

# **The Osteopathic Physician**

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# The Osteopathic Physician

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## Doctor Still, the Miracle Man

By Earle Willard, D. O., New York City

I.

Every worth while osteopath, no doubt, would like to be as great a technician as Doctor Still. Every truly great osteopath, in fact, strives to improve his technic. And yet there are many osteopaths fully satisfied with their success, believing sincerely that their own technical methods could not be improved upon. Their names, however, will not be linked with the name of Doctor Still when future generations write the history of osteopathy, for the worth-while osteopath is always eager to learn.

Doctor Still himself constantly strove to make his anatomical corrections more specific. He worked, as a matter of fact, for nearly a quarter of a century before he became absolutely convinced that the logical method of overcoming the vast array of diseases and disabilities that flesh is heir to, can be nothing other than the simplest, easiest and most practical method.

When, therefore, he finally mastered the art of re-aligning or readjusting the complex bony mechanism—a mechanism whose most complex parts are thrown centrally around the nervous system at the very citadel of life itself—fame and fortune came to him inevitably. When that time arrived, he had fully established the fact that he was an expert technician, for he wasted neither time nor money in getting his patients well. And throughout the most active period of his spectacular career, he practiced specific adjustment or correction—calling it by name—and he did his work always in the easiest, safest way.

Sometimes he stood the patient against the wall, extending the spine backward against the contact hand. Again he would place the patient, face down, across a low stool, couch, bench, box, or whatever object of proper height happened to be at hand. Often I have seen him make adjustments with the patient prone on the floor. Seldom did he place the patient on a high table—the high table that today is looked upon by many as a necessary part of every osteopathic office equipment.

### Doctor Still's Therapeutic Couch

Later in life, after his marvelous muscular control began to fail, he resorted to mechanical aid in adjusting the spine. He devised a reclining support for his patients. For many years my father used Doctor Still's device in making adjustments. Very few osteopaths, however, know that the founder of osteopathy ever resorted to mechanical assistance in correcting vertebral lesions. But such is the fact. The patient reclined in the adjustment support while having the vertebrae adjusted.

### Principle Underlying His Method

The principle he employed in the very large majority of cases, whether adjusted on a high or a low table, whether he stood the patient upright or placed him on the floor, is the same. The principle may be termed **Direct Leverage With Speed**, or force transmitted suddenly and deftly to the lesioned vertebra, rib or other malposed bodily structure.

By persistently and consistently putting this principle into practice, Doctor Still reached the pinnacle of fame, where he stands as an exemplar of therapeutic efficiency.

And be it clearly understood, he ranks head and shoulders above every other man who ever practiced spinal adjustment, partly because he discovered how to re-align or readjust anatomical slips and warps without either manipulating or manhandling and hurting the patient.

Also let us remember that he had perfected his system of spinal adjustment long before he



Dr. John B. Buehler, New York City  
(See Page 19.)

founded the osteopathic profession. This is a fact easily established today. Authentic records are being collected and preserved so that the next generation will have no difficulty in proving Doctor Still's priority in the field of backbone therapy or his discovery of the osteopathic lesion.

### Doctor Still's Priority

I myself distinctly remember having him adjust a vertebra in my neck when I was a very small boy. After a dexterous, painless movement of my head, with one hand pressed against the bones of the neck, he re-aligned the misplaced atlas with a resounding noise. The startled onlookers, my parents, saw him take the glasses I was wearing—glasses that an eminent St. Louis specialist insisted upon saddling to my nose for life—and with a vicious fling land them across the room, saying to me:

"Little boy, never wear those blinders again."

I might add that I never did. And although the great eye doctor predicted dire happenings for me if I should neglect to wear glasses, nevertheless I passed the examination after being drawn in the September twelfth, 1917, draft, having refused exemption. And later, when applying for admission to an officer's training camp in California—Camp Fremont—I passed the rigid tests with flying colors, and eyesight normal.

### Those Who Follow Dr. Still

So much for the father of osteopathy, himself. But what about his children?

In answering this question I do not mean to be critical. I want merely to be helpful. For after all, osteopathy today is not a full-grown profession. It is hardly more than a great big family.

### The Family Skeleton Gone

As a family, however, osteopathy stands unique, in that its neighbors have stolen the family skeleton from its closet. Not the spine alone, as friend Mayo of Rochester avers, but the teeth and toe bones also are missing. The closet in fact is empty.

At this point perhaps some will ask to be told specifically what I am talking about. And at this point I am going to clear up the matter by citing a conversation I had recently with an osteopath prominent in the affairs of his own state—Pennsylvania. Said the osteopath:

"It seems to me you are talking nonsense in the claim you make about osteopathy being based upon bodily adjustment. Who ever heard of adjustment until the chiro came along and advertised the term in the newspapers?"

### Taking the Spine from Osteopathy

Mark you, fellow osteopaths, this man has helped direct the destinies of osteopathy in his own state for over a decade. He is looked upon as an able man. His point of view is necessarily shared by many of his associates. It spreads inevitably to institutions under osteopathic control. It is due to pernicious propaganda such as this man is spreading—not to rival schools of practice—that a situation results which is taking the backbone out of osteopathy!

### Teaching System Also at Fault

To be sure, since Doctor Still ceased giving personal instruction in osteopathic technique, nearly a quarter of a century ago, spinal adjustment has not been taught properly in our colleges. Nor will it be so taught until the various schools employ a corps of eminently qualified instructors—enough instructors to divide the class into small groups or sections, so that each man and woman is drilled until he or she masters the art of adjusting each of the 102 joints that help move the vertebral column.

### The Osteopathic Pretender

Before closing this chapter I feel constrained to say a word concerning those of our number who pretend to believe this or that is, or is not, the practice of osteopathy, when just blank silence on their part would be more to the point until they familiarize themselves with basic and historic facts.

The osteopathic pretender professes to be virtuously shocked when I maintain that the sys-



tem of adjustment I teach is the same system that made Doctor Still famous. "Why," exclaims the pretender, "Your adjustment is chiropractic, pure and simple!"

1874 Versus 1895

Can it be possible that he does not really know of the authenticated case of dysentery that Doctor Still cured on the streets of Macon, Missouri, in the autumn of 1874, by a thrust adjusting the bones of the back? Can it be possible that he does not know that Doctor Palmer himself—venerable patriot in chiropractic that he was—makes the flat statement in the *Encyclopedia Americana*, official mouthpiece of the American people, that he made his first adjustment of a vertebra in Davenport, Iowa, setting forth the exact year as Sept. 5, 1895? Both Doctor Still and Doctor Palmer have gone on record—and both records speak for themselves.

## The Carberry-Feathers Controversy

### "What of Chiropractic?"

"Carberry, what do you make of this chiro problem?" asked Dr. Feathers as the two sipped grape juice highballs in the hotel cafe where the AOA meeting was being held. Most of the dinner parties were over, the orchestral din had ceased and these two practitioners from neighboring prairie towns west of the Mississippi were remaining for one of those heart-to-heart talks that make conventions so profitable.

"Well, what do you make of it, yourself?" queried Dr. Carberry.

"I make of it a decided irritation to osteopathy as a school of healing," said Feathers. "Something worse, even, for some individual osteopaths where a larger delegation of chiros in the field submerge osteopathy by their vehemence and blatancy. Once in a while we hear of some lone osteopath having it put all over him by the cut-rates and newspaper advertising of the chiro bunch, who get the public with them by sheer noise and brass."

"Is that all they have back of them?" Carberry interjected—"just noise and brass?"

"Why, no," Feathers answered, "to be fair and truthful, they are sort of primitive osteopaths."

"—Half-bakes, so to speak," interjected Carberry, "one-ideal fellows, like the early generation of Kirksville graduates; they believe in back-bone lesions but nothing else, and they are courageous—like the first graduates under Dr. Still, to attempt miracles just because they don't know their own limitations. Like the fools that rush in where angels fear to tread," he continued, "the chiro will assume charge of any kind of a disease without any knowledge of its real pathology, and will apply Dr. Still's principle of spinal adjustment as the one panacea, firm in the faith of curing every possible condition. Often he cures; sometimes he injures; occasionally, no doubt, he kills his patient; but survivors greatly outnumber the victims; so, the army of Grateful Patients claque for adjustment therapy, but only the article of the Palmer brand, being educated to believe that the idea of lesion healing arose in Davenport. As I take it, the average chiro turned out today corresponds rather closely to the average osteopath in the days when our first two or three schools were graduating doctors in five or ten months."

