains absolutely quiet in one position when awakened; he wears a blank expression, takes little interest in anything, and says little.

Some patients take food naturally, others have to be forcibly fed with liquors. I have one patient who is aroused regularly three times a day, sits up in bed and eats, and relapses into unconsciousness.

There is no pain except some headache and nausea. The temperature does not exceed 102.2. Pulse is not affected.

### Toxic Condition Not Present

There is no toxic condition as in other disease, which produces unconsciousness. Respiration is normal. There are no symptoms of any nature

except an increased rigidity of the muscles and a partial paralysis of the face and head. I have found no evidences of infantile paralysis. There is no coughing or sneezing.

I have examined the spinal fluid in all cases and have found that it has been under increased pressure. This and the fact that the cranial nerves are affected have led me to believe that the disease is caused by an affection of the base of the brain. Whether it is caused by a germ we do not know yet. Our examinations of the blood and the spinal fluid, have shown no germ. I have made X-ray examinations of the head, which also showed nothing.

None of our thirteen cases have communicated the disease to any other person. I believe, however, that the disease can be communicated by direct contact thru the nose and mouth. I do not consider it contagious.

### Isn't Regarded as Fatal

I think the disease will appear in various parts of the country where the influenza epidemic was most serious. I regard the "epidemic somnolence" as a recrudescence of the influenza epidemic. I do not regard it as a fatal disease, because the patient takes nourishment and his body continues to function.

We have had no deaths, altho I understand there was one fatal case in Chicago, and I have heard of one fatal case in South America. But it is an extremely inconvenient and obnoxious disease and it may disable the patient for months. It comes on gradually, and leaves just as gradually.

## Stand 'Em on Their Head for Hiccoughs!

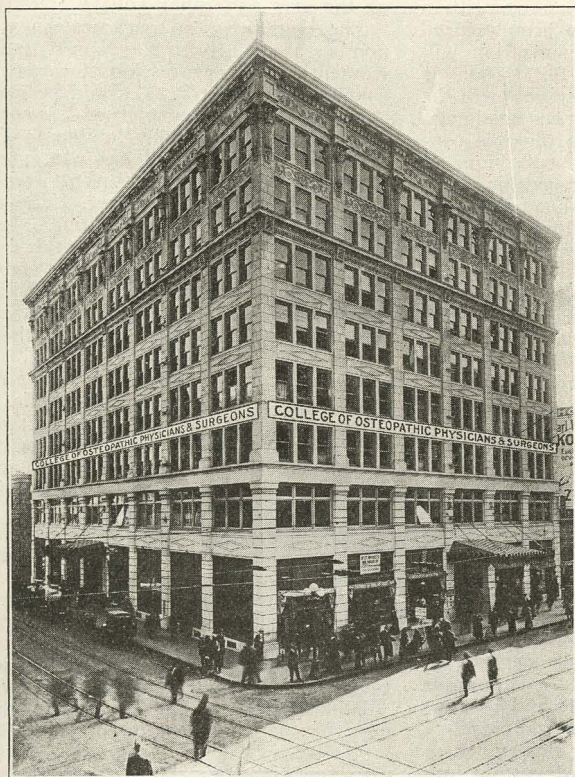
I HAVE had three cases of hiccoughs recently and believe I have run into a "sure cure." My first case was 3 days' standing when I was called. I tried everything I knew of, but there was "nothing doing." Finally a son of the man said he had seen a case which was cured by having the patient "stand on his head." So we had him lie on the floor on his back and raised him up by his feet and at the same time massaged his stomach. The hiccough stopped instantly! It has worked like a charm on the three patients so far. I pass it along for what it is worth.—W. E. Paul, D. O., Mound City, Missouri.

# An Eminent Body of Educators Comprise the Faculty of The College of Osteopathic Physicians and Surgeons

LOS ANGELES

CALIFORNIA

Of prime importance to the success of an educational institution are the character and ability of the teaching staff. The faculty of The College of Osteopathic Physicians and Surgeons has been developed by careful, intelligent selection until today it represents a teaching body in which every member is distinctively fitted for his task. The native ability of the student is thus given every encouragement.



**CHARLES HUGHES SPENCER, D.O.**, Dr. S. S. Still College of Osteopathy, 1902; Student in Physiology and Pathology, University of Chicago, 1903; Professor of Pathology and Histology, Dr. S. S. Still College of Osteopathy, 1902-03; Professor of Physiology and Embryology in same, 1904-05; Professor of Physiology and Physical Diagnosis, Los Angeles College of Osteopathy, 1905-14.

Teaches Physiology and Biology.

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

The Los Angeles Emergency Hospital is open to students of The College of Osteopathic Physicians and Surgeons. Senior students are on duty in four-hour shifts during sixteen of the twenty-four hours daily. Students go with the ambulance and assist in the care of every variety of accident. During the last year 27,921 people were treated at this hospital.

Osteopathic principles and technic are thoroughly and comprehensively taught and demonstrated. Graduates from this college prove themselves a credit to osteopathy in practice. For further information and catalog address

**Dr. R. W. BOWLING, Dean**

**300 San Fernando Bldg., Los Angeles, Cal.**

## Faculty Members—Their Qualifications and Subjects:

**HARRY WILLIS FORBES, D.O.**, Columbian School of Osteopathy, Kirksville, 1900; Post Graduate Dr. S. S. Still College of Osteopathy, Des Moines, 1901; Instructor in Anatomy, Columbian School of Osteopathy, 1898-1899; Professor of Anatomy and Pathology in same, 1900; Professor of Osteopathic Medicine, Dr. S. S. Still College of Osteopathy, 1901-1905; President, Los Angeles College of Osteopathy, 1905-14.

Teaches Osteopathy—Principles, Nervous Diseases.

**CARLE HARVEY PHINNEY, D.O.**, Pacific College of Osteopathy, 1901; Professor of Anatomy and Physiology, Pacific College of Osteopathy, 1901; Professor of Applied and Surgical Anatomy, same, 1904-14. Student in Chemistry and Food Analysis, University of California, 1901.

Teaches Applied Anatomy.

**JENNIE CONNOR SPENCER, D.O.**, Dr. S. S. Still College of Osteopathy, 1902; Post Graduate Pacific Hospital Clinic, Gynecology and Obstetrics, under Byford and Garrigue, 1903; Professor of Gynecology and Obstetrics, Dr. S. S. Still College of Osteopathy, 1902-05; Professor of Gynecology and Obstetrics, Los Angeles College of Osteopathy, 1905-14.

Teaches Gynecology.

**ROBERT DUDLEY EMERY, D.O.**, Pacific College of Osteopathy, 1899; D. Sc. O., Pacific College of Osteopathy, 1900; Post Graduate Study at New York Post Graduate Medical School; Allgemeines-Frankenhaus, Vienna; Queen Charlotte's Lying-in Hospital; New York Lying-in Hospital; Work in Clinics of Vienna, Munich, Berlin, London, Liverpool, Glasgow, etc. Professor Chemistry, Pacific College of Osteopathy, 1900-04; Professor of Orthopedic Surgery, Pacific College of Osteopathy, 1900-04; Ex-president California State Board Osteopathic Examiners.

Teaches Abdominal Surgery.

**JOHN ORDWAY HUNT, D.O.**, Pacific College of Osteopathy, 1902; Post Graduate Pacific College of Osteopathy, 1907; Professor of Osteopathic Technique, same, 1902-14.

Teaches Curvatures and Osteopathic Technique.

**LILLIAN MacKENZIE WHITING, D.O.**, Pacific College of Osteopathy, 1903; Post Graduate same, 1907; University of Utah, 1893-97; Stanford University, 1898-99; Post Graduate Courses, New York Post Graduate School and Hospital, 1906; Morgan Lying-in Hospital, 1906; Courses in University of Vienna, Austria, 1910; Clinical Courses, Great Ormond Hospital, London, 1910; Professor of Obstetrics and Dermatology, Pacific College of Osteopathy, 1904-14.

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## From Cantaloupe Suzette to Perry S. Patterson

THE committee in charge of the banquet for the American Osteopathic Association, to be held at the Hotel Sherman, Louis XVI room, on July 2nd, 1919, reports splendid progress, and promises that this shall be the finest affair of its kind ever given. The following menu has been arranged for:

Celery	Cantaloupe Suzette	Pecans
	Mixed Olives	
	Essence of Tomato, Doria	
	Cold Darné of Salmon Trout, Parisienne	
	Salade Printanière	
	Breast of Guinea Hen, Virginia	
	Broiled Fresh Mushrooms	
	String Beans au Gratin	
	Cold New Asparagus, Vinaigrette	

Loganberry Souffle  
Assorted Cakes  
Demi Tasse

There will be flowers and music during the dinner, to be followed by a most excellent program:

Address—Kenesaw Mountain Landis, Judge of the Federal Court, U. S. A.

Violin selection—Harold Ayers, favorite pupil of Leopold Auer, teacher of Heifitz, Toscha Seidel, Elman, Zimbalist, et al.

Address—Hon. Frank O. Lowden, Governor, State of Illinois.

Toastmaster, Perry S. Patterson.

## The Osteopathic Service League

[From the Florida Osteopath]

THE Osteopathic Service League is the imposing title of the official lay movement in osteopathy. The charter has been secured under the laws of Illinois and organization will be pushed to completion early in 1919. Details of the league and its proposed activities will be published as speedily as received from headquarters. Briefly, the league is to be a tangible connection between the laity and the profession, an organization of laymen with osteopathic sympathies and high ideals for the advancement of osteopathy in every sphere of educational and therapeutic activities. Pending further organization, the officers and trustees of the league are as follows: President, Dr. Carl P. McConnell, Chicago; treasurer, Dr. Irene Harwood Ellis, Boston; executive secretary, Dr. Francis A. Cave, Boston; trustees, all of Chicago, Perry S. Patterson, J. J. O'Donnell and Dr. Earl J. Drinkall. —*March issue.*

\* \* \*

[From the Missouri Osteopath]

THE AOA is perfecting plans for the organization and operation of the Osteopathic Service League. This promises to be a great opportunity for the profession, and for humanity. The league will give the laity who believe in and desire to support the osteopathic science and insure its progress, that humanity may be benefited thru the application of the great principles of the science, a means definite of working to accomplish these ends. Thousands of our lay friends are ready, willing and anxious to work for osteopathy in an organized way. I hope every D. O. will realize the importance to them, their science and humanity of getting into and behind the work of the Osteopathic Service League. —*April issue.*

The following letter from Dr. F. A. Cave, chairman of the committee on organization, will give many points of interest.

I have reread your letter of September 18 several times, also the copies of 'Super-Health,' the 'Missouri Osteopath,' and the Questionnaire, which you enclosed. I can only say that I wish we had a thousand men like you in our profession. We would then sweep the decks so clear of the drug curse through the agency of popular health education that a pill doctor would not dare to prescribe the stuff! Many medical men have told me they would not give so much medicine except that the public demanded it. So our cue certainly must be intensive popular education along health lines.

\* \* \*

Enclosed herewith is a revised outline of the objects and purposes of the league, formulated with a view to the permanent character of the organization. When the armistice was signed, the psychology of the situation immediately changed and instead of accenting the matter of war work, we are stating the objects and purposes on a peace basis which, nevertheless, will include the

matter of reconstruction hospitals for veterans of the war and other enlisted men.

The committee on organization will probably number about fifty of the representative men and women of the profession, located in different parts of the country. I would be glad indeed to have you become a member of this committee, and you are hereby formally invited to join with us. Dr. Carl P. McConnell has consented to act as temporary president, with Dr. Irene Harwood Ellis as temporary treasurer. The charter was secured under the laws of Illinois, because those laws are somewhat more liberal for our purposes than the laws of any other state. It therefore became advisable to have a working majority of the trustees located in Chicago, but the working office for the league will, for the present, be in my care.

We have great opportunity before us in organizing the laity back of osteopathic institutions. The wonderful statistics being gathered by Dr. George Riley should be trumpeted thruout the world, and the money to do this can be raised very easily through the medium of the Osteopathic Service League.

I have a vision of reconstruction hospitals, maternity clinics, children's hospitals, endowed colleges and countless other needed philanthropies, made possible through the operations of the Osteopathic Service League. Will you help me to realize these things for the profession by becoming a member of the committee on organization? I await your early response with interest.

With all good wishes for your health and happiness, I remain,—Sincerely yours, *Francis A. Cave.*

Dr. Plymouth Rock en Route to the Best Convention Yet



—Drawing by Dr. G. H. Smith, Evanston, Ill.

## In the Doctor's Office

a reliable germicidal agent is continually being required. For a good many years peroxide of hydrogen has been the most generally and extensively employed antiseptic in office practice.

Experience has shown, however, that ordinary peroxide of hydrogen is open to wide variation. Most physicians, therefore, in recent years have used and recommended

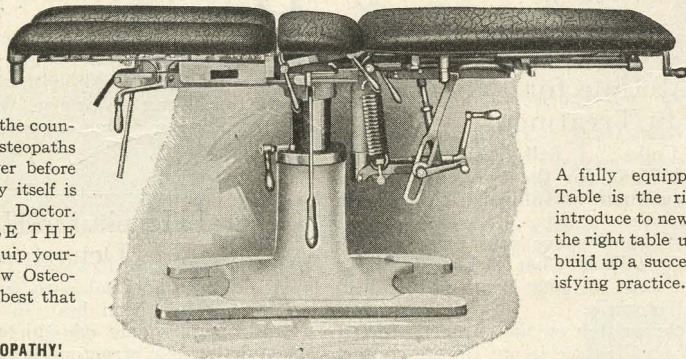
# Dioxogen

a peroxide of hydrogen that they have come to prefer because they have found it to be superior to any other in its purity, stability, antiseptic power, and freedom from toxic or irritating action. Dioxogen, moreover, is odorless and colorless, properties which greatly increase its value for office use, since it can be employed without leaving any smell, or staining the dressings or clothing. Finally, Dioxogen has marked hemostatic properties which often materially add to its usefulness in the treatment of emergency wounds.

Dioxogen is unquestionably the most widely used germicide in office work today. This is merely the logical consequence of the fact that no other antiseptic is so satisfactory in every respect—**so efficient in action, so cleanly to use, so free from all objectionable or disagreeable effects.**

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## No. 18

### A. T. STILL AS A MEDICAL THINKER

By M. A. LANE  
Professor of Pathology in the American School  
of Osteopathy at Kirkville







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## Dr. S. D. Stephenson Hatched a Great Idea

I HAVE not received my March number of The *OP* and have wondered if you still have me on your mailing list. I belong there permanently. I have been thinking of suggesting a proposition that it seems to me you folks would be in fine shape to carry out. The idea is this: In looking over various reports of the "flu" epidemic I found none that gave any mention as to how they treated cases, that is, doctors merely stated a certain number of cases were treated osteopathically with a certain percentage of cures and a certain percentage of failures.

Now, it must be, considering the number of osteopathic physicians there are in the field, that there would be some variation as to treatment and opinion relative to the different stages, kinds and degrees of treatment and complications of influenza.

The chief objections I have heard advanced against osteopathic treatment are that it exposes the patient too much, or that it exerts the patient too much, etc. These objections, of course, are offered by people who are unaccustomed to osteopathic methods.

I would suggest that you arrange a questionnaire form to be filled in and send one to each of your subscribers, such form to cover treatment, diet, general care, etc., of influenza patients. Request each doctor to fill in the form sent him and return it to you. You could then classify them, print the collected results and samples of each classification. It surely would be a help to many practitioners to know how others have handled this disease, and how they have met the complications or prevented them. I suggest a form of questionnaire herewith for your consideration.—Fraternally, S. D. Stephenson, D. O., Nelson, Nebraska, March 28th.

Dr. Stephenson's idea is so good that we promptly adopted it and, as you will see by the front page this month, we are already carrying it out. If you have a good, big idea and want quick action, tell it to The *OP*.

## Two Cash Prizes Offered by Dr. Geo. M. McCole for Papers on Flu Treatment

DEAR *OP* Folks: I will offer two prizes, \$10.00 and \$5.00, for the two best articles on the "Treatment of Influenza" if you will run the contest.

A helofalot of good space and printers' ink has been used in telling what osteopaths have done, but little or none on what we used to call in school "practical work."

I have an article written on the subject which I will enter, but we will leave it out of the contest when the prizes are selected.

Get the announcement in the next number of The *OP* and perhaps you can print the prize papers and some of the other good ones before the AOA meeting and lay the foundation for further live discussions when we come to Chicago.

Yours for the practical work.—George M. McCole, Great Falls, Montana, March 26th.

## Iowa Jury Decides Osteopath Entitled to 70 Per Cent of the Surgery!

I WAS indicted by the Dallas County (Iowa) grand jury for practicing medicine and surgery without a license. I practiced at Perry, Iowa, for four years. I had an enormous practice, doing about 70 per cent of all surgery from this vicinity with the aid of Dr. Taylor. Medical men, twelve in all, under the guise of the state of Iowa, brought suit. Tried in January term of District Court. Trial lasted three days. My attorney claimed I had right to do minor surgery, use antiseptics and household remedies. I admitted doing circumcisions, using diphtheria antitoxin, etc. Jury decided I had a right to use

the same and I was acquitted of the charge. Practice better than ever. Drs. Taylor and Waggoner, of Still College faculty, were experts for me and helped greatly in my defense.—Dr. D. Edward Hannan, Suite 204 Gamble Block, Perry, Iowa.

## No Wonder 12 M. D.'s Had Him Indicted!

I HANDLED 463 cases of influenza and 39 cases of pneumonia resulting without a death. Everyone in this vicinity is talking about this record.—D. Edward Hannan, D. O., Perry, Iowa.

Honestly, Dr. Hannan, can you blame twelve full-grown medical men from being dissatisfied with dividing up 30 per cent of the surgical work among them? That's just 2½ per cent of it apiece. If food kills Bolsheviki, what percentage of the available professional emoluments will pacify 12 M. Ds. in a town the size of Perry? Three cheers for the correct answer.

## A \$3,500 Per Month Practice in Wyoming

DRS. FURRY & IRELAND, of Cheyenne, Wyoming, had a wonderful experience during the epidemic. They treated four-fifths of the flu cases in that capital city, and demonstrated to the people that osteopathy was the best means known to combat such infection. The *OP* learns from a source unknown to these enterprising doctors (but reliable withal) that their practice ran to \$3,500 per month during the busy epidemic period. Can you beat it? (P. S.—For years Dr. Furry has been a big user of *Osteopathic Health*—1,400 copies a month.)

## McManis Conquers the Florida Climate

[From the Florida Osteopath]

DRS. E. PAUL and Minnie B. Erwin, of Miami, have installed a McManis De Luxe Table in their office. This brings the total up to nine in Florida and marks a big gain over the number in use here one year ago. From my own short experience with this equipment I can state that I can give relaxations and adjustments that would be almost impossible to give upon a straight table. Heavy patients are easier to handle.

## General Hospital to Have Osteopathic Department

A NEW hospital with full osteopathic facilities has been built in LaFayette, Ind., the opening date of which was April 15th. It is said the new structure is one of the most complete and modern to be found in the country and that it was much needed among the people of LaFayette and vicinity.

The building is of the Georgian Colonial period. It contains four stories and basement. It is constructed of stone and burnished brick with walls of yellow tile. The floors are of reinforced concrete with terrazzo finish and the halls are covered with battleship linoleum.

The fourth floor is known as the surgical department and this floor is part of the building that interests osteopathy most. It is said that on this floor a complete department with all the facilities for osteopathic work has been established. The people of LaFayette evidently realize the value of osteopathy and show mighty good judgment in installing such a department in their beautiful new hospital.

