

The Osteopathic Physician

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The Osteopathic Physician

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CHICAGO, MAY, 1919

Number 5

Osteopath Rescues Girl Abandoned by M. D.'s to Die from "Sleeping Sickness"

OSTEOPATHY has made the conquest of another mysterious disease and has scored a sweeping victory over "regular" medicine by rescuing a girl from a forty-day siege of so-called "sleeping sickness" and by getting her well on toward complete recovery in less than two months after the medics had pronounced the case absolutely hopeless.

Dr. J. M. Fraser of Evanston, is the successful physician. Little Miss Lydia Gray, whose case received some attention in the newspapers, is the fair maid whom this osteopathic knight rescued from the dungeon-keep of the Castle of Sleep. The deliverance had not yet reached the Chicago newspapers as this is being written, but the patient is now in a fair way to recover power to walk and no doubt her marvellous cure will attract new publicity as soon as she does.

Here is the way the Chicago *Herald-Examiner* of April 6, 1919, told the story of the girl's malady and earlier stages of recovery, without having learned, it seems, that an osteopath, who was called in after the medics gave up all hope, was the responsible agent for breaking the sleep and bringing about the recovery:

EVANSTON GIRL WAKENS FROM 40-DAY SLEEP

Lydia Gray, 13, Back from the Grave, Without Memory of Illness or Power to Move

AFTER lying unconscious from the sleeping sickness for more than forty days in Evanston Hospital, Lydia Gray, 13-year-old daughter of Herbert L. Gray, 623 Sheridan road, Evanston, has come back to life—verily has come from the grave.

The case has puzzled almost every specialist and doctor in Evanston, a number of Chicago physicians and members of the medical staff of the state board of health. And they are still puzzled.

The girl became a victim of the Spanish influenza in February. On the 14th of that month she was taken unconscious. She immediately fell into a deep sleep.

Paralysis seemed to attack her body. She could not move so much as a finger. She was fed only milk and water, given through the nostrils because her mouth could not be opened.

Dr. Louis W. Sauer of Evanston, child specialist in charge of the case, could hold out no hope for her recovery. Dr. S. S. Winner of the state board of health pronounced the case the strangest he had ever seen. The girl's nurse, Miss Caroline Hullhorst, several times thought her dying.

Brain Centers Affected

But last Saturday the girl's eyes opened. They were the only part of her that moved. And Monday consciousness seemed partly to return, and with it the power of speech.

"Who are you?" she asked of the nurse. Then: "Where am I?"

Every day since she has asked questions of the nurse. Yesterday she was taken to her home,

another nurse, Miss Otilia A. Robeck, attending her.

Only her eyes and her lips move. The rest of her body is apparently paralyzed.

"It may be two months before the paralysis leaves her, and it may never leave," said Dr. Sauer. "The case is puzzling beyond words."

"She seems to have been born again," said Nurse Robeck. "Her mind has not been affected, but her body is like that of a little child. She has the will power to operate muscles, but they refuse to respond to direction. Her sickness seems to have affected the brain centers in some strange way."

Osteopath's Own Account of How This Case Was Rescued

By James M. Fraser, D. O., Evanston, Illinois

ON Friday, March 21st, Mr. Gray, the father, came to me and told me that the M. D.'s had not been doing anything for his child and that she was slowly dying and wanted to know if I would treat her. The two attending physicians on the case had told the father if any osteopath

touched the child they would withdraw and take away their nurses, and that we would have to take the child away from the hospital.

After a good deal of pressure had been brought to bear on the physician in charge he agreed to consultation and time was arranged for ten p. m. Friday, March 21st, at the Evanston Hospital. I met the physician in charge and Mr. and Mrs. Gray, the father and mother of Lydia Gray, the patient. The doctor told me in the presence of the father and mother that he was through; that he could do nothing more, and also stated of his own free will that, even if my science could do anything for a case of this kind, it was not fair to me to bring me in at this late hour and expect any results.

The child had been in the Evanston Hospital thirty-eight days, in which time she had not moved a muscle except to spread her fingers and had not opened her mouth. The nurses in charge had never heard her speak. All her feedings had been per rectum and nose. She had received over four hundred eighty nasal feedings.

The child had first complained of feeling badly about the seventh of February. An M. D. was called and diagnosed the case as mumps. Two days later a noted children's specialist was called and changed the diagnosis to "flu." The child was running a temperature of one hundred and one to one hundred and two degrees. Temperature dropped to ninety-nine. The doctor ordered her up and gave an iron and strychnine tonic. AFTER THE SECOND DOSE the child developed a spastic condition of muscles and the physical state which she was in when he first saw her. The child was removed to the hospital and never opened her mouth or moved from the time she entered on February fourteenth until March twenty-first.

The treatment the chart showed that had been given her from February fourteenth to March twenty-first, when I took charge, was feeding of six ounces of milk every three hours, rectal feeding every six hours, one enema a day, one-six-

Has No Memory of It

Before she left the hospital the girl herself talked to a reporter.

"I am very anxious to go home," she said. "It is all so strange here."

Then a thought came to her suddenly.

"I haven't been here very long, have I?" she asked.

"Don't you remember what happened, or the doctor or the nurse that cared for you?" the reporter countered.

"I only remember I had the influenza," she answered. "I don't remember coming here. I do think I remember the nurse, though. I think I met her last Monday."

Doctors will continue to watch the case closely, and if recovery is complete will pronounce it practically a miracle.

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teenth of a grain of strychnine three times a day and one grain of caffeine a day. This was the extent of medical treatment.

When I first saw the patient she was lying flat on back, head drawn back and to right side, was not able to raise hands or feet off the bed, but could move toes and fingers. I ordered the strychnine stopped, as we know strychnine is counter-indicated in a central nervous system disease. Upon examination I found the whole body rigid. If you raised an arm or leg it stayed there until put down. If you raised the head it stayed up until put down.

They had not been able to find out if she understood what went on or if she was in any pain in the six weeks they had had her at the hospital. I noticed she opened and closed her eyes. I asked her if she understood me to close her eyes, which she did and in this way I was able to ask her numerous questions and by this method I found out she was in no pain except in lower limbs. The feet were drawn down and backwards as in talipes equines and had been ever since she entered the hospital. The muscles were so rigid you could not palpate any distinct lesions.

I gave a slow deep relaxing treatment for about fifteen minutes. I ordered hot compresses to the spine and neck. I also changed the milk to hemo and also ordered a little orange juice and recommended the giving of two enemas a day.

The following morning the little patient moved head for the first time. I treated her three times a day and noticed a slight improvement each day. On Saturday, the eighth day, she opened her mouth about half an inch. On Sunday we casted her feet to prevent them from getting any worse. On Monday, the tenth day of treatment, she talked for the first time, which caused considerable excitement among nurses, doctors and hospital authorities, and they tried to think of something that had improved her condition besides osteopathic treatment, as under no circumstances were they going to allow it to be said that osteopathy had helped her, and as the only thing that had been done besides treatment was casting her feet they said casting her feet made her talk.

The girl steadily improved and the following Saturday we removed the girl to her home. I put on two new nurses, stopped all internal medication and continued to treat twice a day. I slowly increased diet. She took her nourishment per mouth after the first day she talked. She was home a week Saturday, April twelfth, and is able to turn to right or left side by herself, feeds herself, sits up in bed three to four hours per day and sleeps seven to nine hours per night without any drug of any kind. Her mind is quite normal, she remembers everything and is very alert and wants to know all about herself, and, if the door-bell or phone rings, wants to know who or what it is. She sings and wants to read and sit in a wheel chair.

Since starting this case report I have had to stop on account of lack of time. It is now about April twenty-sixth, and Easter Sunday, April twentieth, Miss Gray sat up in a wheel chair and fed herself at the dining room table with the family.

Her pulse is eighty, temperature normal, and she is improving every day. There is still considerable contraction in the muscles of feet but I hope to overcome this. The mother and father are naturally very much pleased and know and feel that osteopathy has saved their daughter's life and they are very grateful, and as a medical doctor stated, "they are doing everything except

sending out circulars to let the public know what has been done for their daughter."

If any member of the profession has had any similar case I wish that he would write me so we can compare notes. I expect in this report I may have overlooked several points of interest. I will gladly answer any questions regarding the case.

As far as lesions found there was a bad rotation of the atlas and axis, also second, third, fourth, eighth, ninth and tenth dorsal and third and fourth lumbar. The intercostal muscles were like iron. In turning the patient on side it was like turning a piece of wood. The patient now turns freely from one side to the other and is able to sit up alone and to bring herself to a sitting position.

I enclose the article published in the *Herald-Examiner* on the Sunday following the day the little patient was brought home. You will notice nothing is said regarding osteopathy, but it does state how lost the medical physicians were for some method of treatment.

I might state in closing that the Chicago Medical Association held a meeting and, as the doctor in charge of case stated, discussed this case thoroughly. I asked what had been said regarding treatment, and the answer was "nothing." I told him that their discussion of the case then



Dr. James M. Fraser of
Evanston

How We Treated "Flu" Epidemic Influenza

Reported by Dr. B. S. Peterson, Omaha, Nebr.

THEORETICALLY there are only two methods of treatment in infectious diseases. The use of serums to aid the body to increase the antibodies or osteopathy to stimulate the formation of antibodies in the blood stream or tissues. Serum therapy has proven hopelessly a failure while osteopathy has proven successful. I take it for granted you understand how osteopathy accomplishes the cure in infection, so will not give the reasons why you give osteopathic treatment for the condition.

While no specific spinal lesion may be present, yet osteopathic treatment is given for secondary tissue lesions. When the body is working in high, necessarily the centers concerned in the spinal area become involved and we have tissue contracture (a secondary lesion). A secondary lesion will act similarly to a primary lesion. Here we have a mechanical difficulty which must be removed before the mechanism can work in harmony.

Osteopathic treatment, given to patient once or twice a day according to indications.

Written instructions were left with the nurse or the person taking charge of the case and told that instructions must be followed. The following instructions are given simply to aid you in your work:

1. Patient must be confined to bed until at least four days after temperature has become normal.
2. Patient not allowed to leave bed for any reason whatever.
3. Use bed pan.
4. Hot water bottles packed around patient during period of temperature. (In lieu of hot water bottles use fruit jars.)
5. Enema, twice daily. 1 quart water. Add 1 teaspoon bi-carbonate of soda.
6. No food until 24 hours after temperature becomes normal.
7. One glass hot water every hour.
8. Orange or prune juice every 4 hours.
9. Modified lemonade every three hours. (Juice of one-half lemon to three-fourths glass water. Add one-fourth teaspoon bi-carbonate of soda. Sweeten slightly.)

In the treatment of a severe infection like "Flu," the first step is to put patient to bed and pack with hot water bottles or use fruit jars in lieu of hot water bottles. This holds true in practically all infectious diseases. Patient is put to bed so as to give nature a chance to as-

sert itself. No patient with a temperature has a right to be up and around. One can not violate a natural law and expect to get away with it. Patient is not allowed to leave bed for any reason whatever. This is done to conserve patient's strength. Absolute rest is necessary as every protective mechanism of the body is working at top speed in a severe infection.

Regardless of what is done patient will be uncomfortable, suffering with headache and backache for the first three days, until the body can adjust itself to the condition and sufficient antibodies are manufactured in the body to overcome infection.

The patient is kept as hot as can be borne comfortably to aid the mechanism. It has been proven in the laboratory that germs can not proliferate as fast in a temperature over 102 as at a temperature lower than this.

Enemas are given twice daily and one glass water every hour to overcome the depletion of body secretion. Cathartics are not used, but discouraged as they cause depletion of body secretion. In severe infections we have a rapid depletion of body secretions, as has been attested by the undertakers that have taken care of the victims of "flu." Why cause further depletion by the use of cathartics?

Food is withdrawn until 24 hours after temperature has become normal, as the body can not take care of food, when every self protective mechanism is trying to assert itself. It has enough to do in manufacturing antibodies without doing extra work.

Bi-carbonate of soda is used in enemas and the modified lemonade to alkalize the blood stream. This tends to aid the antibodies which can not work in an acid medium.

I have not stated the reasons why I had some failures but I believe it is easy to explain.

[EDITOR'S NOTE: Please do so for next issue. We all are interested in knowing the reasons for occasional failure so we may avoid failure in future.]

Reported by Dr. D. Edward Hannan,
Perry, Iowa

IN the treatment of persons suffering with epidemic influenza the lesions most commonly found in my practice were the atlas, axis, sixth and seventh dorsal, fifth lumbar and the innominates. In the reduction of the lesions above named the surrounding musculature was

HOW OSTEOPATHS TREATED THEIR FLU CASES

This *OP* Follow-Up Questionnaire is designed to supplant 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**. Let us pool our experiences that all may profit.

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. Answers are wanted especially for questions 1, 4, 5, 6, 7, 8, 21 and 22. You are requested to write more at length by letter on any of these points that interest you and pin your letter to the blank.

1. What kind of lesions were found?
2. Where?
3. How corrected?
4. What general manipulations were given for bedside treatment?
5. What was the **average time** used per patient for osteopathic treatment?
6. **How frequently were patients treated?**
7. Did you observe any unfavorable reactions from **too long** or **too thorough treatment**?
(This question is to bring out if over-conscientious work may not easily result in **over-treatment** of these cases.)
8. **How many days** were patients under treatment?
9. Did patients who had been drugged respond as well as others to osteopathic treatment?
10. What regulation of diet was prescribed for
 - { Influenza alone?
 - { Pulmonary complications?
 - { Bowel and stomach complications?
 - { Nervous complications?
11. Did you use any substances like Antiphlogistine, Dionol or other local applications? If so, what?
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?
20. Were any means used to stimulate the heart?
 - { If drugs were used, mention them and quantity used? If not used, **state so definitely.**
21. How many cases of influenza did you treat?
How many deaths?
How many cases of pneumonia?
How many deaths?
22. How many patients were you able to treat a day during the great rush?

Sign your name here Address

Mail to Henry Stanhope Bunting, D.O.,
Editor The Osteopathic Physician,
9 South Clinton St., Chicago

thoroughly relaxed and the lesions gradually reduced.

The average length of time per treatment was fifteen minutes, it being my experience that *influenza patients were easily over-treated and would not respond to a lengthy treatment.* It was necessary to treat some patients twice and even three times daily when time would permit getting to them. The acute symptoms subsided in from three to five days. Of course the sequelae were numerous and varied from constipation down, through the nervous disorders, including meningitis, otitis media, mastoiditis, profound toxemia in several and gall bladder infection in a few.

The cases, three in number, which were most interesting to me were a mother, father and daughter, each of whom had three injections of serum as a prophylactic from a local medical man. When the influenza symptoms developed I was called in and found all three in a state of profound toxemia, temperature 105, pulse 128, cyanotic and rapid respirations. They were immediately put into a hot wet blanket pack and were given about ten ounces of hot lemonade. They were kept in this pack for thirty minutes, during which time there was intense perspiration, the odor of which I cannot describe here. It is necessary to keep very close watch on the heart during this procedure. After thirty minutes they were taken from the wet pack and given an alcohol rub, after which they were put in a dry wool blanket and left to sweat, which lasted sometimes for twelve hours. In the meantime the temperature dropped from 105 to 101, from which there was a daily recession of one degree till normal was reached.

There will always be a question in my mind whether we should call the lung complications of influenza, pneumonia, but for want of a better term it will have to stand. I have never seen a case of this lung complication in which there was a solidification, with the single exception of one, and that a case of empyema. It was my privilege to assist at two autopsies and upon opening the chest cavity we found numerous small greenish abscesses which upon microscopic examination proved to be infested with the long-chain streptococcus. No pneumococcus was found. Considerable G. M. P. was used by me as a poultice in these lung complications, but I usually preferred the cold packs, occasionally alternating hot and cold. The cold packs consisted of Turkish towels wrung out of ice water covered with a dry one.

The diet in all cases was liquid, viz., milk, broths, tea, coffee and water, with special emphasis on the water. I always crowded the water so as to get the proper elimination via the kidneys, and skin.

For the bowels, besides a gentle manipulation, I always left a standing order for soap suds enemas. These were more for the thermal effect than to produce the bowel evacuation. In the cases with considerable distension from flatulence, the one-two-three enema was ordered. Considerable castor oil was ordered, especially if the patient was a child.

Regarding ventilation. In my opinion, fresh air is the life saver in the pneumonias, bearing in mind always to keep the patient warm with additional bed covering and possibly hot water bottles. To reduce the fever, thro relaxation of the interscapular region was given daily; sponge baths with tepid water or alcohol, the latter preferred; and an ice cap to the head in cases of delirium.

To overcome the cough the cervical muscles were thoroughly relaxed and if after this the cough persisted, a cold (wet) towel was applied over the throat, and I might add that this would always do the work.

In one or two cases where the pulse became thready the normal saline by Murphy Drip per rectum was started early.

There were absolutely no drugs used in my treatment of influenza unless lemonade or castor oil are so considered.

Reported by Dr. F. L. R. Roberts,
Spirit Lake, Iowa

FOLLOWING is a report of my flu cases: I had about 155 cases of flu, not one ran into pneumonia, not one died. Had seven cases of pneumonia, five had had M. D., two had had no physician till pneumonia had developed. Found no definite osseous lesions. All had rigid muscles, half had osseous lesions, the most common being in the lower lumbar. These seemed to be secondary, mainly, as they usually were reduced spontaneously by the relaxing of muscles. In all cases I relaxed muscles, mobilized ribs, relaxed muscles of throat, etc.

Treated one case 15 minutes, one nearly three hours, average 45 minutes. Treated patients 1, 2, or 3 times a day. One patient with temperature of 104 I treated but once and got results. One patient I treated four weeks. Average 3 or 4 treatments.

Drugged patients responded a little more slowly, I believe, but not as much slower as would be expected.

Diet was liquid. Used oat meal water and pulped prunes for constipation.

Antiphlogistine seemed to help in some cases. Dionol was a failure in the few cases I used it in. I am sorry to say this as it has been of value in other diseases.

To keep the bowels open I preferred the enema but did not insist on it in most cases. Used from three to nine grains cascara in three grain tablets in most cases. Had such good success with oat meal water and prunes I don't see why I didn't use them in more cases.

Kidneys kept open by deep stimulation to lower dorsal. Also insisted on a great deal (three quarts) of water a day.

I sweat the patients in the first stage of the disease. I don't know as much about hydrotherapy as I should like to. Why don't our colleges teach and demonstrate it?

Used cotton jacket.

Insisted on very thro ventilation. A wind blowing over a patient's bed isn't sure death. No average temperature. That is, some rooms were fairly warm, some cold.

To reduce the temperature. This is what "converted me to Osteopathy." I rolled up cloth and put under head and neck of the patient and held down on forehead, hard, for 7 to 10 minutes, and in some cases repeated treatment immediately if I got no result. Usual result was a drop of 1/2 to 1 1/2 degrees. In the worst cases had the treatment given by family every hour or two hours. Used alcohol rubs at first, but in cases where family of the patient would give the fever treatment as directed these were not needed. In a very few cases of low temperature the treatment had no effect or even raised the temperature.

Had no success at all in stopping cough. The inhaling of fumes or steam from oil Eucalyptus, etc., in water were of a little value, but the cough was the thing I fell down on in most cases.

No drugs were used to stimulate the heart. Nothing was used. Had no trouble with the heart in any case.

In closing, let me say I hope that a great many reply to your questions and that you give us the benefit of sharing opinions.

Reported by Dr. E. R. Booth,
Cincinnati, Ohio

1 Kind of lesions—tight joints and contracted muscles.

2. Location—mostly in upper dorsal cervical regions.

3. Corrected by osteopathy.

4. Gentle but firm manipulations were given whenever lesions were found.

5. Average time used per patient—15 to 30 minutes.

6. How frequently were patients treated? About half of them 2 or 3 the first day or two.

7. Did you find it easy to over-treat your cases? No.

8. How many days were patients under treatment? Two to seven days. A few 10 to 14 days.

9. Patients who had been drugged did not respond as well.

10. Diet: Influenza alone? Fruit juices, milk and light broth. Pulmonary complications? Ditto. Bowels and stomach complications? As near nothing as possible.

11. I used some antiphlogistine and hot and cold.

12. To keep the bowels active. Water generally, out once. Manipulation, spinal and abdomen. No laxative recommended. Permitted Castor Oil, etc., a few times.

13. What method used to keep kidneys active? Osteopathy.

14. Did you sweat the patient? If so, how and at what stage of disease? A few times. When highest fever.

15. Did you use cotton jacket for pulmonary complications? Yes.

16. What about ventilation, that is, much or little? Much, but not very cold.

17. What was average temperature of room? About 70 degrees. Some much colder.

18. To reduce temperature. Drink as much water as possible. If manipulation, where, what kind, and how applied? To correct abnormalities. If baths, what kind, how often? Sometimes hot tub, sometimes cold sponge.

19. Were any means used to overcome cough? If so, what? No drugs. Hoarhound candy or licorice, permitted if they gave relief. If manipulation, what kind and how applied? To vagi and upper dorsal nerves.

20. No means used to stimulate the heart. No drugs.

By Dr. Wm. L. Grubb, Pittsburg, Pa.

1 What kind of lesions were found? Muscular.

2. Where were they? Lumbar, Dorsal and Cervical.

3. How were they corrected? By the usual method.

4. What general manipulations were given for bedside treatment? General spinal, concentrated effort on contracted regions.

5. What was the average time used per patient for osteopathic treatment? From 5 to 20 minutes. Treatment suited to conditions as far as possible.