Carberry here paused to light up and incidentally catch further inspiration.

"To say the chiro is like the primitive osteopath really covers it," ventured Feathers.

"Yes, it's true, and we must recognize," said

### Outgrowing Their Osteopathic Clothes

But perhaps, after all, it is merely a case of the child having outgrown its clothes. Neither the child nor the clothes are at fault. But when a thoughtless osteopath boasts of having outgrown the primitive methods of the founder of the science it looks bad to the outsider. The outsider only sees that he has grown out of the clothes of humility, and stands with too much egotism and conceit exposed to view.

### Putting Back the Spine

Is it therefore not time, fellow osteopaths, for us to get back our family skeleton? Can we afford longer to follow the will-o'-the-wisp, clamoring for ever-increasing rights in the practice of medicine, while we let others fatten upon the rich heritage Doctor Still bequeathed us? Surely every worth-while osteopath will help put back the spine where it belongs in osteopathy.

[To be continued every month.]

Carberry with his usual impressive manner of authority, "that the chiro—at least, the best type of him, eliminating all the natural-born crooks and fakers among them—has more back of him than just noise and brass. He is really a sort of 'natural' son, so to speak of Dr. A. T. Still, being born out of scientific and professional wedlock and therefore not bearing the honored name of osteopath; but being common-law heir, just the same, to the therapeutic estate of tissue-lesion diagnosis and adjustment. He is, as you say, a primitive osteopath—a one-year osteopath; and, so far as I can learn, he is nothing else. He is the Ismaelite among osteopaths.

"There does not appear to have been anything new added to osteopathy by this chiro movement. I have never heard one single idea, one statement of theory or one point of technique in chiropractic practice that is not primitive osteopathy. Now it is a principle of logic that things that are alike in all their parts are the same. Therefore osteopathy and chiropractic are the same system of healing, both being variants of the same essential mechanical adjustment therapy. They are analogous and to a large extent identical in kind, different only in degree. Do you follow me, Feathers?" the speaker queried, stopping to fill his pipe with fragrant Edgeworth.

"I do," said Dr. Feathers, "both in argument and in liking that mixture. I'll try another pipeful when yours is loaded. Go on with my speech you're making! You're doing fairly well with it."

"So the best type of chiro," resumed Carberry, not noticing the thrust, "differs from the modernly educated osteopathy only in degree. Remember, I have excluded the riff-raff and correspondence course fakirs and am speaking of the better sort of young men and women who go through Davenport plant today. They differ in their degree of preliminary education, in the amount of science they are taught while in school, in their knowledge or ignorance, consequently, of all the medical sciences—biology, anatomy, physiology, pathology, psychology, chemistry, bacteriology, differential diagnosis, dietetics, sanitation, obstetrics, surgery, etc. The one idea of the tissue lesion is taught them very hard; it is made their only concern, just as it was with our first graduates; it is overstressed, exaggerated, faked in consequence; the chiro error of universalizing the particular and excluding all other pathologic factors is the result.

The chiro, like the early osteopathy, plays a harp of but one string. He is a one-ideal individual. He is a zealot and apt to be a bigot. If he can heal by cracking the backbone vigorously—for, of course, he is extreme in his application of force at any supposedly lesioned area, the patient wins; and if he can not, or if he does actual damage, the patient loses. The chiro has no resources behind strong thrusts directed at the area that he picks out as being responsible for all trouble. Of course he often hits it right, and does good; of course he oftener fails and at times does real harm—sometimes tragic harm; but no doubt the primitive osteopathy was in much the same dilemma.

"There was this difference, however: Doctor Still enjoined caution upon his early disciples and taught them to know their pathology somewhat and to respect it by careful and complete physical diagnosis. Thus, while pointing out the close similarity between the early osteopath and the present day chiro, it is only fair to the pioneer osteopath to make the distinction that he was more cautious and safer, yet of course not nearly so cautious, safe and sane as his fully-educated present-day descendent in osteopathy, the four-year graduate."

The pipe went out again—it always goes out when Carberry talks—so he stopped to light up while eyeing Feathers critically to see whether he betrayed the symptoms of rising passion or was pursuing the inquiry with philosophic calm wherever it might lead to. He could not determine. Feathers has a way of looking enigmatical.

"Keep right on," he merely said, pulling away rhythmically at his pipe, "I'll do the smoking for both of us, Car. You never could do two things at once, anyhow."

"That reminds me," ejaculated Dr. Carberry—"I really have a session with the House of Delegates this evening and I was about to forget it. Just put what little we've said in your pipe and smoke it until we get together again. At the next confab I want you to continue your chiro analysis for me."

"All right, Car—I surely thank you for the respectful attention," said Feathers, "and if I can get a few more minutes of your valuable time between stockings of that AOA engine tomorrow I'll try and finish my formal address to you. You seem to solicit all my very best ideas, and I dearly love to explain them to you. You're a born listener, boy! Good-night."

"So long, old Cottonwood of the Platte—I'll surely give you my best attention again tomorrow. I like your ideas—they make me think. You ought to be a member of the House, Feathers—you'd have 'em all at your feet. So long for now!"

"Carberry's a bird," mused Feathers, watching him take the elevator; "when it comes to letting anybody else get in on the conversation he's always really too busy to do it; but he generally manages to fly somewhere. I like to get him going. I wonder what he really thinks about the chiro problem anyhow. He talked a lot but he didn't really tell me."

(To be continued.)

### What Would "Old Broom-Face" Say To This?

Following a discussion of chiropractic with a patient I read him the little squib on B. J. Palmer's "Pediatrics" by Dr. Settle that appeared in the last *OP*. When I had finished he gravely wondered what "B. J.'s" answer might have been, had he been questioned while in the witness box with reference to asafaetida! This is of course not for publication but I thought it too good not to share with you—G. V. Webster, D. O., Carthage, N. Y.

[Explanation: This item slipped in by accident, George, after failure to pass the National Board of Censors.—Editor.]

Yesterday is dead—forget it. Tomorrow has not come—don't worry. Today is here—use it.



## Shall Our Colleges Give a Chiropractic Degree?

By Percy H. Woodall, M.D., D.O., Birmingham, Ala.

There are a number of professional and business reasons why they should. There are some sentimental reasons why they should not.

Osteopathy is the original, the only true therapy of adjustment and should and must dominate this field. Chiropractic is but a limited application of the osteopathic principles, a small part of a profession, taken and perverted into a trade, by shrewd men, whose tendencies are primarily commercial. The average chiropractor is an individual pretty well imbued with the fundamental osteopathic principle, that "structure determines function." Besides this, he has a smattering of anatomy, physiology, symptomology, etc., but knows even less of pathology and the principles of hygiene, sanitation, diet and other fundamentals of disease prevention. He has a knowledge of one of the movements in osteopathic technic—the thrust. This he has elaborated and overworked. He uses it under any and all conditions, and for all subluxations, whatever kind they may be.

The graduate chiropractor is, in fact, something less than the freshman osteopathic student in all that relates to the structure and uses of the body and the cause and cure of its diseases; and yet he is something more than the freshman osteopath in his application of thrust technic. Toward him I have no personal grudge, except for his ignorance of the things he should know if he professes to treat diseases of the human body. Nor have I any desire to be unfair to the chiropractor, for from a study of their texts, questioning their patients and from a general observation, I feel that I have fairly stated the qualifications of the average chiro.

It cannot be denied that through the application of a correct principle, although crudely applied, they have benefited some people. By continuous and persistent advertising, blatant and commercial though it be, they have secured a certain following. There are some states that have legalized the practice of chiropractic. There has been a demand for it and this demand will continue.

Why should osteopathy relinquish a small part of its fundamentals to a cult to be counterfeited, plagiarized and misrepresented? Why should the osteopathic schools refuse to teach a limited amount of their curricula, for which there is a demand, and to give a degree for it? The chiro schools are doing less perfectly the things for which our schools, with better teaching facilities, are much better prepared to do.

As a business proposition should we pass up the income that might be derived from this course? Then, too, our students might have the privilege of practicing before graduation as chiros in those states recognizing chiropractic.

It would not be my intention to turn out an inferior grade of chiro. Make him one of the best. The idea is to make better ones than have yet been made, to have a course equal to the best. It is our opportunity and our duty to raise the qualifications of the "adjustment practitioner."

"Adjustment" is our child and we should strive to see that all who call its name are in some degree worthy.