THE MAY *OP* WILL BE MAILED MAY 12th

You see, we are almost back on our mid-month mailing schedule this month. Next month we shall mail on May 12th. Please get your pneumonia stuff in early for next issue and all other good stuff intended for that issue.

# ULCERS- INDOLENT VARICOSE SYPHILITIC

Wide clinical experience has proven Dionol to be effective in an exceptionally high percentage of cases, even where other measures had failed. **TRY IT**, Doctor, and see for yourself.

While Dionol does not claim to eliminate the systemic infection to which luetic ulcers is due, it has nevertheless proven remarkably effective in healing such local manifestations.

## GASTRIC ULCERS

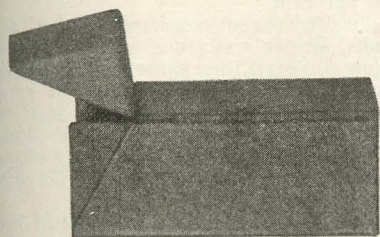
In gastric ulcers  $\frac{1}{2}$  oz. Emulsified Dionol administered 15 minutes before each meal and on retiring, heals and corrects these conditions very rapidly. Use Dionol ointment also (front and back) for a time, if pain is severe. The marked relief which follows quickly demonstrates the value of this treatment.

**INFECTED WOUNDS** clear up within a week or two. **IN BURNS** there is instant relief and exceptionally rapid healing. Septic invasion never follows.

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

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

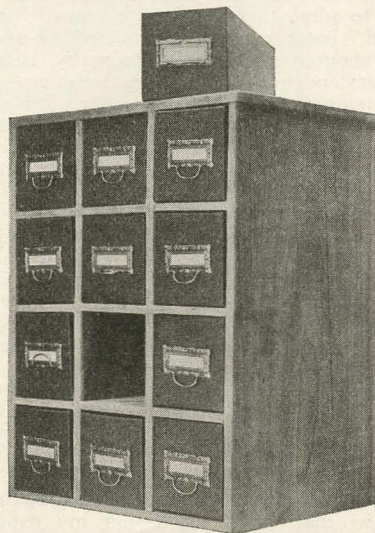
## M. C. Kimono Cabinets

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

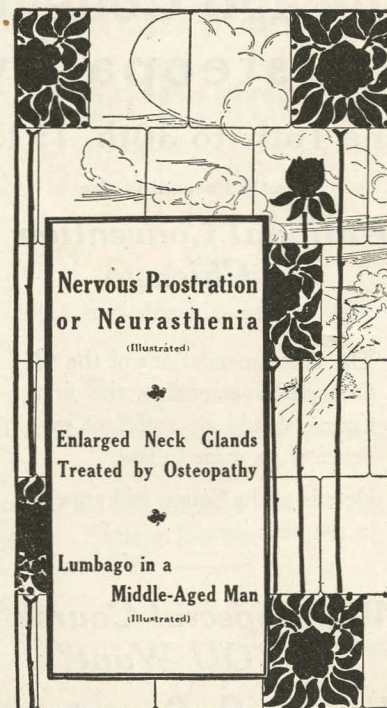
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## No. 20



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Technique that saves your back and nerves, helps to get good results, **best, easiest and quickest** way. **Diagnosis and Applied Anatomy** helps you to analyze your cases for intelligent **technique**. Individual work. Course only by special arrangement. Four weeks.

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Details of the Course will appear in the next issue.

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## OSTEOPATHS in WAR SERVICE

### Bitter Experiences of an Osteopath Who Served in the Medical Corps of the Army

Raymond Sawyer Ward, D. O., Montclair, N. J.

**I**NSPIRED by patriotism and an ardent desire to go to France, I enlisted on December 13, 1917, as a buck private in Base Hospital No. 48, a Homeopathic Red Cross Unit, which, I was told, was going to France immediately. This unit was organized by Major W. F. Honan, of New York, who, being an enthusiast over the possibilities of osteopathic treatment, wanted an osteopath to enlist with his unit.

Despite the assurance that we were to be in France by February, 1918, it was not until March 6, 1918, that we were even mobilized for active duty. From New York we went directly to Fort McHenry, Md., for training which consisted of duties such as kitchen police, shoveling soft coal, heavy and light "fatigue," drilling (marching, tent pitching, litter, ambulance, and first aid) and some hospital ward routine. My being a professional man meant nothing in the eyes of an illiterate top-sergeant, so I had my share of the dirty work along with the rest. We were all waiting impatiently for sailing orders to come. Finally we received order to pack up and stay in camp as we were going to leave in a day or two. This proved to be a false rumor, as did several other reports. About this time I applied for a commission in the Sanitary Corps, not knowing that this act would prevent my going across with Base Hospital No. 48. The next week the order came suddenly to leave for the embarkment camp and I was transferred at the last moment to General Hospital No. 2, Fort McHenry, on June 21, 1918, to await examination for commission.

I never knew before just the feeling expressed in that old saying, "jumping from the frying-pan into the fire," but I do now, for it was soon after my transfer that my real troubles began.

General Hospital No. 2 was run by the Allopathic Trust and very few of the M. D.'s had any use for osteopathy. The fact that I was an osteopath was known to them all. The commanding officer, a lieutenant-colonel in the Medical Corps, sent for me one day to see whether I could cure his lumbago and sciatica. He "saw" in two treatments, for those two cured him, his condition being of short duration. He had to admit that, after all, osteopathy was "some good," but even after all my talking and preaching about the scope of osteopathy, he could not understand how we dared to treat typhoid fever, pneumonia and acute conditions. He had me treat one of the captains for sciatica which had been treated unsuccessfully for several months by a medical major. I fixed him up inside of a month, and the medical major was actually sore to think I cured the captain!

The same major was on the board to examine me for a commission, and you can imagine the oral examination I got from him! It was not a fair test of knowledge, and furthermore, he tried to trip me up on every question. This grilling lasted an hour, during which the three majors ridiculed osteopathy all they knew how to. How I wished I were in civilian clothes then! The way I felt, I know one or more majors would have been on the casualty list. But I remembered that I was only a buck private in our glorious army and under military discipline, so I had to take all their abuse without retaliating. I know I passed that examination, but my papers never reached Washington, as I found out later. Consequently I never received my commission, but remained a private, obeying the orders of some ignorant "non-com" over me. It was bitter medi-

cine for me to swallow, as a lot of them thought I flunked the exam and "rubbed it in" for fair.

They assigned me to the operating room as orderly to lift patients on and off the table, to clean up everything after the operations and to do other equally elevating jobs. I was kept there for several months, and I had a chance to see many different surgeons' work on hundreds of operations. Some were very clever surgeons, but there were some awful butchers among them who ranked as majors, too. In all justice I must say that the plastic surgery of the face, the neuroplastic and Albee bone-graft surgery were in the hands of very capable surgeons. This work was extremely interesting and spectacular.

At the beginning of the influenza epidemic I was transferred to the worst pneumonia ward in the hospital. Again I was an orderly, and on duty from twelve to eighteen hours daily. My duties on the ward were: sweeping and mopping, carrying bed-pans and urinals, taking rectal temperatures, emptying sputum cups, bathing patients, cleaning up patients whose sphincter control was lost (many of whom were coal-black negroes), and doing a thousand other things which had to be done on account of the shortage of orderlies. The patients, many of whom had double pneumonia, died pretty fast—so fast that I lost count of just the cases I saw die during the day, and God only knows how many more died during the wee sma' hours.

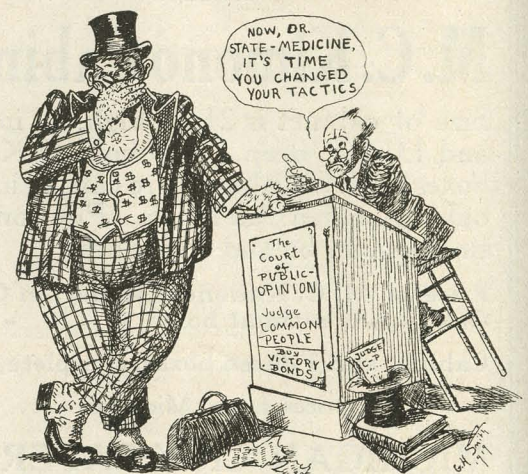
The mortality rate of our ward was between 50 and 60 per cent.

The medical treatment consisted of: C. C. pills, Epsom salts, Brown's mixture, infusion of digitalis, sodium benzoate, morphine and finally camphorated oil hypodermically as a last resort. Each patient was drugged from the start and consequently the poor old heart never had a chance. Exposed as I was to infection, I escaped, thanks to the treatments I received from Baltimore osteopaths.

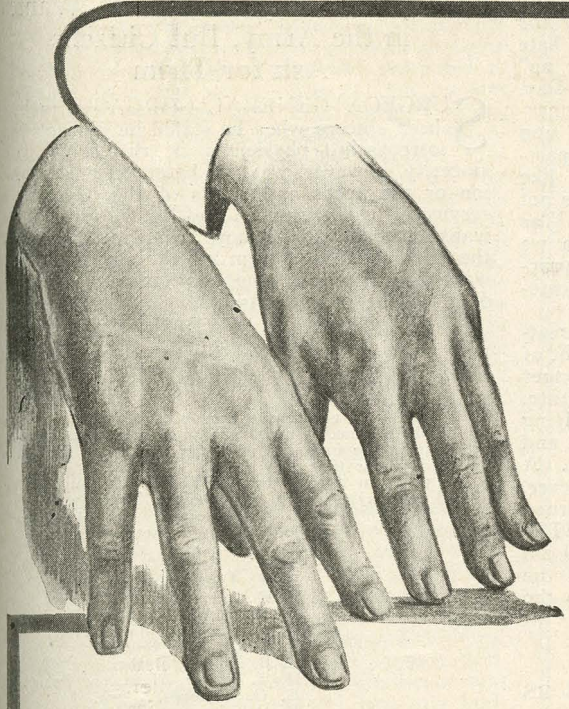
On the quiet I treated some of the men I knew in the Fort, who started in with the typical influenza symptoms. Not one of these men went to the hospital, but kept on the job and were all right in a day or two.

From my experience I know that osteopathy

As If State Medicine Could Be Lectured Into Goodness!



—Drawing by Dr. G. H. Smith, Evanston, Ill.



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## The Osteopathic Physician

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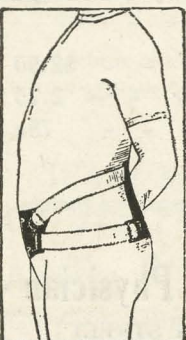
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SIDE VIEW

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could have saved thousands of lives in the army camps if it had not been for the hatred of the *Medical Autocracy for osteopathy*. I should hate to stand in the place of those men "higher up" in the Surgeon General's office on Judgment Day. They will have much to answer for the American public when the whole truth is known and investigations are made in the various departments at Washington. I hope that a man like the dauntless Senator Chamberlain, who does not hesitate criticizing the Administration and War Department evils, will be given all the data we have about comparative statistics in civilian practice during the epidemic, and the status of osteopathy in the army.

My experience with M. D.'s and medical treatment in the army has done me a wonderful lot of good, inasmuch as it has made me a stronger osteopath and it has definitely decided my future. Before I went into the army, I was studying medicine, anxious to obtain the M. D. degree and all the supposed "prestige" that went with it. A year's experience in the Medical Corps, however, has made me see the "light," so I have returned to civilian life to practice GOOD PURE OSTEOPATHY, and drug medicine be damned! I am thru chasing the pot of gold at the end of the medical rainbow and I am going to stick to the nugget, osteopathy, which I possess.

### Status of Osteopathic Physicians as Regards Discharge from Army and Navy

THE following correspondence will give information to osteopathic physicians now in the army or navy who desire discharge on their own application:

From the Adjutant General of the Army to the Commanding Generals of all departments in United States, independent camps and cantonments and demobilization centers. Subject: Discharge of osteopathic physicians on application provided they have been duly licensed.

With reference to circular letter from this office under date of December 19, 1918, on the subject of "Discharge of physicians, dentists, etc., on their own application," it is directed that osteopathic physicians and surgeons will be included in the provisions of this order and granted discharge on their own applications, provided that they have been duly licensed to practice medicine in their home states.

By order of the Secretary of War.—*H. G. Leonard, Adjutant General, February 5th, 1919.*

The *OP*, Chicago: Thinking perhaps you had not received the information and for the benefit of those who may be in the military service and do not know about it, I send you letter from Adjutant General's office.

I made application for discharge from the military service under the above provisions and my papers have been indorsed by the various superior officers, my discharge being recommended for any time after the 22d of this month. So I expect to be released from military duty before a great length of time now elapses.

Trusting the information contained in the quotation may be of some value to you, I am, fraternally—*Charles E. Pollard, 2d Lt. Q. M. C., Camp Custer, Michigan, Assistant Camp Finance Officer, March 14th.*

Dr. Henry S. Bunting, care of *The Osteopathic Physician*: Enclosed please find copy of letter which I received from the Surgeon General of the navy, which may be of interest to you and the profession.—*Perry S. Patterson.*

My Dear Mr. Patterson: In reply to your letter of the 11th instant, in which you enclosed the order of the Adjutant General of the army in relation to the discharge of osteopathic physicians, I have to inform you that the demobilization of the medical department of the reserve force of the navy is occurring without any reference whatever to a license under which they are authorized to practice in any state.—*W. C. Braisted, Surgeon General, U. S. Navy, Washington, D. C., March 15.*

### Osteopathic Physicians Not Wanted in the Army, But Citizens Ask for Them

SURGEON GENERAL GORGAS may have been sincere when he stated he did not want osteopathic physicians in the army. His sincerity, however, was not based on public opinion or the needs and wants of the boys in the service. Just because he and his cohorts did not want osteopathy, the boys who really realized the need of this system of therapy had to go wanting. The following petition is a good idea of what the people want:

We, the undersigned citizens of Hermiston, Umatilla County, Oregon, desire by the affixing of our signatures hereto, to endorse and support the endeavor being made to secure the extension of furlough of Sergeant W. W. Illsley (known to us as Dr. W. W. Illsley), stationed at Camp Lewis.

Dr. Illsley is at present here on a furlough and has rendered inestimable assistance to our city and community during the influenza epidemic which has raged here since Christmas time.

We unite in asking that his present furlough be extended ten days.—*Hermiston, Oregon, January 7th.*

C. S. McNaught, City Alderman.  
J. D. Watson, Acting Mayor.  
J. H. Young, P. M. Hermiston.  
Thomas Campbell, Merchant.  
H. E. Hiatt, Merchant.  
E. W. Mack, Druggist.  
E. P. Dodd, Pres. Com. Club.  
P. P. Sullivan, Farmer.  
P. B. Sisco, Merchant.  
G. B. Roland, Barber.  
H. T. Fraser, Hardware Dealer.  
E. O. Coneggs, Clerk.  
B. S. Kingsley, Merchant.  
Otto G. Sapper, Merchant.  
C. M. Jensen, City Recorder.  
J. W. Messner, Irrigation Engineer.  
F. W. Sawyze, Banker.

The above petition is certainly clear, but the following letter throws a little more light on the subject:

Dr. Illsley was the osteopathic physician at Hermiston, Oregon, before his enlistment in the Hospital Corps of the army. Pertinent to the situation it may be stated that Dr. Illsley easily passed the examination for the Medical Reserve and was issued a lieutenant's commission. When it became known that he was an osteopath, the commission was revoked and he was made a hospital flunky, while thousands of army boys at Camp Lewis died of "flu" thru lack of the service which the above petition shows Dr. Illsley was capable of rendering.—*G. S. Hoisington, D. O., Pendleton, Oregon.*

### Capt. F. A. Dilatush Back in Practice

Capt. F. A. Dilatush of the 147th Infantry, 37th Division, has recently arrived in the States and expects to be back soon in civilian life. Captain Dilatush formerly practiced in Cincinnati and will be welcomed home by his many friends among the profession and laity. To all those of the profession who entered military life those of us who remained behind extend a most cordial welcome upon their return to their professional duties.—*Bulletin of the Ohio Osteopathic Society.*

### Lieutenant J. C. Snyder Joins Staff at Macon

We received an interesting letter recently from Dr. J. C. Snyder. His letter is as follows: I have been on the staff of the Still-Hildreth Sanatorium at Macon, Missouri, since January 9th, having been discharged from the army December 1st, after eighteen months of service. I was a lieutenant of the field artillery, but attached to the air service, in which I was trained as an aerial observer. My class was June, 1916, A. S. O., and before the war I was practicing at Lexington, Missouri.—*J. C. Snyder, Macon, Mo.*

### Dr. Stewart J. Fitch Back in Private Practice

Dr. Stewart J. Fitch of 1175 North Los Robles avenue, Pasadena, California, has resumed practice after five months as first lieutenant in the Medical Corps, U. S. A., being stationed at Camp Kearney, California, at first with the 82d Infantry and then with Ambulance Company 264, 16th Sanitary Train. He received his honorable discharge February 11th.

**Dr. McClimans Gets a Lieutenancy**

Dr. W. A. McClimans of Chicago answered the draft June 25th, 1918. He was sent to Camp Jackson, South Carolina, and was promoted to corporal in a few days. August 15th he was transferred to Camp Lee, Petersburg, Virginia, to the Central Officers' Training School, Infantry School. He was in the base hospital four weeks with "flu" and pneumonia and his life was despaired of for a few days. However, he was fortunate in getting excellent care, altho many were neglected. It was impossible to obtain osteopathic care in any manner. Dr. McClimans was commissioned as lieutenant and received his discharge November 30th, 1918. He is now located at Harvard, Illinois, where he has been since January 15th. He reports that he is enjoying good practice. He has given up his Chicago office for the present.

**Dr. Raymond S. Ward Returns to Civilian Practice**

Dr. Raymond S. Ward of Montclair, New Jersey, has returned to his practice of osteopathy. He enlisted with base hospital No. 48 December 13th, 1917, and was sent to Fort McHenry, Maryland, for training. Just before that unit left for France he was transferred to General Hospital No. 2 at Fort McHenry, where he was stationed until he received his discharge on January 21st. Dr. Ward's experience with the omniscient and omnipotent medical brethren (?) has only been another chapter in the history of Intolerance, which, after all, has made Dr. Ward a stronger osteopath.

**Dr. Lundgren Had Experience in Signal Corps**

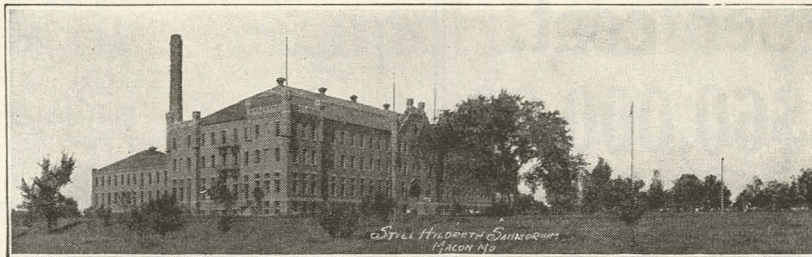
Dr. Abel L. Lundgren of Fort Dodge, Iowa, was a recent visitor at the offices of *The Osteopathic Physician*. He was a graduate of the Des Moines College of Osteopathy in May, 1917. He enlisted in the Signal Corps as photographer, December 13th, 1917. Was in Fort Omaha, Fort Logan, Kelly Field and Wilbur Wright Field. On the 7th of September, 1918, he was transferred to the Medical Department and received his honorable discharge on February 26th, 1919. Dr. Lundgren is planning on locating in some Iowa town after completing a contract at Rockford, Illinois, in laboratory work.