6. How frequently were patients treated? From one to three times daily.

7. Did you find it easy to over-treat your cases? Some required lighter treatment than others.

8. How many days were patients under treatment? From one to ten days.

9. Did patients who had been drugged respond as well as others to osteopathic treatment? No opportunity for comparison.

10. What regulation of diet was prescribed for influenza alone? Forbidden to eat while had temperature except fruit juices. Pulmonary complications? None. Bowel and stomach complications? None. Nervous complications? None.

11. Did you use any substances like Antiphlogistine, Dionol or other local applications? If so, what? Nothing whatever.

12. What methods were used to keep the bowels active? Enema one or two times day. Low enema. Manipulation usual. Laxative—first day, salts, if bowels not open.

13. What method used to keep kidneys active? Usual treatment.

14. No means used to sweat patient other than treatment.

15. No cotton jacket for pulmonary complications.

16. Plenty of fresh air, but tempered by heat of the room when possible.

17. Average temperature from 65 degrees to 80 degrees.

18. Were any means used to reduce temperature of patients? The usual treatment. If manipulation, where, what kind, and how applied? Usual. If baths, what kind, how often? None.

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WILLIAM CURTIS BRIGHAM, D.O., Los Angeles College of Osteopathy, 1907; Post Graduate Los Angeles College of Osteopathy, 1908; Completed Academy work and Freshman and Sophomore years—preparatory medical course—University of Idaho; Student in Bacteriology, University of Southern California, 1907; Student, Clinical Pediatrics and Surgery, College of Physicians and Surgeons, Chicago, 1912; Professor of Bacteriology, Los Angeles College of Osteopathy, 1907-'14; Clinical and Laboratory work with Combe, Lausanne, Switzerland; Czsci, Ehrlich's Laboratory, Frankfurt; and Pappenheim, Berlin, 1912.

Teaches Gynecological Surgery.

FRANK CHARLES CLARK, D.O., Pacific College of Osteopathy, 1906; Taught Botany and Zoology in Washington Irving College, Alameda, 1893; Professor of Comparative Anatomy, Pacific College of Osteopathy, 1905-'14.

Teaches Comparative Anatomy.

ROBERT WALTERS BOWLING, M.D., University of Louisville, Kentucky, 1893; D.O., Southern School of Osteopathy, 1899; Special course in Eye, Ear, Nose and Throat, under Dr. J. M. Ray, 1893; Dean and Professor of Anatomy, Southern College of Osteopathy, 1898-'05; Professor of Anatomy and Physiology and Dean, Still College of Osteopathy, 1905-'07; Dean and Professor of Anatomy, Osteopathic Medicine and Materia Medica, Los Angeles College of Osteopathy, 1907-'14.

Teaches Anatomy, Physical Diagnosis, Pharmacology and Materia Medica, Heart and Lung Diseases.

THOMAS JEFFERSON RUDDY, D.O., Dr. S. S. Still College of Osteopathy, 1903; Professor of Ophthalmology and Regional Anatomy, Still College of Osteopathy, 1903-1907; Professor of Ophthalmology and Regional Anatomy, Los Angeles College of Osteopathy, 1907-1914; Graduate, Western Normal College; Post Graduate work in Chicago, Eye, Ear, Nose and Throat Clinic, 1902-1905-1912; Post Graduate work in New York College, 1914.

Teaches Otology, Rhinology, Laryngology and Eye Surgery.

DAYTON TURNEY, D.O., Los Angeles College of Osteopathy, 1911; A. B., University of South Dakota, 1903-1908; Instructor, Chemistry, University of South Dakota, 1907-'08; Member American Chemical Society; Professor of Chemistry and Pathology, Los Angeles College of Osteopathy, 1908-'14.

Teaches Chemistry, Pathology, Laboratory Diagnosis.

LURA BINGHAM NELSON, D.O., Pacific College of Osteopathy, 1909; Post Graduate Work, Tulane University, New Orleans, 1913; Instructor, Technique, Pacific College of Osteopathy, 1912-'14.

Teaches Technique.



GLEN HALL COPELAND, D.O., Los Angeles College of Osteopathy, 1909; Professor of Histology, Los Angeles College of Osteopathy, 1909-'14; Associate Professor of Physiology, Los Angeles College of Osteopathy, 1912-'14.

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19. Were any means used to overcome cough? If so, what? None, except treatment. If manipulation, what kind and how applied? No specific treatment other than indicated by the contracted areas.

20. Were any means used to stimulate the heart? Usual treatment. If drugs were used, mention them and quantity used? If not used, state so definitely. Drugs were not used.

Reported by Dr. R. C. Dugan,
Marion, Ohio

- 1 Kind of lesions—muscular.
 2. Where—dorsal.
 3. How corrected—relaxed.
 4. Manipulations given—relax muscles and stimulated excretory organs.
 5. Average time per treatment—5 minutes.
 6. Patients treated—once per day.
 7. I find it easy to over-treat these cases.
 8. Patients under treatment—8 or 10 days.
 9. Patients who had been drugged did not respond as well to osteopathic treatment.
 10. Diet: Influenza—toast and milk. Pulmonary complications—plenty of water.
 11. Nothing used as helps.
 12. What methods were used to keep the bowels active?
If enema, what kind, how much, how often? Salt water.
If manipulation, what kind and how?
If laxative, what kind and how much?
 13. To keep kidneys active—drink water freely.
 14. I did not sweat patients.
 15. Did not use cotton jacket for pulmonary complications.
 16. Ventilation—moderate.
 17. Average room temperature—70 degrees.
 18. To reduce temperature—neck manipulation.
 19. Were any means used to overcome cough? If so, what?
Post clavich manipulation.
 20. No drugs were used.
- Two hundred and twenty cases treated without any fatalities, 4 cases of pneumonia. All recovered.

Reported by Dr. Paul Sinclair,
Lincoln, Neb.

AFTER a diagnosis of influenza has been made I ordered a routine established which did not vary greatly, no matter what the type was with which we were dealing. The patient was put to bed and other unnecessary members of the household kept out. Patient was kept in bed until after the fever had returned to normal for a period of 36 to 48 hours, then allowed a gradual return to normal life. After getting the patient to bed, he received 4 or 5 enemas of 1 quart each of soapy warm water and a like enema every night and morning during the course of the disease. He was ordered to drink at least a glass of water every thirty minutes during his waking hours. If the patient was robust his diet was nil during the course of the fever, if not, the diet consisted of the liquids familiar to all in febrile conditions. After the fever returned to normal the patient was given easily digested solids, gradually returning to the normal diet. The temperature was combated by the general spinal treatment, the enemas referred to, the drinking of large quantities of water, absence of food, and in extreme cases by sponging. The backaches were relieved by osteopathic treatment as severe as the patient would allow. Hot applications were used when the treatment was not given. If the case was of the alimentary type with diarrhea, copious drinks of rice water were given with pressure over lower dorsal and lumbar areas. If we were dealing with a respiratory type special attention was given to the cervical and mid dorsal portion of the spine, in much the same manner as in the treatment of pneumonia. I had the chest and back covered or

anointed with the musterole salve or in liquid form, which I made up by adding 3 drops mustard oil to each ounce of camphorated oil. This was a very efficient adjunct in the respiratory types. Inhalation of steam vapor in bronchial distressed was used as a home remedy in my absence.

The lesions of the 4th and 5th dorsal were the most frequently encountered, although many cases had no apparent spinal lesions, while of course other cases presented lesions in abundance.

Reported by Dr. J. B. Fogarty,
La Porte and Michigan City, Ind.

- 1 What kind of lesions were found? None.
2. Where were they? I don't know.
3. How were they corrected? Don't know.
4. What general manipulations were given for bedtime treatment? General at first, light later.
5. What was the average time used per patient for osteopathic treatment? Fifteen minutes.
6. How frequently were patients treated? Once, twice or three times a day.
7. Did you find it easy to over-treat your cases? Yes.
8. How many days were patients under treatment? All differ—about seven.
9. Did patients who had been drugged respond as well as others to osteopathic treatment? Not sure, but think not so well.
10. What regulation of diet was prescribed for Influenza alone? Fruit juice or nothing for three days.
11. Did you use any local applications? Camphorated oil, mustard, onion plaster, etc.
12. What methods were used to keep the bowels active? First two doses castor oil and wash out as often as can. Two or three times day salt enemas. Castor oil two tablespoons.
13. What method used to keep kidneys active? Gave osteopathy and hot water and soda water.
14. Did you sweat the patient? If so, how and at what stage of disease? Yes. Early. Hot water in six or eight fruit jars and hot lemonade and whisky.
15. Did you use cotton jacket for pulmonary complications? Yes.
16. What about ventilation, that is, much or little? Medium. Keep arms well covered.
17. What was average temperature of room? Don't know.
18. Were any means used to reduce temperature of patients? Enema and osteopathy. Manipulation—lower and neck and lungs. Baths—sponge once a day when could get it.
19. Were any means used to overcome cough? If so, what? Honey, vinegar hot, etc., hot drinks.
20. Were any means used to stimulate the heart? No. If drugs were used, mention them and quantity used? If not used, state so definitely. Only where medics were on case which was often the case.

Reported by Dr. M. C. Hammer, New
Castle, Ind.

- 1—WHAT KIND OF LESIONS WERE FOUND?
Mostly muscular contractions in dorsal area. Some bony lesions were found between the first and fifth dorsals and tenth dorsal and second lumbar.
- 2—WHERE WERE THEY?
Upper dorsal and upper lumbar area.
- 3—HOW WERE THEY CORRECTED?
Muscular lesions relaxed by manipulation: no attempt to correct bony lesions during acute stage.
- 4—WHAT GENERAL MANIPULATIONS WERE GIVEN FOR BEDTIME TREATMENT?
A light manipulation of the tensed area followed by pressure and relaxation. Also a little springing of the upper dorsal.

Opening Announcement

of

The Laughlin Hospital

KIRKSVILLE, MO.

See illustration on another page of this issue

The Laughlin Hospital of Kirksville, Missouri, has just been completed and is now ready to receive patients. The hospital, which was built at a cost of over \$50,000, is a modern fireproof structure of forty-two rooms. Thirty-five of these rooms contain beds for patients. The building is built of the very best of material and has every convenience that can be put in a hospital of this size. An electric automatic elevator has been installed, which means a great convenience. There are two operating rooms, one for general surgery and the other for orthopedics.

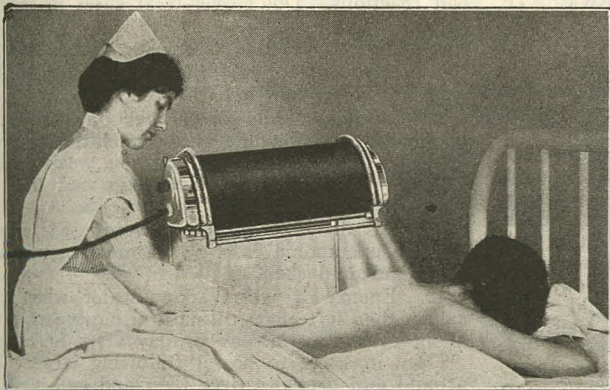
Dr. Laughlin and his associates will do a general surgical and osteopathic practice. Dr. Laughlin has secured competent assistants to help him in the various departments, of which there are the following: 1. Osteopathic; 2. Orthopedic; 3. General Surgical; 4. Obstetrics; 5. Gynecology; 6. Nose and Throat; 7. Proctology and Urology; 8. X-Ray and Laboratory Diagnosis.

A training school for nurses will also be maintained. A separate building has been secured for a nurses' home.

For further information kindly address Dr. George M. Laughlin, Kirksville, Missouri.

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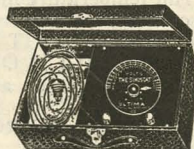
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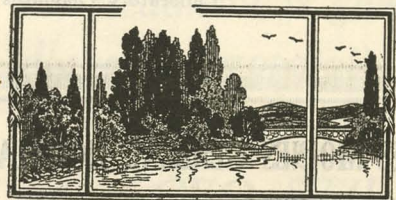


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Nervousness	Liver Diseases
Gastralgia	Children's Ills
Inflammatory Rheumatism	



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5—WHAT WAS THE AVERAGE TIME USED PER PATIENT FOR OSTEOPATHIC TREATMENT?

About twenty minutes.

6—HOW FREQUENTLY WERE PATIENTS TREATED?

In most cases two treatments a day were given, but in some, I treated three times a day.

7—DID YOU FIND IT EASY TO OVER TREAT YOUR CASES?

No.

8—HOW MANY DAYS WERE PATIENTS UNDER TREATMENT?

Three to five days.

9—DID PATIENT WHO HAD BEEN DRUGGED RESPOND AS WELL AS OTHERS TO OSTEOPATHIC TREATMENT?

Not quite. It took from ten to twelve hours longer to get a reaction.

10—WHAT REGULATION OF DIET WAS PRESCRIBED? FOR

Influenza alone—Absolutely no food, liquid or solid, as long as there was temperature. After temp. was normal raw fruit or fruit juice first day, liquid or semi-liquid diet next day, gradually getting to regular food in three or four days.

Pulmonary complications—There were none.

Bowel and stomach complications—none.

Nervous complications—Same as above except the milk diet was used for a few days following the fruit.

11—DID YOU USE ANY SUBSTANCES LIKE ANTIPHLOGISTINE, DIONOL OR OTHER LOCAL APPLICATIONS? IF SO WHAT?

I tried Dionol on about a half dozen cases, but could not see that they did any better, or worse, than those on whom I used nothing or cold chest packs.

12—WHAT METHODS WERE USED TO KEEP THE BOWELS ACTIVE?

A light abdominal massage and an enema once a day for two quarts of warm water. No drugs of any kind were used on any of my cases.

13—WHAT METHOD TO KEEP THE KIDNEYS ACTIVE?

Frequent drinks of hot water.

14—DID YOU SWEAT THE PATIENT? IF SO, HOW AND AT WHAT STAGE OF THE DISEASE?

As soon as I decided that a case was "flu" I gave treatment followed by a pint of hot water containing the juice of half a lemon. Same drink again in half hour. After that a glass of water every 20 to 30 minutes, hot or cold as preferred. It was usually cold. This was continued as long as patient would keep at it which was from 4 to 12 hours. In homes where there was a bath tub a full warm bath—about 100 degrees temperature—was ordered to be given once a day following the enema. Those who did without the bath seemed to do just as well. By these measures I started them sweating immediately, and they sure did sweat some.

15—DID YOU USE COTTON JACKET FOR PULMONARY COMPLICATIONS?

Did you have any pulmonary complications following influenza? Have had a few cases of Pneumonia this winter that started without the other infection and used cotton jacket and Dionol with some and Antiphlogistine with others. One application seemed to be just as effective as the other and were used more for the mental effect than anything else. I have never had a Pneumonia patient run temperature more than five days and most of them were normal on third day.

16—WHAT ABOUT VENTILATION, THAT IS, MUCH OR LITTLE?

Plenty of fresh air at all times.

17—WHAT WAS AVERAGE TEMPERATURE OF ROOM?

Seventy degrees.

18—WERE ANY MEANS USED TO REDUCE TEMPERATURE OF PATIENT?

Nothing special was done.

19—WERE ANY MEANS USED TO OVERCOME COUGH?

Cold packs on chest were used.

20—WERE ANY MEANS USED TO STIMULATE THE HEART?

None. The treatment I gave two or three times a day seemed to help the heart, but I made no special attempt to stimulate it.

All patients did well under this treatment. No anxiety and every thing cheerful in the home. I gave them positive assurance at first call that everything would be all right in three or four days. A few patients had normal temp. at end of first 24 hours. Most of them became normal at the end of second day's treatment.

Don't misunderstand me. These statements apply to the time when I had the case. Some of these patients had been running temp. from one to four days before I saw them and a few had been under M. D. care.

Two patients, a fat man and a 9 months' baby, had earache for a day or two and had some temp. on third day. I kept the ear filled with Dionol and they soon cleared up.

STRAIGHT OSTEOPATHY. It will do the business every time if correctly and persistently applied. The biggest help to all cases I have observed in addition to the treatment is absolutely no food, liquid or solid, not even fruit juice, until the temp. drops to normal or below. A very few of my cases went to sub-normal for a day or two.

Reported by Dr. H. W. Black,
Minden, Neb.

1 No bony lesions.
2. Contracted muscles of spine of upper dorsal and cervical especially.

3. With patient on side or face, muscles were relaxed by inhibition and usual relaxing treatment.

4. Relaxing muscles and ligaments of spine; abdominal, motions between ribs; to neck for headaches.

5. Twenty minutes average treatment.

6. Twice a day treated my cases.

7. Yes, in some cases over-treatment produced bad reactions. Don't over-treat cases in zeal to help them.

8. One to five days. Average, three days.

9. I had only one of these when two M. D.s gave up. I brought him thru O. K.

10. Nothing while fever was on but water, lemonade or orangeade and very little of these. Afterward, hot milk toast, egg-nog, weak tea, hot milk, malted milks for two days and then to usual easily digested foods.

11. No drug preparations were used, except the one pneumonia case. Used mentholatum and flannel around chest.

12. Enema of warm soapy water when first called, then left alone till natural movement came about three-fourths day or day after fever left.

Deep massage to bowel following large colon around and pressure over liver and gall bladder. Few cases used B. B. water, but generally no laxative.

13. None necessary.

14. No. They generally sweat themselves the first night in bed.

15. No.

16. Enough. Avoid draft on patient; generally had window open three-fourths inches; air warm, but not hot and stuffy.

17. Sixty-five degrees Fahrenheit.

18. Cold cloths to forehead, ice bag to occiput, alcohol rubs. I didn't worry much about fever unless 104-105.

19. Nothing seemed to relieve it much.

20. None necessary, but gave the stimulatory motions in upper dorsal when treating spine.

I had 47 cases of "Flu." One pneumonia and no deaths. M. D.s here lost several.

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.

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Reported by Dr. S. B. Grisso,
Hannibal, Mo.

- 1 Muscular and bony lesions, mostly muscular.
2. Locations, cervical, upper dorsal, mid-dorsal, lumbo-sacral.
3. Correction by relaxation, inhibition and rotation when advisable; mostly relaxation and inhibition.
4. Special attention was given to cervical and occipital regions to relieve congestion in head and normalize circulation. Upper dorsal to relieve congestion in lungs. Splanchnics to aid elimination, lumbo-sacral for lower bowel and pains in legs. Relaxation over frontal sinuses. Lifting ribs while patient inhales.
5. About 25 minutes average time of treatment.
6. Frequency of treatment: Worst cases twice per day, rest once.
7. In some cases it was quite easy to over treat.
8. On an average, patients were under treatment about four days.
9. Patients did not respond so well who had been under drug treatment.
10. Diet:
 - a. For influenza alone, liquid, mostly water, sometimes milk, broth, fruit juice or malted milk. No solid food.
 - b. Pulmonary complications—liquid.
 - c. Bowel and stomach complications, rectal feeding, browned flower gruel made with milk and cream.
 - d. Nervous complications—liquid.
11. No preparations used at all. Used hot applications in some instances.
12. Saline enema, one quart, every day until fever was gone to keep bowels active.
13. Hot packs over kidneys, 10 to 12 glasses of water per day taken thru stomach to keep kidneys active.
14. I did not sweat my patients.
15. I did not use cotton jacket for pulmonary complications.
16. Good ventilation.
17. About 65 degrees F. temperature maintained.
18. To reduce temperature of patients, viz.:
 - a. Manipulations. Cervical. Stimulated excretory organs.
 - b. Sponge bath every day while patient had temperature.
19. To overcome cough:
 - a. Inhibition at sixth cervical. Lifting ribs.
 - b. Glass of hot water drank slowly every two hours.
20. No means or drugs used whatever to stimulate the heart.

Finds Post-Flu Spines "Ragged"

I MUST drop you a word in appreciation of your literature relative to the "flu." The last five issues have had convincing qualities for my territory. I want you to lay stress on the importance, in the next issue, of every person who has had the "flu" seeing an osteopathic physician and finding out the condition of his spine. I get a good many patients who took "regular" medical treatment who can't get well, still have some weakness, and I find their spines really "ragged." This needs to be impressed on the public; everyone should call on his osteopath and get straightened up before some chronic trouble develops. Trusting you may do this in your masterly and happy way, I am,—W. B. Farris, D. O., Fort Smith, Arkansas.

The OP is getting better every day and OH is being read with more eager minds than ever before.—L. N. Pennock, D. O., Amarillo, Texas.

Enclosed herewith is my check for *Osteopathic Health*. Booklets are "knockouts" every issue.—C. L. Larson, D. O., Zumbrota, Minnesota.

385 Cases—5 Fatalities

By Drs. Betts and Betts, Huron, S. D.

Total number of "flu" cases under our care... 385
Number receiving osteopathic care only..... 362
Number receiving prior medical care..... 23
Total number of recoveries..... 380

Fatalities—
Number receiving osteopathic cure only... 2
Number receiving prior medical care..... 3
Number developing pneumonia..... 7
Number well developed pneumonia cases aborted 63
Typhoid or intestinal infection..... 17

The two fatalities under osteopathic care were complications; one an obstetrical case with pella-gral diarrhoea and one a measles case.

These were all well developed cases. Fully one-half were from 5 to 25 miles out in the country, some receiving only one treatment, a great many receiving only two or three treatments.

A vigorous treatment was administered, hot drinks ordered, producing copious sweating and hot mud or hot bottles applied to both anterior and posterior surfaces at chest if lungs were involved, which they are in a great majority of cases. In fact, we believe that this kind of "flu" is nothing more or less than a very contagious form of pneumonia.—Drs. Betts & Betts, Huron, South Dakota, March 20th.