In no way can we better get the true relationship of chiropractic to osteopathy before the public than by advertising that it is taught in our colleges in the first year. One year of osteopathy qualifies one as a chiro, while four years are necessary to become an osteopathic physician.

Suppose thirty years ago, the Associated Medical Colleges had adopted a plan of benevolent assimilation and had agreed, "Yes, there is something in this adjustment idea. We will secure one of their experts and add it to our course." Do you suppose there would today

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have been an independent osteopathic profession? I do not believe so. We would have been somewhere in the medical profession between respected masseurs and second-class orthopedic surgeons, but as osteopaths—never! Their opposition was one of the rungs of the ladder by which we have climbed to success.

Among the objections raised is that the chiro schools would retaliate by giving a D. O. degree. Some of the correspondence schools are already doing so. But what is it worth before any examining board in the country? Or a freshman osteopath might say, "I am a graduate from the Blank School of Osteopathy." This would be false as he is only a freshman from such school. His unsupported statement would carry no weight.

Again I have been asked, "Would you have two grades of Osteopaths? Why, we *already have them*—a 25 or less percent osteopath called a chiropractor, and another, a 100 percent osteopathic physician. Let us tell this fact to the world.

Then there is the osteopath to whom the word chiro is as a red flag before an angry bull. He believes that even to say "chiro" is almost a profanation. The self-sufficient osteopath believes in ignoring the situation altogether; but in this he is far from wise. There is a problem of vital importance to our profession confronting us. It must be met fairly to all parties concerned.

A small part of osteopathy is being misbranded and sold under a false name. The public is being misled. We owe not only to ourselves, as a profession, but to them the duty of enlightenment. To my mind the resolutions presented at the Cleveland meeting meet the issue fairly and squarely. It offers the only solution so far presented. Sooner or later all practitioners of adjustment therapy must get together for self protection against a common enemy. We cannot lower our standards, so let's use every legitimate means to pull the others up!

No one as yet has presented a reason why the osteopathic colleges should not confer a chiropractic degree on their students who have completed the equivalent course. Certainly there are many reasons why they should. Think it over in the light of the best interests of the osteopathic profession. If the opinion of the profession can be crystalized, the schools will find a way.

#### Says the Plan Is Right

The idea of giving the chiro diploma is the greatest stunt yet. To me that will knock them cold. This would give us the greatest argument we ever had against them. Dr. Woodall is right.—*Burrell Russell, D.O., New Philadelphia, Ohio.*

#### Believes It Will Work

I wonder if Dr. Percy H. Woodall hasn't put into our mouths one of the best answers to the many inquiries as to the difference between osteopath and chiropractic? I have adopted it, all right—and it seems to make it clearer to the questioner than any answer I have been able to give heretofore. I would suggest that every osteopath read the article in *The OP* over carefully and tell the questioners that our colleges may decide to give the degree "Doctor of Kiropractic" after one year of college work, and that our course is four years; such questioners won't need a brick house to fall on them to see the difference!—*W. Orvin Flory, D.O., Minneapolis, Minn.*

#### Fears a Tack in the Chair!

I do not take kindly to Dr. Woodall's Chiropractic Chair in our schools. I fear it has a tack in the seat! In my opinion the way to neutralize most effectually the chiropractic craze is to push our adjustment feature; when we must take notice of them, show that they are only imitators, at best. Let them alone and

push adjustment osteopathy. This chair of Dr. Woodall's would give them the opportunity of their life to push their campaign of advertising chiropractic adjustments.

Push osteopathy, the original science of adjustment!—*Wm. L. Grubb, D.O., Pittsburgh, Pa.*

#### Thinks Ideals Forbid It

Apropos of your editorial remarks about a careful consideration of Woodall's resolution on chiropractic permit me to suggest that you read again Mr. Philip Gray's address before our convention. The spiritual call to arms for osteopathy of that address, with its appeal for rededication to a great cause, certainly forbids our stooping to any such thing as Woodall's resolution suggests. Dr. Woodall is a sincere

man with high ideals and I do not imply that he is purposely asking us to trail our banner in the mud, but I do think he has been frightened by an ugly spectre, and has fired wildly in the dark, without taking due aim at his target.—*Clarence V. Kerr, D.O., Cleveland, Ohio.*

#### He's For the Chiropractic Course in Osteopathic Colleges

You may remember about three years ago I passed through Chicago on my return trip from Davenport, Iowa, where I had been taking a course in chiropractic (so-called). At that time I dictated an article for publication in *The OP* dealing with the chiropractic situation. One thing I recommended was the obtaining of the

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in

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I was thoroughly convinced at that time, and am still of the same opinion, that chiropractic is nothing but a short-horned course in osteopathy. How can it be anything else? They try to do the same things that we do only in a much more crude way.

While in Davenport I talked with a number of the students and with B. J. Palmer and other leading lights in chiropractic, and I was thoroughly convinced chiropractic was simply nothing more than an attempt on the part of these people to enter the osteopathic profession through the back door. Many of the students confidently told me that they hoped some time to be able to take a regular course in osteopathy and become physicians.

In my humble opinion, Dr Woodall has offered the only logical solution of the proposition as it now stands.

Of course, the question comes up as to whether these chiropractics so turned out by the osteopathic colleges will be allowed to practice where the chiros already have a law, that is, if any osteopathic students care to stop at the end of the first year and become mere spinal adjustors. My hope is that the course will be given but that the student will be so impressed with the importance of becoming real physicians that they will do with the diplomas what I did with mine, stick it away in some pigeon-hole and forget it.—*J. C. Howell, D.O., Orlando, Florida.*

The rut is only a small sized grave. —Spear

### Proposes Three Grades of Osteopaths

Is Dr. Woodall spoofing the profession? Or is he really in earnest when he proposes to confer the "D.C." degree on one-year Osteopaths? Supposing such a plan were put into effect. What would happen? Would the chiros like it? Would the osteopaths like it? Who would benefit thereby? Osteopathy is the best trade name ever devised for bony adjustment and to send out men from an osteopathic school to work under the name of chiropractor would only help to swell the count of chiros in the country.

The difference between chiro and osteopathy need not be discussed here. Everyone in the field and in school knows it, or should know it. If we are determined to make exclusive spine artists of students and still keep the name of osteopathy before the people I think the best plan would be to have the disciples of Dr. Andrew Taylor Still divided into three classes and name them accordingly.

The first class should include one year men who have been trained in spinal adjustment only. They should be called "Osteopaths."

The second class should be for the four-year men who have taken the full course in some osteopathic college, which includes bony adjustment, minor surgery and obstetrics. These men should be classified as "Osteopathic Physicians."

The third class should include the men who have taken the full osteopathic course and in addition one year of work in some hospital. These men should be classified as "Osteopathic Physicians and Surgeons."

However, if osteopathy includes Spinal Adjustment, then there is no need of conferring the degree of D.C. on embryonic osteopaths.

If every Osteopathic Physician would look more closely for the spinal lesion and emphasize the spine the question of swaddling clothes for the future Osteopathic Physician would not disturb us.

Osteopathic Physicians, lift up your heads and proclaim yourselves!—*C. B. Gaard, D.O., Ft. Dodge, Iowa.*

## Why Give the Mavericks a Pedigree Not Earned?

By Cyrus N. Ray, D.O., President, Texas Osteopathic Association

Regarding the movement sponsored by some, who, unfortunately, are high in the councils of the profession, to allow the graduates of "fake" alleged schools ostensibly giving a diploma in eighteen months, advanced standing in our colleges.

As one who has made some investigation of such "outfits" I wish to protest as strongly as possible against any such stultification of our honorable profession. There is nothing whatever to be gained by a compromise of principle to attain a supposed immediate advantage, which in the end would sink us also to their abysmal depths of crookedness and ignorance.

I wish that some of those who have swallowed this propaganda hook, line, cork and sinker, would really investigate these frenzied finance institutions.

As I see it, what would you give them advanced standing on? From their catalogues, "How to Sell the Patient" and "How to Keep Him Sold" constitute a very large part of the course. I noticed but very negligible mention of any scientific courses and really cannot see what advanced standing could be based on. They have practically no scientific equipment, no dissection. Most of their faculties are grossly ignorant of even the fundamentals of science and with no set standards of any kind. Their fountain head giving the same degree D.C. for either a four-months, a twelve-months or an alleged eighteen-months course.

The others, so far as I have been able to determine, practically all sell diplomas by mail or require a course of two weeks, six weeks or three months. I think that some of our people are overly excited about the numbers of the would-be cheap imitators.