**Returning Soldiers and Sailors Reenter Chicago College**

MANY former students are returning to Chicago College of Osteopathy in khaki and in blue, after an absence of six months or more in the United States service. Some have spent nearly two years in the thickest of the fighting on the other side. Some have not returned as yet, but we are very glad to say that none of our 49 members in Uncle Sam's army and navy were killed or even seriously wounded. All will have returned in the near future to continue the study of osteopathy. Thirty of our boys were in the army and nineteen in the navy.—*LeRoy Coombs, P. M., Freshman Class.*

**Amputations in Army Total 3,034**

WASHINGTON, March 24—According to official advice the total of "major amputation cases" in the United States forces to date is 3,034 of which 2,308 are arm and leg cases and of these approximately 600 are arm amputations, 1,708 are leg amputations. The remaining 726 are hands, feet and two or more fingers. Not all of these men require special training to make a living, the Federal Board of Vocation pointed out. Those who in the main require amputations, are farmers, artisans and whose trades require great activity, such as carpenters, teamsters, steel, iron workers, and the like.



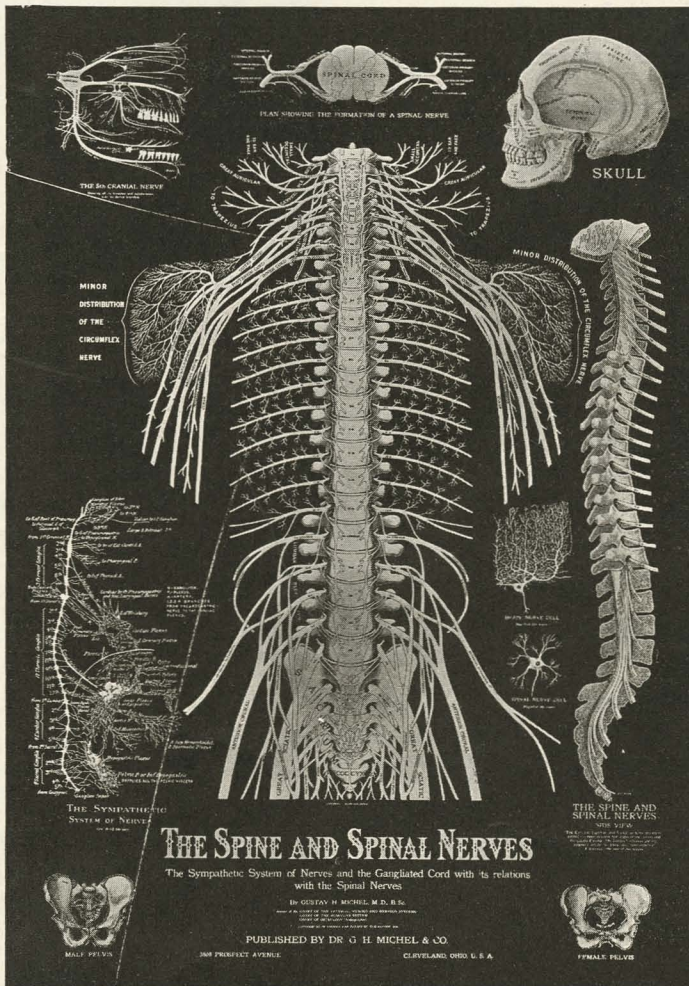
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of the  
Spine and Spinal Nerves**

This chart is printed in three colors and shows two life-size views of the bony spine, front and side views, with the spinal nerves issuing from the intervertebral foramina; the spinal cord and origin of the spinal nerves; the Cervical, Brachial, Lumbar and Sacral plexuses of nerves; the Great Sciatic and all other pelvic nerves; the Sympathetic System of nerves complete; the plan of the formation of a spinal nerve, a lifesize skull, a most perfect representation of the 5th Cranial nerve, and various other side pictures.

This chart, printed in a new and most beautiful style, attracts the attention of every one as soon as perceived.

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A clinic for graduates and advanced Students will be held in Chicago at the time of the American Osteopathic Association Convention in June. By starting your correspondence work now you can be eligible to attend this Orificial clinic.

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Laboratory Diagnosis

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### Denver Post Graduate Course Has Successful Season

THE Denver Post Graduate Osteopathic Efficiency Course conducted by Dr. C. C. Reid and several helpers was closed February 28th. The following doctors took advantage of the course this year: Dr. O. R. Meredith, Nampa, Idaho; Dr. F. E. MaGee, Webb City, Mo.; Dr. F. A. Englehart, Oklahoma City, Okla.; Dr. M. Quisenbury, Lyons, Kansas; Dr. James Decker, Boulder, Colo.; Dr. J. E. Ramsey, Denver, Colo.; Dr. E. A. Moore, Denver, Colo.; Dr. J. H. Hook, Grand Junction, Colo.; Dr. J. S. Baughman,

provement I received. This course is singular and unique in itself and fills just the chasm I needed. I think it will enable me to take some advanced work each year.

Dr. C. C. Reid: I came home and jumped into a heavy practice right away and am sure my practice was more than any March I have ever had for the space of time. I collected some \$700 for the half month or thereabouts. I have not figured up but I have had over two dozen operations for piles, radical naso-pharynx, adenoids, two shoulders traumatic dislocations etc., etc., so you see the course has been worth while to me. Without taking time to figure up at this time, I



Burlington, Iowa; Dr. H. A. Fenner, Denver, Colo. All reported high satisfaction and returned home to do greater and better things in a more efficient way.

All of the doctors praised the course highly. Some of the letters Dr. Reid received are printed here.

Dr. C. C. Reid: Have just received the certificate of the wonderful course you have given the past month and I want to thank you for urging me to come when I phoned you over long distance. Am sure it will mean a revolution of my office and its organization and an increase in my practice. I never have taken special work or attended a convention but what my practice has been increased by reason of the helps and im-

am sure I have made over \$500 from the operative work alone.

Dr. C. C. Reid: I wish to take this occasion to thank you for the splendid course in Eye, Ear, Nose and Throat Surgery, and the Cadaver Course which you gave during the month of January. It was well worth the time and expense and I already feel more than repaid. Besides being a good review in the anatomy of the head and neck, it gave me more and better technic in the operative work and enables me to render much better service to my patients. I feel that I am on a par with the medical specialists in the operative work, and far in advance of the average men who try to do the nose and throat work in addition to their regular practice.

### Liberty Hospital—St. Louis

[From the Missouri Osteopath]

ST. LOUIS now has an Osteopathic Hospital. "Liberty Hospital" is a name significant of the times, and especially of the Osteopathic profession. Dr. J. H. Crenshaw is physician in chief in the new hospital, and the staff of physicians is made up of twenty-one prominent osteopathic physicians of St. Louis. The hospital building is a 38-room structure, well lighted and ventilated and suited to the purposes of such an institution. Dr. Crenshaw states that "while the hospital is primarily for obstetrical and gynecological work, all cases requiring hospital care will be cared for in Liberty Hospital."

### Ohio Society's Bulletin Resumes Quarterly Issue

WE regret to read in the Bulletin of the Osteopathic Society that it will issue quarterly instead of monthly for the year ahead. It has proven a good serviceable paper to the Buckeye bunch but likewise considerable of a burden to the state society exchequer as there was a deficit of \$126 at the end of the year as well as \$202 of outstanding accounts carried as assets which may develop some losses. Well, a good quarterly is a very serviceable arm of a state society, but we incline to the belief that a live monthly—if it really be *alive* to all local interests and issues—is worth all it costs the state membership.

# "Osteopathic Health" Standard Literature

We offer the following brochures, all of which are standard numbers, at \$4.00 a hundred. In lots of 500 we will extend a discount of 10%. In lots of 1,000 or over we will extend a discount of 20%.

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

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

## Please Order by Number

- No. 2** **A. T. Still, Scientist and Reformer:** The first of the now famous brochures by Professor M. A. Lane, of Kirksville. Supply very limited.
- No. 3** **Bursitis; Glass Arm; Brachial Neuritis; Flat Foot and "Broken Arches"; Hay Fever Cured by Osteopathy.** This brochure tells how "foot troubles" are associated with spinal and pelvic lesions. Also how baseball pitchers are cured of "Glass Arm." A fine story about osteopathy and Hay Fever, telling importance of early diagnosis and prompt treatment.
- No. 6** **Osteopathy in the Infectious Diseases:** A brochure by Professor Lane. A popularized, scientific exposition showing why osteopathy is the most efficient and effective system for combating the infectious diseases.
- No. 7** **Most Diseases Are of Spinal Origin:** A modernized edition of Dr. Bunting's famous brochure which was the first classic in osteopathic popular literature; originally issued seventeen years ago and has been through six large editions. It is always in demand and stands today as the most complete and comprehensive brief, general statement of osteopathy ever prepared.
- No. 8** **Osteopathy in the Inflammatory Diseases:** The fifth of the documents by Professor Lane and deals with boils, chronic dysentery, tonsillitis, etc.
- No. 9** **Nephritis, Dyspepsia, Insomnia and Neuralgia:** Also story of a remarkable cure of a blind, imbecile child by osteopathy, being an extraordinary example of the potency of osteopathy. Founded on a case in the Philadelphia Municipal Court.
- No. 11** **A Chronic Dyspeptic Greatly Surprised—Strains and Sprains of the Back and Limbs—Osteopathy for Men—A Fall From a Chair Gave Baby Constipation—"Neglecting a Fine Machine."** A very useful brochure for getting people interested in osteopathy who are afraid to tackle any reading matter which seems to be "heavy."
- No. 12** **How "Bad" Mechanism in Our "Joints" Makes Sickness:** A splendid illustrated brochure dealing in detail with lesions. Shows how sub-luxations may cause pressure on nerves and how the free circulation of blood supply and nerve force is interfered with. One of Dr. Bunting's most valuable brochures which has been through several editions.
- No. 13** **What Osteopathy Does for the Welfare of Women:** A special edition dealing with the peculiar troubles of women. General in statement. The leading article is: "How Mrs. J. Investigated Twentieth Century Medical Advancement and Found Out What Every Woman Should Know About Osteopathy."
- No. 16** **Osteopathy Potent Where Serums and Vaccines Fail:** Shows how little can be expected of the various serums and vaccines in view of scientific knowledge of today and why osteopathy has a particular potency in most of the diseases for which these serums and vaccines have been experimentally applied.
- No. 17** **The Osteopathic Catechism;** everyday questions and answers that pass between patients and practitioner: Part I of a new edition of this famous brochure which was written by Dr. Bunting seventeen years ago. It has been revised to date and is printed in large type. It covers the main questions likely to be asked by a person interested in osteopathy and considering the wisdom of taking osteopathic treatment.
- No. 18** **A. T. Still as a Medical Thinker:** Professor Lane's great tribute to the "Old Doctor" and a most lucid and comprehensive estimate of osteopathy. Tells briefly of the great reforms in medicine and shows that Dr. Still was the first to give the world a really scientific therapy. Shows also that the evidence of all modern scientific research supports the therapy of Dr. Still.
- No. 19** **Children's Ills Stopped in Their Beginnings:** This brochure contains an excellent article on children's ills. In addition, it explains the value of osteopathic treatment after confinement; shows how osteopathy can help liver and stomach troubles; and also explains the benefit of osteopathy in the treatment of the various forms of pneumonia.
- No. 20** **Nervous Prostration or Neurasthenia (illustrated):** This brochure is a frank and careful statement of the marked difference in diagnosis and treatment between osteopathic and medical practice in this illness. Just how sore spots in the spine become significant in nervous prostration is made especially evident.
- No. 21** **Osteopathy Synonym Surgery:** The point of departure of this article from all others explaining osteopathy for lay understanding is that instead of the ordinary negative statements telling that osteopathy is *not* drug practice, *not* massage and *not* other things, it swings directly into *positive* description and tells that osteopathy *is* surgical work minus instrumentation.
- No. 22** **Facts and Fallacies Regarding Osteopathy:** This brochure voices just the facts you have so often presented to your patients to set them right on things osteopathic. It proves the untruth of the statements that osteopathy is rough, painful and severe; that patients are treated nude; that osteopathy is "scientific massage"; and gives other important information.
- No. 23** **The Osteopathic Catechism (part 2):** Sets forth the facts which establish the educational status of our profession, as well as a lot of plain, understandable talk about the osteopathic diagnosis and treatment of disease.

"Osteopathic Health"

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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 APRIL, 1919 No. 4

#### HOW THE AMERICAN MEDICAL ASSOCIATION MEETS OSTEOPATHY'S STATISTICAL CHALLENGE

Osteopathy met and defeated the cohorts of the American Medical Association on every hand during the ravages of the influenza epidemic. While the proudest and the best of "regular" medicine lose their cases in appalling numbers, their fatalities running from 12 to 25 per cent for influenza and from 25 to 60 per cent for pneumonia, the osteopathic profession of North America went steadily ahead saving human lives, and north, south, east, west, in city, town, hamlet and countryside practice established a uniform record of losing barely 1 per cent of their cases from both diseases combined.

The American Osteopathic Association took the field to collect statistical data and has obtained authentic records of the treating of more than 80,000 cases of well developed influenza with a death rate of only one-fourth of one per cent and nearly 5,000 cases of pneumonia with a death rate of 9.6 per cent, while, as stated, the combined death rate from both diseases fell below 1 per cent, owing to the comparative rareness of pneumonia developing from influenza under osteopathic practice.

These all-important facts to mankind and to any true therapeutic science have been given a very wide publicity. This *OP* publishing house alone has given these facts circulation to the extent of almost a half million periodicals distributed. The world now knows the facts. And the American Medical Association knows them.

What is the attitude and what has been the answer of this powerful and historic medical profession toward these hopeful therapeutic facts?

Are the "regulars" glad to learn that so few people, comparatively speaking, died during the epidemic under osteopathic therapy? Are they glad that mankind has found a safer, surer deliverance than drugs, vaccines and serums which are now proved to be unqualified failures for and to add danger to these two diseases?

The "regulars" are not glad. They are as mad as hornets stirred up with a stick.

How does the AMA meet the direct professional challenge of the AOA, based upon its more than 80,000 authenticated cases treated by osteopaths?

Just as the AMA always fights—by cowardly evasion, by slanderous innuendoes, by leading attention away from the main issue and making it appear that it is something wholly different from what it really is. Here is the American Medical Association's German-propaganda way of fighting back. Here is the answer of America's "state medicine" to the osteopathic challenge which now having been uttered will go thundering down the ages. It is an editorial in the *AMA Journal* of March 8, 1919.

#### "FIGURES NEVER LIE"

Next to the "patent medicine" exploiters, no class has commercialized the recent epidemic of respiratory disease or played on the public's fears more skilfully, persistently,

and unscrupulously, than the various "drugless healing" sects and cults. Following the classic course, "lies, d—n lies and statistics," the latest move in this advertising campaign is the publication of statistics. These figures purpose to show the vast improvement in the treatment by chiropraths, naprapaths, naturopaths, or some other "paths," over that given by scientific medicine, in dealing with the "flu," and its sequelae. Thus we find a newspaper solemnly telling its readers that the "so-called drugless doctors of New York City" have announced that during the recent epidemic they "did not lose a single case." This "announcement" the editorial writer characterizes as "astounding" and draws the "appalling conclusion" that most of the people who have died during the recent epidemic have actually been killed by practitioners of medicine! Several other equally startling deductions are drawn by the same writer from the bait so frankly cast and so voraciously swallowed, hook, line and sinker. Those who accept without question the "statistics" of the "drugless healers" to the effect that "they didn't lose a case," ignore the rather patent reasons why the empiric avoids this unpleasant catastrophe. They forget that many people have gone to such "healers" who never had the disease, self-diagnosed as influenza; they brush aside the fact that those who really had it forsook the quack as soon as they realized their danger and invoked the aid of medicine, and finally they ignore, or possibly do not realize the further fact that, it being illegal for the "drugless healers" to sign death certificates, these gentry make it a routine practice to abandon to the medical profession all cases that have reached a serious stage. All of these actualities obviously invalidate the "statistics," even supposing they were honestly collected. "In all my years of service," said the ancient driver of the four-wheeler, "statistics show that I have never lost a single passenger by drowning!" "Although I have been crossing the Atlantic for thirty years," vouchsafed the captain of the ocean greyhound, "I can prove by incontrovertible statistics that not one of my passengers was ever run over by a taxicab while in my charge." Wonderful are the uses to which statistics can be put!

This is the American Medical Association's answer to the publication by the American Osteopathic Association of more than 80,000 cured cases of influenza with a mortality of only one-fourth of 1 per cent for the cases lost. The *AMA Journal* is here slapping at the osteopathic physicians of North America who as therapeutists backed its own membership-readers off the boards wherever and whenever the two schools came into therapeutic competition. The *AMA Journal* is not interested in or worried over the work or the claims of "chiropractors, naprapaths or naturopaths" which it names merely by way of setting up a straw man to kick over; but it is concerned dreadfully, is frightened for its own life as a medical plunderbund and political trust, over the work, achievements and records of success of "some other 'paths'" which it dare not mention—the osteopaths of North America who have proven to the world by their own success in practice that "regular" medicine is a menace to human life in such an epidemic instead of a life saver.

The real hypocrisy and innate cowardice of this predatory institution was never more clearly shown than in this editorial. To those who understand, it will mean very much. The AMA is unable to meet the issue of success in therapeutics or fight back openly and directly. Its doom is written on the wall in letters of fire, "weighed in the balance and found wanting." Its struggles to retain its grip on vanishing prestige and its politically organized "spoils" must henceforth appeal to superstition and human ignorance. It will put up a hard fight before it goes down, but it is already on the ways and the skids are greased. Let osteopaths keep on with their fight and go straight to the heart of the matter. State medicine is doomed. Enlightened public understanding is the executioner who will put "state medicine's" head in the basket. Educate the people. Our work is fairly well begun.

#### THE OP'S FOLLOW UP QUESTIONNAIRE —"HOW DID YOU TREAT YOUR FLU CASES?"

At the suggestion of Dr. S. D. Stephenson, of Nelson, Nebraska, who supplied in the main the form of Questionnaire adopted, we ask all members of the profession to send us answers to any or all these questions in order that we may print such reports for the instruction of the profession. We desire to give scattered individual practitioners the benefit of the general experience of the profession as to this highly successful osteopathic work. What we have learned with an experience exceeding 80,000 cases about the best ways to treat this acute epidemic infection is

surely a matter of supreme interest to everybody.

Especially valuable will this work be to those isolated and widely scattered osteopaths who cannot often get together with a group of fellow practitioners to exchange experiences—as we do so easily in all larger cities.

Your earnest cooperation is invited.

If you never before responded to an appeal like this, pray respond to this one—and of course, also, to Dr. George W. Riley's AOA Questionnaire for statistical data about the work you did in the great epidemic.

The great epidemic will be coming back and we all want to be ready.

We believe that our profession can cut down osteopathy's low mortality one-half by doing the things that won and by putting out the work found to be irrelevant,—as only such a Questionnaire as this *OP* poll can determine and promulgate. Lend a hand.

#### SHALL YOU WIN THAT CASH PRIZE FOR A FLU ARTICLE?

Dr. McCole offers two cash prizes for the first and second best papers to be sent in to *The OP* on the osteopathic care and treatment of influenza. The amount of money put up is meant only to designate the most successful papers written. It is a symbol of the successful service rendered to the profession and to humanity by writing such helpful articles. But the honor of winning this contest will be worth striving for. Will you send in your contribution?

We agree with Dr. McCole, now that the epidemic has passed, that we who fought the good osteopathic fight and went over the top, have the time and owe it to ourselves and to each other to tell what we learned by actual study and treatment of these cases. We owe it to our science, to mankind and to posterity also.

Now we have the time to write in detail about these epidemic cases, and we did not have the time in the thick of the great fight.

The general and growing yearning for this sort of information is indicated by the offer of Dr. McCole, and likewise by the call for data by Dr. S. D. Stephenson, of Nelson, Nebraska, whose letter is also printed this issue.