307 Cases—1 Death

By Drs. J. W. and W. B. Elliott, Cordele, Georgia

DURING the "flu" epidemic I treated 182 cases without a death or complication. My son, W. B. Elliott, who is associated with me, treated about 125 cases with only one death. After he came home from Camp Gordon, I did not treat any more of the "flu" cases as I was worked down to a frazzle.—J. W. Elliott, Cordele, Ga.

150 Cases—No Deaths

By Dr. James G. Morrison, Terre Haute, Ind.

I HAVE now treated over 150 cases of acute "flu" without a death or a case of pneumonia developing, so I feel that in osteopathy we have something worth while to mankind.—James G. Morrison, D. O., Terre Haute, Indiana.

Anti-Flu and Pneumonia Serum Disabled New York Police

Estimate That 1,200 Are Laid Up as Result of Inoculation

[From the New York Times, March 31st]

POLICE CAPTAIN JOHN WARD of the East Thirty-fifth Street Station and about ten of his men are reported to have been so badly disabled by the result of inoculation of serum for the prevention of pneumonia and influenza that they have been unable to report for duty. At the station house last night it was said that Captain Ward was suffering from a swollen left arm and had been confined to his home for the last two weeks.

Similar conditions in other precincts where the patrolmen and their officers have been inoculated by surgeons of the Government are reported, and it was unofficially estimated last night that about 1,200 men of the department have reported sick since the serum was injected.

"Flu" Successes Bring Demand for Osteopath on a Hospital Staff

[From the Dover (N. J.) Advance, March 31st]

THE trustees of Dover General Hospital are to receive petitions asking that Dr. O. M. Walker, an osteopathic physician, be placed on the medical staff of the institution. The petitions have been circulated by friends of Dr. Walker who believe that any patient under his care that enters the hospital should have the privilege of securing his services.

While some of the medical staff were in the service, and during the influenza epidemic last fall, it is contended that Dr. Walker rendered

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<u>Abscess</u>	<u>Syphilitic Sores</u>	<u>Arthritis</u>
<u>Infected Wounds</u>	<u>Periostitis</u>	<u>Appendicitis</u>

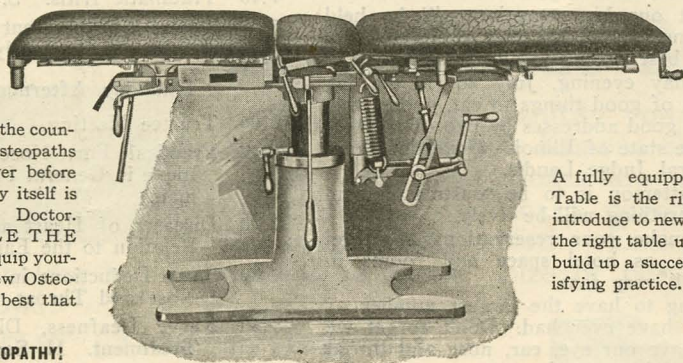
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Dr. C. C. Reid's Private Post Graduate Courses have been turned into **The Denver Polyclinic and Post Graduate College**, Course Number One, **The Denver Post Graduate Osteopathic Efficiency Course** and Course Number Two, **Technique, Physical Diagnosis and Applied Anatomy** all combined in one under one tuition, and will be given three or four times a year.

Next course begins **Monday, August eleventh, and lasts four weeks**. This is the first time the Efficiency Course has been given in the summer time. It will be a fine opportunity for those who have been desiring to get the course in the summer time.

All subjects covered in both courses will be taken in the one. Six to eight hours a day clinical and didactic work. A rapid review over the most vital subjects pertaining to practice. Efficiency will be running all through. Especial emphasis along the business side of practice will be applied, such as legitimate publicity, charges, collections, the psychology of meeting patients, office help, keeping records, planning, personal efficiency and so forth.

New quarters, better efficiency, equipment and everything given in the best way calculated to help the doctors do a bigger and better business.

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The First Osteopathic Institution

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The Best Equipped Laboratories

A Faculty of Specialists

For Catalog and Literature address

E. C. BROTT, Secretary

valuable assistance at the hospital. Now that the physicians have returned from the service, it is said that some objection has been raised against permitting Dr. Walker to treat patients in the hospital.

Loses Hair After "Flu"

MRS. A. W., wrote Dr. Evans this letter: "Please tell me why my hair is falling out and what I can do for it. Ever since I had the 'flu' it has come out in big bunches and is now so thin that I am afraid I will be bald."

DR. EVANS' REPLY

I do not know why your hair is coming out, but I do know that influenza and other severe illnesses cause the hair to fall out. Loss of hair from this cause is not permanent. Spend some time each day in caring for your hair and you will be rewarded. Wash it as frequently as is necessary. Grease it a little, when necessary. Above all, brush it well daily. Brush until your scalp glows. It is not necessary to use hair tonics.—*Chicago Tribune.*

Pneumonia Kills Three of Family Within Week Under "Regular" Medicine

WALTER H. STROM, 28 years old, and his little son, Guilford A., will be buried together this afternoon at 1:30 o'clock from the family home, 6039 Sheridan road. Mrs. Strom formerly Miss Gladys Wood of Oak Park, died only last Friday. All three deaths were from influenza, followed by pneumonia. Another son, Walter H. Strom, Jr., is very ill. Mr. Strom was president and general manager of the U. S. Ball Bearing Manufacturing Company.—*Chicago Tribune, January 3d.*

Nothing like this has happened in any "osteopathic family" in the twenty-five years that osteopathy has been practiced. There is something fundamentally wrong with a system of practice that permits such fatalities in face of the fact that osteopaths lose but one case in every hundred treated, taking influenza and pneumonia cases just as they come in osteopathic practice.

Inside Dope About the AOA Chicago Meeting June 30th to July 3d

By **Dr. J. M. Fraser, General Chairman of the Convention Committee**

EVERYBODY close his office for June 30th and July 1st-2d-3d, and come to the best convention we have ever held. No one can afford to miss this, our twenty-third annual convention—our big Victory Peace Convention. Come and make this our most successful convention. We are going to have a wonderful program. Dr. Conklin has worked hard and faithfully on his job and we are to have some brand new work.

The main convention will be held from 10 a. m. to 1 p. m. daily. Sections will be held from 2 p. m. on, each day.

Don't forget our big reception will be held Monday evening in the big ball room and we will have the best of music and dancing.

On Wednesday evening, July 2d, is the big banquet—loads of good things to eat, good lively music and two good addresses by two of the biggest men in the state of Illinois—Governor Lowden and Federal Judge Landis.

Perry S. Patterson is to be toastmaster and that means everything will be lively.

Write and make your reservations at Hotel Sherman early, as hotel space and rooms in Chicago will fill very fast.

We are going to have the largest number of exhibitions we have ever had. Don't forget we are going to have our eye, ear, nose and throat surgical work and our major surgery and orthopedic work taken care of at our own hospital in Chicago. This is a new feature of our conventions.

All you golf fans bring your clubs and our golf experts will take you on.

Don't forget the place, Chicago, Ill., Sherman House, the hotel, Time, June 30th, 10 a. m.

Start preparations to come, as no one can afford to be a slacker this year and not enlist in our Grand Osteopathic Army.

Come one! Come all! Chicago welcomes you!

Osteopathic Ophthalmologists and Oto-Laryngologists Will Meet in Chicago

THE third annual meeting of the American Osteopathic Association of Ophthalmology and Oto-Laryngology will be held in Chicago, June 25, 26 and 27. The following program has been arranged:

Mornings will be devoted to Examinations, Treatment and Surgical Clinics.

Wednesday Afternoon, June 25

- 1:30 President's Address, Osteopathic Concept From Specialist's Viewpoint. J. Deason.
- 2:00 Research on Eye. R. E. Hamilton.
- 2:40 The Eye and the Ear in Nervous Diseases. C. L. Draper.
- 3:20 Eye Defects Revealed by Selective Service Examinations. C. E. Abegglin.
- 4:00 Eye Symptoms and Their Interpretation. G. W. Hilburn.
- 4:40 Traumatic Iritis. S. M. Hunter.
- 5:20 Recent Advancement in Thyroid Management. T. J. Ruddy.

Thursday Afternoon, June 26

- 12:00 Trustee Meeting.
- 1:30 Practical Ear, Nose and Throat Technique in General Practice. E. J. Breitzman.
- 2:10 Diseases of Heart and Blood Vessels in Relation to the Ear. Henry Viehe.
- 2:50 Some Deductions in Relation to the Ear, Nose and Throat. M. M. Brill.
- 3:30 Nerve Deafness, Differential Diagnosis, Treatment. H. Semone.
- 4:10 Vertigo. F. A. Truffer.
- 4:50 Chronic Suppurative Otitis Media and the Radical Mastoid Operation. Ruddy, Reid, Deason, Edwards and others.
- 5:30 Case Reports. C. A. Ross.

Friday Afternoon, June 27

- 1:30 Nasal Obstructions, Effects and Remedy. C. T. Mitchell.
 - 2:10 Relation of Tooth and Sinus Affections. W. V. Goodfellow.
 - 2:50 Treatment and Permanent Cure of Head Colds. C. H. Muncie.
 - 3:30 Non-Surgical Treatment of Sinusitis. G. V. Webster.
 - 4:10 Osteopathic Theory and Treatment for the Prevention and Cure of Acute Tonsillitis. Bryon La Rue.
 - 4:50 Roentgenology as an Aid in Diagnosis. L. S. Larimore.
 - 5:30 Ethics. Hay Fever Statistics. C. C. Reid.
- Twenty-five minutes will be allowed for papers and fifteen minutes for discussions.

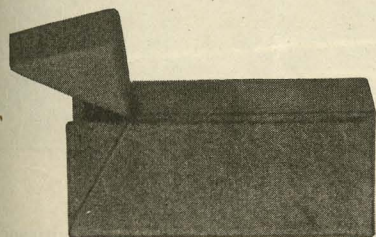
CONSTIPATION is successfully treated by the Osteopathic physician because he recognizes that in most cases it is induced and maintained by mechanical factors. Nujol helps to secure results, because it acts mechanically, not medicinally, to soften and moisten hardened and dried out bowel contents, to promote peristalsis and absorb and remove toxins. Nujol is absolutely pure. Nujol is not absorbed, does not affect digestion of food, does not form a bad habit or require constantly increased dosage. Nujol acts with Nature to train the bowels to resume normal function. There are no contraindications to the use of Nujol—in either sex or at any age.

How and Why Nujol acts in general and in special cases is described in the following booklets and sent free to any physician on request.

- “An Osteopathic Aid”
- “A Surgical Assistant”
- “In Women and Children”

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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

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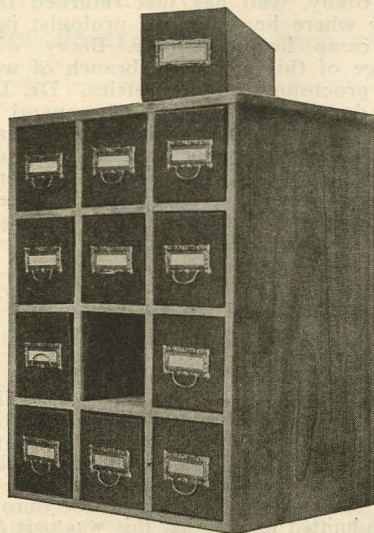
Size of cabinet is 21 in. high, 19 in. wide and 13½ in. deep. Will hold 12 Kimono boxes. M. C. Cabinets are carried in stock only in Golden Oak finish. Price on other finishes can be had on request.

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

Cabinet and 1 dozen boxes, complete, \$13.50

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- Leather String Binder - - 2.75
- Indexes - - - - - 75c

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

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Time-saving, Simple, Accurate,
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Designed by a busy Osteopath for the use, especially, of those busy Osteopaths who don't have office help.

Sample sheets and price
on application.

L. C. Marshall, D. O., Page, Neb.

Dr. Geo. M. Laughlin Opens His New Hospital at Kirksville

A NEW hospital has just been opened at Kirksville, Missouri, under the name of The Laughlin Hospital. It has been dedicated to Andrew Taylor Still, founder of osteopathy. Dr. George M. Laughlin built the hospital and will be in complete charge.

The building is a modern fire-proof structure and is built of the very best material obtainable. The cost was considerably in excess of \$50,000. It is equipped with an electric automatic elevator and has every convenience that can be put in a hospital of its size.

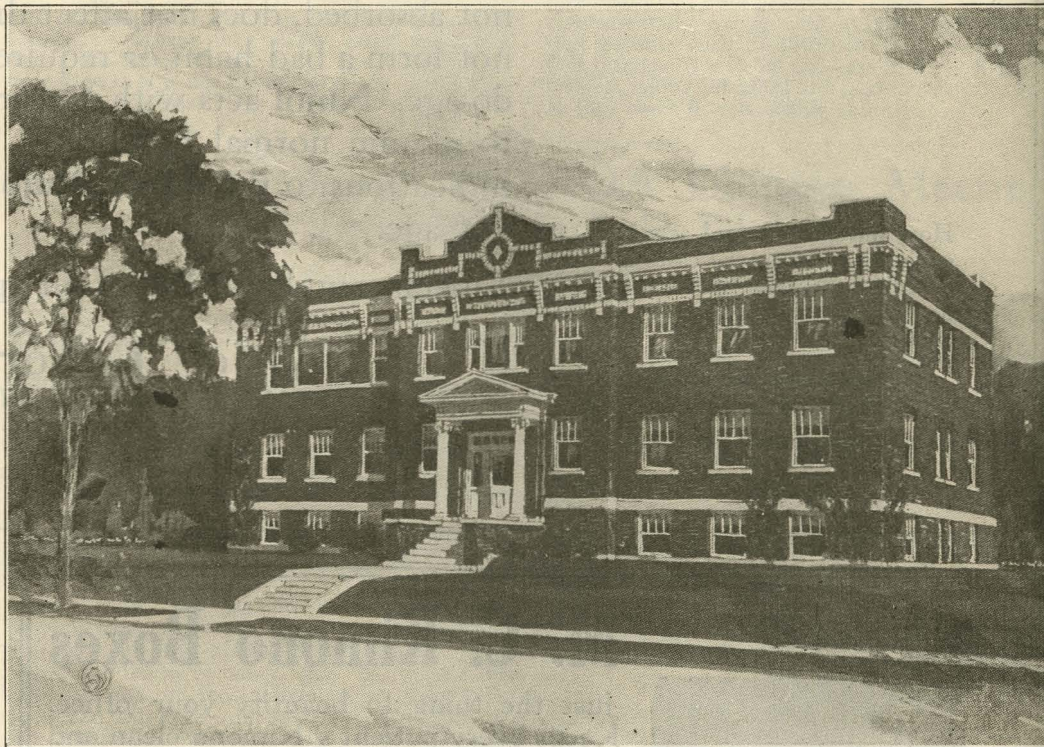
There are forty-two rooms in the building. Thirty-five of the rooms will contain beds for

osteopathic practitioners who will devote their full time to osteopathic and laboratory work.

The following departments have been provided for: 1. Osteopathic; 2. Orthopedic; 3. General Surgical; 4. Obstetrics; 5. Gynecology; 6. Nose and Throat; 7. Proctology and Urology; 8. X-Ray and Laboratory Diagnosis.

One of the big features of the hospital is the training school for nurses, which will be ready for students August 1st. A separate building has been secured for a nurses' home.

Dr. Laughlin is one of the best acquainted osteopathic physicians in the country. He was



The Laughlin Hospital, Kirksville, Missouri.

patients. There are two operating rooms, one for surgery and the other for orthopedic work.

Dr. Laughlin has secured the services of Dr. Bixby, who has just returned from the army where he was chief urologist in one of the camp hospitals. Dr. Bixby will have charge of this particular branch of work and also proctology and obstetrics. Dr. Laughlin will do the orthopedic and general surgery work, the fact being well known that he is exceptionally capable in this particular line of practice. Dr. Laughlin has also employed a specialist of long experience to take charge of the eye, ear, nose and throat division and he also has secured the services of three expert

associated with the ASO for twenty continuous years and has attended every national convention and hundreds of state conventions during that time. He has lectured and operated in practically every state in the union before state societies. It is Dr. Laughlin's plan to keep a complete record of every case and to publish them from time to time in bulletin form. These will be distributed to the profession. Dr. Laughlin states that every case will be reported, no matter what is the result of the treatment.

We wish Dr. Laughlin and his new hospital all success and trust that the institution gets the patronage it deserves.

Ohio Senator Charges He Was Offered a Chiro Bribe

By the Associated Press

COLUMBUS, OHIO, March 28.—That Representative Frank Delehanty of Cleveland had approach him with an offer of a bribe of \$2,000 if he would not speak against the chiropractors' non-medical practice bill, and that Dr. R. H. Skeeles, chief lobbyist of the chiropractors, had admitted to him that this was part of a plot to "get a club over his head," was the direct testimony given today by State Senator Howell Wright of Cleveland, before the joint committee of the legislature investigating bribery charges.

Florian Miller's Death Not Due to Osteopathy

[From the Chicago Examiner, April 16]

IN the issue of March 25 was printed a story in this newspaper in which the death of Florian Miller was attributed in part to the effect of certain osteopathic treatment he was given. This was due to constant references on the part of his mother to the physician who treated her son as an osteopath. The Herald and Examiner is advised that this physician was not an osteopath, nor was he licensed to practice medicine in any form in the State of Illinois.

Special Post Graduate Course Preceding the Convention June 16th to 29th

COURSE OFFERED

- | | |
|---|--|
| 1. Applied Osteopathy.....Dr. C. P. McConnell and assistants
2. Corrective Gymnastics..Dr. A. A. Gour
3. Practical Minor Surgery..Dr. James B. Littlejohn
Dr. L. J. Blakeman
4. Surgical Diagnosis.....Dr. James B. Littlejohn
Dr. L. J. Blakeman
5. ObstetricsDr. Blanche M. Elfrink
6. TechniqueDr. H. H. Fryette
Dr. C. H. Morris
7. Diagnosis of Nervous
and Mental Diseases..Dr. L. Van H. Gerdine | 8. Major Surgery.....Dr. James B. Littlejohn
Dr. L. J. Blakeman
9. UrinalysisDr. F. M. Nicholson
10. Surgical Diagnosis....Dr. James B. Littlejohn
Dr. L. J. Blakeman
11. Gastric Analysis.....Dr. F. M. Nicholson
12. Fecal Analysis.....Dr. F. M. Nicholson
13. DiagnosisDr. James B. Littlejohn
Dr. L. J. Blakeman
14. Laboratory Diagnosis...Dr. F. M. Nicholson
15. X-RadianceDr. Earl R. Hoskins |
|---|--|

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Chicago College of Osteopathy, 5200-5250 Ellis Ave., Chicago, Ill.

June Sale of "OH" Field Literature

We take pleasure in announcing this June sale of *Osteopathic Health* stock numbers. All of the issues offered are worthy of distribution to your patients. Your opportunity is at hand. Buy now while you have the chance.

IMPORTANT:—All of the assortments listed below have been carefully prepared. They cannot be altered or changed in any manner. No extra charge for professional card imprint, but all magazines will be sent blank unless card imprint is asked for.

See page 18 for description of each number listed.

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"Osteopathic Health"

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9 So. Clinton Street, Chicago

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 MAY, 1919 No. 5

WHAT MEDICAL DOCTORS ACTUALLY GAVE EPIDEMIC PATIENTS

All spokesmen for "regular" medicine for the past decade or two have been emphasizing that doctors nowadays are so well educated they know that drugs don't actually cure diseases and hence do very little prescribing of things "to take." The more prominent, educated and experienced the doctors, the less drugging they do. It is only the young doctor just out of college who believes drugs cure infectious diseases and gives drugs with any such hope. There are only a few drugs in all the vast pharmacopœa with its thousands of listed substances that are worth using—in fact, the leaders of the profession are wont to say, so few that "they can be counted on the fingers of one hand." That is what they claimed for a decade or two in all newspaper and magazine writings.

So have all the authorities of medicine and medical apologists written and spoken for the past two decades or more, from teachers and text-book writers of the eminence of Sir William Osler and the successive presidents of the American Medical Association, down to the mere press agents of the profession like Drs. Woods Hutchinson, Wm. E. Evans and Leonard Keene Hirschberg.

The people were beginning to believe that "regular" medical practice actually had been reformed and that giving sick people strong poisons in the name of therapy was pilloried for all time as a relic of the dark ages. Anyone criticising the medical profession for its bondage to drug superstition was sure to be answered that he was criticising the practice of twenty-five years ago, but that medicine—"scientific medicine," if you please, as it is practiced today "by that splendid body of graduates of Class A medical schools"—no longer does much, if any, drugging. Oh, ho! What a healthful change, my hearties.

Yet where was the community whose M. D.'s in actual practice during the great epidemic did not give several kinds of drugs to their influenza and pneumonia patients? Such a community is not on the map. They all fell back upon drugging and drugged hard, for what else have they to do? And they surely felt in the face of such inroads by Death that "it was necessary to do something," even if only to kill the sick more surely and quicker than if left to Nature. This is a most pernicious heresy against life that a physician "has to do something" desperate, even if only to *kill his patient!*

Well, we turn back to the late books on materia medica to see what they say about giving drugs for influenza and pneumonia. They nearly all admit it is no good and then turn around and spread this dainty collation of poisons down their pages, inviting the befuddled doctor to choose such agencies of prompt recovery from among them as his costive reasoning chooses. Read the list and say whether the claim that the allopathic profession is educated away from drugging is not a political falsehood, put forth to defend a

shameful weakness, and aimed in guile to build up revenue only. Here is a partial list:

DRUGS USED IN PNEUMONIA

Aspirin	Monobromate of
Quinine	Camphor
Dover's powder	Morphine
Strychnine	Antipyrin
Calomel	Alcohol
Phenacetin	Bromide of Potassium
Salol	Guiacol
Salicylates	Acetanelid
	And a few other things.