I notice that there are still several osteopaths practicing in Davenport. Such incompetents are not competitors of mine, their only chance is to get ignorant people who have never been to a competent osteopath. No educated sane man voluntarily prefers ignorance and incompetence, and, once trying a real osteopath, has no further use for the poor counterfeits thriving on its reputation.

Weeds increase and grow more rapidly than cultivated and valuable plants. But they are of no value after they grow, they are just weeds. Suppose the farmer said I will plant weeds, they increase so rapidly. What would you think of him? In place of allowing the weeds to take the field from absence of cultivation, we should destroy them by turning the pitiless glare of the light of publicity on their pitifully short course diploma mill schools.

We should educate the public to the fact that the one and only reason for the existence of chiropractic is a desire to get the money and standing of a doctor without being bothered with spending the time or money requisite to attain efficiency, or training enough to be safely entrusted with the lives of the sick.

In short, that it is a diploma-selling scheme which never has been permitted under the name osteopathy. I hope that the suggestion of amalgamation with any class of these creatures will be sternly rebuked by the profession, since the adoption of such a program can mean only disruption and ruin, in my opinion; and I appeal to our people to resist such sophistry, giving it neither serious consideration or toleration.

Abilene Texas, July 29th.

## Colorado State Board Revokes Osteopath's License

[From the Denver News.]

Boulder, Colo., July 20.—The license of Dr. L. B. Overfelt, veteran osteopathic physician and prominent resident of Boulder, has been revoked by the state board of medical examiners following charges of malpractice preferred by Mrs. Bertha Wicks of Denver and formerly of Boulder.

The action was taken by the state board on July 5, but became public only today when the clerk and recorder here was notified of the cancellation.

Mrs. Wicks is said to have brought the charges against Dr. Overfelt after he had treated her for tuberculosis. At the hearing before the state board she declared that a plaster used by Dr. Overfelt had caused her great pain and failed to cure her, according to members of the board.

Dr. Overfelt testified that he had gotten the plasters which he was using for such cases, and for which he claimed remarkable cures, from a veterinary surgeon in Texas.

He is said to have maintained the case was "blackmail" on the part of Mrs. Wicks, and is planning to fight the action of the state board.

Dr. Overfelt, who is well known here, has been in this section for twenty-one years. He has been president of the Colorado State Osteopathic association, president of the Boulder Commercial club and was the organizer of the Boulder Lions club. He is a graduate of the American College of Osteopathy at Kirksville.

\* \* \*

The *OP* greatly regrets to hear of this misfortune which has overtaken Dr. Overfelt. His own version of the affair follows:

\* \* \*

### Another Medical Outrage!

I will give you the findings of the State Board of Medical Examiners: That I was

guilty of immoral, unprofessional and dishonorable conduct and of ignorant and negligent malpractice.

I was called to see a case of pulmonary tuberculosis, a woman thirty years of age who had a very slight chance of recovery. I frankly told her her condition and that I did not think I could do much for her. I suggested that she wear a plaster that I had used on other cases very successfully and after explaining it to her and her husband they decided to try it. So I took her case, giving her osteopathic treatment daily and applied the plaster to her chest as an adjunct to relieve the intense coughing and pain in the chest—which it did. It was partly a charity case as they did not have funds to pay me the regular price that I receive for caring for such cases. They paid twenty-four dollars a month for my services where others were paying one hundred and twenty a month for the same treatment. I promised her only a trial, and in due time decided it was not benefiting her, so dismissed the case.

Her husband thought he saw a chance to blackmail me out of the small fee they had paid me and he wrote me a letter saying that if I did not pay him a certain sum of money he would take the matter up with the State Board of Medical Examiners, which he did. The 5th of July I was called before the Board. I appeared with my attorney and put up a good case, because we proved Mr. Wicks an attempted blackmailer and liar.

Mrs. C. E. Wicks did not file complaint against me, as the Medical Board gave out to the Associated Press. She told me repeatedly, and has told her friends, that the treatment did her more good than any she had ever had.

Now, these are the facts in the case, and yet osteopaths voted with the medics to deprive me of my license. I have been in Boulder twenty-



one year, continually practicing osteopathy. However, I was granted a license to practice medicine in Colorado which gives me the right to practice drug giving if I so desired, but I have never had the slightest inclination to prescribe for any patient that I have ever had. I use plasters in pneumonia and tuberculosis to relieve the pain and such symptoms that I can not reach with osteopathic treatment. I was entirely within the law but they do not know how to be fair. An Osteopath on a Medical Board amounts to about as much as a snowball in ——. I hope this explains.

Yours very truly,

L. B. Overfelt, D.O., Boulder, Colo.

### WHY OSTEOPATHS are STRONG in the FAITH

## Sousa, Famous March Master, Can Hear Again

[From the Chicago Tribune.]

Philadelphia, Pa., Aug. 23.—[Special.]—John Philip Sousa, the famous band master, is again able to hear his own music, it was learned today.

The band master lately has become a patient of an osteopathic physician of this city, and, although he has received only two treatments, declares he now hears much he formerly missed. In fact, he expects in a short time to be restored to acuteness of hearing.

"As a person grows older," the physician said, "he contracts a so-called condition of catarrhal deafness, a sort of overgrowth of adipose tissue lining the air passages."

The physician has been subjecting Sousa to "finger surgery," which, he explains is breaking up this tissue and causing the blood to circulate, thus restoring a normal condition.

#### SEQUELA

A second newspaper dispatch a day or two later stated that John Philip Sousa was going to sue the said osteopath for \$100,000 for giving out a statement, true or untrue, that he was deaf since good hearing is said to be the first commercial asset of a bandmaster who makes his living as a musical director. The bandmaster is reputed to claim that his reputation and usefulness in his life's work are jeopardized by such a public statement.

#### MORAL

When a doctor wants to make use of a cure for the benefit of his profession or the enhancement of his own reputation—which it is perfectly right to do under certain circumstances—he should be sure his patient sanctions it. It is all right to cite authentic cures for publicity purposes but not until one has the permission of his patient. Otherwise, the case should be reported anonymously.

## Another Dementia Praecox Cured

Two years ago a boy of 14 years was brought to me by his parents who were very much discouraged. The most noted specialist in our capital city had told them it was dementia praecox and that there was not much hope. The boy would probably end his days in an institution. I found a very pronounced cerebral lesion, which was corrected with difficulty and the replacing of which produced a sound that could be heard all over the room. The father told me this month that the boy has been normal ever since the treatment, is doing excellent work in high school, and can lift a two-bushel sack of wheat better than his daddie. Sounds like fiction, doesn't it? I can produce the boy if necessary.—I. M. Roberts, D.O., Marysville, Ohio.

#### WE REGARD IT AS A PRIVILEGE

For the first time in its 20 years history the Bunting publishing business is inviting its customers to become Preferred Share holders. Page 3 shows the way.

## EFFICIENCY in PRACTICE MANAGEMENT

### The Efficient Osteopath

By. Dr. C. C. Reid, Denver, Colo.

VIII

#### Expenses Not Usually Considered

(Continued)

#### Equipment

(Continued)

Last month we were discussing the equipment of the office, the failures and derelictions we have found in so many offices that were the cause of much loss. We want to continue this month under the heading "Expenses Not Usually Considered," the subject, "Equipment."

*Fifth. Shoddy furniture, rugs, decorations, etc.* We knew a young doctor starting in practice who bought some cheap upholstered furniture and had it shipped to his office from some distant point. Inside of two years the upholstery had so faded out that the furniture looked like cast off junk that somebody had left behind after they had moved. It was the same way with his rugs. The decorations on the wall were cheap and out of date.

The table in the osteopathic treatment room was one that had cost about \$18. It had a leatherette covering. Towels had not been used under the patients' heads and there was a big round greasy spot where patients heads had lain which gave the whole room an appearance of cheapness, and lack of sanitation. This doctor was located in a good town and had what was considered a good practice, at least he thought he was doing well. Getting on the inside of his work, however, it was discovered he was doing about one-fourth of the business he should have been doing. He was making a mediocre success in spite of his many inefficiencies.

It has been said that osteopathy is so meritorious that even a dub can make his living out of it. Any observer of many of our offices and methods of procedure would be convinced that this saying must be true.

*Sixth. Cheap stationery.* We receive letters from numerous osteopaths written in long hand (to which there is no objection if it is neatly done) on the cheapest kind of foolscap paper or ten cent tablet material. Not only do they not have neatly printed, embossed or engraved stationery, but they buy the cheapest thing on the market without spending anything on printing or embossing.