We will gladly make space for all the best of contributions called forth by the McCole prize contest.

#### THE SAVING GRACE OF COMMON SENSE

Occasionally we hear comment that "Osteopathic Health" is "too evidently a patient-puller." This comment, mind you, is made as an *objection* to the magazine! Could anything be more absurd? One might just as well object to using gold as money because it has a recognized money-value the world over. Superficial criticism soon reaches the reductio absurdum.

Of course "Osteopathic Health" IS a patient-puller. We confess it freely. We said it first. It is a patient-puller because it makes plain to people seeking health the potency and life-saving value of osteopathic therapy. Isn't that a shame?

Among what class of people is osteopathy most likely to receive a quick hearing? From what class of people does it draw its patients, its strongest friends and adherents?

Is it not from people weary of illness, seeking some new and as yet unfamiliar way to attain health—people afflicted with acute or chronic complaints who have lost confidence in drug medicine? It surely is. Now what a disgusting outrage against finicky-fine feeling it is to lead these people to deliverance—yes, even bring them right into an osteopath's office and put them up on the table for treatment! It's a sin. They ought to be left to be devoured by the hosts of therapeutic superstition and osteopathy's unscrupulous imitations! In the name of common sense, doctor, is *this* the silly argument?

When a health-seeker, a person afflicted with acute or chronic illness, visits the office of an osteopathic physician and puts his case in the hands of that physician he becomes what we call

## From Darkness to Light

[From Jim Jam Jems for February, 1919]

a "patient." It is the health seekers, preeminently, who become osteopathic patients, who later form the great body of adherents to osteopathy. These are the people who make the perpetuation of osteopathy possible by giving their patronage to you osteopathic physicians. It is the seekers after health who have not yet learned about osteopathy or are much misinformed about it who are set right and turned to embrace it—*are literally pulled* into its embrace—that the whole osteopathic profession, individually and collectively, desires to win as patients. "Osteopathic Health," then as the messenger of truth and information to the people *must be* and really is a patient-winner, a "patient-puller," or it would fail of its fundamental duty. It would be self-evidently a rank failure if it did not "pull patients" for osteopathy.

Consequently, the slaps handed by some osteopaths to "Osteopathic Health" in mock disdain because it is a patient-puller is the rankest sort of twaddle. Any popular literature about osteopathy which does not "pull patients" self-evidently fails of its purpose. It fails to embody the art properly and forcefully to tell the truth about osteopathy. When the truth of osteopathy is properly presented the truth prevails and *it does pull patients*—it cannot fail to do so because truth is always mighty and the sick WANT TO BE PULLED into a merciful deliverance. As well indict obstretical art because it pulls babies!

It is perfectly plain and follows logically from facts that a piece of osteopathic popular literature does "pull patients" if it is a forceful and convincing exposition of the merits and potency of osteopathic therapy, if it be a fit ambassador to the court of public information in behalf of osteopathic practice.

Osteopaths who foolishly argue against the use of our osteopathic literature because it "pulls patients" would stop osteopathy from winning adherents and supporters. They would make of the profession's propaganda something to appeal to their own narrow vision and supercilious vanity instead of it being the mighty machine it is to go into all the world and preach the health-gospel of A. T. Still to all the people.

Surely it is the part of wisdom for osteopaths everywhere to use liberally the printed word to disseminate the truth of osteopathy, providing, of course, that such literature is well and simply written and is authoritative—and the more patients that are won to osteopathic practice by such high-minded, honorable means, the better. That's what we are here for. The more of this "pulling" that is done, the better it will be for the welfare of the profession, for the health of the people and for the perpetuation of osteopathic philosophy, science and art.

Away with this mountebankery posing as sane and sagacious leadership. It violates sound fundamental economics and common horse sense. Selah!

### A CASE IN POINT

We note in a nicely printed piece of osteopathic literature used by an enterprising osteopath this grammatical error:

I shall be pleased to advise ANY ONE regarding the kind of enemas THEY should take.

It is to make such slips impossible of occurrence in our speaking and writing that The *OP* occasionally harks back to this subject. Now clearly "any one" is singular and refers to individuals, not to groups of persons, and plural pronouns like "they" and "them" do not fit such subjects or such objects.

Let us get the habit of calling each other down for such slips. We know no other way of focusing attention on this widespread abuse of grammar.

### "Flu" Again Appears in Brazil

SAO PAULO, Brazil, March 17.—Influenza again has appeared here in epidemic form. The government is taking steps to prevent the spread of the disease. It was predicted by the medical authorities that it would reappear.

YOU are invited to absorb a segment of truth which throws a flood of clear light—as it did upon the hitherto sightless eyes of Tom Skeyhill—athwart the American Medical Association methods and their golden tinted and golden tainted organs of subsidized, lick spittle "news." When you can gather grapes from a thorn bush or pluck figs from a prickly thistle plant or pipe pure spring water from out a heap of festering garbage you can get a little truth from A. M. A. "news" founts. Until you can do these little things look for the truth elsewhere. And right here assimilate a chunk of it.

Tom Skeyhill was in the allied forces from Australia as a signaler. He saw—as long as he could see anything—hot service on three war fronts. At the awful—and offal too—Gallipoli disaster in December, 1916, he was stricken totally blind from shell shock. His sight, but not his courage, was blotted out. In charge of an attendant he toured various lands speaking for Red Cross and other war activities. He consulted the most eminent eye specialists in England, in France, in Italy, in Australia and in the United States. The verdicts were all alike and particularly emphatic in the U. S. A.—"Absolutely hopeless, blind for life." It was a pitiful case.

But suddenly press items appeared to the effect that by a wonderful "operation" the sight of Signaler Tom Skeyhill had been restored. By cleverly worded language and by ingenious suppression of the real facts newspaper readers were led to believe that some so-called "regular" practitioner with A. M. A. branded on his wizard hands had performed this wonderful "operation." It was as clever—and as false—as most of their propaganda.

Now what really happened? Recently while in Washington delivering addresses and just prior to a speaking tour for the Red Cross Tom Skeyhill was seized with intense and unbearable pains in his neck. He couldn't sleep; he couldn't address his audiences. In addition to being totally blind he was suffering the most maddening pains.

He had observed—alho he was blind—that dope poured into his stomach had no effect upon those lancinating pains in his neck, so he betook himself to an osteopath, Dr. Riley D. Moore, of Washington, D. C. Dr. Moore told Signaler Skeyhill that he was afflicted with three serious deviations from the normal in his spine, any one of which might be the cause of his sufferings and also of his blindness.

Here is Dr. Moore's own description of a real cure, one of the most wonderful in medical annals:

"He was placed on the operating table. I first relaxed the muscles of his neck. His neck was most sensitive, and I tried to relieve that as a preliminary to working upon the deeper structure. With the patient lying on his back I relaxed the neck muscles and that gave temporary relief from the sensitiveness complained of.

"Then I began the correction of the maladjustment of the vertebrae, beginning at the uppermost articulation in the neck, as parts of the cervical region were worse than others, although the whole was in bad shape. After some minutes' work trying to correct the lesion at the sixth cervical vertebrae, on the left side, the patient threw his hand up to his left eye and said it pained him severely.

"I left that articulation and began to work out the tension and sensitiveness of the surrounding structures. Then I returned to the sixth cervical and he again complained of sensitiveness in his left eye. I left off there and worked elsewhere, but on my third return to the sixth cervical the pain in his eye was less and he said he could see a sort of shimmering or glow before his eyes altho they were closed.

"Soon he seemed to be unconscious and his business manager became alarmed, but I continued working with him. He told me afterward that he was unable to speak, but knew all that

was going on and was afraid only that I might stop work.

"After correcting the neck lesion as far as I could at the time, I began the correction of the first dorsal vertebrae, and at the first twist he suddenly leaped from the operating table, held his hands to his head and seemed to be in intense pain for a moment. Then he exclaimed that he could see, and the first thing his eyes lit upon was a case of flowers, which he folded in his arms in his joy.

"Just then he suffered a lapse of memory. He was back in Gallipoli giving orders to men with him, instructing them what to do in No Man's Land. Then he turned upon me demanding what I was doing in civilian clothes. He could not comprehend for a time that he was in Washington or how he got there, but he gradually calmed down.

"Everything he saw was pure white, even the grass and flowers.

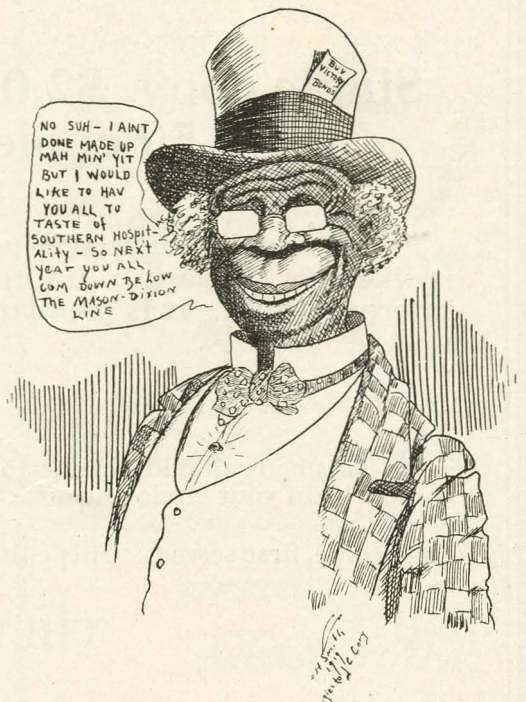
"I had him wear colored glasses for a short time to protect his eyes from too strong light or strain, and his vision and color sense are now perfect, he reports to me."

In writing us about this matter—in answer to our inquiry to the exact facts of this cure and not for any boastful purpose—Dr. Moore modestly says: The remarkable thing about the case was not that he recovered his sight under osteopathic treatment but that one treatment was sufficient."

We are no touter for osteopathy nor for any other "pathy." We are nobody's "organ." We respond to "no touch" but the magic touch of the truth.

Why didn't the A. M. A.-tites and their organs and their subsidized founts of "news" tell the truth about the restoration of the sight of the blinded hero? Why did they and their journals and their organs lead the public by clever deceit and by the suppression of the truth—the meanest kind of a lie—to believe that the sight of Signaler Skeyhill had been restored by one of their own sacrosanct ilk? Why didn't they give osteopathy and its practitioner, Dr. Moore, the credit for doing at one brief treatment what their best experts in two continents

### Uncle Remus Offers Fried Chicken if the 1920 AOA Bunch Come South



—Drawing by Dr. G. H. Smith, Evanston, Ill.

# Everybody Knows About The Lane Book, "A.T. Still Founder of Osteopathy"!

Many doctors have complimented us on its production.

Some doctors are using it in quantities to distribute to their patients as patient educators.

**WHY NOT YOU?**

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PRICES ARE AS FOLLOWS:

Single copy, \$2.00; 10 copies, \$18.00; 25 copies, \$42.50  
50 copies, \$80.00; 100 copies, \$150.00

A smashing blow at drug superstition is this wonderful elucidation of Professor Lane. It is likewise a gigantic lift upwards for osteopathic therapy into the clear light of scientific interpretation. It is popularly written withal so as to be a people's mentor on these subjects.

AS PROFESSIONAL POLICY

This book should be sent to every newspaper and periodical editor in America. You should send it to those within your circle of contact and acquaintance. This book should be put into every library in America.

First come, first served. This edition was limited to 2,000 copies. How long do you think these books will last?

**THE OP, 9 So. Clinton Street, Chicago**

had declared was impossible? Why seek to enclose in their greedy paws credit for an "operation" with which they had absolutely nothing to do? Why seek to deprive the public of the real facts and to cleverly hoodwink the public into believing the precise opposite of the truth?

They know that a lie is nimble while truth is a laggard. They believe that their clouds of gold dust propaganda spread by a coterie of subsidized publicity organs can hide the sun of truth from the eyes of a deceived and doped public. But they can't befooled Jim Jam Jems nor its readers. We are hot on the trail of these gentry and a blind man—as blind as poor Tom Skeyhill was—can follow it, too!

How many hundreds and thousands of sufferers are there in this land, suffering various degrees of sickness, misery and torture like poor Tom Skeyhill, who are prevented from obtaining the relief they should obtain by the various devices and propaganda and news distortions and concealments of the smug and haughty coterie of A.

## The Recent Post-Graduate Course at the Chicago College of Osteopathy

By Preston R. Hubbell, D. O., Detroit, Michigan

A POST-GRADUATE course given by such men as Dr. Littlejohn, Dr. McConnell, Dr. Laughlin, Dr. Fryette and Dr. Deason is well worth going miles to attend as everyone in the profession would agree. However, the particular course which was pulled off at the Chicago College of Osteopathy in February had an unusual setting, and in my opinion, struck a 42 Centimeter blow which will awaken our profession to the reality of what we have, more than anything that has been done in the last ten years.

In the first place, there were at least forty-two of us present from all parts of the country. And everyone came to learn something. This naturally produced a harmony of feeling. The very timing of a course at this time was significant, and I feel that the Chicago boys should be given full credit for this.

The past few years have been rather dark chapters in the history of osteopathy, as we all know. Our profession has been slipping. There is no doubt of this. In Detroit there are less osteopathic physicians than there were five years ago, and our population has almost doubled. The records of our state are not at all encouraging and still we have one of the best laws in the Union. There are, of course, many causes which might be found to explain this backward trend. However, I am inclined to accept the philosophy of Al Johnson, who says that when he doesn't get the laughs from his audiences he looks in the glass and finds the reason.

I am firmly convinced that if our profession would stop talking for a while; get off the stage; go back to our dressing rooms and study our own anatomy, we would soon solve our difficulties.

Our recent efforts to advance osteopathy have all gone off like punk fire crackers. In fact, most of our time has been spent in accumulating and producing a fine array of camouflage. We have some splendid artists who would have rendered excellent service to our country in this particular branch of the War Department. We have splendid propaganda, none of which I would discount. We have plenty of politicians who like to wear officer's uniforms and want to be consulted on every move that is made. We have Kaisers who know that the Lord is with them and we have plain Huns who can't think, but just obey. All that we lack is just plain ordinary red-blooded men who have the brains and the nerve to build big guns and bring them up to the front line and go over the top for osteopathy. We need guns not camouflage. We need ammunition not explanation. We want brains not noises. We want red-blooded men who are not afraid to fight; not soft tongued sisters who spend much of their time adjusting their bustles for fear some one might criticize

M. A.-tites? None know. But we know that the number is enormous.

And in the meantime write down indelibly on the tablets of your memory that poor Tom Skeyhill, condemned to a life of blindness—one of the greatest miseries which can be inflicted upon mankind—by the most expert "regular" practitioners of two continents, was restored to complete and perfect vision by an osteopathic practitioner in one treatment!

We don't despair—not on your life, we don't! Finally the good people of this U. S. A.—like Signaler Tom Skeyhill—will have their eyes opened to the fact that no one medical sect can monopolize the art of healing. From torture to freedom from pain, from the deepest depths of despair to the brightest height of happiness, from Cimmerian gloom to the brightest beauties of this fair earth at just one step, bounded poor Tom Skeyhill. So will go others! No one "pathy"—be it allopathy or what not—can enchain the feet of man!

their style of dress. MEN, GUNS, AMMUNITION. Where can they be found—for osteopathy must win!

"Truth crushed to earth will rise again." Osteopathy has been declining, but if we can find the men, guns, and ammunition, she will rise again. Where shall they be found? I know. In Chicago. Don't take my word for it. Go and see for yourself. I went. I saw. I found.

When a bunch of osteopathic physicians in one city will go and purchase a whole city block so elegantly situated—as is the site of the Chicago Osteopathic College—with a beautiful, large, building on it fit for an Art Institute and dedicate that whole site for an Osteopathic Hospital and School, those fellows are red-blooded and have brains. You cannot deny it! No further argument is necessary. *Hospitals are our guns and until we get them in every city we must retreat.* The Osteopathic Front in Chicago is fast becoming a successful salient and when their full barrage is turned on the enemy their cannonade will be heard around the world. They have the men, they have the gun and their production in ammunition is increasing fast.

If your faith is waning and your morale is getting low, ask for a furlough and go to Chicago. The building alone is worth going to see, but when you hear those commanders in our profession tell you and show you what they have actually done, you will go back home with a firm determination to build a gun alone, if you can't get help, and shoot it yourself.

There is just one vision that I would like to see put across in our convention this summer, and that is that we have a unified command in our headquarters and that some definite policy be formulated to organize hospitals in every city in the country. Then we could have uniform case records sent in from these work rooms which would be real ammunition.

Our Degree is *D. O.* and not *Might Do.*

### Orlando, Florida, Team Work

[From the Florida Osteopath]

ORLANDO osteopaths have gotten together and agreed upon rates for treatments outside the office. They have also made arrangements for publicity by running a series of articles on osteopathy in the local papers, the expense of which is to be borne proportionately. This is effective team-work and is heartily commended to the consideration of osteopaths elsewhere in Florida. We expect great results for osteopathy in Orlando.

## Special Information for Osteopaths

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

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

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

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

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*

## Osteopaths Propose Amendments to California's Medical Practice Act

THE following amendments have been introduced in the legislature of California. Reasons are given as to why these amendments should be passed. The Assembly Bill No. 844 was introduced by Mr. Merriam, January 24, and was referred to committee on Medical and Dental Laws. It amends Section 9 and 10 of the present medical law (See State Register for copy of law) viz:

Section 9. Every applicant must file with the board, at least two weeks prior to the regular meeting thereof, satisfactory testimonials of good moral character, and a diploma or diplomas issued by some legally chartered school or schools (**approved by the Board**), the requirements of which school or schools shall have been at the time of granting such diploma or diplomas in no degree less than those required under **section ten** of this act, or satisfactory evidence of having possessed such diploma or diplomas, and must file an affidavit stating that he is the person named in, etc.

The words "Approved by the Board," printed in heavy-faced type and enclosed in parenthesis, appear in the present law, but have been omitted from this amendment. The words, "section ten of," also printed in heavy-faced type, but not enclosed in parenthesis, have been added in the proposed amendment.

These are the only changes in Section 9, excepting that the following clause has been omitted because it was no longer necessary, the time limit having expired:

(Provided also, that before July 1, 1918, in lieu of the diploma or diplomas and preliminary requirements herein referred to, where the applicant can show to the satisfaction of the Board of Medical Examiners that he has taken courses hereinafter required in a school or schools approved by the Board totaling for applicants for "drugless practitioner certificate" not less than sixty-four weeks, consisting of not less than two thousand hours, and for "physician and surgeon certificate" totaling not less than one hundred twenty-eight weeks, consisting of not less than four thousand hours, it being required that all applicants shall have received passing grades in all such courses that the applicant or applicants shall be admitted to examination for their respective form of certificates.)

Section 10. (Applicants for any form of certificate shall file satisfactory evidence of having pursued in any legally chartered school or schools, approved by the board, a course of instruction covering and including the following minimum requirements:)

The above paragraph, which appears in the present law, has been omitted and the following paragraph substituted for it.

Section 10. The Board must admit to the examination for any form of certificate, applicants who in addition to the preliminary educational and other requirements here-

inbefore specified, file satisfactory evidence of having pursued in any legally chartered school or schools of any system, a course of instruction covering and including the following minimum requirements:

This is the only change in Section 10.

### REASONS FOR THE NECESSITY OF THIS AMENDMENT

This Bill amends Sections 9 and 10 of the Medical Practice Act, by striking out the phrase, "Approved by the Board," and making it mandatory upon the Board to examine all applicants who file evidence, satisfactory to the Board, that they have had all of the preliminary and the medical education required in the present law as a pre-requisite to admission to the examination.