DRUGS USED IN INFLUENZA

Calomel	Opium
Alcohol	Bromide of Potassium
Strychnine	Codamon
Digitalis	Wine of Ipecac
Atropin	Apomorphine
Nitroglycerine	Carbonate of Ammonium
Ammonium	Squills
Camphor	Senega
Epinephrin	Nitrous Ether
Pituitrin	Tolu
Sodium Benzoate	Acacia
Oil of Eucalyptus	Musk
Extract of Gentian	Hyoscin
Sulphonal	Antipyrin
Trional	Chloral
Chlorolamid	
Veratrum Viride	

Besides the foregoing rather full list of "finishers" there is almost an equally long list of new things advertised and recommended in the medical journals which are too new or hairbrained to get into the authorized text-books.

America has voted to change the constitution and put King Alcohol in durance vile. Isn't it much more necessary for the retention of life, liberty, health and the pursuit of happiness that we change the constitution again so as to make it unlawful to practice allopathic medicine? Considering the diabolical stuff that the "regulars" give human beings already at grips with Death it is no wonder that their epidemic statistics hovered between 15 and 60 per cent. The wonder is that anybody they treated lived to tell the tale.

The American Medical Association stands for organized, legalized execution of defenseless humans by the poison cup.

There is some work to do yet before the people are fully aroused and will be educated to realize the danger of letting the average M. D. come into a sick chamber with his tradition of giving some or all of the foregoing diabolical drugs, but that education is on the way. It will come into reality as fast as you and I make it.

Do you educate or do you just stand pat and let the therapeutic renaissance take care of itself and come when it will?

ASKS IF SERUMS MIGHT NOT BE THE CAUSE OF INFLUENZA! ANSWER, NO!

A Colorado osteopath is wrestling with the problem that is worrying all the world, and he writes us this view, which is one that naturally suggests itself to the minds of all persons not bound up in superstitious reverence to the vaccine and serum delusion. Still, we believe the doctor is in error in his main deduction, and we believe that even a slight review of the facts will satisfy him that his guess is not a good one. He writes, viz.:

I hope you will pardon me if what I am going to ask may seem foolish to you, but did it ever occur to you that this so-called epidemic of influenza might be the result of the various serums and vaccines with which the soldier boys were inoculated? You, no doubt, remember the ill-fate of some of the boys in California a couple of years ago, when serums were injected into the spinal cord. This trouble originated after inoculation and it also occurred in the camps of America after the boys were subjected to this treatment, some dying shortly after the injection. My theory is that by injecting these various poisonous serums or germs into the blood stream one after the other, when they come in contact with each other there is a battle royal between them and the white blood corpuscles, and that during this battle some are killed and decomposed within the system, thus producing a new poison, the result being more contagious and infectious possibly as a result of the stuff injected into the system. Perhaps

at first though this may seem rather foolish, but analyze it and see if it is not possible, for there never has been anything like it in history and it seems that there has never been a germ like these before. I do not write this for publication, understand, and just offer it for what it might be worth to the profession.

The doctor is struggling with a good idea here, namely, that the shotgun vaccines and serums given to check this epidemic not only fail of results, but injure the victims to whom they are given and weaken their natural powers of resistance and thereby actually assist in increasing the fatalities of the epidemic. We believe that the pathologist, the biologist, the bacteriologist and the sufficiently educated and impartial serological experimenter will agree with the osteopath on this point. That is as much as our correspondent is justified in saying on the subject, in our opinion.

That vaccines and serums did not originate the flu is subject to the review of historical evidence. The flu appeared in the world first and before doctors began serum-squirting to stop its ravages. It appeared first in the far east—in eastern Russia and a little later in Spain, among ignorant, poorly nourished people, where doctors are rare and where serology is not practiced. Only later it swept through the German armies and much later attacked our army in France, and later still came to America. It swept on around the world and killed a big share of the Esquimos within the Arctic Circle and likewise white, black, red, yellow and brown peoples in the tropical islands of the most remote seas. Each epidemic breaking out in each new place could be traced to the day and the hour that travelers came with infected persons among them from a country where the epidemic was raging. In Alaska, Tahiti, Luzon and Timbuctoo the grip came and stayed or went regardless of the presence or absence of doctors and their satchelfuls of Parke-Davis & Co.'s wonderful magazine-feed, machine-gun-squirt biologic nostrums.

We must recognize, then, that the influenza infection was not the result of modern therapeutic errors. But we can all agree that the empirical delusions of allopathic medicine must cost many a human life when it persists in administering ignorantly for influenza vaccines and serums which all competent independent research men agree are useless and harmful in the extreme.

A BOOK THAT HELPED MAKE HISTORY

Many an osteopath who "went over the top" caring for flu and pneumonia cases during the great epidemic had been better prepared for accepting the responsibilities that came to him by studying Professor Lane's little book. It is equivalent to scientific warrant for osteopaths to boldly accept the responsibility and care of any and all acute infectious diseases, having high scientific ground for the treatment that is given, and prompting a realization born of sure knowledge that no other medical treatment (except in the case of diphtheria and a certain few other ills carefully listed by the author) is known which really offers any benefit to the sick person. On the contrary, a great deal of the drugging done by doctors is shown to be purely superstitious practice and harmful in the extreme.

Those other osteopathic valiants who fought the good fight and won thruout the epidemic without the aid and inspiration of this little scientific primer of osteopathic therapy will now get great delight and profit by going to its pages for a rational explanation of what their treatment accomplished for the flu and pneumonia patient.

There is not another little book in all medical literature that gives so much science, such a wealth of advanced pathology and therapeutics, and gives it so simply as this work of Professor Lane. We cannot understand the mind of a practitioner who does not literally learn this little book by heart. Familiarity with its contents is sure to be a first step in the desire to enjoy next the author's post-graduate course in the subjects covered.

CURE UP VS. CURE ALL

How sadly a typographical error will sometimes change the whole meaning and spirit of an utterance. In our March issue we wrote a one-inch editorial to fill a hole at the bottom of a column after the paper was made up and, as is usual in such cases, took a chance on the printer getting it right so as not to make another day's delay in getting it on the press. It was the little editorial, "Chronic Work Ahead." It read, as it appeared, "We have cured ALL our cases of flu. We have demonstrated that. Statistics prove it. Now, to cure up the medical cases that are hang-over chronic victims of the epidemic."

Isn't that bombast for you? And a plain everyday lie on the part of friend printer? It maketh the editorial heart sick. What we wrote was "We have cured UP our cases of flu. Now to cure up the medical cases that wouldn't get well under allopathy," etc. The substitution of "cure all" for "cure up" certainly makes a lot of difference in meaning. We hope that every friend who read the printer's version of our editorial will read this correction giving our own.

NINETY-FIVE PER CENT OF ALL DISEASES BEYOND THE REALM OF "MEDICAL VICTORIES"

That is the startling but true disclosure of the June issue of *Osteopathic Health*, which must make every osteopath feel more proud of his own practice every time he stops to think over the situation. It must make the people turn to osteopathy with ever-increasing confidence and in ever-increasing numbers. How few persons realize that the diseases over which internal medicine has established any sort of control whatever are limited strictly to eleven diseases! Osteopaths, as OH so aptly says, could well afford to quit claim these eleven ills to the allopaths as their own private preserves if thereby it gave osteopaths their chance to show how much of the remaining 95 per cent of ills are amenable to their therapy. Give this article your heed and put it to work for the good it will do you.

DR. CAVE'S BRIGHT DREAM

Dr. Francis Cave came along the other day and gladdened the editorial heart with a pow-wow that reached down into the very foundations of our osteopathic institutions. Of course, the deep consideration was the "Mobilization of Our Patient Reserve," but that is not a subject one can separate from our institutions and discuss as a separate affair. It has to do with the forwarding, supporting and developing of all our affairs and institutions—the endowment of schools and hospitals, the rectification of legal discrimination against our practice, the abolition of state medicine and other such fundamental steps in therapeutic freedom. If it shall prove possible to mobilize our patient reserve in the way that Dr. Cave has outlined—and all it necessitates is proper co-operation within our own ranks to set it going—the way would seem clear to accomplish most of the great ambitions we cherish.

It is a good thing—push it along. Dr. Cave has a clear head and possesses the vision which is so essential to leadership. To discuss his big plans with him is to feel a renewal of one's one inspiration and enthusiasm. It is a joy to have him come along and put his x-work on one for solid service in the league. We can wish you nothing better for your own pleasure and renewal of spirit in the work of the profession.

God send the profession a lot more of such earnest big-souled men.

SILENCE UNTIL YOU'VE MADE IT 100,000

Come to the front, delinquents, and make your report to Dr. Geo. W. Riley about the number of "flu" and pneumonia cases you treated. Dr. Riley is going to spring something fine on the world within ninety days and you will be sorry if you don't help him and get in on it before it is too late. In reference to this project, The OP will not print the monthly totals of this poll of cases treated until Dr. Riley has a round of 100,000 cases to report.

THOSE CALIFORNIANS PRINT A GREAT LITTLE JOURNAL

We are very pleased to note what a fine paper our friends of the Pacific Coast are giving the profession in *The Western Osteopath*. It is really one of the profession's proud achievements. It is not just like any other paper published for its profession and it is always full of good helpful articles of value to the practitioner.

At the end of last year one or two issues were pretty well devoted to "flu" and pneumonia and the articles were excellent. Another issue emphasized the value of systematic physical exercise as a therapeutic agency. The February issue was devoted to college and educational considerations. The March number was devoted to valuable general articles. So there is always good variety.

The contributing staff, of course, reach thruout the entire profession. The journal is not in any sense geographically exclusive in its interests or confined to the affairs of our west coast profession, but, while naturally emphasizing all local interests—as a west coast publication should—it is full of the general concerns of the profession and would be a valuable visitor to any alert practitioner.

Those western fellows do all things well that they tackle and put their hearts in, and so we might expect a fine little journal when they set about making one. No journal in the profession has a finer array of scientific stuff and few rival it in this respect. Dr. C. J. Gaddis is editor and manager, all the wheelhorses are on the editorial staff, and the journal is owned and published by the California Osteopathic Association, so it is quite unique in osteopathic traditions for so pretentious a journal.

It only costs \$1.00 a year and there is no reason why you should not have it. Write for a sample. Such merit ought to be recognized and supported. We are certainly proud of the west end of the osteopathic map. More power to them in slaughtering the Drug Demon and helping on the scientific development of osteopathic diagnosis and therapy.

DEFECTIVE GRAMMAR COMMON IN CASE DISCUSSIONS

There is a surprising tendency among doctors of all schools to mix up person and number in talking about patients. Why should this be so? Rarely a letter or contribution comes in to any medical editor that does not fall into such error. We are moved to say almost that, to the average doctor of any school, it is all the same thing whether he regards a patient as an individual or as several persons at one and the same time, so far as pronouns and grammatical numbers are concerned.

Starting out with the discussion of "a" case or "a" patient, it is by no means the rule for a practitioner to refer to "him" or "her" in the second and ensuing sentences as "the case," "the patient," "him" or "her." "They" or the word "patients" are apt to be substituted interchangeably as pronoun and synonym for this one patient under discussion. Similarly the verbs "is" and "are" are used interchangeably.

It is truly a curious fault, but originates, we think, not so much as the result of bad grammar as of bad rhetorical form, for college graduates with literary degrees are not at all immune to the careless habit. We think the fault is rhetorical, simply because speakers and writers have not schooled themselves to think and construct groups of sentences to express the thinking which carefully sticks to one subject and differentiates between a present case that may be under discussion and the generality of other and former cases which are alluded to for comparison and illustration.

This caution is uttered to aid in preventing such confused thinking and expression. When we pass from the one case in hand to allude to others, past or future, there should be, of course, some due rhetorical introduction of the others, just as the playwright must take pains to "move" his

successful actors and speakers upon the stage before he begins to deliver them of their lines.

Of course, the old classic bull, "lay the patient on their back" is a compound atrocity of grammar which would move a critic to say "In heaven's name, how many of them own that back?" While its companion piece, "lay the patient on their backs," would call up the question, "how many backs has this patient got?" Yet, in years agone we have heard successful and wise college teachers say such things.

Another breach of good form in speech comes from really trying to be *too exact*. It runs to this effect, "Lay the patient on his or her back." It is quite needless to differentiate genders this way in speaking in mixed genders. Since English has no pronoun to cover both male and female singular, "his" is used generically to cover both sexes when speaking in the singular person, but referring to the sexes indifferently, "Lay the patient on his back" is understood to mean that if the patient be a woman she is to be treated similarly. We are conscious that it does not quite sound right and yet this is the best our poor English tongue can do.

These are perhaps little matter to the busy doctor who feels that he is chiefly concerned with results, and yet there is nothing much more important in the healing art than *clear thinking*. There is absolutely no chance for clear thinking unless it be accompanied by *clear and grammatical expression*, for there is really no thinking apart from words which are thought-symbols, and their combinations in the construction of sentences, paragraphs and discourse.

We shall be happy if these hints help our speakers and writers to stick better to the tracks of person and number in their case discussions.

DO YOU KNOW THE ALLOPATHIC IRREDENTA?

It is described by metes and bounds in the June issue of *Osteopathic Health*. The lost provinces of drug medicine comprise 95 per cent or more of all the diseases that fall in the territory of internal medicine. Osteopaths are willing to concede the 5 per cent of diseases to M. D.'s that they have a rational treatment for if their own jurisdiction in turn is conceded for as much of the Allopathic Irredenta (that is, the remaining 95 per cent of diseases), as they show they can benefit. This is a live editorial discussion. Read it.

The Osteopathic Service League

By H. H. Fryette, D. O., Chicago,
President AOA

THIS is the year for the organization and reorganization of things osteopathic. We have grown so fast that the Constitution and By-Laws of the AOA are entirely inadequate, so we are going to hold a constitutional convention at Chicago June 27th and 28th to draft new ones. Osteopathic hospitals are being founded all over the country and we are passing more comprehensive laws in many states and clinics and other public activities are being organized everywhere.

These things are made possible because osteopathy is coming into its own; that is, osteopathy is getting more public support than ever before. Our opportunities to serve will increase just in proportion to the support that we get from the public. Dr. Francis Cave is the man who has a vision of what osteopathy may do if it has the public support that it deserves and he has devised a means of getting this support, provided the osteopathic profession will co-operate with him. His means of obtaining this public support is The Osteopathic Service League.

The public has demonstrated beyond a doubt that they are for osteopathy. Now is the psychological moment to develop the League work.

This organization should be perfected in every state within the next six months.

It is my hope that every member of our profession will co-operate with Dr. Cave in every way possible to consummate this organization.

"Osteopathic Health" Standard Literature

We offer the following brochures, all of which are standard numbers. It is a good plan to have a varied assortment of literature on hand at all times. One can never tell when a prospective patient will make inquiry regarding some particular ailment. Be prepared for such an inquiry.

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. 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"

Published by
The Bunting Publications, Inc.

9 So. Clinton Street, Chicago

Do You Need an Assistant This Summer?

THE Osteopathic Physician has made arrangements with the various colleges whereby the students and recent graduates who desire to act as osteopathic assistants during the summer months may advertise their qualifications without cost to them. Several ads are listed below.

If you are an osteopath in practice, here is your opportunity to take a vacation or cut down your working hours during the warm weather. Also it is your duty to help the coming osteopathic physicians in their struggle to make a success. If you employ any of the students whose names are listed below please notify us so that the ad may be stopped.

If you are a student at one of the colleges or a recent graduate with a desire to act as an assistant during the summer months send in your ad at once. We will gladly publish your want ad of not over 30 words free. Be sure to write your name and address clearly.

Position for summer wanted in physician's office as assistant. Am 23 years old, 6 feet tall, weigh 165 pounds. Will graduate next spring from Philadelphia College. Recommendations if desired.—Charles M. Brown, 1800 Spring Garden St., Philadelphia, Pa. After July 1st, Milroy, Pa.

Recently discharged soldier, 1917 graduate, desires assistantship, or will take complete charge of practice for summer months. Licensed in Ohio and Iowa.—Address Dr. E. M. Davis, Box 13, Des Moines-Still College, Des Moines, Iowa.

Wanted—A position as assistant to an osteopath physician during the summer months. I lack one semester of finishing my course at D. M. S. C. O. State wages.—Glen Noc, Paulina, Iowa.

Wanted—Position as assistant to an osteopathic physician during the summer months. I have one semester before I graduate from D. M. S. C. O. State wages.—Chas. O. Casey, 632 West Prairie Ave., Decatur, Ill.

Would like to assist some osteopathic physician for several months during the summer. Preferably in Minnesota.—Grace Kramer, R. 3, No. 69, Ackley, Iowa.

Wanted—Position as assistant or to take over practice during summer vacation. Preferably in the Southeast. Am January 20th student. Age 26. Write to G. W. Suttentfield, Roanoke, Va.

Student in senior year would like a position as assistant for the summer. Was a trained nurse before taking up the work. Address James H. Carss, 849 14th St., Des Moines, Ia.

The above list is only a start. We hope to publish a full column or more of good ads in our June issue. If you are a student send in your ad at once.

Ohio D. O.'s May Now Qualify as Surgeons by Examination

GOVERNOR COX, of Ohio, on April 22 approved the bill of Representative Jones, of Franklin, which had passed thru the legislature granting osteopathic physicians the right to practice surgery upon passing examination.

Montana Raises Educational Bars to Chiro

MONTANA professes to have a hand-picked class of chiros or none at all. A new law has been enacted which requires licensures to have had a four-year high school course and be graduates of a three-year school of chiro with terms of nine months. The law was opposed by the chiros. Governor Stewart signed the bill March 19th.

Was This Automatic Rib Adjustment?

[From the Newark (N. J.) News.]

ATLANTA, GA., January 9. (A. P.)—Private Rickenbacker of Orangeburg, S. C., who was made practically dumb from a shell explosion on the battlefield in France, regained his speech yesterday during a wrestling match at Camp Gordon. His opponent got a tight grip around Rickenbacker's chest and the latter cried out in pain. His friends said last night he has been talking naturally since that time.



SOUTHWESTERN OSTEOPATHIC SANITARIUM
BLACKWELL, OKLA.

The only institution in the world that we know where all surgical cases get post operative Osteopathic treatment by graduate osteopathic physicians.

SOUTHWESTERN OSTEOPATHIC SANITARIUM
BLACKWELL, OKLA.

Dr. Geo. J. Conley, Chief Surgeon; Dr. L. S. Larimore, Eye, Ear, Nose and Throat and X-Radiance; Dr. H. C. Wallace, Surgery, Orthopedics and Diagnosis; Dr. C. D. Ball, Obstetrician; Dr. S. T. Anderson, Staff Physician; Dr. W. W. Palmer, Staff Physician; Dr. M. M. Eastlack, Staff Physician; Miss Nannie Williams, R. N. Superintendent.

Training School for Nurses. Pupils Wanted.

“Osteopathic Health”
Office Assortment Number X.

10 copies each of 10 different numbers
of “Osteopathic Health.” 100 copies in all.

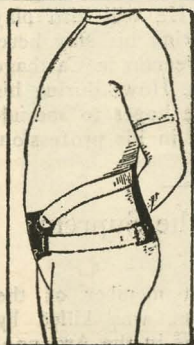
Price \$2.75

No Envelopes and No Imprint.

This assortment is made up of the finest standard field literature obtainable. It is just the thing to put in your waiting room.

When you order these magazines be sure to specify “Office Assortment Number X.” Otherwise we cannot guarantee to give you the advantage of the very low price offered.

The OP Co. 9 S. Clinton St. Chicago, Ill.



The Most Prominent Osteopaths Write Us

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

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

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

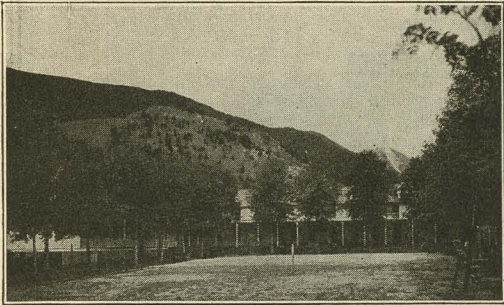
WEAK FOOT, FLAT FOOT, BURSITIS, NEURITIS, HAY FEVER

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

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

Chico Hot Springs

Sanitarium and Hospital



Located in the heart of the Rocky Mountains at an elevation of 5000 feet. Open the year around.

The Mineral Water baths and drinking is second to none for Rheumatism, Skin Diseases, Gastro-intestinal and kidney troubles.

Hospital is completely equipped with Laboratories X-Ray and operating facilities.

Special attention to surgical cases.

G. A. Townsend, D. O., M. D.
Surgeon-in-Chief
Emigrant, Montana, Post Office

Osteopathy and Optometry

Have you thought of this as a profitable combination?

Have you observed the need among your patients of an intelligent and competent correction of the errors of vision?

Can you give them this service?

Are you willing to put in a few hours preparing yourself to perform this service for your patients, and the many who need that service but do not think that they need you, NOW?

Our Home-Study Course fully qualifies you for the most exacting work in the Science of Refraction and the Fitting of Glasses.