A physician's standing, his neatness, and the whole personal equasion is reflected in the external manifestations about his office, the stationery along with other things.

*Seventh. Things not kept handy.* We have referred to the contents of the desk, to dressings, sterilizers, stethoscope, thermometer, sphygmomanometer, head mirror, surgical instruments, laboratory, etc. If any of these things are stored away in some place where you cannot readily get hold of them, they will not be used as frequently as they should.

It is well to have a special room where all these things might be kept. Patients might be put in this room for the first time when examination and diagnosis are to be made. This way, all this equipment might be kept handy and there would be no need to duplicate it. The office secretary may be of great assistance to the doctor in bringing some of this apparatus from one room to another in case it is necessary, while the doctor can stay in the room properly connected up with the patient.

Once an examination is begun, that particular sitting should not be interrupted, but the examination completed just as far as possible

without the doctor leaving the patient. When he is through and leaves the room, he should have finished as far as he can at that time. Then he should not see the patient again until his next appointment. Having everything handy will help this psychological phase of practice.

*Eighth. Short of Modern Office Helps.* A typewriter, professional cards, case report blanks, day book, ledger, filing system, library, bookcases, etc., are all necessary, for a doctor who does very much business, has considerable correspondence. Being a busy man, he cannot take care of his correspondence by long hand letter writing. It is proverbial that doctors are poor correspondents; it is also proverbial that they are not good business people, that they do not do business on a business basis. The reasons are very evident when one makes a little study of efficiency. They do not see the connection between these modern office helps and professional affairs.

The business side of practice is extremely important, and these modern office helps are essential to handling a good practice. The modern doctor should not only have a typewriter, but he should have a secretary who can handle that typewriter for him. Then, along with good stationery he should answer his letters promptly.

I have referred many patients to doctors all over the country, but it is very seldom I ever have one word of thanks or any kind of recognition of the fact that the patient came to them. A good percentage of business is built on courtesy and proper sentiment. Many people will recommend a doctor on sentiment just as quickly as they will on knowledge of his actual professional standing.

Doctors who are good mixers socially are working under the law of sentiment. They know in some way that they get patients by mixing with people. These very people with whom they associate may not come to them, but will recommend them because they are good fellows. Many "half-bakes" professionally but good mixers with people are greater successes than lots of doctors with much better professional ability. The law of sentiment is worth cultivating and can be used to good advantage.

Modern office helps such as the typewriter, good professional cards, and nice stationery aid a doctor to cultivate the law of sentiment in addition to his professional standing.

Complete case report blanks and a bookkeeping system well kept by a competent secretary are a good investment in any doctor's office. A filing system to aid him to find what he wants is greatly to be desired. An up-to-date library with the best and latest professional books properly filed in the best kind of bookcases will aid greatly in office efficiency. All these things are expensive, but investment in them is on the side of economy when it comes to a choice of having them or doing without them.

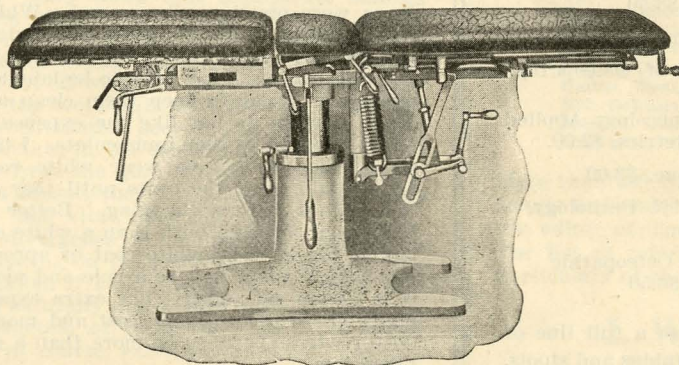
*Ninth. Inadequate storage space.* Cabinets, closets, filing cases, etc., are office essentials which will aid greatly in keeping things put away and keep the office from being littered up. Have a place for the hanging of coats, hats, and other paraphernalia.



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There is always a great deal of material that accumulates around an office that one should not throw away, such as magazines, manuscripts, extra supplies of stationery, cards, old case reports, clippings, and a great variety of things that one needs and wants more or less frequently. A proper storage place for this material is necessary about a well arranged office.

*Tenth. No uniform.* The inefficient doctor does not wear a uniform or if he does, it is such that it makes a poor impression. The modern doctor wears a white suit, a short apron, a white coat, or something that would immediately mark him as the physician in the office to anyone who would casually look in, even though there were many people around. White suits, white coats and aprons show very quickly that the doctor is particular about the cleanliness of his appearance. They have to be laundered frequently in order to keep them clean and tidy. Many doctors do not like the expense nor the effort required to keep immaculate. I have seen some who pretend to wear white coats, but they would wear the coats until they were almost black before changing. Better wear a black coat to begin with than a white one until it gets black. The white coat or apron should be changed every day as a rule and more often if it should get soiled. The extra expense and effort are worth all they cost and more to the doctor who expects to be more than a mediocre physician.

So much for equipment and its bearing on expenses that are not usually considered. This department of work is where so many doctors fall down. They think they will be economical, hence they do not properly equip themselves nor their office. This lack of equipment instead of being expensive by acquiring it, is many times more expensive by not acquiring it. One who does not properly equip is failing to see the dollar behind the dime.

(To be Continued.)

the spine does not hurt and is the best we have found for such conditions. The straight table does not afford means for this treatment. Here again the McManis table offers a solution.

A device for procuring traction in the neck and the area between the shoulders has been added to the table and is a feature which enables the doctor to handle such lesions as described in a very capable manner.

To obtain traction in the neck the head harness is applied and the patient's ankles fastened, with the patient lying on the back. A small amount of traction is applied, placing a limited amount of tension on the cervical tissues. The contracted muscles are slightly stretched out and the toxins therein partially eliminated. Further traction, applied slowly, carries the process further on, permitting of a limited separation between the lesioned vertebrae, and allowing roughened and approximated surfaces to be drawn apart. The contracted muscles are still further stretched and the "kinks" literally taken out. This procedure, carefully and slowly applied, is not painful to the patient and effectively overcomes a great part of the pathology maintaining the lesion. When the patient has had as much traction as he can comfortably stand, it is maintained for a very few minutes and then slowly reduced. At the end of the treatment the surrounding tissues will be in a perfectly relaxed condition and if the actual bony lesion has not already been corrected during the preceding treatment, it can now usually be corrected with very little discomfort to the patient.

Although there are a few exceptions where this mode of treatment will not work as described, it ordinarily gets results in a lesser time than the ordinary methods and is easier for the patient and the operator.

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—Epictetus



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## TECHNIQUE

### Advanced Technique Used on the McManis Table

By J. V. McManis, D. O., Kirkville, Mo.

#### Treatment of Acute Torticollis or "Wry Neck" on McManis Table

The element of traction, specifically and scientifically applied, has proven to be excellent treatment in the correction of many spinal lesions. Even in the osteopathic treatments given on the straight table the element of traction is employed. Since the advent of the McManis table this feature of manipulative treatment has been enlarged upon and the benefits from the same are far reaching.

Acute torticollis, or what is commonly known to the patient as "a crick in the neck," has always been a source of annoyance to the doctor and a condition causing much pain and discomfort to the patient. The etiology or cause of acute torticollis is primarily due to exposure or sudden twisting or jarring to the upper dorsal or cervical area of the spine, resulting in the usual pathology of such spinal conditions. Sleeping on too high a pillow or with the head twisted to one side often produces the lesion.

The pathology of the adjacent tissues in acute torticollis shows a contraction of muscles with congestion and inflammation. The vertebrae of the joint are usually slightly out of alignment. Movement in any direction causes sharp pain at the point of lesion.

On account of the acute soreness it is very painful to the patient to have corrective or manipulative treatment applied. Straight traction applied in a direct line with the rest of

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## HELPFUL HINTS *in* DIAGNOSIS REVEALED *by* ADVANCED DENTISTRY

### Talks to Osteopaths by a Dentist

By M. D. K. Bremner, D.D.S., formerly Editor of The American Dentist

General speaking, the words "non-vital" and "dead" are synonymous since anything that is not vital, that has no life, is quite obviously dead. However, in dentistry, when applied to pulpless teeth (teeth from which the nerve has been removed), these terms have a decidedly different meaning; indeed there is a great deal of controversy going on just now within the dental profession as to which of these two adjectives is most correctly descriptive. Some authorities insist upon calling them "dead teeth" while others think that "non-vital" is more appropriate.