This Bill does not in any particular change the requirements for examination; nor does it in any way alter the present high standards, which must be met by all applicants before they will be permitted to take the examination.

The medical examination is thorough and searching, and no incompetent applicant can or does pass it. The requirements which must be met by each applicant before he is admitted to the examination remain unchanged and are as follows:

He must file evidence satisfactory to the Board, (1) that he is a graduate of a four-year California High School or its equivalent; (2) that he has had one year of college work in physics, chemistry and biology; (3) that he is a graduate of a medical college requiring a four-year course and teaching all of the subjects and hours specified in Section 10 of the medical act.

Each applicant must, therefore, prove to the satisfaction of the Medical Board that he has had eight or more years of education specified in the law in preparation for the medical examination before he can be permitted to take the examination. He must then pass the examination before he can receive a license.

This Bill does not in any degree or in any particular change the foregoing requirements. Its object is to guarantee the applicant the right to be examined after filing evidence, satisfactory to the Board, that he has had the eight or more years of education specified in the law.

The right to be examined is now denied to well-educated applicants. The Medical Board derives its uncontrolled power from the phrase, "Approved by the Board." The high school from which the applicant was graduated must be "Approved by the Board." The year of college work in chemistry, physics and biology must be "Approved by the Board." The medical college must be "Approved by the Board."

Senator Hiram Johnson, when Governor of California, wrote: "The object of the medical law is to permit men to practice medicine, not to prevent them from practicing medicine." The function of the Medical Board is to license applicants who meet the educational standards of this State and pass the required examination, and not to prevent such applicants from taking the examination.

The Board can, does and has exercised the power of "Approval" in a willful, capricious and arbitrary manner. When the present law was passed, four systems of medicine and surgery were represented by colleges in this State, namely: The Regular, Homeopathic, Eclectic and Osteopathic systems. Under the arbitrary disapproval of the Board the Homeopathic and Eclectic Colleges have closed, and unless the power to kill any college or system which does not meet with the approval of the Board is taken away, the Osteopathic College in this State must also close.

Is it right, is it just, is it wise to permit seven out of ten members of the Medical Board to exercise the power of life or death over colleges and systems they do not personally endorse? Is it not enough to give them the power to measure all applicants with the yardstick made by the Legislature? If the Board has the power to apply this measuring stick and to deny the right



### The Delaware Springs Sanitarium

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

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

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

**THE DELAWARE SPRINGS SANITARIUM**  
Delaware, Ohio

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The only institution of its kind east of the Mississippi river. Devoted to the treatment and cure of nervous and mental diseases, general and constructive surgery. On the Lincoln Highway, five miles east of York, Pennsylvania.

**Dr. O. O. Bashline**  
*President and Surgeon*

**Dr. J. E. Barrick**  
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*Secretary and Business Manager*

### WEAK FOOT, FLAT FOOT, BURSTITIS, NEURITIS, HAY FEVER

A brochure dealing with such ills as weak foot, flat foot, broken arches, bursitis of the shoulder, "glass arm", "rheumatic shoulder", brachial neuritis, hay fever, rose cold and catarrhal deafness. All these maladies are successfully handled under osteopathic attention. Price \$4.00 a hundred.

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

## It Will Pay You

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

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

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

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

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

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**Journal of Osteopathy**  
KIRKSVILLE, MISSOURI

of examination to all applicants who do not measure up to it, is that not enough power to vest in the Board?

This Bill does not alter the State-made yardstick. It does not take from the Medical Board the right, power and duty of applying this yardstick. The Board can still refuse to examine any applicant who does not have all of the specified education. However, the Bill does give the applicant the opportunity of appealing to the courts for relief in case the Board is willful, capricious and arbitrary in its refusal to examine him. When an applicant has had all of the specified education, entitling him to be examined by the Medical Board, he should have the right of appeal to the courts to prove that he measures up to the State requirements if the Board refuses to examine him.

The present Medical Board is composed of five Regulars, two Homeopaths, one Eclectic and two Osteopaths. Seven of these ten do not approve of Osteopathy. Hence they passed resolutions refusing to admit any Osteopathic graduate from any Osteopathic college to the "physician and surgeon" examination. The College of Osteopathic Physicians and Surgeons in this State appealed to the courts for relief. The court held that the Board had no right to take away its approval of the college without a formal hearing. The judge remarked from the bench, however, that the relief the college was seeking would have to come from Sacramento. The Board has notified the college trustees to appear for a hearing on March 17. After this hearing the Board can arbitrarily take away its approval, and neither the college nor its graduates, who have more education than is required by law, will have any remedy. The course of study in this college covers and includes every subject and more hours in every subject than are required by the medical law for a "physician and surgeon" college. The law requires 4,000 hours. This college requires 5,600 hours. The graduates of this college had been admitted to the "physician and surgeon" examination for several years before the resolution of the Board denying approval to the college was passed. With the phrase, "Approved by the Board," eliminated and the mandate to examine all applicants who meet the present educational requirements inserted, a remedy is provided against arbitrary, biased and capricious action by the Medical Board. This Bill does not alter or change existing standards, but does provide a remedy against biased and prejudiced refusal to examine. The examination given by the Board is the best evidence of the character and sufficiency of the education given by the college and received by the applicant. The citizens of the State are amply protected against incompetent practitioners and they may approve of Osteopathy or Homeopathy even tho the majority of the Board does not endorse these systems. Surely, the citizens of the State should not be denied the services of Osteopathic physicians and surgeons simply because seven men on the Medical Board who represent other systems of practice do not endorse and approve of Osteopathy. The business of the Medical Board is to license all applicants from all systems who meet the present standards of education and pass the Board's examination. The Board should not have the power to establish one system of practice in California. Unless and until the phrase, "Approved by the Board," is eliminated from the medical law, the Board has the power to establish a State medicine. This is as obnoxious to human right as is a State religion.

**A Second Bill**

ASSEMBLY BILL No. 932 also was introduced by Mr. Merriam January 24, and was promptly referred to the committee on Medical and Dental Laws. Its analysis is as follows:

- Section 11. In addition to above requirements, all applicants for "physician and surgeon certificate" must pass an examination to be given by the Board in the following subjects:
- (1) Anatomy and histology.
  - (2) Physiology.
  - (3) Bacteriology and pathology.



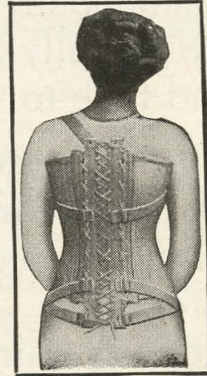
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# Are You Strong for Chronic Practice?

**I**F so these months following hard upon the great 1918-19 Epidemic ought rightfully to make more demand upon your professional skill by the partially convalescent than you can find time to render.

Be advised that the April issue of *Osteopathic Health* is devoted to telling people about the advantages of osteopathic treatment for curing up the long train of serious consequences that persist after influenza which has not been treated osteopathically in its acute stages.

It is peculiarly, therefore, an issue to make more chronic practice.

The issue is entitled "Preventing the Common After Effects of Influenza." Heart-weakness after "flu" is pointed out as a great peril—especially to cases that were drugged with aspirin, heroin, phenacetin and other poisons of the heart-depressant type. Other sequellae imminently liable are tuberculosis, paralysis, neuritis, melancholia, earache, deafness, digestive troubles, nervousness, insomnia and persistent debility. Such after-ills are shown to be in some part, at least, the result of the pernicious current drug treatments.

Osteopathy is shown to be success-

ful in preventing such sequellae if in charge of influenza in the acute stages, and almost as successful in curing up such hang-over ills when applied in the chronic stages of semi-convalescent misery.

These poor victims with one foot on the rock of recovery and the other in the slough of suffering and despondency are surely entitled to rescue. The osteopaths who circulate this April issue of *Osteopathic Health* and thus advise the people about the true nature of their condition and the power of osteopathy to save, will be true humanitarians and they will have plenty of opportunity to prove up the value of their therapeutics.

You will also take satisfaction in the section of this magazine which quotes foremost medical authorities in admission of their powerlessness to cure flu and pneumonia and putting the verdict of failure on drugs, vaccines and serums for such purposes.

We believe the DO who never used a piece of educative literature before, will be tempted if not actuated to make a trial of its virtues when he examines critically this particular magazine.

THE OH SERVICE  
Propaganda for the Osteopathic Profession  
9 South Clinton Street  
CHICAGO

- (4) Chemistry and toxicology.
- (5) Obstetrics and gynecology.
- (6) Materia medica and therapeutics, pharmacology, including prescription writing.
- (7) General medicine, including clinical microscopy.
- (8) Surgery.
- (9) Hygiene and sanitation.

Provided, that the examination in materia medica and therapeutics, pharmacology, including prescription writing, herein specified, shall at the discretion of the Board be either limited to those therapeutic agencies and methods which are common to the Regular, Homeopathic, Eclectic and Osteopathic systems, or four separate examinations shall be given in this subject, in which case each applicant shall be examined by an examiner of his own system.

The last paragraph, printed in heavy-faced type, has been added. This is the only change in Section 11, excepting that the following clause has been omitted because it was no longer applicable, the time limit having expired:

(Any person who at any time prior to January 1, 1916, shall pay to the Secretary of said Board the fee of twenty-five dollars and submit satisfactory proof of good moral character and of a resident one-year course of not less than one thousand hours in a legally chartered school approved by the Board, and satisfactory proof of three years of actual practice of a drugless system of the healing art, such three years of actual practice to have been in the State of California, shall be admitted to the drugless practitioner examination; provided, however, that in the event of a license being granted to such applicant he will not be eligible thereafter for the physician's and surgeon's certificate without a full and complete compliance with the terms and provisions of Sections 9 and 10 hereof. Any one who shall pay the fee of fifty dollars to the Secretary of the Board prior to January 1, 1916, and submits to the Board satisfactory proof of good moral character and proof of six years' actual practice of a drugless system of the healing art, three years of which must have been in the State of California, and satisfactory proof of a resident one-year course of not less than one thousand hours in a legally chartered school approved by the Board and upon proof of competency in a drugless system may be granted a certificate to practice a drugless system in this State; provided, however, that such licensee shall not be permitted to take the physician's and surgeon's examination without a full and complete compliance with the terms of Sections 9 and 10 hereof.)

REASONS FOR THIS AMENDMENT

The present law requires an examination in Materia Medica and Therapeutics. It does not specify what Materia Medica and Therapeutics, Regular, Homeopathic, Eclectic or Osteopathic. The Medical Board concluded to give three examinations in this subject, namely: Regular, Homeopathic and Eclectic. They have repeatedly refused to give the Osteopathic applicants a separate examination, such as is enjoyed by the applicants of other systems. This discrimination works a great hardship on the Osteopathic applicants because in addition to a knowledge of this subject, as taught in their own colleges, it is necessary for them to acquire a knowledge of the subject as taught by one of the other systems. The Osteopathic applicant is compelled by the Board to choose one of the three sets of questions submitted. He may take his therapeutic examination from a Regular or Homeopathic or Eclectic examiner, but is denied an examination in therapeutics from a member of his own school.

The Homeopaths would very justly contend that the Medical Board was unfair if they were refused an examination in Homeopathy and compelled to take an examination in Osteopathy in order to obtain license. It would not alter the Homeopaths' opinion that they were not being treated fairly if the Board should say to them: "If you don't want to take the Osteopathic therapeutic examination, you may take that given by the Regulars or the Eclectics; but, we don't give an examination in Homeopathy, and you must either choose to be examined in one of the other systems or stay out of this State." The Homeopaths might insist, as the Osteopaths have been doing, that they are educated in their own

system and expect to practice their own system and that therefore, it is a matter of public interest as well as one of justice that they be examined in the system which they intend to practice.

The injustice of requiring the Osteopaths who have been educated in their own system to take the therapeutic examination in another system in order to obtain a license to practice their own system is so obvious and so gross that it is hard to believe that seven men on the Medical Board could combine to do it. This is a striking example of the limits to which medical bias and prejudice will go when unrestrained by specific legislation. It should be noted that this amendment gives the Medical Board the option of giving either one or four examinations. All four schools of medicine agree on many therapeutic agencies and practices. Each school in addition has its own peculiar teachings. The Board can give one examination, limited to those things which are common to all schools of medicine, and no applicant can or will complain. Substantial justice will be served equally well by four separate examinations.

A Third Bill

ASSEMBLY BILL No. 933 likewise introduced by Mr. Merriam January 24, was referred to Committee on Medical and Dental Laws. It amends Section 12 1/2 of the present medical law by making it mandatory on the Board of Medical Examiners to issue Physician and Surgeon certificates to all holders of certificates to practice Osteopathy, who, in addition to presenting this certificate, present a diploma from a regularly chartered school, and evidence of having practiced in the State for four years. Fee \$25.

Precedent in California and all other States is evidence of the justice of this amendment. As standards have been advanced, all certificates to practice, issued prior to the passage of such act, have been declared to be of the same value as those issued under the increased requirements.

There are M. D.'s in the State of California who have never attended a medical college, others who have graduated from two-year or three-year courses whose certificates to practice are recognized as Physician and Surgeon certificates. No Osteopath in the State has had less than twenty months of training and should have the same recognition by the law.

The present law requires an oral examination to determine whether the Osteopath is entitled to the Physician and Surgeon certificate. If this is just, why not have the M. D.'s who obtained their licenses prior to 1913 take a similar examination? A number of Osteopaths who obtained their certificates prior to 1913 took the same examination under the same Board as did the M. D.'s whose certificate is recognized as Physician and Surgeon without further examination.

A Fourth Bill

ASSEMBLY BILL No. ... is to be introduced by Henry A. Miller and was referred to Committee on Medical and Dental Laws. It amends Section 17 of the present medical law so as to permit medical teaching institutions to give practical experience to undergraduates, this not being possible under the present law. As the law now stands, qualified students in medical teaching institutions and interns in State, County and Municipal hospitals who have no license to practice, are daily violating the law. This matter has been decided in the courts, and students, interns and institutions will constantly be in danger of prosecution, unless the law is amended.

Illinois Osteopaths Will Try to Rewrite Medical Practice Act

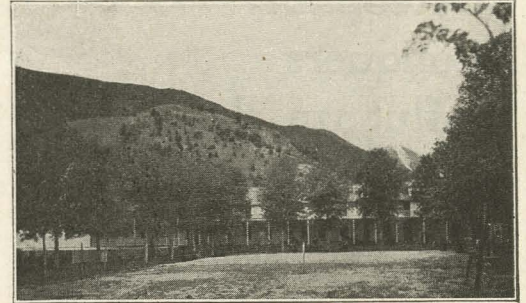
[From the Illinois Osteopathic Association Bulletin]

OUR legislative program is progressing rather slowly this year, but we expect our bill to be well on its way before this number reaches our members. The bill which has been prepared this year is the result of a consid-

erable number of conferences with our attorney, in conjunction with Doctors Littlejohn, Fryette and others.

After discussing the matter from many different angles, it seems best to introduce a bill which will

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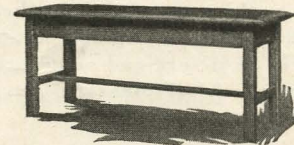
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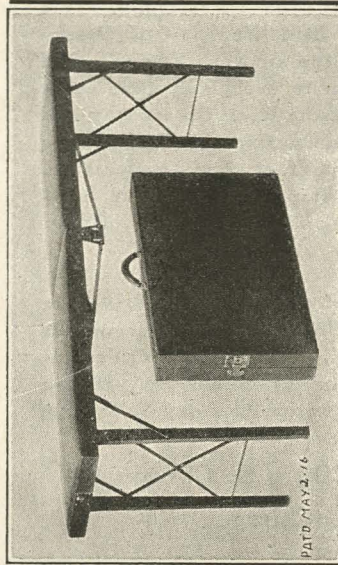


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Make yourself familiar with the facts and theories set forth in this work. Discuss its revelations briefly with your patients. Each of your good patients should be presented with a complimentary copy. Such thoughtfulness and generosity will pay you 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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regulate the educational qualifications of practitioners, whether medical or otherwise, inasmuch as it seems impractical, if not impossible, to obtain any legislation which will apply to osteopaths only. Our bill provides for two types of license, a license for those who wish to practice without surgery and a license for those who wish to practice with surgery. Those who wish to practice without surgery will be required in the future to have a high school diploma and a four year professional course. Those who wish to include surgery in their practice will require an additional year of study in surgery, and an internship which will require a second year, making a total of six years for the full license.

This course, we believe, will meet with the ap-

proval of the vast majority of our members. It was thoroughly discussed at a Sunday meeting, at which a considerable number of representatives were present. Our original plan was to simply ask for the removal of some of the restrictions which are now thrown about our practice, but it seemed better policy to rewrite the Medical Practice Act along common sense lines rather than to try the piece-meal method of amending the old act. We believe that sooner or later all medical laws must be harmonized in such a way that a license in one state will be valid throughout the United States. This thing of having to qualify in a new state every time a doctor moves is not only a nuisance, but is eminently unfair to all concerned.

## Ohio's Osteopathic Bill Reported for Passage in Both Houses

[From the Bulletin of the Ohio Osteopathic Society]

OUR osteopathic bill before the Ohio General Assembly has been amended by the public health committees of both House and Senate and has been reported out of those committees and recommended for passage as amended. The bill as it is now worded and as now formerly on the calendars of both branches of the legislature reads as follows:

Sec. 1288. "The provisions of this chapter shall not apply to an osteopathic physician who passes an examination before the State Medical Board in the subjects of anatomy, physiology, obstetrics, surgery and diagnosis in the manner required by the board, receives a certificate from such board, and deposits it with the probate judge as required by law in the case of other certificates. Such certificates shall authorize the holder thereof to practice osteopathy and surgery in the state, but shall not permit him to prescribe or administer drugs, except anesthetics and antiseptics. \* \* \* No osteopathic physician holding a license to practice osteopathy at the time of the passage of this act, shall be permitted to practice major surgery, which shall be defined to mean the performance of those surgical operations attended by mortality from the use of the knife or other surgical instruments, until he shall have passed the examination in surgery given by the State Medical Board; but he may practice minor and orthopedic surgery not in conflict with the definition of major surgery in this act. \* \* \*

The certificate of an osteopathic physician may be refused or suspended as \* \* \* provided in Section 1275, General Code of Ohio.

There is no need of commenting at this time upon the virtues of this amended bill. That it goes farther in recognizing the degree of doctor of osteopathy than any bill we have ever been able to get of a committee of the legislature has gone is beyond question. That the bill is all

we might wish is not true, but being a long step in advance of anything that has ever gone before we embrace it and expect to put forth every effort to secure its passage.

You, of course, are pleased with the bill too. You may not want to practice surgery and, therefore, the enactment of this bill into law will in all probability not have any direct bearing upon your professional life. But is it not worth much to you and all things osteopathic that come after you that our degree should at this time rise to the dignified position of qualifying the holder thereof as a physician and surgeon? The phrase "physician and surgeon" in the opinion of the public has always been and always will be representative of the acme of all medical titles. Of course, you are willing to get behind this bill with all the influence that you can muster. The public is with us in this fight if they but know it is on. It is your duty to let them know of it to secure the help of influential friends in your community to secure the early consideration and enactment of our measure into law. We cannot leave the burden of the whole struggle in the already overtried hands of Dr. Hulett and his associates. They already are making untold sacrifices of time and thought and necessarily because of their nearness and their committee responsibilities will continue to make sacrifices and to feel the brunt of the fight. But we can all do our share and render them invaluable aid. Now get busy; it's your fight; it's my fight.

## Nebraskans Expect to Have a Good Osteopathic Law

March 3rd.

THE Nebraska Osteopathic Legislative Committee met with a similar committee from the Nebraska Medical Association in conference on Senate File 89, March 12th, at the Lincoln Commercial Club. After exhaustive discussion, clearing up many misunderstandings between the two professions, it was mutually agreed that the objectionable word "minor" be stricken from the bill.