Ask for our literature and special offer—today

American School of Optometry
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The Perfect Sight Restorer

Dr. Cole's



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

Write for descriptive literature.

PRICE \$5.00

PERFECT SIGHT CO.

Dubuque, Iowa

OSTEOPATHS in WAR SERVICE

Dr. Waldo S. Howe, Who Had Both Feet Shot Off at St. Mihiel, Is Home

[From the Syracuse (N. Y.) Post-Standard]

CARTHAGE, N. Y., April 26.—Corporal Waldo Howe is stationed at General Hospital No. 3, New Jersey, having been transferred from the Grand Central Hospital, New York City, where he was placed after his arrival from overseas.

Corporal Howe is the son of Superintendent of Schools and Mrs. Sherman L. Howe, is 24 years old, a graduate of Carthage High School, Colgate University and the American School of Osteopathy at Kirksville, and the possessor of unusual talent as a violinist.

Dr. Howe left Carthage with a draft contingent April 30, 1918, for Camp Dix, New Jersey, was assigned to Company C, 311th Infantry, and sailed for overseas May 20. After arriving there he was sent to northern France, and then to the Argonne Forest. In the battle of the St. Mihiel sector he suffered the loss of both feet from a German shell. He was unconscious for a short period, and when he recovered he discovered his feet lying on the ground near him.

If he had been unconscious for any length of time he would have died from the wounds, but on his recovering consciousness he took the strap he was wearing and also one from his comrade near him and strapped the wounded legs.

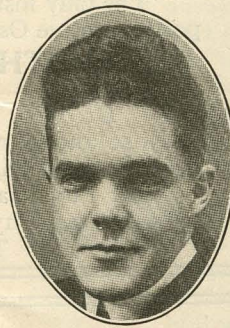
He also received a shell wound in the thighs which made an operation necessary. He was operated upon in October and in four weeks' time was discharged from the hospital overseas.

He is now fitted with temporary artificial feet, which he uses with wonderful dexterity, altho they have no ankle joints, as the permanent pair will have. He can walk fairly well with the aid of a cane. Aside from his feet he is in perfect health and maintains remarkable cheerfulness.

While abroad his violin was laid aside, but since his return he has taken up his music again. While here he has played in Dr. Metzger's orchestra Monday evening. He will also play in several other functions during his stay here. Dr. Howe and his wife will remain in Carthage as the guests of Mr. and Mrs. Howe during his thirty-day furlough. Later he hopes to specialize in some line of the work in his profession, osteopathy.

Dr. DeLario Made the Supreme Sacrifice

Dr. Charles E. DeLario, a member of the Texas Osteopathic Association, was killed by shell fire during the great drive in the Argonne-Verdun sector in France, November 2, 1918.



Dr. Waldo S. Howe of Carthage, N. J.

Dr. Ralph E. Utley, Oak Park, Ill., Back from Service

DR. RALPH E. UTLEY, of Oak Park, Ill., has returned to active practice after being in the service of Uncle Sam. He was with the Medical Corps as First Lieutenant, stationed at Camp Funston, Texas. During the latter part of his service he was promoted to the position of Commanding Surgeon of the Medical Unit, 6th Regiment, 14th D. B. The work of this unit was largely in the treating of venereal diseases. Dr. Utley was not permitted to make use of his osteopathic knowledge or treatments and says there was really very little opportunity for him to have done so, even if he were allowed to use his discretion, as he was kept busy all the time on special work. Many of his observations and experiences were interesting and he may write something for publication in *The OP*. Dr. Utley has resumed practice in Oak Park, one of Chicago's best known suburbs, at 160 S. Oak Park avenue.

HEART to HEART TALKS from the FIELD

THE April *OP* at hand and contents devoured like a piece of pie by a hungry boy. I have to chronicle 41 cases of "flu" without an accident. Am sorry for Dr. Blank of good old Missouri, that he is too busy in his office to go out and give relief to the suffering and to save the dying. Too bad! Too bad!

Am enclosing a few lines I received from a grateful patient whose family, seven in all, were brought thru nicely by osteopathy while under medicine they had been growing worse. I feel that the poem is worthy a nice reading because it shows how grateful people are for the thing that gets results—gives health.

The word "beautiful" is used as an equivalent for "The Useful" hands of the osteopath.

Yours for the better way,

—P. D. Holloway, D. O., Memphis, Mo., April 14th.

A Tribute to Osteopathy

The following poem was received by Dr. P. D. Holloway, of Memphis, Mo., from one of his patients in whose family he had successfully taken seven (the entire family) thru the "flu."

OSTEOPATHIC HANDS (Beautiful—The Useful)

Beautiful hands are they that do
Work that is noble, good and true;
Applying this wonderful, healing art;
Beautiful hands now play their part.
Recognized by the strongest minds
As a precious gift to all mankind;
Mortality reduced by more than half
By the skillful hands of an Osteopath.

Beautiful hands so smooth and white,
With touch so firm and yet so light.
How tenderly they can express
Sympathy for one distressed;
Cooling hands on a burning brow
Reducing fever so low—now
Removing every ache and pain
Restoring health and strength again.

Beautiful hands so strong and brave,
Curing ills none else can save!
May Osteopathy have full sway
For 'tis by far the better way.
Simple words convey but half
My gratitude to an Osteopath.
Beautiful hands! life's golden staff!
Healing hands of an Osteopath.

—A Patient.

WHERE THEY GET IT OFF THEIR CHESTS

Dr. Alexander Smith Gives His Side of the "Law of Joints" Affair

REFERRING to my letter in your issue of December, Dr. J. V. McManis (February issue), in rude and blustering fashion, entertains himself with abusive language, questions my veracity and makes statements which I regret to say have no foundation in fact.

Leaving out of the question the possibility of a lapse of memory on Dr. McManis' part, the following may account for his indulgence in such language. It will not, however, justify its use.

On one of the many occasions on which I visited the book store of Mr. J. F. Janisch of Kirksville, to whom I owe my introduction to Dr. McManis, I discussed with the latter in September, 1913, the following statement printed on the cover of a pamphlet advertising the "Twentieth Century Treating Table."

(A) "The mobility and activity of a spinal joint determines the sufficiency of the blood supply to the joint and segment of spinal cord in relation thereto."

I pointed out a want of accuracy in the use of terms, such as "mobility," "activity," a looseness of application of the word "sufficiency," and held that the statement was not clear and definite. After some discussion Dr. McManis fired the parting shot, "Well, you make one." The next day I handed to Mr. Janisch, his partner, who was present at the discussion of the day before, the following statement, requesting him to hand it to Dr. McManis:

(B) "In the degree that the flexibility of a joint falls below normal, so will the blood supply to that joint and adjacent tissues be diminished."

This statement appeared in 1915 on the cover of a McManis Co.'s pamphlet with the following words added, "and activity," ("including spinal joints"), ("including the segments of spinal cord in relation") and the word "diminished" altered to "impaired."

Writing from Chicago I expressed my opinion on these alterations to Mr. Janisch, the manager of the McManis Table Co., and later received a letter from Dr. McManis, dated—Dayton, Ohio, May 7, 1915, reading:

"Dear Doctor Smith: Mr. Janisch sent me the letter you wrote him on April 21. I have read it with no little interest. I see that you have been somewhat aroused by the changes we have made in the law of joints. If I could talk with you perhaps I could explain better why these changes were made. The word 'impaired' is much better than the word 'diminished' for the following reason: When the joints of the spine become rigid there is not always a decrease in the amount of blood. . . ."

Referring to the use of the word "activity" in addition to "flexibility," Dr. McManis says:

"Our reason is this: the word flexibility does not convey any idea of functional use of the joint; it merely states a fact that the joint is limber enough to permit of function, provided the occasion should arise for it to function. It is just as essential and really more so that the joint perform its function as it is that it be capable of function."

Surely the Doctor's thinking cap was awry when he wrote this. In the face of such fallacious reasoning further discussion was useless. It might be asked how long would a joint be capable of function if it did not perform its function?

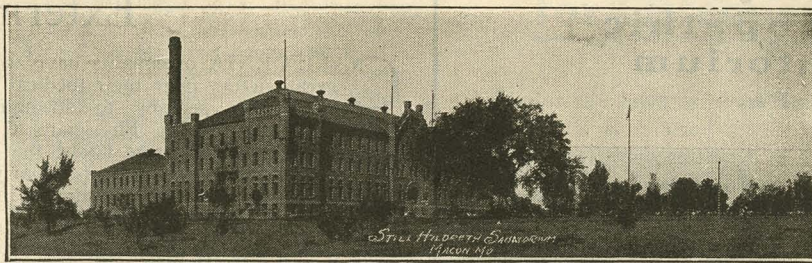
Coming back to page 13 of your February issue, the statement which I criticized, or as Dr. McManis puts it, "went after rough shod and tore it all to pieces," was statement (A), and that criticism prompted his challenge which I accepted and wrote statement (B), later to be baptized "Law of Joints."

I am curious to know something of that other "law worded differently," which Dr. McManis says he didn't like. I have no knowledge of it. Has the Doctor?

On November 12, 1917, I wrote to Mr. Janisch as follows:

"Many thanks for yours of October 26, with information on the McManis table. . . . You enclosed a copy of the beautifully printed 'Law of Joints' which I have seen before. The thing I can't understand is that J. V. McManis should claim its authorship. Nothing Dr. Mc-

(Continued to page 26)



STILL-HILDRETH OSTEOPATHIC SANATORIUM

MACON, MISSOURI

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

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

Write for Information

Final Wind-Up Sale of Millard Charts

We have made arrangements with Dr. Millard whereby we can sell the few remaining charts of the first edition at the extremely low price of \$1.50 each.

When these few charts are gone, it is doubtful how soon you will ever be able to buy another. No date has been set for the publishing of any future edition.

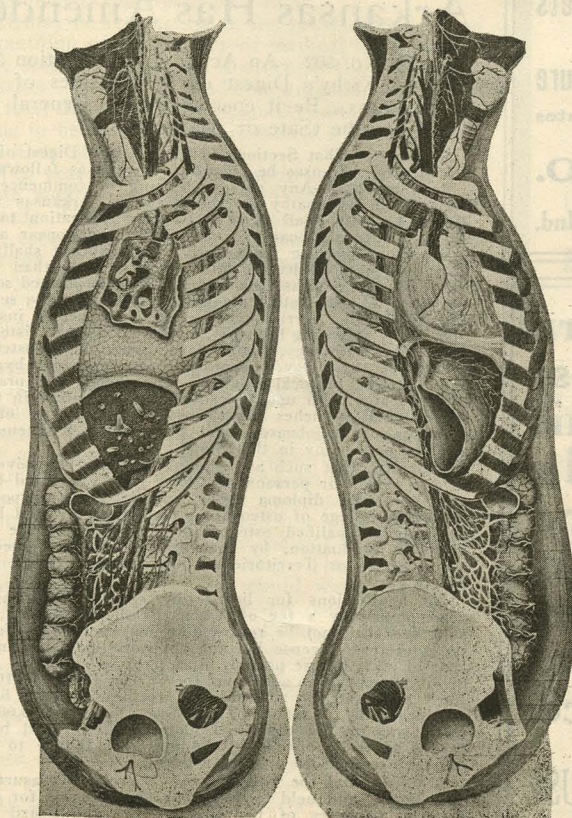
The Millard chart is a 3-color duo-anatomical chart showing spinal and sympathetic nerves. The size is 22 inches by 27 inches. There

are fifty-seven references with indication lines leading to and clearing showing the part named.

Many osteopathic physicians have testified to the merits of the Millard chart. Among those who have spoken highly of it are: Dr. George Laughlin, of Kirksville; Dr. C. J. Muttart, of Philadelphia, and Dr. C. B. Atzen, of Omaha.

A word to the wise is sufficient. Send us your check for \$1.50 today and we will send you one of these beautiful 3-color Millard charts.

THE OP
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CHICAGO, ILL.



Pennsylvania Osteopathic Sanatorium

York, Pa.



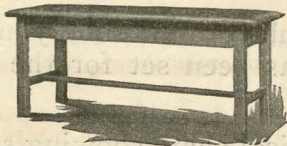
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California Defeats the Medical Plot to Exterminate Osteopathy

CALIFORNIA osteopaths have won another great victory over their medical oppressors who were seeking to strangle-hold the College of Osteopathic Physicians & Surgeons through rules of the state board that amounted to unfair competition and were clearly designed to eliminate osteopathic competition in the healing art by closing up its college.

The osteopath, as recounted in our last issue, went into the legislature with four bills seeking relief, the texts of which we have published in full. A grand battle was staged between osteopathy and allopathy and osteopathy won.

Three of the four bills passed both chambers, viz.: Bills 844, 402 and 933. Assembly bill strikes out the words "Approved by the Board" from the present law, thereby making it impossible for the Board of Medical Examiners to close every college in this state excepting those teaching regular medicine. Unless this bill were passed the Board would have the power to establish one system of medicine in that state or virtually create a medical monopoly or medical trust.

No wonder the medics were licked on such a barefaced piece of effrontery. This bill was amended in the committee on medical and dental law as follows before passage:

Sec. 10½. The board must approve every school which shall comply with the requirements of section ten of this act and must admit to the examination every applicant who shall comply with the requirements of sections nine and ten of this act. Nothing in this act shall prohibit the board from considering the quality of the course of instruction outlined in section 10 hereof. If any school should be disapproved by the board or any applicant for examination rejected by it, then such school so disapproved or such applicant so rejected may commence an action in the superior court against said board to compel the board to approve such school or to admit such applicant to examination or for any other appropriate relief. In any such action, the court shall have full power to investigate and decide all facts anew without regard to any previous determination of the board thereon. Such action shall be speedily determined by said court and shall take precedence over all matters pending therein save and except criminal cases, application for injunction

or other matters to which special precedence may be given by law.

Assembly Bill No. 402 provides for the practice of interns in state, county and municipal hospitals and qualified students in medical teaching institutions, under the direction of licensed physicians. This has not previously been provided for by law.

Assembly Bill No. 933.—This bill corrects an injustice to the osteopaths of this state, which the legislature intended should be done in previous amendments. Representatives of other systems have not been required to take additional examinations when standards have been advanced. We are asking for the same treatment as has been accorded others.

Governor William D. Stephens is expected to sign these bills making them law.

It appears that the fourth assembly did not pass. It was, viz.:

Assembly Bill No. 932.—The allopaths, homeopaths and eclectics each are now given an examination in their own system of practice. The osteopaths have so far been compelled to take an examination in one of the other three systems. This bill provided that osteopathic graduates shall be given an examination in their own system of practice, and not in some other system, or that all applicants of all systems shall be given the same examination in therapeutic measures common to all schools.

"This is a great osteopathic victory," writes our Los Angeles staff representative, Dr. C. B. Rowlingson, "and is due largely to the tireless efforts of the president of the California Association, Dr. Charles H. Spencer. Praise is also due to Dr. George F. Whitehouse, Dr. W. W. Vanderburgh, Dr. Henry F. Miles and Dr. Norman F. Sprague."

We congratulate the west coast profession on their near victory and hope the governor "comes through clean."

Arkansas Has Amended Its Osteopathic Law Viz:

ACT No. 502. An Act to amend Section 5253 of Kirby's Digest of the Statutes of Arkansas. Be it enacted by the General Assembly of the State of Arkansas:

Section 1. That Section 5253 of Kirby's Digest of the Statutes of Arkansas be amended to read as follows:

Section 5253.—Any person desiring to commence the practice of osteopathy in the State of Arkansas after March 1, 1919, shall make a written application to the secretary of said board for a license, and appear at its first regular meeting thereafter. The applicant shall furnish evidence of having attended not less than four years of eight months each at a legally incorporated school or college of osteopathy, recognized as a reputable school, and wherein the curriculum of study shall include instruction in the following branches, to-wit: Anatomy, histology, physiology, pathology, bacteriology, gynecology, obstetrics, chemistry, toxicology, symptomatology, surgery, hygiene and dietetics, physical diagnosis, and theory and practice of osteopathy, and upon passing an examination in these fundamental branches satisfactory to a majority of the members of the board, shall be granted a license to practice osteopathy in this State.

Provided, that such an examination may be waived as to any person or persons who have duly graduated from, and hold the diploma from any legally incorporated school or college of osteopathy, recognized by said board as being a qualified osteopathic institution at the time of their graduation, by recognizing licenses issued by other States or Territories of equal standards as those herein stated.

All applications for license by examination shall be accompanied by a fee of Twenty Dollars (\$20.00), and such fee shall not be returned in the event of a failure to receive a license but the applicant may, within one year of such failure present himself to be examined again upon payment of an additional fee of Ten Dollars (\$10.00). Each applicant for a license by reciprocity shall be accompanied by a fee of Thirty-five Dollars (\$35.00) of which amount Twenty-five Dollars (\$25.00) shall be returned to the applicant in the event of failure to meet the requirements to procure a license.

All fees shall be paid to the Secretary-Treasurer of said Board, and held by him as a special fund for meeting the expenses of the Board, but said Board shall create no expense exceeding the sum received from time to time as fees and fines.

Section 2. That all laws and parts of laws in conflict with this Act are hereby repealed and that this Act take effect from and after its passage.—Approved March 28, 1919.

Dr. Charles A. Champlin writes, "We will now as soon as possible arrange with other states for reciprocal relations."

Osteopaths Annex Victory

[Los Angeles (Cal.) Express, April 17]

THE osteopaths finally won out, the assembly passing Merriam's bill providing for new state licenses to those of that form of therapy who were granted license between 1907 and 1913, which, by a recent court decision, were revoked. The fight against the bill was very bitter, the opponents claiming that it was an attempt to have undereducated practitioners of osteopathy put on a regular footing with medical practitioners. Here is the way one Senator expressed his view:

"Whether it is osteopath, homeopath, allopath, or some other path, speaking by and large, the various paths lead to the same place in the end. And, say, what difference does it make whether the osteopath, who is kneading your spine or rending other parts of your anatomy knows a transitive verb from a personal pronoun? What in Samuel Geewhittaker Hill difference does it make whether he can spell what you've got if he can only cure it? The sick party doesn't care a shout in sheol about how many scholastic medals adorn his chest."

Special Information for Osteopaths


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

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

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

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

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Best folding tables on market \$7.00.
Our "S. S." tables, something NEW.
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Dr. Fryette's Position Re Independent Boards

[From the Florida Osteopath]

PERSONALLY, I like either law that you have proposed. The one under the Composite Board or the one suggested by Dr. Howell where he puts in the clause to "practice osteopathy as taught in legally recognized colleges of osteopathy." I want to make myself clear on the Independent Board proposition. I favor Independent Boards when they can be had. However, I do not feel that we should feature the Independent Board idea at the expense of complete recognition. If you can get complete recognition in Florida and retain your independent board, I think it would be wise to do it, and I am quite sure that our recognized colleges of osteopathy teach everything today that an osteopath cares to practice. I am glad that you are making every one who practices the healing art have a four-year high school education and a four-year professional education. This will cut out our imitators.***

Inside Facts About That Washington Law

By Levi Kelsey Cramb, D. O., Yakima, Wash.

EDITOR OP: Your February issue contained a synopsis of the new Osteopathic Law which was recently passed by the legislature of Washington state. This is probably as good a single board law as there is in the country, yet the circumstances that led up to this new legislation are not such as ought to make the profession of this state feel very proud. At the same time that this bill was passed, three other bills were passed—the medical law was amended doing away with the composite features and raising the standards; a bill creating a board of chiropractor examiners was passed, and one creating a board of drugless healers. We now have in this state instead of one strong composite board, four boards, and the thing which concerns the profession is the fact that this was the work of the medical profession—organized medicine got what it wanted, and not only that, the chiro and drugless got just about what they wanted, and the osteopathic profession got what the medical profession was willing to give them.

It may be interesting to the profession to know something of the history of medical legislation in this state, especially as it concerns the entire profession. Organized medicine adopted new tactics in their fight against osteopathy, and I have reasons to believe these same tactics will be adopted in other states.

Ten years ago the osteopathic profession of this state wanted recognition and wanted a separate board. The medical profession opposed, as usual, any recognition, but the composite board law was the result. The law passed then has been in force ten years and has worked admirably. The board was composed of seven regular physicians and two osteopaths. All applicants were examined in ten subjects and no questions were asked on therapeutics. Practitioners of any school of medicine could take the examination, if passed, would be licensed to practice. Chiropractors and drugless healers had the same rights under this law as osteopaths. If they could have passed the examination they would have been licensed. Their plea that the examination was medical and discriminated against them was not well taken—the trouble with them was they did not have sufficient education to pass any fair test. The medical profession had thought they could weed out osteopaths as they thought very few osteopaths would be able to pass the examination. But during the ten years that this law has been in force a larger percentage of osteopaths have passed than medical men. This law gave the osteopaths a better standing, they were able to tell those who questioned their standing and training that they had taken the same examination, question for question, as the medical men, and had been licensed by a board composed largely of regular physi-

Resolution Adopted by the Maryland State Board of Education, April 20, 1919

NO school, college or institution shall be established, maintained or operated in the State of Maryland to grant professional degrees in osteopathy, or chiropractic, or mechano-therapy or under any name or term teaching what is defined in Section 300 of Article 43 of the Code of the Public General Laws of Maryland (Chap. 786, Section 11, of the Laws of Maryland, 1914), as constituting the practice of osteopathy, unless:

(1) Such school maintains as its entrance requirements the completion of a standard four-year high school course, approved by the State Department of Education, and

(2) Maintains a four-years' course of study, with not less than eight months in each year, with ten months intervening between the beginning of one course and the beginning of the other, the course to require personal attendance and instruction, and to include adequate instruction in all the fundamental sciences that go to make up an adequate medical education, the course to be submitted to the State Department of Education for approval;

Nor shall any college, school or institution teach any portion of what is considered osteopathic treatment under any name or term, unless the said school, college or institution shall meet the above-named conditions.