This controversy, of course, does not arise from a disagreement upon a question of etymology, but upon a very radical difference of opinion regarding the sequelae of pulp extirpation, the effect of that operation upon the tissue in the apical space, and the relation of such teeth to the human anatomy. Some claim that when the pulp (nerve) is removed, infection will sooner or later develop at the root and, in fact, they insist that almost all such teeth harbor infection, even though a radiograph may fail to show any rarified area, and therefore they compare pulpless teeth to a sequestrum of dead bone; consequently, they call them dead teeth.

According to other men, however, teeth without pulps do not necessarily become infected, particularly if strict asepsis has been observed

when the root canals were filled and the absence of a definite shadow in the X-Ray film is ample proof that conditions about the roots are normal. They think that sequestrum analogy is wrong altogether because, while it is true that the dentine of the tooth is nourished from the arteries within the canal and this nourishment is cut off when the pulp is removed, nevertheless, the tooth still maintains its connection with the circulation because the blood does enter and circulate in the cementum (outer covering of root from the gum margin to the tip) and for this reason they say that these teeth are merely "non vital," but not "dead."

This divergence of opinion has, naturally, a great bearing on the methods of practice. The Non-Vitalist, if I may be permitted to use that term, is naturally much more conservative about the extraction of teeth than the other fellow who is of course, extremely radical. The proper position is somewhere between these two camps. The question whether certain teeth should be extracted or left in, cannot be done according to any theoretical rule. Each case must be considered individually. It depends largely upon the general condition of the patient and this is where co-operation and consultation between the osteopathic physician and the dentist will prove most valuable.

### Little Stories of the Clinic

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

STORY No. 31

At the Cleveland convention Dr. X came to my room, complaining of hoarseness and a bronchial wheeze that had disturbed his sleep every night for two and one half years. I began giving the laryngeal technic as described in June 1919 *OP*. He was an expert singer, and was able to keep the epiglottis well relaxed so that penetration into the pharynx was easy. He had a deep throat so it was necessary for the fingers of the left hand over the external part of the throat, to lift the larynx up to the fingers of the right hand. As soon as the upper border of the larynx came in contact with the large finger, a strong expulsion effort took place and thickened mucus was ejected. The fingers were withdrawn and inserted several times, until after the sixth or seventh insertion when there was a particularly strong expulsion effort and heavy chunks of mucus were discharged. "That's it," said Dr. X with an expressive gesture (grasping his throat and pulling upward.) "That's what I've wanted to do for some time." To a marked extent the huskiness was gone and the voice was fairly clear and resonant. Next morning he reported that during the night he had not had one bronchial wheeze such as had invariably taken place every night for two and a half years.

Mrs. K., a handsome young matron, was turned over to me at a clinic at Cleveland at the eye, ear, nose and throat convention. For several years she had suffered greatly with asthma, which had reached the stage where no medical treatment would bring any relief except morphine. She had a bad night and was in such distress with labored breathing that it was difficult to come to the clinic. Her marked distress was manifest to all witnessing the clinic. I used the laryngeal technic for 15 min-

utes, then gave an eight minute treatment of ribs and upper dorsal, while patient was on stool. Then followed a three minute inhibition of the phrenics. Whereupon she experienced complete relief. Her breathing became normal, and she said she felt as easy and comfortable as at any time in her life.

Comment No. 1. We expect no one will conclude that stories Nos. 30 and 31 are intended to report cures. We only try to illustrate the wonderful relief that can be secured by laryngeal technic. Cure depends largely on right diet and right living.

Comment No. 2. This laryngeal technic was reported by the associated press all over the United States. I refer inquires to their local osteopaths, and it is up to you all to go ahead and do the work. Do not be afraid of it. There is very little danger of your doing any injury.

#### Don't Chat Idly With Patients

A patient comes to you sick. He is not interested in your politics, religion, business, love affairs or anything about *you* except what you can do for him. What about that gallbladder? Can you cure his varicosity? Will his innominate stay put? Will he outgrow that neuritis under treatment? He is interested in his own condition and what you can do for him. He is paying your fee for your skill and what you can tell him about getting relief and what you can do for him. If you have to talk about anything else it shows scant interest in *his* business, which is to get well, and it convinces him that your limit of knowledge, interest and usefulness is soon reached. Talk but little to patients and what you do say let it relate to the patient's interests, not your own affairs.—H. H. Fryette, D.O., Chicago.

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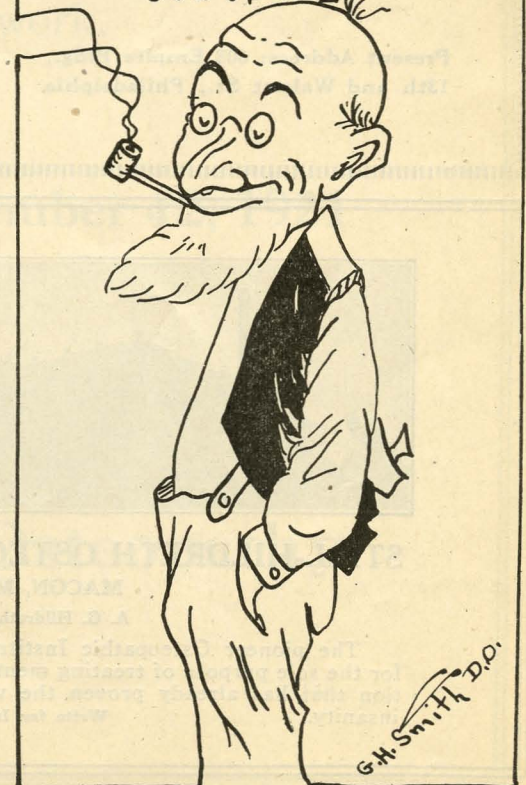
More than 200 Osteopaths have taken the course and endorse it. It is endorsed by the editor of The Osteopathic Physician. For list of references, reprints, and full particulars of the course apply to

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Hank Perkins He Sez:  
"By Heck, Do You Know -

Ma an' me went to that there Pageant of Progress at Chicago an' there warn't a darn thing 'bout Ost'opathy.





## Dr. and Mrs. James S. Logue Return from International Rotarian Convention

Dr. James S. Logue of Atlantic City, New Jersey, recently returned home after attending the International Rotarian Convention at Edinburgh, Scotland. While away he enjoyed making an extensive tour of Europe.

Dr. Logue is one of the founders of the Atlantic City Rotary Club. He of course made a report to the local organization and was liberally quoted in the papers. The Atlantic City Gazette-Review of July 6th gave him a two column interview. Dr. Logue accompanied by Mrs. Logue left for Europe far in advance of other delegates from the United States to the convention. The first stop was at Vigo, Spain. Other cities visited were Palermo, Sicily, Naples, Capri, Rome, Florence, Venice, Monte Carlo, Paris, London, Belfast, Glasgow and Edinburgh.

Dr. Logue gave a very interesting description of his visit to the battlefield in Europe and of

present conditions in Italy, France, England, Scotland and Ireland.

### Rotarian Spirit Won

There were 1,500 American delegates in attendance at the convention, which opened June 12, with the Lord Mayor and his Council and the Lord Provost of Edinburgh University in attendance. Briton had wondered, said Dr. Logue, what manner of men would be the American delegates to the Rotary convention, and for that reason some of the leading hotels were loath to grant them reservations. They were quartered in smaller hotels and private homes on the outskirts, as a consequence. But their attitude soon changed when the convention assembled, and they were only too willing to take the visitors in as guests. Satisfied with the quarters originally assigned them, the Rotarians remained for the most part where they

were, and the hotels lost heavily as a consequence.

### Pilgrimage to County Antrim

Two days were spent in London by Dr. and Mrs. Logue, after which they left for Belfast and thence proceeded to the doctor's old home in the County Antrim, Ireland. There they remained ten days, sailing at the end of that time from Belfast to Glasgow. So slow was the ship because of the poor grade of coal used that the tourists landed ten miles below Glasgow, boarded a trolley car and beat the ship into port.

### Hopes for Irish Unity

Dr. Logue sees hope for Ireland in Rotarianism. A high light of the great convention in Scotland, at which 36 nations were represented by more than 3,000 delegates, he said, was a dinner given by the combined clubs of Belfast and Dublin, representing the contending factions in that strife-ridden island. "They assured each other," said Dr. Logue, "of their mutual esteem and promised each other that they would direct all their efforts towards bringing order and good will out of the bloody chaos that now reigns in that unhappy land."