A further amendment having reference to drugs was added to Section 4 of the Bill, as follows: "Provided that nothing in this Act shall be construed so as to authorize the administration by an osteopath of drugs, excepting anesthetics, antiseptics, antidotes for poisons, and narcotics for the temporary relief of pain."

Both committees then went to the House of Representatives and submitted this amended bill to the Medical Committee of the House, agreeing that no further obstructions would be placed in the way of the passage of the bill. We feel that this will give us a splendid law with all the liberty for growth desired. It has also established a better understanding between the two profes-

sions, with correspondingly improved conditions of harmony. We trust the profession will feel satisfied with our efforts for we have done the best of which we were capable.—Fraternally yours, C. B. Atzen, D. O., Chairman, Legislative Committee.

### THE PROPOSED NEW LAW

Engrossed Bill  
Senate File 89

Introduced by Senator Peterson.  
A Bill

For an Act to authorize and regulate the practice of Osteopathy in the State of Nebraska and to authorize the examination and licensing of Osteopaths or those who practice the profession or science of Osteopathy and for that purpose to authorize the Governor to appoint examiners to assist him in the execution of this Act, said examiners to constitute and be known as the State Board of Osteopathy, and to provide penalties for the violation of this Act and to repeal Sections Nos. 2788, 2789, 2790, 2791, 2792, 2793, and 2794, of the Revised Statutes of Nebraska for 1913, and all Acts and parts of Acts in conflict herewith.

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Be it enacted by the People of the State of Nebraska:

Section 1. The Governor of the State is authorized and required to cause to be examined and licensed to practice all persons, who are residents of the State, following the profession of Osteopathy or desiring to follow the same, and for that purpose he is authorized and required within thirty days after this Act shall take effect, to appoint three examiners who shall be regularly licensed osteopathic physicians actually engaged in the practice of osteopathy in the State of Nebraska, and who have been so engaged at least five years immediately prior to their appointment; one of whom shall be appointed for the term of one year, one for the term of two years and one for the term of three years, and thereafter it shall be the duty of the governor to appoint or reappoint one secretary each year after one term theretofore appointed shall expire, but each examiner shall continue in office until his successors shall have been appointed. The Governor and said examiners so appointed shall be known and constitute the State Board of Osteopaths. Said Board shall have and use a common seal and make and adopt all necessary rules, regulations and by-laws not inconsistent with law to enable it to perform its duties and transact its business under the provisions of this Act.

Section 2. It shall be unlawful for any person, not licensed in this state previous to the taking effect of this Act, to practice Osteopathy and Surgery, or any of the branches thereof in this state without having applied for and obtained from the State Board of Osteopathy, a license so to do. Application therefor shall be in writing, and shall be accompanied by the examination fee hereinafter specified, and with proof that the applicant is of good moral character. Applications from candidates who desire to practice osteopathy and surgery shall be accompanied by proof that the applicant is a graduate of a school or college of osteopathy in good standing as hereinafter defined. When the application aforesaid has been inspected by the Board and found to comply with the foregoing provisions the Board shall notify the applicant to appear before it for examination and the time and place mentioned in such notice. The examination shall be of a character sufficiently strict to test the qualifications of the candidate as a practitioner. The examination of those who desire to practice osteopathy and surgery shall embrace all topics and knowledge which is commonly and generally required of a candidate for the degree or doctor or diplomat of Osteopathy by reputable schools in good standing as hereafter defined. All examinations provided for in this Act shall be conducted under the rules and regulations prescribed by the Board, which shall provide for a fair and wholly impartial method of examination. Examination may be dispensed with by said Board, in its discretion, in case an Osteopathic Physician, duly authorized to practice osteopathy in any other state or the District of Columbia, if such state or district is maintaining a standard of qualifications equal to the standard maintained in this state, who presents a certificate or license issued by such state or district accompanied by a fee of Twenty-five (\$25.00) Dollars.

A special permit may be granted by the Board to an applicant deemed to it eligible but such special permit shall not operate beyond the date of the next regular or special examination held for the examination of applicants.

Section 3. The State Board of Osteopathy may revoke a certificate for unprofessional conduct of the licensee.

Section 4. That on investigation of the proof submitted to the Board, and after examination, where examination is required, as hereinbefore provided, the applicant shall be found entitled to practice there shall be given to said applicant the certificate of said Board under its seal stating such fact; and it shall be the duty of the applicant, before practicing, to file such certificate or a copy thereof in the office of the County Clerk of the county in which he or she intends to practice. Such certificate or copy shall be filed by the

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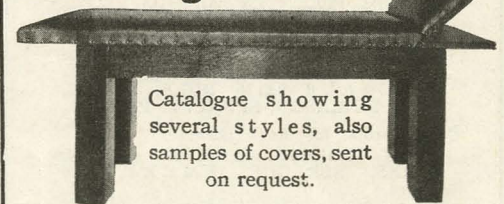


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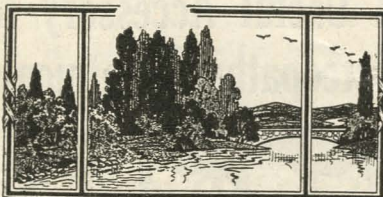


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Contributors for next issue:

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County Clerk and by him recorded in the book kept for that purpose to be called the "Physicians Register" and for such service the County Clerk shall receive from the applicant the same fees as are allowed to the Register of Deeds for the recording of conveyances. Said certificates shall confer upon the holder thereof the right to practice Osteopathy in all its branches, but it shall not authorize the holder thereof to prescribe or use drugs in the treatment of diseases except where the use thereof was taught in the school or college of Osteopathy of which the applicant is a graduate, at the time of his attendance at such school, and then only in those cases and in the manner in which the applicant has been taught to use the same. Provided, that nothing in this Act shall be construed so as to authorize the administration by any osteopath of drugs, excepting anesthetics, antiseptics, antidotes for poison and narcotics for the temporary relief of pain. Osteopathic physicians shall perform only such operations in surgery as was fully taught in the school or college of which the applicant is a graduate at the time of his attendance.

Section 5. Every applicant making application for an examination and a certificate under the provisions of this article shall pay to the Board the sum of \$25.00. All such fees shall be equally divided among the examiners appointed under this act and making such examinations as full compensation for their services.

Section 6. Osteopathic physicians shall observe and be subject to all state and municipal regulations relative to reporting all births and deaths and all matters pertaining to the public health, the same as physicians of schools of medicine, and such reports shall be accepted by the officers of the departments to which the same are made.

Section 7. Any person who shall falsely represent himself to be a qualified osteopath or shall practice or attempt to practice osteopathy or use the science or system of osteopathy in treating the diseases of the human body without having first complied with the provisions of this article and obtained a license to so practice, shall be deemed guilty of a misdemeanor, and upon conviction shall be fined in any sum not less than twenty-five nor more than one hundred dollars, or be confined in the county jail not less than three months nor more than six months.

Section 8. The term school or college of Osteopathy in good standing shall be defined as follows: A legally chartered osteopathic school or college requiring for admission to its course of study a preliminary education equal to the requirements for graduation of an accredited high school, and shall further require before granting

the degree of diplomat or doctor of osteopathy, an actual attendance at such osteopathic school or college of at least thirty-two months or four terms of eight months each, its course of study to include the subjects and the minimum hours taught in each thereof as follows: Anatomy, five hundred forty hours; Chemistry, three hundred hours; Pathology, two hundred fifty hours; Toxicology, fifty hours; Pediatrics, one hundred hours; General Surgery, four hundred fifty hours; Obstetrics, two hundred hours; Histology, one hundred eighty hours; Physiology, three hundred hours; Hygiene and Dietetics, thirty-six hours; Practice, Therapeutics, General Diagnosis and Technique, one thousand fifty hours; Dermatology and Syphilis, forty-five hours; Orthopedic Surgery, forty-five hours; Gynecology, one hundred twenty-five hours; Embryology, seventy hours; Bacteriology, one hundred fifty hours; Comparative Therapeutics, seventy-five hours; Nervous and Mental Diseases, one hundred fifty hours; Jurisprudence, Ethics and Economics, forty-five hours; Genito-Urinary diseases, forty-five hours; Eye, Ear, Nose and Throat, one hundred twenty hours. Provided, the number of hours herein prescribed for the study of any subject may be reduced not more than twenty percent, provided that the total number of hours prescribed be not reduced. The foregoing requirements shall be published in each catalogue of such Osteopathic School or College.

Section 9. Any candidate for license or certificate to practice Osteopathy in this state may be permitted to submit himself for examination in those subjects completed at the end of the second year of college training, and if such examination is satisfactory and discloses that the applicant has mastered the subjects covered by such examination he shall be given credit therefore on his final examination. The applicant before taking such partial examination, shall pay to the Board the sum of Fifteen dollars, which shall be equally divided among the members of the Board making such examination as full compensation for their services. The applicant upon final examination shall pay to the Board an additional sum of fifteen dollars which shall be turned over to the Board and divided among them as in the case of other fees.

Section 10. That Sections Nos. 2788, 2789, 2790, 2791, 2792, 2793 and 2794, of the Revised Statutes of Nebraska for 1913, and all Acts and parts of Acts in conflict herewith be, and the same hereby are repealed.

Compliments of the Nebraska Osteopathic Association, office of Secretary Dr. B. S. Peterson, 604 Brandeis Bldg., Omaha, Nebraska.

## The Toronto World Pleads for Justice to Non-Drug Medicine

[Editorial in the Toronto (Canada) World, Feb. 14th]

It is rumored that the government, in its new bill dealing with the drugless healers, may fall into the error of treating osteopathy, chiropractic and their associated developments as branches of the drug profession, refusing to recognize them as separate professions, but setting a chair apart for these sciences as one subject, compelling, say, the osteopathic student to take an ordinary medical course and having him devote a few lectures a week to the subject that occupies a full four-year course in the standard osteopathic college.

A parallel to this would be to declare that theology is simply a branch of the arts faculty, and theological students would be compelled to submit to having their theological training confined to a few lectures in an arts course, instead of spending the regular course at a theological college.

Hon. Dr. Cody would not tolerate this for a moment and it is inconceivable that he would permit such an outrageous violation of the identical principle as applied to the osteopaths.

Colleges of osteopathy and of chiropractic are as separate and as distinct from ordinary medical colleges as theological colleges are from an ordinary university college. These osteopathic and chiropractic colleges are well-known in the United States. Other Canadian provinces recognize these qualifications, and in due time Canadian colleges will be instituted.

It may be recognized at once that Ontario cannot afford to shackle herself in this matter. The province should have standards as high or higher than the highest in other jurisdictions, and this cannot be attained by burying the whole subject in a course in the medical curriculum. It is just as impossible to do so as to bury theology in a course in the arts curriculum. Osteopathy can no more be treated as an adjunct of medicine than theology can be treated as an adjunct of an arts course. Dr. Cody must get this right or his bill will meet with shipwreck.

The public have a great deal to say about this matter. They wish to be protected. They patronize and desire to continue to patronize the

drugless healers. They have a right to expect that a high standard be set for those who practice in Ontario. That standard can only be set by experts and authorities in the profession in question. Medical men are not, and in the nature of the case, cannot be experts in drugless healing. They travel a different road. As well ask the professors in arts to give degrees in theology as to ask the medical men to establish standards and confer degrees in drugless healing.

The government should be careful to make no false step in this important matter.

[Note: Dr. Cody is a church of England (Anglican) minister, who preaches in St. Paul's church, Bloor street, and is the Minister of Education for Ontario, whose office is in the Parliament buildings.]

### The Quebec Situation

By Dr. R. K. Smith, Boston, Mass.

A YEAR ago the medical trust of the Province of Quebec gave the osteopaths written notice that they would be arrested in three days. We had a hearing before the committee of Parliament, at which I had the honor of speaking, and the premier gave the osteopaths one year's leeway instead of three days, altho reporting adversely on the bill. This year on February 26th there was held a parliamentary hearing on a bill substantially as follows:

Persons residing in the Province of Quebec and having practiced therein the profession of osteopathy and at present member of the Province of Quebec Osteopathic Association are incorporated under the name of "Osteopathic Association of the Province of Quebec" with its head office at the city of Montreal.

The corporation is authorized to establish in the city of Montreal or elsewhere in the Province of Quebec, a college for the teaching of osteopathy, and to appoint as professors members of the corporation or persons holding a degree granted by an osteopathic college recognized by the corporation, but before opening such college to the public, the corporation must be authorized thereto by the Lieutenant-Governor in Council.

The council of the Association shall have power:

a. To enact by-laws respecting the examinations for admission to the study and to the practice of osteopathy, the honor, the dignity and the discipline of its members, and generally for all matters and things in connection with the practice of osteopathy; but such by-laws shall come into force only after having been approved by the members of the corporation at any general meeting, and by the Lieutenant-Governor in Council;

No one in future can be admitted to study osteopathy until he has obtained a certificate of competency from the Board of Examiners.

The following shall be entitled to such a certificate: All holders of the degree of bachelor of letters, bachelor of science or bachelor of arts, conferred upon them by a university of Canada or of the British Isles.

Those who have passed the examination required by the Board of Examiners from candidates for admission to study.

Those who have passed outside of the Province of Quebec, a preliminary examination accepted as equivalent by the Board of Examiners.

Every student in osteopathy admitted to study after the first day of January, 1920, shall, for at least four years, follow a course of osteopathy in the college of the Association.

I had the pleasure of appearing for the proponents of this bill and, of course, was opposed by the medical society of the province. It was a foregone conclusion that the bill had no chance, as it was asking for altogether too much when you consider that there are only twelve osteopaths in the province. The legal argument, however, is that this is the only form of legislation possible in Quebec, because it is the way in which medical regulation is obtained. While the committee was adverse to this bill, it was impressed by the idea that some provision must be made to prevent the persecution of osteopathic practitioners by the medical society. This will probably be done by this session of Parliament.

—R. Kendrick Smith, D. O., Boston, Mass.

### Junior "Prom" Dinner-Dance Given at Chicago Beach Hotel

IT was Junior "Prom" that caused much excitement and planning of late at Chicago College of Osteopathy. The big social function, given as a dinner and dance, was held in the ballroom, east wing, of Chicago Beach Hotel, on the evening of March 17th. There were about one hundred couples present and all agreed that it was highly successful.

The six-course dinner was served in the main dining room of the hotel. The menu was very

appetizing and well planned. W. Frank Powers, senior, acted as toastmaster. The courses were interrupted by very well placed and snappy toasts. Dr. Comstock, college dean, spoke of the "Power of Will" in accomplishing worth-while undertakings, and cited, as a very good example, the great success attained by the Chicago College of Osteopathy.

Mrs. O. C. Foreman rendered several piano selections. Dr. Geo. H. Carpenter, president of the Board of Trustees, spoke of the extensive and expanding scope of osteopathy. Each of the classes were represented by speakers. Dr. Isabel Sherman of the class of 1918 recited some splendid original verse apropos of the occasion. Miss Gene McKenzie entertained with two very pretty solo dances—"The Pierrette" and "The Shamrock," assisted by Miss Anne Fielding at the piano. Miss McKenzie is a representative of the Chicago Normal School of Physical Education.

After the inner-person had been satisfied, all adjourned to the ballroom. Grant's six-piece orchestra played. Mrs. Grant conducted the cotillion, several other novelty dances and distributed favors.

All who attended were more than glad to be among the party. Those who did not seize the opportunity have solemnly resolved that they shall not lose the chance to attend the next Junior "Prom" in 1920.

### A Home Letter from Uncle George Still to the ASO Family Everywhere

UNLESS you have been back to the school or hospital quite recently, you do not realize the changes and improvements that have been going on. The war put a big crimp in both school and hospital work, but it is over now and prospects never looked better. If it were not for the bad legislation in many of our states, we could say that the outlook was the best it ever was.

My special object in writing this letter is to call your attention to the offer of the ASO Hospital to handle surgical conditions for returned soldiers free of charge. Making this announcement, thru your local paper, will be the best bit of advertising, to my mind, that you can do for yourself. Like other recent publicity items, it will open their eyes to some of our good points.

Incidentally, I want to call your attention to the following points about the hospital itself. Aside from the school and infirmary, we now operate three different buildings as ASO Hospitals, and in addition have a fine brick building for a nurses' home. We have one institution especially arranged to handle the better class of obstetrical cases.

We have five graduate registered nurses superintending the training school and nursing. We have 35 nurses. We have the largest Nurses' Training School outside the large cities in the state.

We have twelve physicians, specialists in their line, in charge of various departments and activities. In addition we have six other graduate physicians who give their entire time to the treatment of the post-operative cases. We can also call into consultation any of the ASO Faculty, not on the hospital staff, when desired.

We believe we are better equipped to give the patient individual attention than any place in the country.

We are most certainly a growing institution.

We have recently had made some beautiful forty-two by ten-inch pictures of the hospital and school buildings, except the woman's hospital. This picture is in four colors, on heavy card paper for framing. They cost us about a dollar and a half apiece. We are going to send you one for your office upon receipt of fifteen cents postage. Should it arrive injured we will send another one. They roll up in a mailing tube.

I want to again call your attention to the fact that in nearly every issue of *The Journal* there is some good item that would do the science and yourself good to copy into your local paper. If

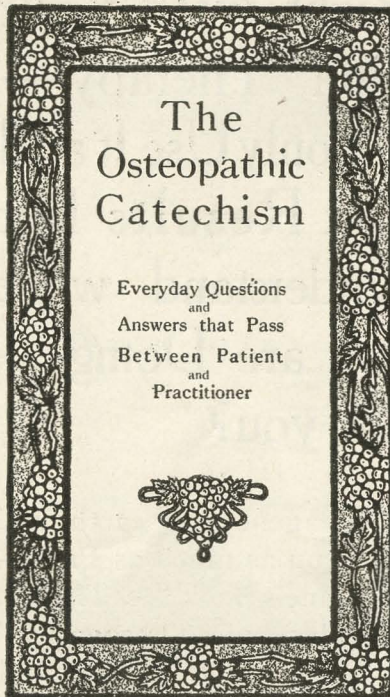
Osteopaths—Get Right with your own Therapy—not only Use It and Get Results But Understand what you are Doing—Do you?

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.

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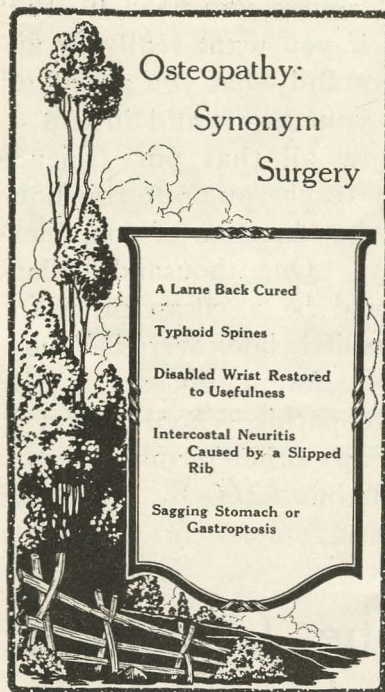
9 South Clinton St., Chicago

No. 17



(PART I)

No. 21



you are not a subscriber to *The Journal*, you will be surprised to see what an improvement it has made, while if you are a subscriber you already know.

A prominent osteopathic speaker at Chicago recently said that the end of osteopathy was in sight. Doctor, we ask you to drop in, with your next patient, and look the school and hospitals over, then tell us what evidence you see of ex-

tingtion. Nothing to it. Already sixty-three of the soldier boys are back in school, and in September we are going to have a record class. Since our record with the "flu" and pneumonia, better say "the end of medicine is in sight." The "flu" did one thing. It helped kill drugs. To hell with croakers.