The foregoing which was passed April 20, 1919, I thought would be of some news value, and I am wondering what the chiro will say when we spring it on him.—Fraternally, Dr. R. R. Keiningham, D. O., Secretary, State Board of Osteopathic Engineers, Baltimore.

Nebraska Has New Law

THE law you published in the last issue of THE OP was passed and signed by the Governor as published. I think Nebraska now has the most up-to-date law in the country. Many thanks for the space you gave to our problems here in Nebraska.—Fraternally, C. B. Atzen, D. O., Secretary, Committee, Omaha, Nebraska.

Philadelphia Physicians Object to New Osteopathic Bill

[From the Philadelphia Press, April 20]

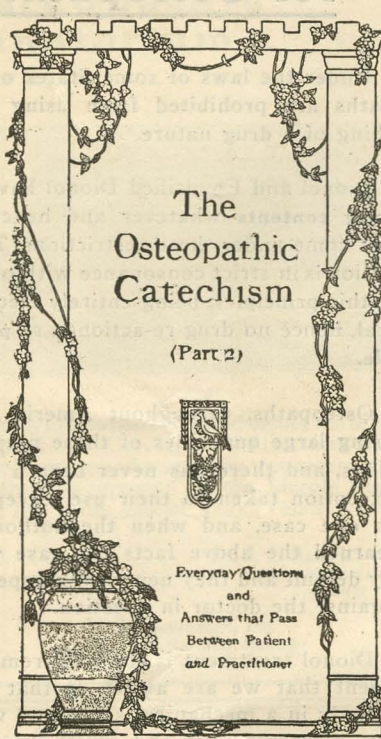
A RESOLUTION protesting against the passage of House Bill No. 510, which proposed amendments to the law regarding the practice of osteopathy in this State was passed yesterday by the Committee on Public Policy and Legislation of the Philadelphia Medical Society, whose membership is composed of graduates of the regular and homeopathic medical schools. The bill is called "pernicious" as it would permit persons with only a High School education to enter an osteopathic school, "attend only four sessions, pass an examination before a friendly board, and thus become empowered to practice medicine in all its phases and to administer drugs, etc."

The resolution says that the high standard of the medical profession must at all times be maintained, and that practitioners have in hand the lives and health of those committed to their care, and that the highest degree of skill and intelligence should be exacted from them. This bill, however, the resolution says, will open the door to all kinds of vicious practices and is a step backward in the medical profession.



It seems to us that the proper answer to this hypocrisy would be for the Philadelphia osteopathic society to print prominently in all local newspapers the death statistics of the Philadelphia M. D.'s, in comparison with the Philadelphia D. O.'s, during the flu-pneumonia epidemic. Put the brazen medic on the defensive everywhere. He has too long enjoyed the advantage of being aggressor in the fight.

No. 23



**The
Osteopathic
Catechism**

(Part 2)

Everyday Questions
and
Answers that Pass
Between Patient
and Practitioner

Part II.

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.

It is all that you could expect to get for twice the price, and it is only

\$2.00 a year in U. S., \$2.15 in Canada and \$2.25 foreign.

Journal of Osteopathy
KIRKSVILLE, MISSOURI

OSTEOPATHY IN THE GROUP OF SO-CALLED RHEUMATIC DISEASES

Another of the wonderful Lane issues discussing many forms of so-called "rheumatic" troubles.

PRICE \$4.00 A HUNDRED

cians; and they were able to say that osteopaths had made a better showing before the examining board than had regular physicians.

The medical profession heretofore has stood with the osteopaths in opposing any recognition of drugless healers. Four years ago at the session of the legislature the medical profession opposed the drugless healers' bill. But shortly after that they changed their tactics completely. It suddenly dawned upon the medical profession that the composite board gave the osteopathic profession of the state an equal standing with them; and further, they discovered that chiropractors and drugless healers were osteopathic imitators and brought disrepute to osteopathy. So, at the session of the legislature two years ago, they joined forces with these irregular practitioners, agreeing to support them if they would help the medical men get what they wanted. The medical lobby raised the plea that they wanted "to raise the standards," yet they joined forces with the uneducated drugless healers. What they really wanted was to restrict the number of medical physicians coming into the state so there would not be too much medical competition; and, further, to discredit osteopathy by allowing imitation osteopaths to practice. The chiropractors and drugless healers could not have passed their bills without medical assistance.

At the session of the legislature two years ago the osteopathic legislative committee prepared an amendment to the medical law which would, if passed in its original form, have given to every osteopathic physician in the state the right to practice surgery and the right to the use of the title, "Osteopathic Physician and Surgeon." Personally I opposed this as I felt it would be lowering the standard, as only about one osteopath in twenty was competent to practice surgery, and by a ruling of the medical board graduates of the Los Angeles school could secure a license to practice medicine and surgery as that school gives a complete course. The osteopaths then weakened their cause by asking for what they did not deserve. It is true they afterwards modified their amendment by requiring an examination in surgery. But their amendment was lost.

I might explain here parenthetically that one reason the osteopathic legislative committee asked for the right to practice surgery was because by a ruling of the supreme court our practice was somewhat restricted—we could not even use minor surgical methods and were probably restricted in other ways. Another reason was that a few

osteopaths with very little training aspired to be surgeons.

I suggested to the legislative committee that we favor an amendment to the medical law giving osteopaths the same rights and privileges as practitioners of medicine and that there be a separate license to practice surgery with the requirements the same for medical and osteopathic practitioners. A number of osteopaths favored this, and I had talked this over with several regular physicians and they favored it, especially the surgeons. The committee replied to me that the medical lobby would fight such a proposal. I realized this, but knew that enough medical doctors would favor it to create a division among the medical men, and it would have put us in a much better light.

The result was that at the close of the session two years ago the osteopathic legislative committee recognized that the other bills would pass and unless something was done the osteopathic profession would be without recognition. The separate board bill was hastily drawn and all four bills were passed by the legislature—the strictly medical bill, the chiropractic bill, the drugless healer bill and the osteopathic bill. Governor Lister vetoed all four bills. One of the prominent surgeons in the state was opposed to the medical program and used his influence with the governor to get him to veto all the bills. I wrote a letter to the governor giving the facts in the case and advocating that he veto all four bills, which I have reason to believe, from his reply, had some influence. According to the constitution in this state, a bill vetoed by the governor at the close of a legislative session becomes the first order of business at the next session. Accordingly these four bills came up at the beginning of the present legislature and were passed over the governor's veto.

This is where our legislative committee fell down again—either they overlooked the fact that these bills would come up again, or else assumed that they would fail to pass over the governor's veto. But the medical lobby was not asleep. And the uneducated drugless healers are always on the job.

It remains to be seen how the new law will work out. Much depends upon the osteopathic board. If they lower standards by conducting easy examinations the standing of the profession in the state will be lowered.

March 12, 1919.

Registering Osteopaths as Physicians and Surgeons

[From the Amer. Med. Ass'n. Journal, Apr. 19]

AS shown elsewhere this week, the licensing boards of three states not only have admitted graduates of osteopathic colleges to the examinations for physicians and surgeons, but also have licensed a decidedly generous proportion of them. It is interesting to note that in these three states osteopaths have been appointed as members of the medical licensing boards, California and Texas each having two such members and Colorado one. There is no objection to admitting osteopaths to the physicians' and surgeons' examination if the test of their qualifications is fully equal to that for physicians and surgeons. But such is not the case. While they may be examined, they are not required to be graduates of any medical school, much less one that is recognized. Neither is the examination of such character as to test their knowledge of and ability to use scientific methods of diagnosis, much less of the prevention and treatment of disease. It is well known that osteopathic colleges do not enforce as high requirements for admission, nor possess as well equipped laboratories, nor have teachers as efficiently trained in scientific medicine as even Class C medical schools, much less those in Classes B and A. As a matter of fact, two of the states, Colorado and Texas, refuse to

recognize Class C medical schools, but do admit graduates of osteopathic schools to the examination for physicians. To ascertain the competence of such candidates to practice as physicians, the duplex method of licensure referred to in the preceding comment should be adhered to. If osteopaths wish to limit themselves to their peculiar and restrictive form of treatment, let them appear before the public in their true light; if they want to appear before the public as physicians and surgeons and to assume all the responsibilities as such, let them be measured by the same standards and submit to the same tests.

Those Eleven Medical "Victories"

DO you know them? There are three drug cures, one serum cure, three vaccine cures and four vaccine or serum preventives (more or less "cures" and "preventives," you understand) which research science accredits to modern medicine. That really covers less than five per cent of all the field of disease. What about the remaining ninety-five per cent of ills for which there is nothing rational whatever to take? Osteopathy is the answer in the June issue of *Osteopathic Health*. It is worth reading and circulating.

Medics Try to Pin a \$20,000 Damage Suit on Washington Osteopath

[From the Washington Ost. Assn. Bulletin]

AFTER a five days' trial of a damage suit for \$20,000 against Dr. H. F. Morse of Wenatchee, Washington, the jury returned a verdict in favor of Dr. Morse.

Three allopaths, Drs. Congdon, Blake and Grosvenor, testified against Dr. Morse and Drs. Caster of Spokane and Waldo of Seattle, testified as experts in his favor. The allopaths stated that the proper treatment of the injury, a bilateral dislocation of the sixth cervical vertebra, was by immediate reduction under an anaesthetic or by traction with a Sayres collar.

Dr. Morse stated that the patient, who was 68 years of age and had a weak heart, could not have stood the anaesthetic and the shock of an immediate reduction and that the treatment ad-

ministered gave the best possible results under the existing conditions. Drs. Caster and Waldo agreed with these contentions.

Dr. Morse put in a counter claim for \$169.00 for his services. Nine members of the jury favored a verdict for this amount but could not get the other three to agree. One jurymen contended for \$5,000 damages and stated that the osteopaths ought to be put out of business. After standing out for 15 hours for the \$169.00 verdict, the nine jurors compromised and a verdict for \$1.00 in favor of Dr. Morse was brought in.

The instructions of the judge to the jury are of interest to all osteopathic physicians and will be given in future issues of the Bulletin as space permits.

Chicago Arena's Ice Skating Carnival Benefit for Chicago Osteopathic Hospital

By Le Roi Coombs

ALARGE attendance crowded the Chicago Arena, the ice skating rink, on the evening of May 1st at the Dancing and Ice Carnival. It was given for the benefit of the Chicago Osteopathic Hospital and is the only occasion when the Arena management has ever considered an outside function of any kind.

The Chicago Osteopathic Hospital received one-half of the gate receipts above the first five hundred. Notwithstanding the very rainy night, about one thousand people were present. There was a considerably greater number who bought tickets.

The elaborate poster, copies of which were profusely distributed thruout the city to the number of a thousand, was drawn gratuitously by Roy Best, the well known commercial artist of Chicago.

Several special attractions at the rink and on the dance floor were a part of the evening's program. The May Pole dance on ice skates was given, free of charge, by a dozen little girls prettily dressed in white dresses with colored sashes. The difficult figures they gave were very gracefully performed. They were all students of June Rogers who, with Jack Davis—both professional American exhibition skaters of considerable note—gave very wonderful demonstrations of their skill. This was also donated. There were also other specialties given on the ice.

The friends on both the rink and dance floor were thrilled with the beautiful singing donated by Gladys Leigh, the much loved opera singer

from Toledo. The fancy dancer, Minnette Bachman, rapidly becoming very popular on account of her beautiful dancing, donated her art with several very pretty dances.

These special numbers were all given free of charge out of gratitude to osteopathic treatment given them by Dr. Maude B. Sands.

For the purpose of further enlightening the public regarding the big services being rendered by osteopathy in advance of the old schools of medicine, 500 Chicago Osteopathic Hospital year books and about 3,000 folders were distributed among those present. Practically none of these were left in the building after the crowd had departed.

This benefit has given the Chicago Osteopathic Hospital one more opportunity of bringing before the public the progress which their institution is making and the work which we, as a profession, are doing. From an advertising standpoint the entertainment will prove to be of advantage to Osteopathy and no one can criticize it from the standpoint of ethics.

These indirect methods of bringing osteopathy into the public light we consider highly effective and to be encouraged. Even the daily papers dared to take a chance by mentioning the event in their amusement columns. The profession should be very thankful to Dr. Maude B. Sands of Wilmette and Dr. James Fraser of Evanston for arranging the details of this benefit for the Chicago Osteopathic Hospital.

Chiropractor Found Not Guilty of Violating California Medical Law

[From the Los Angeles Times, May 1st]

DR. E. BERNARD HUBLEY, a chiropractor, was found not guilty by a jury in Police Judge Chambers' court yesterday afternoon. He had been charged by the State Board of Medical Examiners with having advertised to cure the sick and afflicted without a state license.

The jury, composed of five women and seven men, based their findings upon the ground that chiropractors in this state do not come under the license laws as the latter now stand. The jury also held that Dr. Hubley in his advertisement, did not offer to cure anyone of sickness. The jury rendered its verdict after a two-hour discussion.

In presenting their case to the jury, Attorneys Morris and Jones for the defense, stated that the chiropractors in California have been unable to secure licenses from the State Board of Medical Examiners, even when able to pass examinations. The attorneys also stated that Dr. Hubley, under the charge of advertising to cure the sick and afflicted, was not guilty as he did not advertise to cure any one of anything and confined all treatments to removing abnormal pressure upon the nerves caused by the slipping of the vertebrae from proper position.

Denied Chiro to be healing art.

The Los Angeles Express said of the trial:

No. 22

Facts and Fallacies Regarding Osteopathy



- How People Get Ideas About Osteopathy
- Some Insist It Is What It Is Not
- Osteopathy Not Severe—Osteopathy Not Rough
- Mistaken Fears Prevent Relief
- Some Think Patients Are Treated Nude
- How Patients Dress for Treatment
- Many Believe Osteopathy "Good Only for One Thing"
- What Osteopathy Can Do for Diabetes Mellitus

The Western Osteopath

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Some day you will want to live in the great West. Get acquainted thru this journal.

Contributors in last journal were:

DRS. ATZEN, VAN BRACKLE, BRIGHAM, ASHMORE, BOWLING, FARNHAM, ALLISON, RULE, WHITE, REID, ROBINSON, SPENCER, PENGRA.

Contributors for next issue:

RILEY, FORBES, TASKER, RUDDY, BURNS, SPRAGUE, EMERY, and others.

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C. J. Gaddis, D. O., Editor
First Nat'l Bank Bldg., Oakland, Cal.

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

In his defense Dr. Hubley sought to show that chiropractic uses no drugs or instruments, that it is not a healing system and therefore the practitioner is not required to have a license. Testimony was given to show that chiropractic does not heal disease, but that it was a digital manipulation of the spinal column for the purpose of removing the cause of abnormal conditions.

Dr. Hubley was arrested in February after an agent of the state examining board had answered an advertisement. The case is being prosecuted by H. J. Castellaw, prosecutor for the board of examiners. Dr. Hubley is represented by Thomas Morris, former lieutenant governor of Wisconsin, and Attorney Mattison B. Jones. The attorneys for Dr. Hubley also set up the contention that since 1917 no chiropractor has been able to obtain a license for the reason that the state board refused to recognize diplomas issued by institutions where chiropractic is taught.

The case, considered a test action, has attracted wide attention and hundreds of persons interested in the outcome were unable to gain admission to the courtroom.

Chiropractic

[From the Los Angeles Times Sunday Magazine, April 20]

A BILL to establish a chiropractic board of medical examiners was defeated in the California assembly by a combination of the medical trust and the drug trust. The bill will be placed on the ballot next year, thru an initiative petition, signatures for which have already been obtained. California is behind many eastern states in this respect.

The trial of H. B. Hubley, chiropractor of Los Angeles, arrested for practicing without a license—especially for advertising—comes up on April 29, when interesting revelations are promised, in relation to the intolerable medical situation in California.

Chicago Osteopathic Hospital Entertained on May 3d

CHICAGO OSTEOPATHIC HOSPITAL entertained its friends of the profession and their patients with a social on the evening of May 3d. First a light luncheon was served. Then there was a personally conducted tour of the spacious new institution. That was followed by talks reminiscent of the "Old Doctor" by the following old timers: Drs. Joseph H. Sullivan, James B. Littlejohn, Fred W. Gage, Howard Kretschmar and Roy Bernard. Interspersed was a musical program by Miss Anna Burmeister, Soprano of the Fourth Presbyterian Church, Mr. Arthur Ranous, Baritone of The Episcopal Church of Lake Forest and Miss Marion Lychenheim, Composer-Pianist. A good time was had and much enthusiasm developed for the institution and the future of the profession.

Dr. Roy Bernard

AS apology for my appearance before you tonight in connection with this subject I may be permitted to say I was born at Kirksville, Mo., the old home of Dr. Andrew T. Still, and passed my early life and college days there. I knew well the Old Doctor and was much under his influence. I grew up with his children and for years was their playmate. His early life, his poverty and struggles while as yet he was obscure and unknown, were familiar to me by tradition. The many privations incident to the life of the child of an itinerant preacher of that early day, such as his father, the Reverend Abram Still was, the long trek of the family from Virginia to Missouri, thence to Kansas, the stirring life on an Indian Reservation, the dangerous and turbulent days in Kansas incident to the great struggle

over slavery, all formed a dark back ground against which flamed the genius of this heroic soul.

Like many great men he was peculiar and eccentric in much that he did. He cared little for wealth. He gave to the world a new thing.

The pen of the writer which flings over the page the beautiful imagery of words, the brush and chisel which place before us on canvas and in stone the thoughts of God, the sword whose flash has blinded the eyes of an empire's foes are perhaps wonderful and admirable things. But the hand and brain of one who, like Christ, freed thousands from the rack of pain and suffering, is greater still. The Science of Osteopathy which he founded, far flung above his grave into the blue heaven, will remain, while the world stands, his monument, splendid and unmatched.

Like many other men of genius he was no organizer and was unable to express in concrete terms the gospel which God had intrusted to his hand. For Christ there was needed a St. Paul. For Socrates, a Plato. So at the side of this prophet Providence placed lieutenants, partly of his own family and partly others, who organized his thought and work so that it could be brought into touch with suffering humanity.

So the cunning hand transfers to canvas or marble the message of the Master, to be read, not only by those now living but by millions yet to be.

In particular I wish to make mention of Drs. Arthur Hildreth and Harry Still who, in addition to their work at Kirksville, Mo., have erected at Macon, close by, a monument to Osteopathy which is bringing happiness to thousands of homes over which the dark shadow of insanity had rested, and where, in the Temple of Reason, there stood only an empty throne.

Osteopathy's Need of Hospitals

I have been in hospitals which ranked among the greatest of the world and have listened there to many famous surgeons, clinicians and pathologists and have come to realize that there is an undercurrent that has interfered with the progress of osteopathy and is gradually placing the D. O. at a disadvantage.

Most cities have not an osteopathic hospital and the hospital of the regular school, I am told, ordinarily will not allow an osteopath admission, which fact belittles him in the eyes of the people, making the profession appear as having no right or standing in the great surgical arenas of the world.

Can you imagine any greater humiliation than that which comes from being unable to take your patient to a hospital? What can the family think of you or of your profession? A man without a home must not expect the good will and respect of the people around him who indeed, on the contrary, are inclined to look upon him not only as a waif but as an intruder.

Conditions, however, are different here in Chicago. We have a beautiful hospital and one which, in the future, is destined to become one of the great and famous institutions of America. An institution which gives the public confidence in you. When you have a case from apoplexy to ruptured appendix, you will find men here capable of assisting you, equal to the men found in any hospital of the land.

Every osteopath in Chicago should be associated with this hospital, for it is the hospital as well as the cures which give the profession real standing in any community.

It is only this possession of hospitals of our own, added to a loyal unity in their support, which can break the undercurrent setting so strongly at the present time against us.—Roy Bernard.

Where do you dig for this you are putting into the *Osteopathic Health*? The last number is the best ever. Seems to me you have been thrown into (super)-high. I have been thinking that each succeeding month for twelve years. You certainly are doing yourself proud.—L. A. Howes, D. O., Ord, Valley County, Nebraska.

Keep the OP coming. I can not get along without it. It is a great inspiration to me.—H. E. Sowers, D. O., Sharon, Pa.

"The Sins of the Fathers Shall Be Visited Upon the Children"

GEORGE HOY of Lagrange, Mo., had a piece of bone from the leg of a sheep grafted into his leg on a recent Sunday at the A. T. Still Hospital, Kirksville, by Dr. George A. Still, to bring about the repair of an ununited fracture. Seven weeks before a buck sheep rammied Mr. Hoy over the port bow and broke both bones below the knee of the man's leg. A perfectly innocent kid son of this same old buck—Algernon by name, born on Christmas day, was brought with Mr. Hoy to the American School of Osteopathy Hospital. He was killed in fulfillment of the words of holy writ as above quoted to furnish bone to repair the break. The next day Mr. Hoy helped George A. eat of the hopeless kid's succulent flesh. George A. is to have a pair of ear-muffs made out of the pelt. The operation, by the way, which is the main story, gives every sign of proving wholly successful.

Takes Name of Denver Polyclinic and Post Graduate College

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

WE have secured a special place for holding the post-graduate courses and we have turned it into the Denver Polyclinic and Post-Graduate College. We are equipping everything right up to date and will have the latest and best on everything. It is our intention to fit all of the osteopathic physicians who come and take our courses for the best service to humanity and the best satisfaction in their own practice, saving their back and nerves and keeping them from breaking down, training them in the ideas of personal efficiency.