### Were the Guests of Sir Harry Lauder

Sir Harry Lauder was host to a party of 500 American Rotarians on a steamer which he chartered to sail up the Clyde. Lauder was at his best and kept the visitors in an uproar of merriment during the trip. Lady Lauder attended the ball given later in the week. The convention closed with a pageant, in which all 36 nations participated. One lone delegate represented Burmah, India. Dr. and Mrs. Logue while in Paris, journeyed out to the battlefields and covered 179 miles of desolate territory, where the contending armies had fought back and forth during the World War.

### Had Audience With the Pope

In Rome, which was one of seven Italian cities visited, Dr. and Mrs. Logue were agreeably surprised by meeting Rev. Dr. Driscoll, formerly head of the Augustinian Order in this country and well known among the Catholics of the resort. He is now assistant general director of the entire Augustinian Order here and abroad, and readily arranged for the visitors an audience with the Pope.

### Florence, Venice and Genoa

From Florence Dr. and Mrs. Logue proceeded to Venice where they were met at the railway station by a gondola which conveyed them to the front door of their hotel. There is a thrill at the first sight of Venice, which wears off, however, once the squalor is revealed," said Dr. Logue. "We visited St. Mark's Cathedral," he said, "and saw and fed the famous St. Mark's pigeons. There are thousands of them, and they are wise beyond their ken. Actually, they alight on your head, shoulders and wherever else they are able to secure a foothold. They wisely watch as you purchase cornmeal to feed them, and pull at your ears if you are at all slow in providing them with food." Dr. Logue praised enthusiastically the serenades given nightly on the Grand Canal declaring the Italians fairly transported their hearers by the sweetness of their music.

Genoa was next visited, and then came Milan, with its famed Cathedral. Outside this huge structure are 3,600 statues, he said, all complete and artistic in the extreme. There is a refreshment room on the roof, high above the street. Nice was the next stopping place, and from that city Dr. and Mrs. Logue paid a visit to Monte Carlo. The visitors were permitted to go through the palace of Prince Monaco at that place for the modest charge of a franc, exacted by one of the wealthiest men in the world.

### Flew From London to Paris

The trip from Paris to London was made by Dr. and Mrs. Logue in a Handley-Paige aeroplane. On their return to Nice the tourists

## NOTICE

### Dr. John H. Bailey

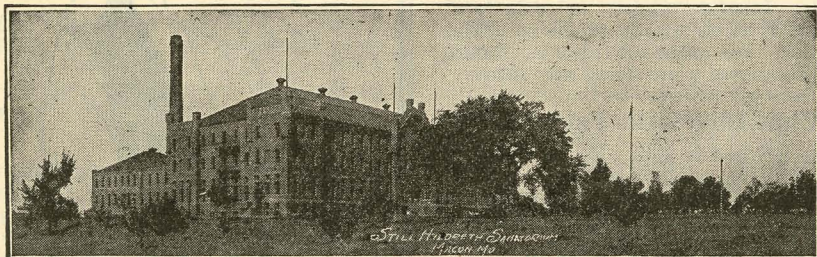
has purchased a property at 1623 Spruce Street, Philadelphia, and will remove his offices to this address about August 1st.

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found reservations could not be booked from Paris to London because of the coal strike, so they booked accommodations for two in a Handley-Paige aeroplane, which carried eight passengers, exclusive of the two pilots. The trip, covering a distance of about 300 miles, was made in two and a half hours, the airship landing in Croydon, outside of London. They were met by customs officials, the first positive proof they had received that transportation by air in Europe is now an established fact.

Take care to be an economist in prosperity; there is no fear of your being one in adversity.

—Zimmerman

## Have You Joined the New Osteopathic Order?

Everybody's organizing some kind of a club or other nowadays. There are societies to "compel" and there are societies to "prevent." There are the societies which are mere "classifications" according to age, sex, race or previous servitude. There are societies specialized for optomists, pessimists, boosters and knockers. There are also the Rotarians, Kiwanises, Lions, Elks, Eagles, Turtles, Buffaloes, Lambs, Pink Rabbits, Silver Foxes and countless others.

But to date the poor fish have been neglected! So several wide-awakes decided to cut into the brotherhood and sisterhood racket, too, and that resolution has resulted in organizing yet another crystallization that is to be greater and grander than all the rest.

It is called the "Spifficated Order of Poor Fish."

Membership is confined to prosperous osteopaths of vision who support the Steenth Amendment, stand for the self-determination of the exanthema, believe in abolishing tariff on babies, condemn famine, cholera and apical abscesses without hearing, urge expurgated editions of all poets and authors who praise alcohol, and favor issuing national licenses to those who dance the toddle and shimmy.

At the organizing meeting these officers were elected:

Dr. George A. Still, Grand Whale; Dr. T. J. Ruddy, Grand Saw Fish; Dr. Wm. A. Gravett, Grand Dolphin; Dr. Charles S. Green, Grand Walrus; Dr. Harry L. Chiles, Grand Octopus; Dr. Mary Peck, Grand Tarpon; Dr. A. L. Evans, Grand Sea Lion; Dr. Harry Goehring, Grand Porpoise; Dr. Edythe L. Ashmore, Grand Sand Dab; Dr. Charles H. Whitcomb, Grand Muskalonge; Dr. Rebecca Mayers, Grand Abilone; Dr. Charles Muttart, Grand Sea Serpent; Dr. Roberta Wimer-Ford, Grand Mermaid; Dr. Walter J. Novinger, Grand Shark; Dr. Louise Elkins Wyckoff, Grand Albacore; Dr. A. G. Hildreth, Grand Jellyfish; Dr. Ralph Kendrick Smith, Grand Oyster; Dr. George Burt F. Clark, Grand Lobster; Dr. H. H. Fryette, Grand Crab; Dr. Edward Douglass King, Grand Shrimp; Dr. C. C. Teall, Grand Flying Fish; Dr. Frank C. Farmer, Grand Sea Horse; Dr. Evelyn Bush, Grand Lorelei; Dr. Ralph H. Williams, Grand Devil Fish; Dr. George W. Riley, Grand Cuttlefish; Dr. Asa Willard, Grand Minnow; Dr. George V. Webster, Grand Prix Sardine; Dr. Fred Bischoff, Grand Keeper of the Seal; Dr. W. E. Waldo, Grand Repository of Tackle; Dr. Hugh W. Conklin, Grand Shunter of the Harpoon; Dr. Claude M. Bancroft, Grand Baiter of the Hooks; Dr. George F. Whitehouse, Grand Weaver of the Seine; Dr. C. E. Amsden, Rear Admiral, in Charge of Periscope; and Mr. Phillip H. Gray, Neptune.

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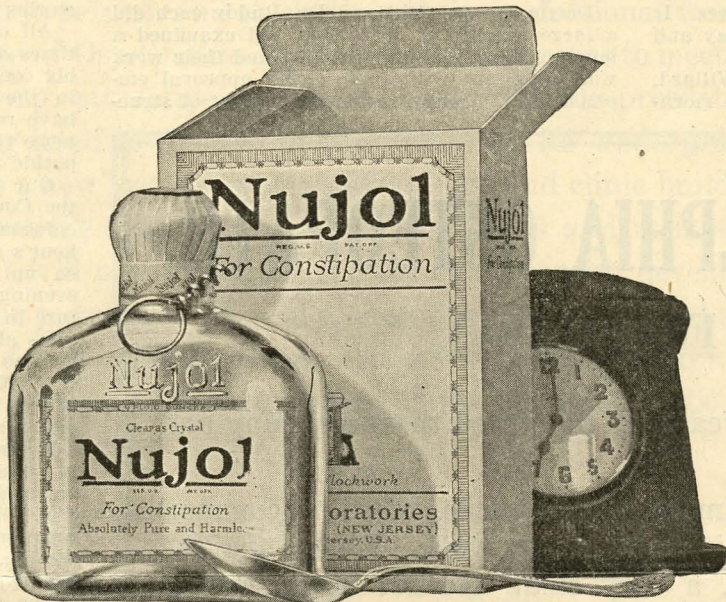
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## All That's New In State Conventions

By Geo. M. McCole, D.O., Great Falls, Montana

A file of clippings from last week's Great Falls Tribune shows what can be done in the way of publicity at a State convention. According to several in attendance, who have had considerable experience in conventions both state and national, this was one of the most successful state convention ever held. We planned the convention under four sections. (1) clinical; (2) spinal adjustment; (3) publicity; (4) entertainment.