Yours for the kind of osteopathy that won't quit.—George A. Still, Kirksville, March 1, 1919.

## PUBLISHER'S DEPARTMENT

## Another Boost for Chronic Practice

SIXTEEN different ills, mostly of the commoner chronic type of cases that come to us for office treatment, are discussed in the current (May) installment of *Osteopathic Health*. These constitute a very strong presentation for building up chronic practice. The issue is called "Osteopathy a General and Specialty Practice." You will admire it for its marked simplicity and absence of high-flown language and technical discussion.

You will be quick to recognize that this talk about many common diseases (which osteopathy treats will signal success) is a good and proper reaction after the excellent series in flu-pneumonia discussions which we have printed the past six months. We hold that those epidemic numbers constituted *the best advertising opportunity the profession ever had*, but naturally the time is now ripe to resume hammering home the truth that osteopathy is a *general therapeutic practice* and treats equally well ills chronic and acute, ills of general and specialty practice alike. This number hammers this truth home and will be very influential in spreading information about osteopathy and building up good will for our practice wherever those flu-pneumonia numbers have circulated.

As we have pointed out many, many times before, *Osteopathic Health* is not merely a booklet, but is an *advertising service*. It is studiously and artfully designed to take advantage of matters of news interest, such as the recent epidemic, which people are deeply interested in and will read about, to carry information as to the nature, scope, work and success of osteopathy. Its usage gains new adherents to osteopathy in great numbers who would probably not have their attention caught by messages about chronic ailments. But as soon as attention is flagged, and the lesson well taught, it swings back to explain the meaning of adjustment therapy to the common and chronic ills of every-day practice.

Therefore we urge that our friends who specialize in chronic work make a mistake and lose a great opportunity to evangelize for osteopathy and win new adherents for their own office practices who fail to use our acute disease issues when they appear in series.

This May number, however, will appeal to all who always like and use general practice numbers, chronic practice numbers, and specialty practice numbers. Pray, take a look at it and give it the adoption and sanctification of usage that it deserves.

*Osteopathic Health* is a complete and successful *advertising service* and when accepted and used as such twelve months through the year it pays the user in actual check-upable accomplishments much better than when he breaks the cumulative force of our campaign and uses only as separate pamphlets such occasional issues as happen to meet the ideas of the doctor himself. Such a course minimizes the value of the magazine a great deal. It is like a patient compelling his osteopath to cut out such adjustment work as may hurt him and give him only the kind of treatment that is immediately agreeable and pleasant. As long as you are the doctor give a

patient what you know he needs; and as long as you are buying an advertising service accept and make full use of such advertising brains as your doctor of publicity and promotion is presumed to possess by virtue of being in the business. If he hasn't got the brains, he deserves to be cut out altogether.

—Henry Stanhope Bunting, Editor.

## OH A Popular Winner

I want to congratulate you on the splendid way you are handing our "flu" dope to the public. To my mind it is our greatest work ever done to show the public the value of osteopathy as compared with allopathy.—E. W. Patterson, D. O., Louisville, Kentucky.

The past issues of *Osteopathic Health* have been very fine. Dr. Bunting is cracking the whip at the right time. Hammer away and never give up. For everybody's sake let's educate the public.—C. L. Larson, D. O., Zumbrota, Minnesota.

My Dear Brother Bunting: You're coming down the Home Stretch. Twenty years of your hard work is finally coming *under the wire*. And if I may judge our class yell coming true—"Rah! Rah! Rah! A. S. O. June '01. Drugs must go."—Dr. Eugene Pitts, Bloomington, Illinois.

Please send me 300 extra copies of *Osteopathic Health* for March; 200 with card and 100 without card. It is an excellent number and should have a wide circulation.—Robert W. Rogers, D. O., Summerville, New Jersey.

After reading and rereading your booklet on "The Day of Therapeutic Reckoning," I concluded it would be wrong not to supply each of my patients with a copy. You may send me 150 copies with card on back.—S. B. Grisso, D. O., Hannibal, Missouri.

Please send me 50 extra copies of the March issue of *Osteopathic Health*. It is the best number I have seen in a long time and I think it should be given the widest circulation possible.—Myron B. Barstow, D. O., Boston, Massachusetts.

Received your shipment of March issue of *Osteopathic Health* entitled "Osteopathy Had But 472 Deaths Among 48,911 Influenza and Pneumonia Patients Treated." I think it is a very good number.—G. H. Millenbaugh, D. O., New Hampton, Iowa.

The December and January issues on influenza stirred up quite a sensation in some quarters in my community. I want 100 copies of "The Day of Therapeutic Reckoning," as I want to add fuel to the fire of public interest that has already been started.—Dr. P. T. Crobin, Anadarko, Oklahoma, February 17.

The March issue of *Osteopathic Health* is sure a wonderful piece of educational literature. I have tried to get along without *OH* for the past few months, but find it impossible. Therefore I am signing an annual contract for 150 copies monthly.—G. A. Bradfute, D. O., Caruthersville, Missouri.

The February issue of *Osteopathic Health* entitled "The Day of Therapeutic Reckoning," was the best ever. *OH* is getting better all the time. Where do you dig up such material? I am connected with oil and different mining companies and this you send out beats them all. Keep them coming. Could not keep house without them and *The OP*.—L. A. Howes, Ord, Nebraska.

*Osteopathic Health*, issues of November, December, January and February, have been exceptionally good. Dr. Bunting is a real asset to the osteopathic profession, especially so when he preaches such good gospel as is found in the "flu" number of *Osteopathic Health*. It is unfortunate that these splendid brochures have not been given out more generously in all sections of the United States. Surely the past few months was the accepted time to reach the American public with such literature.—A. M. McNicol, D. O., Dixon, Illinois.

[From the Sioux City Journal, March 10th]

## Flu Victims Maltreated

Buffalo, S. D., Residents Narrowly Escape Death

### INOCULATION IS BUNGLED

Serum of Doubtful Medicinal Value Is Injected Into Patients' Breasts, Resulting in Blood Poisoning in Nearly Every Case.

INFLUENZA vaccine, improperly administered and perhaps of no medicinal value, nearly cost the lives of nineteen people at Buffalo, Harding county, S. D., it became known yesterday through Charles E. Bowers, who, with his wife and F. M. Gilbert of Buffalo, is undergoing treatment for blood poisoning at St. Joseph's Hospital. Others who have suffered from alleged malpractice of a Camp Crook, S. D., physician, and a Belle Fourche, S. D., nurse, will be brought here for treatment, with the exception of a few now in a hospital at Miles City, Mont. Mrs. Bowers and Mr. Gilbert, a prominent sheepman, banker and postmaster of Buffalo, are in a serious condition. Physicians have pronounced the vaccination of the afflicted persons little short of criminal carelessness or ignorance.

Buffalo, a village of about 150 people, is fifty-five miles from the nearest railroad line at Bowman, N. D., and twenty-seven miles from the nearest doctor, at Camp Crook, S. D. The only communication with outside points is through a stage line running to Bowman.

#### Nineteen Persons Inoculated

With the inroads made by influenza in Harding county, a Camp Crook doctor was called to Buffalo, where he inoculated nineteen of the residents with the serum or vaccine to render them immune to the disease. The serum, obtained from Indianapolis, Ind., is said to be of a brand but little known to physicians. Four injections of the vaccine were made on each patient, the doctor charging \$2 an injection and \$1.50 a mile for the distance traveled, twenty-seven miles.

Due to the fact that the doctor was intoxicated, according to the allegations of the patients now in Sioux City, the inoculations were administered by the nurse through the breast, which Sioux City physicians say is practically an unheard of method. The puncture left by the instrument in practically every case resulted in a festering sore, turning to blood poisoning.

Almost before the patients had received the stipulated number of inoculations they were taken violently ill. The poison, quickly spreading through their systems, affected the kidneys and other vital organs. Despite the alarm of the families that something was amiss, the nurse repeatedly stated that the serum was properly functioning. When attempts were made to again procure the services of the Camp Crook doctor it was found he had left for Chicago and the nurse, it is said, deserted her patients a short time later.

#### Big City Physicians Busy

Appeals for medical aid were sent to Sioux City, Omaha, Minneapolis and other cities in the middle west, but the appeal went unanswered until Dr. W. W. Nutting of Bowman, N. D., learned of their dire straits and drove fifty-five miles to Buffalo, with the thermometer down to 35 degrees below zero and bad road conditions, over what is known as the "Black and Blue trail," receiving its name from its effect on those who traverse it.

Working with what is characterized as nearly superhuman energy, Dr. Nutting succeeded in saving the lives of all those who had been inoculated, but frankly told them that a complete cure could not be obtained except at a hospital and advised them to go as soon as their strength was sufficient to

stand the journey. One of the women afflicted, wife of County Registrar Gardner, was taken to a hospital at Miles City, Mont., and Mr. and Mrs. Bowers and Mr. Gilbert were brought to Sioux City. Others who are still ill will enter hospitals as soon as they can travel.

#### Gilbert's Condition Was Critical

Mr. Gilbert, owner of several sheep ranches, was one of those most severely affected. For more than two weeks he lay at death's door and has been ill more than eight weeks. Before the vaccine was administered he weighed about 200 pounds, having lost about 60 pounds through the illness. A baby son of Mr. Gilbert's recovered under Dr. Nutting's care.

Mr. Bowers, manager of the Grand River Co-operative Company's store at Buffalo, has practically recovered, but his wife is still in a serious condition.

#### Patients Are Improving

The three now at St. Joseph's have made some improvement under the care of Dr. W. T. Conley, and Mr. Bowers, who formerly was connected with the Moore-Shenkberg Company, hopes to arrange matters for the remaining sufferers at Buffalo to be brought here.

The plight of the victims of the alleged malpractice, said Mr. Bowers, was further fraught with danger thru the fact that *the town contained no one who thoroly understood drugs.* The druggist and doctor who formerly lived at Buffalo were called to war, and generous offers to successors met with no results.

"It wasn't a question of money to procure proper aid," said Mr. Bowers. "Our community, tho small, is wealthy. As an example, we gave Dr. Nutting \$1,200 for three trips from Bowman to Buffalo."

The doctor and nurse responsible for the illness and close escape from death of the village residents will be prosecuted to the full extent of the law, it is asserted. Both Mr. Bowers and Mr. Gilbert expressed themselves forcibly concerning the doctor's and nurse's actions.

Dr. Conley said last night that inoculation thru the breast was a method to be deplored, and also stated that there was as possibility the vaccine used had not been properly sterilized.

Serious illness of several people at Britton, S. D., was caused by the same method of inoculation, said Dr. Conley.



#### WHAT WE CAN DO TO PREVENT SUCH MALPRACTICE

This is the kind of ignorant and criminal practice which *Osteopathic Health* and *The OP* have so consistently exposed and denounced for being just what it is—charlatany and malpractice, which ought to be forbidden by statute.

The *Sioux City Journal* naively explains that this situation was so serious because *nobody in Buffalo, S. D., thoroly understood drugs.*

It would have been just the same if "the druggist and doctor" of Buffalo, who had gone to the war, had both been at home. Neither they nor any practicing physician in South Dakota or the entire United States would fully understand the nature and actions of the vaccine or serum "received from Indianapolis." The person who prepared it did not have such knowledge. The only persons who would *partially* understand these matters are the life-long laboratory technicians, who have given years to investigating these problems, and they claim to understand but a little of the subject so far—just enough to know that such "doping" is highly dangerous and very, very useless *because it does not work.*

Doctors in many communities supposed to be much more enlightened than Buffalo, S. D., have been engaging in this same nefarious business.

Professor Lane, who has looked deeply into

these subjects, says of such men, in his own peculiar style of fervid oratory, "they are crooks" and "ought to be in the penitentiary."

Is he extreme in his honest denunciation? Or are we just a little too dignified and apathetic in the face of such abuses against popular credulity and human life?

After such cases have occurred in various communities and been brought to our notice repeatedly, it is probable we will have much more tolerance for Professor Lane's scathing rebukes of charlatany thus masquerading in the name of biologic science and of therapeutic advantage to our fellow human beings.

At any rate, the exposition of this form of medical fakery which has been made consistently in several recent issues of *Osteopathic Health* has been done in very moderate and dignified language—as befits the profession's propagandic literature. No one in the profession, no matter how delicate his sensibilities, can take exception to these messages of truth to mankind on this matter of life-and-death importance in a time of world-wide danger. We take pleasure in calling attention to this fact and asking our profession to give this matter a hearing, if it has been neglected, or a rehearing if read indifferently when the latest six superb installments of *Osteopathic Health* were making their consecutive appearances.

What we would like to get across to you is that dear little *OH* has been a safe, far-seeing and astute leader of and spokesman for the profession in this grave epidemic crisis. Such occurrences as the vaccine abuse at Buffalo, S. D., only bring out this fact in clearer understanding. We have told the truth, the whole truth and nothing but the truth, so far as we are aware, in this trying situation; and we have told more of the truth than has ever before been put in print in any other publications, and we really have told it much earlier than any other book or journal.

You should realize that the splendid summaries of facts made by Professor Lane, as printed in the March *OH*, entitled "What Research Scientists Think of Drugging in Influenza and Pneumonia," also "What Research Science Holds Regarding Serums for Influenza and Pneumonia," also "Regular Medicine's Shot-Gun Vaccines Pure Charlatany," were first printed in *The OP* nearly four years ago. It was then not only the first authoritative research man's revelation of these essential facts printed in any osteopathic journal, but *the first* appearance of such data in any medical journal.

We are justly proud to have been the instrument of bringing such a full measure of service to the profession; osteopaths everywhere should thank Professor Lane for the benefit he has conferred upon them by presenting obscure and authoritative facts so clearly and understandingly; and the March issue of *Osteopathic Health* should be distributed proudly by every osteopath who wants the world to know the truth and have osteopathy get the full degree of honor and credit due it. There are still copies of this March issue available for the DO who needs them and is alert to opportunity in professional reputation-making and practice-building.

The April installment of *Osteopathic Health* (which you already have received) also contains the conclusion of this same legal brief against the fallacious and bankrupt practice of giving drugs, serums and vaccines for influenza and pneumonia. It prints the discredit of such guess-work "therapeutic" abuses as voiced and printed by leaders of the "regular" medical profession. First we had the profession of research investigators denounce such medical work done for fees as pure charlatany. Now, in the sixth and *last* issue of *Osteopathic Health* that we expect to devote exclusively to the great epidemic of 1918-19, we finish by quoting medical leaders admitting the full truth as set forth by Professor Lane

in The *OP* and *OIH* series of documents the past four years on the authority of research science. It makes the evidence complete. It is absolutely convincing. And every community that was swept by the "flu" ought to be saturated with this valuable and helpful health information. Nor will osteopathy ever come into its own until such facts are pounded into the public mind until they have become part and parcel of the every-day thinking of mankind.

We are giving you facts in *Osteopathic Health*—the facts simply told, the facts convincingly put, the facts authoritatively uttered. The language is moderate and conservative. Are you making good use of these magazines? If you have been slow to turn this agency for your betterment to good account, may we not appeal to you to begin now by using the March and April installments of the little light-giver on a plan of worth-while distribution? H. S. B. would be glad to have a letter from you stating your problem and asking his prescription for using these numbers to your fullest possible advantage.

### Fifth and Last Call for Epidemic Reports

Dear Doctor:  
Four times I have asked you to report your cases of influenza and pneumonia and sent blanks for your reply. Four times it appears YOU have ignored these appeals to do a plain duty to your profession.

Will you not compile your records of these cases and report them *at once*?

Fraternally yours,  
G. W. Riley.

New York City, March 14, 1919.

American Osteopathic Association  
Founded A. D. 1897  
Office of  
G. W. RILEY, D. O., Chairman  
14 East 31st Street  
New York, February 28, 1919.

DEAR DOCTOR: Have you treated a "Flu" or Pneumonia case since last September? Then have you reported it? If so, in behalf of your profession, I want to thank you for your co-operation. If you have not reported your cases, in behalf of your profession, I call upon you to do so without further delay.

The results obtained by the osteopathic profession in the "Flu" and Pneumonia epidemics constitute the most glorious tribute we could pay, and the most fitting and magnificent monument we could erect to the memory of the "Old Doctor." If we had never done anything else, the success of our work in those epidemics is sufficient to have made his name immortal.

Enclosed is a summary to date, by States, of those who have reported. Study it carefully. It is a wonderful, a most interesting picture. It shows in a big way, the power for the good of humanity that we osteopaths have. And yet, with all that, it is exceedingly disappointing. Why? Because it is so *incomplete*. Because *so few* have reported. About one-fourth of the profession. Why do the other three-fourths refuse or neglect to reply?

Doctor, we want every physician to report. We want a complete picture. The profession needs the complete and accurate facts. Our Colleges need them. You need them. The head of every family needs them. Your patients need them. The public needs them. Every Legislative Committee, National and State, needs them. Every Legislator, National and State, needs them. Every newspaper editor needs them. Every insurance official needs them.

We urge these reports *once more* because we want to print a comparison of our records in the recent epidemic with the medical records which we are trying to secure from official sources. If the number of our reports is large enough we should be able to give this a publicity which would reach every corner of the country. If copies of these comparisons of results are placed in the hands of every osteopathic physician,

showing just what osteopathy did and what drugs did in the treatment of this disease in his state, you can appreciate the tremendous value of it, but there is no use to do this unless more than half of our profession report.

Was there ever demanded of you such an opportunity with so little effort for you to do a really big thing for your profession?

Note the number who have reported from your state, and the number who have *not reported*. I urge every State Committeeman to see that his State makes a better showing. If you have reported and have had additional cases, report them, but be sure and mark the report *supplementary*.

The big thing is to get a report from every osteopath, member and non-member alike. Perhaps when the other three requests reached you you were too busy with the epidemic to report it. But please take time to do it now.

Fraternally yours,  
G. W. Riley, Chairman.



### Osteopath Gives Luncheon

Dr. F. E. Dayton of Escanaba, Michigan, gave a most enjoyable luncheon to the members of the clinic committee of the Escanaba Woman's Club, March 10. Dr. Dayton conducts free clinics twice a week for the treatment of afflicted children and at the luncheon he expanded in a most interesting manner on the subject of "True Care of the Child." The luncheon was given at the Delta Hotel.

### Son of Dr. H. M. Still Marries

Fred Still, son of Dr. and Mrs. H. M. Still of Kirksville, Missouri, who has just received his discharge from the marines, was recently married to Miss Blanche McGinnis, also of Kirksville. The marriage was performed at Edina, Missouri, on the 10th of February. Fred Still and his bride stole a march on their friends by going to Edina in an automobile where they obtained the marriage license and were later married at the home of Reverend S. E. Smutz, pastor of the Methodist church of Edina.

### Three Osteopaths Appointed to Texas State Board of Medical Examiners

Governor William P. Hobby of Texas has appointed three osteopathic physicians as members of the State Board of Medical Examiners. The board held a meeting February 28 and Dr. E. Marvin Bailey of Houston was elected vice-president. The appointment of three osteopathic physicians to the state board marks a great step forward for osteopathy in Texas as up to this time osteopathy has had only two representatives on the board.

### New Jersey Society Meets

The monthly meeting and dinner of the New Jersey Osteopathic Society was held Saturday evening, April 5, at the Down Town Club, Newark, New Jersey. Dinner was served at 6:30 p. m. and program started at 8 p. m. The following program was given: Practical Osteopathy (Demonstrations), by Dr. F. L. Gants, Providence, R. I.; Practical Examination and Treatment of the Ear, Nose and Throat Troubles, by Dr. Morriss M. Brill, New York City, and Does the Clinic Pay? by Dr. H. F. Underwood of Brooklyn, N. Y.