The next course will begin the second Monday in August, lasting four weeks.

Attorney General of Washington State Sanctions Use of OH With Professional Card

IN the osteopathic law of Washington state recently adopted there is a provision restricting the use of advertising material. There has been some doubt in the minds of a few osteopathic physicians of Washington state as to whether or not this provision stopped them from using *Osteopathic Health* imprinted with professional card. The problem was a self-created one and arose in the minds of those it troubled—not in the mind of state officials.

In a letter from Dr. W. E. Waldo of Seattle, Washington, April 24th, he tells us that the attorney general of Washington state has just ruled that osteopathic physicians can send out any publication of regular serial issue—such as *Osteopathic Health*—with professional card imprinted on the back cover.

This is a very satisfactory ruling and, as Dr. Waldo says, there is now no reason whatever for any osteopathic physician in Washington state to feel in any way disgruntled about this phase of the new law, as far as the medics are concerned. We, of course, do not care what they think about it.

Dr. Smith Talks Law of Joints

(Continued from page 21)

Manis could do would justify this, seeing that he did not write it. While I did, I should never think of wasting time in any endeavor to tag my name to it. I am only sorry that Dr. McManis should have made such a gross mistake."

I shall not refer to Dr. McManis on the level he has chosen in his letter. Nor have I any desire to hurt the feelings of one who has conferred on the profession such a boon as the McManis Table. But the notion that christening a statement, and adding to it a few superfluous words, constitute authorship, is to me incomprehensible.—Alexander Smith, D. O., New York City, New York, March 14th, 1919.

PUBLISHER'S DEPARTMENT

A Survey of the Territory Jusly Medical and Osteopathic

WE osteopaths have ceased to stand on the defensive. We refuse longer to be pushed back into an apologetic position since that immortal showdown between us and the drug profession in the late epidemic. Once we learn to take enough time off from our long-drilled habit of justifying our practice against criticism in order to take time to focus public attention upon the rigid limitations of drug therapy we will make progress much faster into public confidence.

If in answering challenges to our own system we permit our competitors and critics to assume—that they invariably do and what the public assumes for them—that drug medicine is efficient and sufficient at each and every point of testing, we are in a bad way to build up respect for our own system. Osteopathy truly—as good as it is—must look poor and weak in comparison with an ideal therapy of 100 per cent science and 100 per cent efficiency.

But if we only draw aside the veil of illusion and let the people realize the plain truth about the stupendous inefficiency, the rigid, necessary and proven limitations of allopathic practice—in a word, speak in honest percentages about the successes and failures of the traditional school measured against the whole field of disease to be treated, *then nine-tenths of the difficulty of interesting new people in osteopathy is removed!* People then turn naturally, hopefully, sympathetically to us to ask what we can do by our different methods at the innumerable points where drug practice falls down. They *come to us* instead of compelling us to come soliciting them.

In other words, we have allowed the allopaths to measure us against the standard of an ideal therapy and by the dream of a perfectly efficient system of healing, instead of against the black despair of their own failures.

The people, of course, fall for the latent suggestion that the ideal and perfect medicine that conceivably is so far ahead of osteopathy, is synonymous with allopathic medicine. A prestige amounting to a fetish has been built up for the traditional practice through this suggestion that exaggerates its values a hundredfold. Even when M. D.'s are modest and speak honestly of the limitations of their therapy, this very modesty only fans the popular reverence for their practice into a warmer glow; it builds up further confidence as to the all-sufficiency of allopathic healing art.

All this underlying psychology is taken shrewd advantage of by the medics who are schooled from the cradle of their medical schools to their very graves to foster the delusion and presume further upon it and use it as propaganda to entrench themselves deeper in power and domination over the world.

Now is it good business for us osteopaths to try to make our way by arguing that we are able to meet these idealized standards of healing—which is not possible, and which people realize is not possible, *as it applies to us*—or is it better business to turn the searchlight back on allopathic medicine and show that the test imposed for us is not approximated by the medics and that their treatment is in no sense the ideal complete healing that people imagine? To prove, by citing demonstrable truth, that medicine rather is a complete failure in the overwhelming percentage of diseases from which folk suffer?

Can there be any doubt about the answer?

Not a doubt.

The only question is how to go about making the right answer. Not every osteopath can make the right answer verbally when the necessity arises.

The editor of *Osteopathic Health* offers one good and serviceable answer in the June issue now ready for filling orders. It is presented under this title:

"Ninety-five Per Cent of All Diseases Are Beyond the Realm of 'Medical Victories.'"

The subhead is "Why Osteopathy Cures Numberless Ills Where Medicine and Surgery Fail."

That tells in a nutshell a stern fact that people don't know, don't realize, are not told by medical men, and will never be made to realize until osteopaths and other persons equally interested put this truth before the world in such strong simplicity and convincing sincerity as will make all readers understand. The people simply don't know and do not dream that "modern medicine's" victories are absolutely confined to less than a dozen diseases. This editorial in perfectly liberal, fair, impartial speech gives medicine credit for all it may justly claim. It names the *eleven* diseases only that, with more or less success, medical men may justly lay claim to be able to cure in a varying share of cases.

Did you realize that there are only *eleven* diseases that your medical competitors have any scientific warrant for *treating* by drugs and biologic preparations apart from *whether they really succeed in curing them or not?* Can you yourself name that list of eleven diseases which research men of entire impartiality say the medical men have *rational* and hopeful means for treating?

Probably not. Most of us would have to go back to Professor Lane's book—as the editor did—to read up before answering this question.

Now, if we doctors who are so interested in the spread of this light, really keep so poorly posted on net facts, how much less can we expect the general public to have even the vaguest notion of the facts unless we campaign to inform them! We simply can't expect public enlightenment unless we make ourselves the vehicles of enlightenment.

The editor has addressed himself to this task this month and submits to you that he has made an artistic success of his effort. Don't you say so, too? Read and answer. You will get a free sample copy in a day or two.

Let us say in advance that this editorial is not a quarrel with medicine, not a roast, not a denial of anything the medics have any right to claim. Its viewpoint is scientific impartiality. We set down fairly all they may justly claim for internal medicine as accomplished facts. The facts then speak for themselves. Medicine has scored but *eleven* such victories against a thousand and one failures! Do your part to get this message read by the people who represent *your share* of the general public.

Of course, a sharp distinction is made *and must be made* between internal medicine and surgery in this discussion. Surgery is a separate art and a distinct profession. It must not be confused with medical practice, however many drug bunglers there be who are surgical bunglers also.

This editorial narrows the discussion down at the outset to "the art of healing diseases by giving things" and it will shock almost to despair the person who has calmly supposed that the ratio was just reversed, believing that M. D.'s nowadays cure about 1,001 diseases and fail in only a dozen or so of them—diseases that "science has not yet conquered but soon will, of course,"—NOT!

Let the light in.

Do your part.

Use this article generously for the good it will do the public, our profession at large, and your own individual status as a practitioner.

Such Praise Makes Effort Worth While

I WISH every intelligent citizen of this broad land could read your influenza issues of *Osteopathic Health*, for they tell some wholesome truths that will never reach them in any other way. You make it strong, but none too strong, as we who have been through the "flu" siege can testify. *OH's* flu stuff is educational and militant—two things we need.—Charles C. Teall, D. O., Kirksville, Mo.



We are proud of your valuable little paper. Each number is an improvement of former numbers and I am also pleased to learn that my patients and prospective patients are reading *Osteopathic Health* with more fervor and interest than ever before. *Osteopathic Health* is a patient-getter and a patient-educator and a mission journal that brings its users enthusiastic supporters. Look for larger orders this year. The "flu numbers" were all hummers.—Lewis N. Pennock, D. O., and Daisy Pennock, D. O., Amarillo, Texas.



We appreciate your wonderful numbers of *Osteopathic Health* on the influenza situation. We have received more comments from our patients from these issues than from anything you have gotten out in the past.—Van B. Smith, D. O., Lincoln, Nebraska.



Bunting has surely been giving the profession a great service in *Osteopathic Health*. His handling of the "flu" and pneumonia situation is superb. It is a mighty good thing that we have a man who can rise to the occasion and tell the public just what osteopathy can do and is doing and especially what it has done during the late national crisis. The profession—especially the users of *OH*, are indebted to Dr. Bunting for those six consecutive brochures on the "flu" and pneumonia pandemic.—A. G. Walmsley, D. O., Peterborough, Ontario, Canada.



I realize that I have not publically praised *OH* in the past as much as it fairly deserved—unless circulating thousands of copies of it is sufficient recommendation. Your six serial treatises upon influenza and pneumonia, however, deserve special laudation, and all six unquestionably contain the embodiment of the best knowledge and thought that osteopathy has to advance upon these subjects. Even more than this: The correlation of all of this remarkable data with that of our "Washington endeavor," as you have presented it, make several of these number of unprecedented worth to the cause of osteopathy and to the welfare of the profession, and the reward will be just in proportion to the circulation they have been given. This little magazine ought to go into every home in the country.

To judge what the intelligent laity might think of it I gave "The Day of Therapeutic Reckoning" to General A. R. S. — (a 33rd degree Mason, if that means anything by way of endorsement), and, after reading it, he said this to me: "You tell your friend, Dr. Bunting, that I have read with pleasure and profit many of his booklets, but this one makes my blood boil for osteopathy. It is fascinating to read, tells volumes in but a few pages, arouses deepest sympathy for your profession and convinces to the last degree any fair-minded person of the justice and logic of your contention. I would be glad to have a few dozen copies of this statement to hand to some of my non-osteopathic friends."

In addition to my regular monthly supply, then, please send me 100 more copies for use upon my reception room table, with some for the generals' purposes and others for my own special distribution.—O. J. Snyder, D. O., Philadelphia, Pennsylvania.

AMONG OUR OSTEOPATHIC INSTITUTIONS

The Taylor Clinic—Diagnosis Vs. Error

By S. L. Taylor, Surgeon-in-Chief, Des Moines.

THE Taylor Clinic has for its object diagnosis and treatment. No effort is spared to find out why a patient is sick, and when the cause is discovered, the most scientific treatment is applied.

Too many physicians are indifferent as to diagnosis, and it follows also, as to treatment. We desire to help raise the standard of the profession and we feel there is no better way to do it than by issuing these papers. By them we show the actual steps taken in diagnosis and treatment.

1919 SERIES.

Case No. 3280.

Mrs. V., Age 48.
Family History.

Father died of Bright's Disease; mother living and in good health; no children.

Previous History.

Has a history of some menstrual disturbance some years ago and was operated for fibroid uterus. Made an uneventful recovery and seemed to be quite well until about seven years ago when she complained of pain of an indefinite sort in the back and more or less thruout the abdomen. The pains did not come on suddenly but more or less gradually. She went to different physicians at various times and number of diagnoses were made; but strange to say, no one seemed to suspect that the kidneys were involved. The pain later developed more like that of gall stones. It often came on rather suddenly, was very severe and radiated to the back to the right shoulder blade. Gall stones were suspected and a more complete examination ordered. The laboratory and X-Ray findings as reported back are given below.

Physical Examination—

Patient carries good flesh, color good.

Pupils—Reaction to light and accommodation.

Mouth—Clean.

Neck—Normal.

Chest.

Lungs—

Inspection—Symmetrical, expansion good and equal.

Palpitation—Normal.

Percussion—Normal.

Ascultation—Normal.

Heart—Normal.

Abdomen—

Liver—Normal; some tenderness over gall bladder.

Stomach—Negative.

Spleen—Negative.

Kidneys—Right kidney palpable; left kidney negative.

Pelvic—Negative.

Reflexes—Normal.

Spine—Slight lumbar lordosis; no special lesions.

Laboratory Findings—

Urine—Quantity, 1,200 cc. Light yellow with considerable mucin and sediment. Slightly acid in reaction with a specific gravity of 1020.

Albumin—Negative.

Sugar—Negative.

Chlorides, Phosphates and Indican—Normal.

Urea—1.9%. No evidence of blood.

Microscopic Examination—

Few pus cells, coarse, granular.

Casts, negative.

Large epithelial cells from the bladder.

Flat and cuboidal from the ureters.

Urates, of sodium variety, and a few oxylates.

Otherwise negative.

X-Ray Examination.

Radiographic Examination of the Gall Bladder shows an indistinct shadow which cannot be determined.

Radiographic Examination of the Kidneys shows the right kidney somewhat enlarged, a little low and to the right.

Radiographic Examination of the Ureters shows the presence of a large lobulated stone in the right ureter about the level of the second sacral vertebra. Left ureter negative.

Radiographic Examination of the Bladder, negative.

Fluoroscopic Examination of the Bowels. Barium meal given with the patient in the upright position. Lower border of the stomach located two inches below the umbilicus. Stomach freely movable. No tenderness. Pylorus held upward and to the right. Duodenum held adherant in the gall



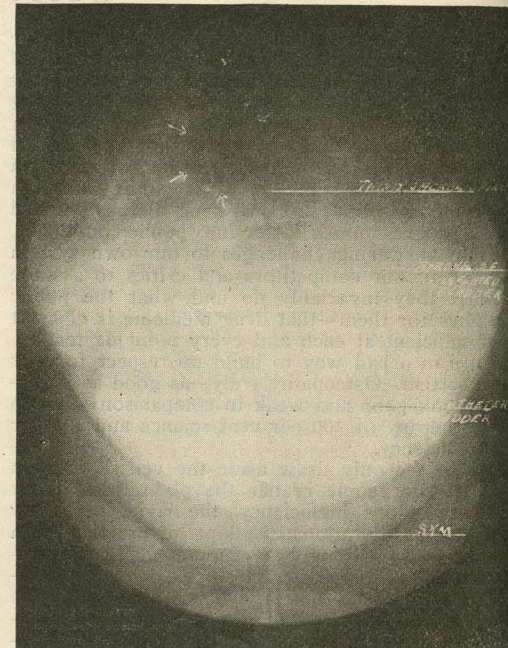
bladder region. Jejunum and Ileum, negative.

Three Hour Fluoroscopic Examination, showed the stomach emptying well. Barium column entering the colon.

Six-Hour Fluoroscopic Examination. Stomach entirely empty. Barium well advanced in the ileum. Column advanced slightly into the transverse colon. Tenderness expressed on palpation over the cecum.

Twenty-Hour Fluoroscopic Examination. Entire colon well filled throughout. Transverse colon very low in the abdomen. Large amount of gas present in the descending colon.

Seventy-two Hours Later. The bladder was distended with air and another plate made showing positively that the stone was located outside the bladder and well above its upper border.



X-Ray Diagnosis: Calculus in the lower portion of the right ureter. (Figs. 1412 & 1413.) Adhesions between the duodenum and the gall bladder.

The laboratory findings made the diagnosis conclusive. The history of this case is an interesting one in that so many doctors had seen the case, and so many different diagnoses had been made. In this case, as in many others, the trouble lay not in the difficulty of diagnosis, but in the indifference with which the case was handled and in the meager effort to make a diagnosis. It was entirely true that by an ordinary physical examination the stone would not be found in the ureter, and not being able to find the real trouble by that means, nothing was left to do but to make a radiogram and do the laboratory work. Why this had not been done before cannot be explained.

The Taylor Clinic does not depend upon any one man to make a diagnosis. Here we combine our efforts and keep at the case until we have exhausted all diagnostic means in our effort to find the trouble.

Treatment: Operation.

Date—February 22, 1919. Age 48.

Name—Mrs. V.

Anaesthetic—Mallinckrodt's Ether.

Anaesthetic Started, 11:02 a. m. Pulse, 120.

Operation Started, 11:22 a. m. Pulse, 116.

Anaesthetic Ended, 11:50 a. m. Pulse, 84.

Operation Ended, 12:00 noon. Pulse, 84.

Drainage—One cigarette drain at site of stone.

Operation—Ureterotomy.

Irrigation—None.

Lavage—None.

Anaesthetist—Dr. C. D. Heasley.

Operator—Dr. S. L. Taylor.

Assistant—Dr. J. N. Waggoner.

Closure by—Dr. S. L. Taylor.

Peritoneum—Plain No. 1 cat gut.

Muscle and Fascia—20 day No. 1 chromic cat gut.
Fascia—20 day No. 1 chromic cat gut.
Stay sutures—Silk worm gut.
Skin—Young's Dermal Suture.
Incision made—Gibson's.

Remarks:

Petitoneum dissected from abdominal wall. Ureters adherent. Ureter brought up Ureter incised, stone removed. Ureter sutured with ten day No. 00 chromic cat gut. Structures replaced. Cigarette drain at site of stone. Incision closed.

Sponge count—E. Aldrich.

Instrument Nurse—W. Hyland, D. Clark.

The stone was found in the lower end of the Ureter and removed as described on the Operation Chart. The patient was kept in the hospital for two weeks and made an uneventful recovery.

One of the sequellae which is very troublesome following Ureterotomy and Pelviotomy, or renal operative work generally, is ureteral fistula. This, of course, we feared in this case, but it gave us no trouble whatever. It is really remarkable how well many of these cases do when we anticipate trouble and how badly they may result when we have every reason to expect an ideal recovery.

We have had some very interesting genitourinary cases and at some future time we shall give the history of these cases together with a review of the literature.

I am quite sure this patient has gall bladder disease, but inasmuch as she seems now to be perfectly well, we shall only watch the case, and later, if she has any trouble, we shall ask that she go to the hospital and have the gall bladder removed.

HOSPITAL STAFF

Dr. S. L. Taylor, Major and Minor Surgery.

Dr. J. N. Waggoner, Eye, Ear, Nose & Throat.

Dr. F. J. Trenery, X-Radiance.

Dr. L. Van H. Gerdine, Mental and Nervous Diseases.

Dr. C. D. Heasley, Laboratory Diagnosis.

Dr. Lola D. Taylor, Gynecology & Obstetrics.

Dr. Dwight D. Clark, Osteopathic Therapeutics.

Dr. Ina Light Taylor Becomes House Osteopathic Physician for the Hotel La Salle

DR. INA LIGHT TAYLOR, of Chicago, is now the official house osteopathic physician for the famous Hotel LaSalle of Chicago. The hotel company gets out a little periodical known as *The Hotel LaSalle Page* and in the issue of April 5th there appeared a portrait of Dr. Taylor, together with the following:

We have always had a house physician at *Hotel La Salle*, but now we also have a house osteopathic physician. Dr. Ina Light Taylor has been engaged in this capacity. She is an osteopathic physician of wide experience, having graduated from the American School of Osteopathy, Kirksville, Missouri, also from the Ripon College, Ripon, Wisconsin. She has been established in the practice of her profession in Chicago for a number of years in the Stevens building. A number of our guests often have occasion to call for the services of an osteopath, and we are fortunate in having Dr. Taylor available for treatments at all times.

We congratulate Dr. Taylor on this appointment. It is as yet rather an innovation among Chicago hotels to have official house osteopathic physicians but we hope that the example of the Hotel LaSalle will be followed by other leading hotels of Chicago.

The March issue of *Osteopathic Health* entitled "Osteopathy Had But 472 Deaths Among 48,911 Influenza and Pneumonia Cases Treated" just arrived. It is a great tribute to osteopathy.—E. N. McIntosh, D. O., Richmond, Michigan.

Dr. John Adams Comstock Appointed Scientific Director Southwest Museum, Los Angeles

DR. JOHN ADAMS COMSTOCK has recently accepted the post of Scientific Director of the Southwest Museum of Los Angeles. Dr. Comstock had been Curator of Entomology at the Museum, an office which made no great demands upon his time, so that he also was able capably to fulfill the duties of registrar at the College of Osteopathic Physicians and Surgeons, as well as to teach classes in some of the medical sciences.

By rearranging his time at the college, Dr. Comstock will be enabled to continue as Registrar while carrying on the work of his new post. He will be at the college mornings and at the museum afternoons.



Dr. John Adams Comstock

The Southwest Museum occupies a modern building of its own, commandingly situated on the eastern slope of Mt. Washington, overlooking the Arroyo Seco and Sycamore Grove. It is devoted to the archeology and natural history of the southwest.

Dr. Aiston's Views on Pyorrhea

DR. ROBT. T. AISTON, a dentist of considerable reputation in Chicago, gave a very interesting lecture to the students of the Chicago College of Osteopathy on March 19th. So enthused were the students with his discourse that a brief course in dentistry with its application to osteopathy has been added to the college curriculum as an elective subject. The topic was "Pyorrhea and Its Relationship to Auto-Intoxication." He detailed the various theories regarding this extremely important subject, and the fallacies of some of them. "The big underlying cause," said he, "is mal-nutrition due to non-exercise and improper diet. Osteopathic treatment along with proper diet is the only solution of healthy condition of our bodies under the present unnatural ways of living," said Dr. Aiston.

MOST EVERYBODY READS The OP

The *OP* grows better every issue. Indispensable to a would-be-live-up-to-date Osteopath. Keep the good work going.—Jennie Lucena Spalding, D. O., Asheville, North Carolina.

Do I want The *OP*? I should say YES. I could not do business without it. Enclose check for another year.—J. S. Baughman, D. O., Burlington, Iowa.

I have been taking The *OP* for a dozen or more years and expect to for many more.—Hannah M. Beth, D. O., Madison, South Dakota.

We cannot do without The *OP*. It is a great stimulant.—Drs. Noland & Noland, Springfield, Missouri.

I have taken The *OP* since graduating in 1911 and have not missed a number. I feel I cannot afford to.—E. C. Downey, D. O., Chanute, Kansas.