### Proposal for Roosevelt Permanent National Memorial

A "Roosevelt Institute of American Family Life," to be developed in connection with the Eugenics Record Office of the Carnegie Institute at Washington, has been proposed to the Roosevelt Permanent Memorial National Committee by the Eugenics Research Association of Cold Spring Harbor, Long Island. The plan calls for a memorial institute to be situated in the town of Oyster Bay. This memorial institute, the association declares, will strive to advance those ideas of responsible and patriotic parenthood for which Theodore Roosevelt so valiantly battled.

### New Optometry Bill Proposed in Illinois

The optometrists of Illinois are attempting to pass a bill regulating the fitting of glasses in the state. I believe it is a good thing and am heartily co-operating with the state association in assistance of this bill.

The president of the state association, Dr. Charles De Mours of this city, will be glad to have any support rendered by our profession. Letters to various legislatures will aid this good cause. It is House Bill No. 80, and has passed third reading, and the house bill is now up before the Senate. It will not prohibit any D. O. from fitting glasses in this state.—Arthur Brunzman, D. O., Peoria, Illinois.

### Dr. R. M. Wolf of Big Timber, Mont., Meets With Serious Accident

Dr. R. M. Wolf of Big Timber, Mont., had a narrow escape from death just recently as a result of an auto accident. He is now at home suffering from several fractured ribs on his left side, a bruised liver, bruised bowels, a severe blow over the right temple, spine injured at the ninth dorsal vertebra, and a perforated lung. We understand that he has had excellent care and we hope that Dr. Wolf will be back on his feet again before a great deal of time has elapsed.

### Back on the Job

The editor of *The Republican* of Caruthersville, Missouri, recently returned to his work after an absence of four weeks. He was taken down by an attack of influenza, but had Dr. G. A. Bradfute to care for him. The editor states that he is firmly convinced that it was due to Dr. Bradfute's effort and treatment that he escaped from pneumonia. The editor is now a real booster for osteopathy.

### Florida State Board Makes Resolutions on Dr. Lightsey's Death

The State Board of Osteopathic Examiners of Florida passed some very complimentary resolutions in connection with the death of Dr. De Witt T. Lightsey of Bartow, Florida. They extended their deepest sympathy to the widow and stated that they had lost one of their most efficient members and osteopathic physicians of the state.

### Chicago Association Meets

The regular monthly meeting of the Chicago Osteopathic Association for March, 1919, was held in the Rose Room, Hotel Sherman, on Thursday night, March 6th, at 8 p. m. Dr. Carl P. McConnell was the speaker of the evening and spoke on "Osteopathy in Infectious Diseases." His talk was most instructive and inspiring, and a large attendance voted it to be one of the most beneficial lectures ever given before our association.

A committee was appointed to arrange for a free clinic for all discharged service men, to be held at our Chicago Osteopathic Hospital. A number of osteopathic physicians have been treating these men at their offices, but it was decided the men and the profession could be better benefited by having the work done at a clinic.—O. C. Foreman, D. O., Sec'y.

### Northwest Missouri Association Meets

The Northwest Missouri Osteopathic Association held its convention in St. Joseph, Missouri, on April 8th and 9th. Convention was held at the New Osteopathic Hospital Building. The following program was given Tuesday, April 8th: Diagnostic and Surgical Clinics, Dr. George J. Conley, M. D., D. O., Chief Surgeon, Southwestern Osteopathic Sanatorium, Blackwell, Oklahoma; Chair of Surgery, Kansas City College of Osteopathy and Surgery, Kansas City, Mo. Inspection of Hospital Building, Lecture to Rotary Club at Crystal Room, Hotel Robidoux, Dr. L. Van H. Gerdine, M. D., D. O., Inflammations (Question Box), Dr. George A. Still, Chief Surgeon, A. S. O. Hospital; President American School of Osteopathy, Kirksville, Mo. General Clinics, Business Meeting, Dinner at Robidoux Hotel. Public Lecture, Dr. L. Van H. Gerdine, M. D., D. O., Consulting Neurologist, Still-Hildreth Osteopathic Sanatorium for Nervous and Mental Diseases, Macon, Mo., 10 p. m., Dance at Hospital Building. Wednesday, April 9th, Eye, Ear, Nose and Throat Clinics, Dr. W. Bruce Lynd, D. O., M. D., Chair, Eye, Ear, Nose and Throat Diseases, Kansas City College of Osteopathy and Surgery, Kansas City, Mo. Osteopathic Obstetrics (Question Box), Dr. Frank L. Bigsby, D. O., M. D., Specialist, Genito-Urinary and Rectal Diseases, Surgeon, Dr. George Laughlin, Orthopedic Hospital, Kirksville, Mo., Osteopathy for Unbalanced Mentality, L. Van H. Gerdine, M. D., D. O. Osteopathic Surgery for Diseases of the Rectum, Dr. Frank L. Bigsby, D. O., M. D.



I had hoped to be in Chicago all this spring and summer, but find that it will be to my advantage to put off my post-graduate work for a while.—Dr. A. F. Steffen, Scottsbluff, Nebraska.

We just learned that Dr. T. E. Turner of Philadelphia, Pennsylvania, has entirely recovered from his accident of last July. He states that the surgeons did very fine work and that very little scar shows on his face.

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

Of *The Osteopathic Physician*, published monthly at Chicago, Illinois, for April 1st, 1919, State of Illinois, County of Cook—ss. Before me, a Notary Public in and for the state and county aforesaid, personally appeared Ralph Arnold, who, having been duly sworn according to law, deposes and says that he is the Business manager of *The Osteopathic Physician*, and that the following is, to the best of his knowledge and belief, a true statement of the ownership, management, etc., of the aforesaid publication for the date shown in the above caption, required by the Act of August 24, 1912, embodied in section 443, Postal Laws and Regulations, to-wit: 1. That the names and addresses of the publisher, editor, managing editor and business managers are: Publisher, The Bunting Publications, Inc., Chicago, Illinois. Editor, H. S. Bunting, Lake Bluff, Illinois. Managing Editor, Henry Stanhope Bunting, Business Manager, Ralph Arnold, Chicago, Illinois. 2. The owners are: H. S. Bunting, Lake Bluff, Illinois; H. D. C. Van Asmus, Lake Bluff, Illinois; R. A. Weston Arnold, Chicago, Illinois; A. M. Sick, Park Ridge, Illinois; H. F. Hosley, New York City, 810 Singer Bldg. 3. That the known bondholders, mortgagees and other security holders owning or holding 1 per cent or more of total amount of bonds, mortgages or other securities: None. 4. That the two paragraphs next above, giving the names of the owners, stockholders, and security holders, if any, contain not only the list of stockholders and security holders as they appear upon the books of the company, but also, in cases where the stockholder or security holder appears upon the books of the company as trustee or in any other fiduciary relation, the name of the person or corporation for whom such trustee is acting, is given; also that the said two paragraphs contain statements embracing affiant's full knowledge and belief as to the circumstances and conditions under which stockholders and security holders do not appear upon the books of the company, but also, in cases where the stockholder or security holder appears upon the books of the company as trustee or in any other fiduciary relation, the name of the person, association, or corporation has any interest, direct or indirect, in the said stock, bonds, or other securities than as so stated by him. Ralph Arnold, Business Manager. Sworn to and subscribed before me this 24th day of March, 1919. (Seal) Madeline Martin. (My commission expires December 21, 1921.)

Dr. C. A. Crosby, of Chicago, who was recently discharged from the Medical Corps of the army at Camp Jackson, Columbia, South Carolina, is assisting Dr. J. A. Nowlin in his practice at Farmer City, Illinois.

Dr. Daisy E. Watson, of Shreveport, Louisiana, has moved into new offices, refurnished throughout. She has considerable more space than previously and also has a fine rest room for patients who desire this privilege.

Dr. Fred A. Belland, who was recently in the U. S. A. General Hospital No. 7 of Baltimore, Maryland, has been released and has now associated himself with Dr. H. E. Sowers, of Sharon, Pennsylvania. The new firm will be known as Sowers & Belland.

Dr. Frank Hunter Smith announces that Dr. Otto Gripe, who was formerly associated with him in Kokomo, Indiana, and who has just been released from the army, will join him in his practice at Indianapolis. In order to have larger offices, they have moved to 527 Merchants Bank Building.

Dr. Frank A. Barger, of Sidney, Nebraska, and Dr. A. E. Moss, of Kimball, Nebraska, who are in Chicago doing some special study work, were visitors at the office of *The Osteopathic Physician* April 1 and a very pleasant hour of mutually profitable and interesting conference was enjoyed.

Dr. Ernest W. Dunn, of New Bern, North Carolina, returned home from the farm last December and resumed his practice at that time. We just recently received a letter from him in which he states that he got all his work back except his position as coroner. He is now contemplating, however, moving to Philadelphia to specialize on his treatment of painless, bloodless rupture cure.

**LOCATIONS and REMOVALS**

- H. W. Armstrong, from Denning, New Mexico, to El Paso, Texas.
- O. F. Beckett, from Colby to Hiawatha, Kan.
- V. M. Bodmer, from Sonnenkalb Building to The Kaue, Pocatello, Idaho.
- V. M. A. Bozarth, from Fayette to Novinger, Mo.
- O. T. Buffalo, from Hamilton National Bank Building to Volunteer State Life Building, Chattanooga, Tenn.
- W. H. Cobble, from Fremont to Chappell, Neb.
- J. E. Derck, from Bass Block to Shoaff Building, Fort Wayne, Ind.
- J. E. Francis, from Shelbyville to Mitchell Block, Charleston, Ill.
- Eula C. Godby, from Maryville, Mo., to Eula G. Waters, Conrad, Mont.
- M. W. Henderson, from U. S. A. to Clarksville, Tenn.
- Mollie Howell, from W. Harvey Ave. to 415 N. Washington St., Wellington, Kan.
- Ethel B. Hunter, from De Queen, Ark., to Qucumcari, N. M.
- H. L. Latndis, from 104 N. Main St. to 201 W. Marion St., Elkhart, Ind.
- E. I. G. McArthur, from 17 Royal Terrace to 14 Somerset Place, Glasgow, West, Scotland.
- C. L. Miller, from U. S. Army to North Shore Hotel, Evanston, Ill.
- Caroline L. Paine, to Caroline L. Paine Jackman, 727 W. Chapman Ave., to Orange, Calif.
- E. S. Peables, from Northfield, Mass., to 4705 Chester Ave., Philadelphia, Pa.
- J. U. Puckett, from U. S. Army to New Daneil Building, Tulsa, Okla.
- A. L. Stout, from Helena, Ark., to Durant, Okla.
- Edward C. Tingley, from San Diego to First National Bank Building, Glendora, Calif.
- Alice M. Walker, from Cambridge to 15 Beaton St., Boston, Mass.
- Fred D. Woodruff, from U. S. Army to Maple Terrace No. 2, Monett, Mo.
- Mary Carney Mason, from 5121 Pleasant St. to 1623 Woodland, Des Moines, Iowa.
- Dr. W. E. Crawbuck, from 17 Ascension St., Passaic, N. J., to Emigrant, Mont.
- Dr. J. L. Hively, from 142 Mentor Building to 25 E. Jackson Blvd., Chicago, Ill.
- Dr. W. Delahan, from 11 Pine St. to 41 S. Broadway, Geneva, Ohio.
- Dr. J. E. Horning, from 80 Bloorwest, Toronto, to Box 892, Lethbridge, Alta, Canada.
- Dr. Ruth C. Tuttle, from 675 14th St. to 2740 Cottage Grove, Des Moines, Iowa.
- Dr. K. T. Vyverberg, from 651 Main St. to La Fayette, Ind.
- Dr. W. S. Corbin, to Corbin & Templeton, 311-12 First National Bank Building, Chickasha, Okla.
- Dr. Canada Wendell, from 228 Woolner Building to 610 Lehman Building, Peoria, Ill.
- Dr. C. B. Doron, from Pearl Building, to 44 Exchange Building, Bangor, Maine.
- Dr. Paul S. Schaefer, from Schaller, Iowa, to Wahoo, Neb.
- Dr. Dayton Turney, from 635 N. New Hampshire St. to 1546 Golden Gate Ave., Los Angeles, Calif.
- Dr. E. R. Wilson, from Lebanon to Smith Center, Kan.
- Dr. Leo Vandegar, from Box 384, Kirksville, Mo., to Box 449, Monroe, La.
- Dr. Edward N. Hansen, at 604 Columbia Bank Building, Pittsburgh, Pa.
- Dr. C. King Manhart, at Camden, Maine.
- Dr. Raymond S. Ward, at 33 Gates Ave., Montclair, N. J.
- Dr. Frank A. Ward, at 1415 Baker Detwiler Building, Los Angeles, Calif.
- Dr. D. Edward Hannan, at 204 Gambel Block, Perry, Iowa.
- Dr. J. B. Hyman, from 177 Wardell road to 283 Elizabeth St., Sydney, Australia.

- Dr. A. B. Ekbon, from 1432 Jackson Blvd. to 1105 E. 42d Pl., Chicago, Ill.
- Dr. E. J. Bartholomew, from 64 E. Jackson Blvd. to 1310 S. Seventh Ave., Maywood, Ill.
- Dr. M. A. Bauer, from 2127 High St. to 424 Peoples Building, Delaware, Ohio.
- Dr. L. J. Courts, from Davis Block, Pontiac, to 40 Virginia Park, Detroit, Mich.
- Dr. Errol King, at 204 Pennsylvania Building, Riverside, Calif.
- Dr. Ernest W. Dunn, from 209 to 215-16 Elks Temple, New Berne, N. C.
- Dr. D. J. Hunt, from Morse Babeock Building, Ionia, Michigan, to Buckeye, Mich.
- Dr. Clara A. Caldwell, from 404 West Main St. to Box 511, Humboldt, Kan.
- Dr. Thurston R. Hurd, from Ishpeming to Houghton, Mich.
- Dr. A. F. Steffen, from Wasega, Minnesota, to Scottsbluff, Neb.
- Dr. John Yoder, from 3420 Beaver Ave., Fort Wayne, Ind., to Room 18 Steele Building, Xenia, Ohio.
- Drs. Gravett & Stahr, to Dr. H. H. Gravett, 430 Orr-Flesh Building, Piqua, Ohio.
- Dr. E. C. Sexton, from 415 S. Stanford St. to 1211 E. Scott St., Kirksville, Mo.

**MARRIED**

- Dr. Henry H. Christensen of Pender, Nebraska, and Miss Pauline Lenore Walker of Schaller, Iowa, on April 3 at Schaller, Iowa.
- Dr. Ralph B. Hays and Miss Lena Spaulding of Brookfield, Missouri, on April 2.

**BORN**

To Dr. and Mrs. Sherman Opp, of Creston, Iowa, on March 2, an eight-pound daughter, Merna Belle.

**DIED**

Doctor DeWitt T. Lightsey of Bartow, Florida.

**EXCHANGE and MARKET**

- Wanted—Assistantship for the summer; 2 years in private osteopathic practice; now in post-graduate work; 26 years old; energetic; references. Address No. 148, c/o The OP, 9 So. Clinton St., Chicago, Ill.
- Wanted—Assistantship, partnership or practice. A. S. O. graduate. Address No. 149, c/o The OP, 9 So. Clinton St., Chicago.
- For Sale—Practice established 10 years in town in middle west of 5,000; only osteopath within 30 miles. City has a state normal school and the State School of Mines. A good opening. Address No. 147, c/o The OP, 9 So. Clinton St., Chicago, Ill.
- Wanted—To share a \$12,000 practice with a live wire osteopath. Address No. 146, c/o The OP, 9 So. Clinton St., Chicago.
- For Sale or Exchange for Chicago location. Practice established over 20 years, in town of 6,000, within 200 miles of Chicago. Business from \$200 to \$600 monthly. Expenses very low. Only D. O. in county. No. 150, The Osteopathic Physician, 9 So. Clinton St., Chicago, Illinois.
- Osteopathic office to sub-let. Well equipped office centrally located in Chicago loop. Private treatment rooms. Address No. 151, c/o The OP Co., 9 So. Clinton St., Chicago.
- For Sale—Splendid Chicago North Side location; established two years; elegant equipment; fine clientele. Will sell for price of equipment. Purchaser must be high class as to character and ability. For complete information, address E. J. Hoskins, D. O., Goddard Bldg., 27 E. Monroe St., Chicago.
- For Sale—In a little town of four thousand in Western Tennessee, my office furniture which amounts about two hundred dollars, good will and practice for the price of office furniture; have only been here six months, made all expenses from start; this is a good field as the people here are educated to Osteopathy; will give reason for selling and full particulars to prospective buyer. No. 153, c/o The Osteopathic Physician, 9 So. Clinton Street, Chicago, Ill.
- FOR SALE—Practice of over \$5,000.00 in Pennsylvania, established five years and increasing. Place for an active man. Doing acute, chronic and hospital work. Immediate possession to the right party. Address No. 152, c/o The OP, 9 So. Clinton St., Chicago, Ill.
- WANTED—To sublet furnished office in Stevens building, nine hundred square feet, to three osteopaths; rental \$30.00 each, hours 8 A. M. to 12 M. only. Apply Suite 2010 Mallers Bldg., 5 S. Wabash Ave., Chicago, Ill.
- WANTED—Some one to take charge of practice in good western Illinois town of 4,000. Only Osteopath. Will sell or lease 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.

**PROFESSIONAL CARDS**

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

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

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

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

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

---

- James D. Edwards, D. O., M. D.  
Originator of "Finger Surgery" in Catarrhal Deafness, Hay Fever, Eye, Ear, Nose and Throat Diseases  
408-9-10 Chemical Bldg., St. Louis, Mo.

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

---

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

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

---

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

---

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

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

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

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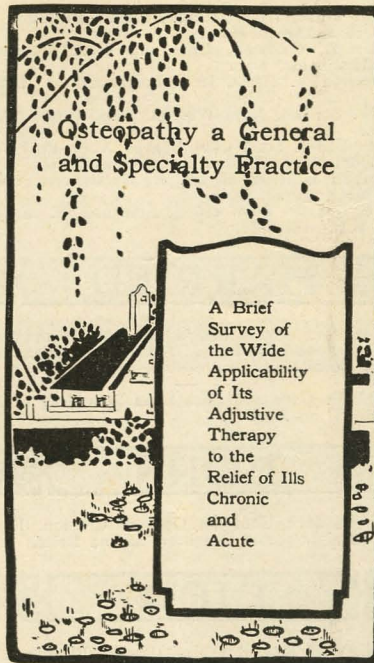
- Dr. Preston R. Hubbell  
Osteopathic Physician  
504 Fine Arts Bldg., Detroit, Mich.

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



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

*Osteopathic Health*  
for May, 1919



*Osteopathic Health* will increase your practice. It will keep your name and profession fresh in the mind of a cured patient or prospective patient.

**No. 30**

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

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

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

"Shot-Gun" Vaccines are Pure Charlatantry

The Doctor of Osteopathy



**No. 29**



**The Day of Therapeutic Reckoning**

An Indictment Must Now be Drawn against "Regular" Medicine for Its Responsibility 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 Government in the United States and Canada



**No. 31**

**Preventing the Common After-Effects of Influenza**

☞ Heart-Weakness After "Flu" a Great Peril

☞ Other Evil After-Effects are: Tuberculosis, Paralysis, Neuritis, Melancholia, Earache, Deafness, Digestive Troubles, Nervousness, Insomnia, Persistent Debility

☞ After-Effects in Part the Result of Drug Treatment

☞ Osteopathy Successful in Counteracting all Such Conditions Following Influenza

☞ Foremost "Regular" Authorities Admit that Drugs Do Not Cure Influenza and Pneumonia



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

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