Enclosed find check to cover my subscription to THE OSTEOPATHIC PHYSICIAN. Words cannot express my appreciation for this great journal. We can't do without it.—J. W. Posey, D. O., Bowling Green, Ky.

Would no sooner let my subscription to THE OSTEOPATHIC PHYSICIAN slip my mind than I would the paying of my income tax.—Franklin Fiske, D. O., New York City.

Here you are, Bunting—the price for another year subscription to THE OSTEOPATHIC PHYSICIAN. May you live long and continue to give "em hell." I shall be glad to contribute my stipend to the good cause.—G. R. Boyer, D. O., Peoria, Ill.

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

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

The Osteopathic Publishing Co.

9 South Clinton St., Chicago

No. 18

A. T. STILL AS A
MEDICAL THINKER

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



No. 20

Nervous Prostration
or Neurasthenia

(Illustrated)

Enlarged Neck Glands
Treated by Osteopathy

Lumbago in a
Middle-Aged Man

(Illustrated)

Enclosed please find money order for one year's subscription to THE OSTEOPATHIC PHYSICIAN. We feel we do not want to miss a number of *The OP*, as we consider it one of our best publications.—Dr. P. R. & Emma E. Cain, Hannibal, Mo.

Having about regained my health, I am trying to establish connection with the osteopathic world again. For the past two years I have been on the verge of a breakdown and as a consequence have allowed my interest in the osteopathic profession and things in general to lapse.

I had thought that I could do without THE OSTEOPATHIC PHYSICIAN, but find, as I try to make connections here and there, that *The OP* is necessary to my catching up with the profession again. Herewith I am sending you a money order for \$2.00 as subscription to *The OP*.—John W. Banning, D. O., Brooklyn, New York, February 11th.

Hotel La Salle Will Be Headquarters for Iota Tau Sigma During the Convention

The annual Fraternity banquet is to be held in the Red Room of the Hotel LaSalle, Monday evening June 30th, followed by a meeting of the National Alumni I. T. S.

On Tuesday, July 1st, the Grand Chapter will hold its annual meeting in room 1811. The prospects are good for a large turnout of real live Osteopaths.

IN DO. LAND

Iowa Association to Meet

The Iowa Osteopathic association will meet at Des Moines on May 21st, 22nd and 23rd at the Chamberlan hotel. Dr. T. B. Larrabee, secretary of the association, states that the programs were not ready at the time he sent us this notice. He states, however, that an excellent program has been assured. Dr. H. H. Fryette, president of the AOA will be one of the principle speakers. The program committee has arranged to give the first day to surgical clinic at the Des Moines General hospital and also child welfare work. The program for the second day will consist of lectures and speeches by prominent osteopaths. A banquet for members and their wives or husbands will be held that evening. May 23rd will be devoted to business session and speeches.

Pennsylvania Board to Meet

The Pennsylvania State Board of Examiners will hold their next regular examinations at Philadelphia, June 16th to 19th, 1919. Applications for blanks and all inquiries should be addressed to Dr. John T. Downing, Sec., 305 Board of Trade Bldg., Scranton, Pennsylvania.

ASO Interne Examination

The ASO Hospital Interne examination will be held May 20th, 21st and 22nd. Services may begin June 1st, July 1st, or September 15th.

The Ways of Life and Death

Drs. Griffiths and I lost three epidemic cases to the medics, one of which died. We received seventeen cases that had been under the care of some licensed M. D., none of which died.—M. J. Carson, D. O., Wilmington, N. C.

Dr. W. B. Elliott on Georgia Osteopathic Board

Governor Dorsey, of Georgia, has appointed Dr. W. B. Elliott, of Cordele, Ga., a member of the Georgia State Board of Osteopathic Examiners, for a term of three years, ending September 10, 1921.

Vermont State Board to Meet in June

The next Vermont State Board Osteopathic examination will be held in Rutland, June 24th and 25th. Applications should be in the hands of the secretary at least two weeks prior to that date.—L. D. Martin, Secretary, Barre, Vt.

Iota Tau Sigma to Hold Big Banquet

The Eastern Alumni Association and Delta Chapter have made plans to have a big reunion of the alumni and men who have been in the service on Saturday, May 24th, at the Hotel Walton, Philadelphia, Pa. The last banquet before the fateful July 1st, so don't fail to come.

Double Sized Mid-Year Class at Chicago

It might interest osteopaths to know that our mid-year matriculants more than double the freshman class—a class of college trained people well worth considerable pride on the part of the profession. The freshman class fears it will be at least tripled by the prospectives who are expected next fall.—LeRoy Coombs, P. M., Freshman Class.

Addison Still at It!

This is the first issue of the Florida Osteopath since the November number. Again it becomes necessary to fool those who have consigned this sheet to oblivion, many times and oft, and state that I have material for several more numbers already in hand. Been too busy recently to issue bulletins, that's all.—*The Florida Osteopath*, March Issue.

Florida Association to Meet in June

The next meeting of the Florida Osteopathic Association will be held at Jacksonville June 26th and 27th. The convention will adjourn Friday afternoon, June 27th, and take the night train to Chicago, arriving Sunday morning in time for Osteopathic Sunday, the opening of the A. O. A. Convention. Following the A. O. A. Convention some of the Florida Osteopaths plan to stay for the post graduate course at the Chicago College.

Missouri Rotarians Welcome Soldiers

Dr. George Still, Dr. B. D. Turman, Dr. S. S. Still, Dr. R. E. Hamilton, Dr. E. C. Brott and Dr. H. S. Hain were among the members of the Kirksville Rotary Club who went on the special Rotary train from Kirksville to St. Joseph, Missouri, May 4th to welcome the returning Adair County soldiers who were given a day off in that city.

Dr. Cradit Relieves Dr. Barger for the Summer

Enclosing a list of names total 347 to be sent copies of "OH," I have taken over Dr. Barger's practice for the summer and in the last ten days have handled twenty influenza cases without a fatality or the development of pneumonia. I had one pneumonia case which developed under medical treatment of influenza.—L. V. Cradit, D. O., Sidney, Nebraska.

St. Louis Osteopathic Association Meet

The St. Louis Osteopathic Association met in the parlors of the Marquette Hotel April 15, 1919, with quite a large attendance. The death of one of our regular attending members was that of Dr. Emma H. Edwards, who died suddenly April 19th. She was the wife of Dr. James D. Edwards and mother of Roy Alfred and Dorothy, also the daughter-in-law of Dr. Alfred Edwards of this city.—Dr. Nita McIntosh, Secretary, St. Louis, Mo.

Dr. Charles C. Reid and Associates Occupy New Twenty-Two-Room Suite

Dr. Charles C. Reid of Denver, Colorado, has removed his offices from the Majestic building to larger and better quarters in the Interstate Trust building, Rooms 501 to 522. Dr. Reid will share his reception room with Dr. C. L. Draper, Dr. Harold A. Fenner and Dr. J. E. Ramsey. Altogether Dr. Reid and his associates will occupy a suite of twenty-two rooms. The size of this office will give some idea of the manner in which Dr. Reid has developed his osteopathic clientele in Denver. He has put osteopathy in a top notch position in his city and he and his associates are surely to be highly congratulated on the developments which have enabled them to occupy the splendid new suite of twenty-two rooms.

Dr. G. W. Bumpus of Denver Appointed a Member of Colorado State Board of Health

Governor Shoup of Colorado has announced the names of his new appointees to the Colorado State Board of Health and among them appears the name of Dr. G. W. Bumpus of Denver. The appointment of Dr. Bumpus has been confirmed by the state senate in spite of severe opposition by the medics. This appointment is an honor to Dr. Bumpus, but it is also a great compliment to osteopathy in Colorado as this is the first time that an osteopathic physician has been appointed to membership in the Colorado State Board of Health. It is particularly satisfactory that Dr. Bumpus has secured this appointment because for many years osteopathic physicians of Colorado have been compelled to abide by every rule and regulation of the state board of health.

Texas Association Holds Annual Meeting

The nineteenth annual meeting of the Texas Osteopathic Association was held May 2 and 3 at the Odolphus Hotel, Dallas, Texas. A very fine program was arranged as follows: Public welfare work, Dr. Mary E. Feck, San Antonio; "Influenza, Its Treatment," Dr. H. A. Price, Houston; "After Effects of Influenza," Dr. A. O. Scharff, Wichita Falls; "Dorsal Technic," Dr. George H. Clark, Bonham; round table discussion Lumbar Lesions, Dr. H. H. Gerardy, Dallas. Afternoon session opens 1:30 p. m. Some case reports on Differential Diagnosis, Dr. C. N. Ray, Abilene; "Efficiency in Acute and Chronic Practice," Dr. E. Marvin Bailey, Houston; "The More Common Dislocations and Fractures, Their Reduction and Treatment, Including Improved Bandaging," Dr. George J. Conley, Surgeon-in-Chief, Kansas City College of Osteopathy and Surgery; "Spinal Cord Lesions with Clinics," Dr. L. Van H. Gerdine, head of department of diagnosis, Still-Hildreth Sanitarium, Macon, Missouri; "Differential Diagnosis of Brain Lesions," Dr. Gerdine; Question Box on Surgical Diagnosis, Dr. Conley, 7:30 p. m. N. E. Texas Osteopathic Association Banquet in Adolphus Palm Garden, Saturday, May 3. "Diagnosis of Stomach Disease with clinics showing use and abuse of stomach pump and gastric lavage," Dr. Conley; "Eye Strain Headache," Dr. William Roddy, Taylor; "The New Treatment of Acne Vulgaris," Dr. John T. Elder, San Angelo; "Infantile Paralysis and Its Early Treatment," Dr. Gerdine; round table discussion, office problems, Dr. A. J. Tarr, leader. Afternoon session opens 1:30 p. m. "Borderline cases in the Neurotic," Dr. Gerdine; "Borderline Cases in Pelvic Inflammations," Dr. Conley; Clinics and Question Box, Dr. Gerdine; "Ear, Nose and Throat Points for the General Practitioner," Dr. G. A. Cobb, Port Arthur; Report of State Medical Board of Examiners, Dr. E. Marvin Bailey; Report of Committees, Election of Officers.

PERSONAL

We understand that a Mrs. W. H. Hidden, of Greenwood, Va., wants an Osteopath in her town. It might be well to look into this location.

Dr. Tom Ashlock, late of the faculty of the American School of Osteopathy at Kirksville, Mo., has returned to private practice and is now located at Lewistown, Mont., where he is enjoying a very heavy practice.

Dr. Edward N. Hansen and Dr. Cora C. Hansen, of Pittsburgh, Pa., have announced the removal of their offices from 904 Arrott building to 604 Columbia Bank building, where they have very commodious quarters.

PROFESSIONAL CARDS

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

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

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

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

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

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

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

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

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

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 & Otolaryngology
Chief of Eye, Ear, Nose & Throat Dept., C. O. P. & S.
Los Angeles, Calif.

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

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

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

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

Dr. Charles E. Geisse, from Beloit, Wisconsin, to Highland Park, Illinois.

Dr. James E. Gray, from Brooklyn, to Newston, Iowa.
Dr. Howard Kretschmar, from Powers Bldg., to Kimball Hall Bldg., Chicago.

Dr. Katherine Lawrence, from Caribou, to Katherine L. Manhart, Camden, Maine.

Dr. O. C. Mutschler, from Washington, D. C., to 129 North Duke St., Lancaster, Pennsylvania.

Dr. Ralph W. Rice, from U. S. Army, to Wright & Colender Bldg., Los Angeles, California.

Dr. C. H. Sauder, from Temple Bldg., to Bank of Hamilton Bldg., Brantford, Ontario, Canada.

Dr. Mabel Wintermute, from 28 West Lake St., to 2907 Newton Ave., North, Minneapolis, Minnesota.

Dr. Charles E. Pollard, at Westfield, Illinois.

Dr. Howard H. Cooke, at 1 Bank St., Stamford, Connecticut.

Dr. Isabel Sherman, at 17 North State St., Chicago.

Dr. T. D. Jones, from 602 Mermod-Jaccard Bldg., to 629 Central National Bank Bldg., St. Louis, Missouri.

Dr. Frank B. Schanne, at 571 Broad St., Newark, New Jersey.

Dr. J. H. Coady, at 325 West Main St., Anna, Illinois.
A. Pettefer, at 413 Holland Bldg., Springfield, Missouri.

Drs. Harper & Weaver, at 15 East Park Ave., Niles, Ohio.

Dr. John B. Weeks, from 1302 Chapp, to 106 Whalley Ave., New Haven, Connecticut.

Dr. George A. Gercke, from 7101 Tulpi St., to 4642 Frankford Ave., Philadelphia, Pennsylvania.

Dr. Alexander Smith, at 800 West 101st St., New York, New York.

Dr. F. S. Bonnell, at Kimball, Nebraska.
Dr. E. Burton Waters, at Winchester, Illinois.

Dr. Etha Jones, from 211½ Market St., to 108 Market St., Warren, Pennsylvania.

Dr. Norman J. Neilson, at 276 North Lisgar St., Toronto, Ontario, Canada.

Dr. Homer E. Watkins, from 43 West Western Ave., to Union National Bank Bldg., Muskegon, Michigan.

Dr. Ella X. Quinn, from General Delivery, to Hippodrome Bldg., Miami, Florida.

Dr. C. R. Saxer, at 1412 Windrim Ave., Philadelphia, Pennsylvania.

Dr. Howard R. Juvenal, from Upper Sandusky, Ohio, to Suite 3, New Michau Bldg., Maryville, Missouri.

Dr. G. W. Sutenfield, from 311 West Pierce, to 1025 High St., Des Moines, Iowa.

Dr. Ralph A. Manning, to 19 Arlington St., Boston, Massachusetts.

Dr. Abbie Jane Pennock, from West Palm Beach, Florida, to Peony Place, Sumter, South Carolina.

Dr. A. D. Craft, from Tecumseh, to Fairmont, Nebraska.

Dr. Nat W. Boyd, from 4560 North 19th St., to 138 East Washington Lane, Germantown, Philadelphia, Pennsylvania.

Dr. Mary Clinton, from 1210 First National Bank Bldg., to 317 Pittsburgh Life Bldg., Pittsburgh, Pennsylvania.

Dr. Albert C. H. Esser, at 6900 Stony Island Ave., Chicago, Illinois.

DIED

Dr. Emma H. Edwards, wife of Dr. James D. Edwards, of St. Louis, Mo., on April 4th, of heart failure.

Evalyn Overholt Walmsley, wife of Dr. A. G. Walmsley, of Peterborough, Ontario, Canada, on Sunday, April 13th. Interment at Buffalo, New York.

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.

For Sale—Practice in city in Missouri. Population 15,000. Acute and chronic work. Practice runs from \$750.00 to \$1,000.00 a month. Price \$1,000.00, including office equipment in three rooms. Reason for selling given to prospective buyer. Address No. 154, c/o The OP, 9 So. Clinton St., Chicago, Ill.

For Sale—One Michel double-faced chart of the muscular system with arterial and nervous relations. Price on application. The OP Company, 9 So. Clinton St., Chicago, Ill.

Wanted—To buy a practice in or near St. Louis, Mo. Address No. 155, c/o OP, 9 So. Clinton St., Chicago, Ill.

For Sale—One Albright, one straight and one folding treating table. Cheap. Address C. C. K., 138 So. Grove Ave., Oak Park, Ill.

For Sale—Excellent practice in New Jersey town; population 8,000; nine miles from Philadelphia; wonderful opportunity for someone with New Jersey license. Address No. 156, c/o The OP, 9 So. Clinton St., Chicago, Ill.

Dr. Annie F. Waugh of Pleasantville, Iowa, has taken over the practice of Dr. Della Mattsen, at Eagle Grove, Iowa. Dr. Della Mattsen has gone to Washington, D. C., to join her husband, who is an auditor employed by the Government.

Dr. R. M. Wolf of Big Timber, Mont., who was severely injured in an automobile accident on the night of March 29, is making very rapid progress towards recovery. We understand that Dr. Wolf is now past all danger of complications.

Am just back in practice after serving sixteen months in the U. S. Army base hospital at Camp Lewis, as a "submarine chaser" and "janitor."—Clarence B. Utterback, D. O., Tacoma, Wash.

Dr. J. W. Hawkinson, of Minneapolis, Minn., was appointed by the city council of Minneapolis, April 8th, as city health officer for the city of Luverne for a term of three years.

Dr. E. G. Bricker of Winnipeg, Canada, has been elected president of the Kiwanis Club of Winnipeg. This organization is one of the busiest business men's clubs in Canada.

Dr. J. S. Baughman of Burlington, Iowa, has just returned to his practice after taking the Denver post-graduate efficiency course. Dr. Baughman has sent out a very neat card informing his patients of the fact that the course had fitted him for better service to them.

Dr. Mary L. Heist and Dr. Edgar D. Heist, of Kitchener, Ontario, Canada, have sold their office quarters at 64 King Street, West, and have purchased the Weber Chambers at 144 King Street, West. They have been occupying their commodious new quarters since May 1st.

Drs. Theodore C. and Blanche A. Corlis have taken over the practice of Dr. J. Jay Walker, who has had to retire due to poor health. They will take over Dr. Walker's location at Medina, N. Y., and also have a branch office at Albion, where they were formerly located.

We were sorry to learn of the death of Dr. Emma H. Edwards, wife of Dr. James D. Edwards, of St. Louis, Mo. She was a graduate of A. S. O., 1911. She died of heart failure on the 4th of April. Dr. Edwards states that his wife was the inspiration in all of his discoveries.

Dr. Riley D. Moore and Mrs. Moore of Washington, D. C., recently made a trip to Philadelphia, where Dr. Moore addressed the Philadelphia County Osteopathic Association on the topic, "Putting New Life into Old Dry Bones," dealing principally with the development of anomalies of the human skeleton.

Dr. Ella X. Quinn of Miami, Fla., is a four-year member on the Board of Directors for the Florida Anti-Tuberculosis Association. Dr. Quinn is endeavoring to get Florida Osteopaths interested in requesting the admittance of Osteopaths to practice in a hospital to be erected by this association, and all other public sanitariums. Dr. Quinn has also recently been elected secretary to the Women's Professional Club of Miami.

Dr. Elizabeth J. Bedford of Chicago has removed her offices from Suite 705 Goddard building, to Suite 1204, Goddard building. Heretofore Dr. Bedford has been sharing offices with Dr. T. C. Klumpf, but Dr. Klumpf needed more room and so Dr. Bedford has set up an independent office of her own in Suite 1204.

Dr. George Washington Moore, of Philadelphia, Pa., is giving up his practice in Woodbury, N. J., and he is moving to Cynwyd, Pa. Dr. Moore is doing this because his practice in Philadelphia has grown so heavy that it takes up all his practice time. The Philadelphia office will be maintained as heretofore in Suites 1035-1036, Real Estate Trust building.

Dr. James Waddell Lloyd, of Bowman, N. D., was a visitor in the office of THE OSTEOPATHIC PHYSICIAN April 15th. He was on his way back to Bowman after an extended visit in Chicago and adjacent places. Dr. Lloyd left with the OP one of his customary checks for \$100 to apply on his account for service of *Osteopathic Health* and other purchases.

Dr. Ellen Herrington Brooks, who has been taking care of Dr. Della Mattsen's practice at East Grove, Iowa, until Dr. Mattsen could find someone who would locate permanently, is going to spend the summer at her lovely little home on Battle Lake, Ottertail County, Minn. She will be pleased to see any Osteopathic Physicians who may be autoing through the country, if they care to stop to go out and fish or take a dip in the lake. The name "Brooklands" in large letters is on the gate. It is situated 1½ miles north of the village of Battle Lake, on the main state road. Dr. Brooks is hoping to resume practice in the fall if she does not go to England.

LOCATIONS and REMOVALS

Dr. D. A. Atkinson, from U. S. Army to Box 5, Beatrice, Nebraska.

Dr. George Mather Beeman, from U. S. Army to Box 296, Waynesville, North Carolina.

Dr. M. C. Crafft, from 114 Cedar St., to Harley Apts., Anaconda, Montana.

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. 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

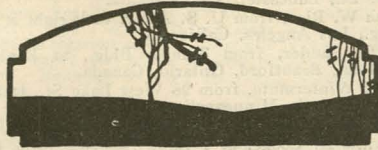
Osteopathy Reduces Allopathy's Influenza Mortality 99% and Its Pneumonia Mortality 66-2-3%

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



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 June, 1919



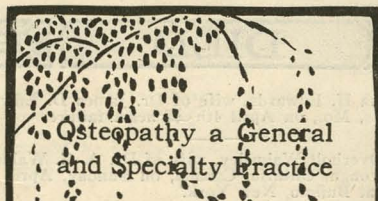
95 Per Cent of All Diseases Beyond the Realm of "Medical Victories"

Why Osteopathy Cures Numberless Ills Where Medicine and Surgery Fail

- Modern Medicine Has Scored Only Eleven Victories Against a Thousand Failures
- 3,000 Drugs More Hurtful Than Healing
- Drug Abuses Far Outrun Drug Uses
- Heart Stimulants In the Infections Are Gross Malpractice
- Osteopaths Willing to Concede Medics 5 Per Cent of the Field of Disease and Can Prove Their Own Superiority In the Remaining 95 Per Cent
- The Osteopathic Dominion Includes All Curable Diseases



No. 32



Osteopathy a General and Specialty Practice

A Brief Survey of the Wide Applicability of Its Adjustive Therapy to the Relief of Ills Chronic and Acute

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

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 Charlatany

The Doctor of Osteopathy



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