The clinical section included the work of Doctor Still and Doctor Ruddy.

The spinal adjustment, I am glad to say, was given due emphasis by all the speakers. It was the special work of Doctor Halladay and Doctor McManis.

Publicity was in charge of Doctor Willard. He met my office secretary early in the morn-

ing and gave her an article for the afternoon paper. He met her again in the afternoon after the program and dictated an article for the next morning's paper. In this way I would say ten times as much space was given us as we could have secured had a reporter had to attend the convention to get his article. During the week, Doctor Willard got a total of over two solid pages of publicity. The evening paper had one big front page story, and the weekly paper also had a front page story.

Further than that it was the kind of publicity osteopathy needs.

Doctor George Still and Dr. Ruddy each did a large number of operations and examined a much larger number of patients and their work was given out with their entire approval emphasizing the "Osteopathic adjustment of struc-

ture" instead of its purely surgical side. Doctor Still said, "I am running an osteopathic college and you can't talk osteopathic adjustment of structure too much for me." Dr. Ruddy is equally as strong for osteopathy.

In this connection I might say that we used the word "adjustment," "spinal adjustment" and "adjustment of structure" as often as it was possible.

Osteopathy in Montana is getting a fine impetus out of this convention. I appointed every osteopath in the state on some committee and asked each osteopath to take his appointment, the convention program and a clipping which I sent, to his editor and get in a story. The response was amazing. Then practically all of these papers copied some of the convention stories from the Great Falls papers.

All of us are hearing this expression many times daily. "Doctor, you have been having a big convention, I see. I looked for your story in the paper the first thing every day." I have received a number of letters from towns more than 200 miles away asking about osteopathic treatment.

Our entertainment consisted of a dinner at the Country Club where we had regular fried chicken and sweet corn on the cob, with an hour's musical entertainment and an hour taken up with jokes and short speeches. One evening we attended Skeyhill's Chautauqua lecture in a body and when he broke his instructions about taking up osteopathy and told how he was cured, it sounded like the entire crowd of 1,200 people was cheering. I suppose a few M.D.'s in the crowd did not join, although we didn't miss their voices.

Referring again to the clinical section I might say that I think it is very important as it brings a large number of patients to the convention, holds them for osteopathy and shows to the community that we have a complete system of healing, besides their three dollar registration fee helps materially with the expense.

The other center of interest, the section of spinal adjustment, is of primary importance because it is by spinal adjustment that the individual osteopath is a success or a failure in his practice within the four walls of his office.

I believe that the plan explained to us by Doctor Ruddy of arranging state conventions across the southern part of the United States beginning next summer just before the Los Angeles convention and working from New York west, ending up at the Los Angeles convention, and then after that holding conventions across the northern states working from the Coast across to Maine, is a splendid idea.

I believe that state conventions should be given more prominence and supplied with our best speakers and specialists. In that way twice as many osteopaths will be reached and osteopathic education carried forcibly into every community.

### HELP MAKE THE WHEELS GO ROUND

Would you like to own some Bunting Preferred Stock that will pay you 8 percent and give you a definite part in making the wheels go 'round? It's easy. See Page 3.

### DO YOU WANT A NAMESAKE?

The osteopath who buys the largest block of Bunting Preferred Stock will have the honor of having our second big Miehle press named after him or her. The first one bears the name of Andrew Taylor Still. These Bunting shares will pay you 8 percent with safety.

### Proof of the Historic Precedence of Osteopathy

Read the article on page 27 quoting a 20-year old copyrighted document which proves that osteopathy is the pioneer science and art of adjustable therapy, and shows the mendacity of chiropractic claims.

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(Hay Fever Bailey)

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# An Announcement

Every mail brings requests for information concerning our graduate work. These requests indicate that the members of the Osteopathic Profession are looking to the *colleges* for graduate work with which to refresh and strengthen their professional work. It is the definite purpose of the College of Osteopathic Physicians and Surgeons to meet this need by offering at an early date, strong, attractive graduate courses. At the present time, however, this institution is devoting itself to the task of re-organizing its *undergraduate work* and of moving the College to a new location where new college and clinic buildings are to be erected. This work requires the time and energy of the officers and members of the faculty to such an extent that it will not be possible for us, this year, to develop the new graduate courses which it is our purpose to offer as soon as possible. During the present year we are prepared to offer the following courses which have been established for some time and which we believe will be of interest to those members of the profession who plan to spend all or part of the next year in California.

## Graduate Courses

1. Eye, Ear, Nose and Throat. A year course open to D. O's who have had two or more years of general practice. September 12th to June 10th. Tuition \$300.00.
2. General Osteopathy. Short graduate courses. January 16th to February 11th. Tuition \$50.00.
3. Obstetrics. January 16th to February 11th. Tuition \$50.00.
4. Surgical Technique. January 16th to February 11th. Tuition \$50.00. Cost of materials to be divided among members of the class.
5. Graduate summer courses. Announcements will be made later.

## Undergraduate Courses

In addition to the foregoing, members of the profession are cordially invited to take advantage at any time of the undergraduate courses of the institution. Those who wish to enroll in these courses and to receive credit for the work will be charged a registration fee. There will be no charge to members of the profession who attend as "auditors."

**College of Osteopathic Physicians and Surgeons**

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## The Osteopathic Physician

The Organ of News and Opinion for the Profession

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### EDITORIAL

Fairness, Freedom, Fearlessness

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

Vol. XL

September, 1921

No. 3

#### GROUP SOLIDARITY

Editorial by John Martin Hiss, B.Sc., D.O.,  
McKinley Hospital, Columbus, Ohio

Sociologists use the term "Group Solidarity" freely to designate a unity of thought among people thrown together for a common purpose. Psychologists call it "like mindedness." Both terms are descriptive of a state of well being among a crowd of individuals that can produce only success as a secondary result. It is merely a sowing of constructive seeds that are bound to reap a proportionate reward—the law of compensation in another form.

Now that the National Convention has come and gone, we return to our respective communities with new thoughts and augmented enthusiasm for osteopathy. There seemed to be a spirit felt by every one at Cleveland that the truths set forth by Dr. Still would penetrate further into human intellects than ever before.

Mr. Philip H. Gray, of Detroit, sounded the keynote of the future success of osteopathy in his masterful talk "Osteopathic Conscience." Coming at this time, and from a layman, his words should act as cementing substance that will bind us together as nothing else could. I believe that Mr. Gray's thoughts will be even more fully appreciated, now that his "Osteopathic Conscience" is published and every one has the chance to absorb it and get its fullest construction.

We must act as an Osteopathic Unit, like the ancient Roman Cohorts, moving steadily, unitedly, against lamentable misunderstanding and ignorance.

All this requires unity. Osteopaths must fight for a common cause, that of advancing the scientific principle of spinal adjustment and placing it before the world in its fullest light. This requires more effort for the aggregate and less for the individual. Selfishness can play no part. We must support national movements, educational campaigns, both public and professional, also clinics and hospitals. We must have sufficient group solidarity and like-mindedness to prove a great dynamic force.

Our attention and energy should be spent in developing osteopathy with less attention paid to our imitators and enemies. Dr. A. T. Still inscribed in the writer's friendship book "Saw your own wood." This is very applicable now. Let us get together, work for a common cause, place osteopathy on a high basis, and all our seeming opposition will fade into insignificance.

Mr. Gray has come forth with his enthusiasm and power to support osteopathy. I wonder if we fully appreciate this man? Here is one who is perfectly willing, I believe, to follow with substantial aid, wherever the profession will lead. We must realize that he should not be expected to pull us to our destination! We must work and progress, lead the way to build up a real osteopathic clinic, and I think Mr.

Gray will be there to furnish our needs as the situations may arise.

Detroit is destined to be one of the greatest centers for the healing art in the world. The progress there will only be limited by the ability of the osteopaths to get together and work. Progress will not be stopped for want of equipment.

Group Solidarity in other communities can produce similar organizations. First, we must forget petty differences, and all work together on major details. We must be like-minded. We must combine our efforts that osteopathy can be developed. Then we will have a right to ask our layman to aid financially in furnishing equipment. When we develop a demand for Osteopathic Hospitals in our communities, the means will be forthcoming.

Never before has there been such a keen spirit, at any national convention, for development of osteopathic hospitals and clinics. This denotes a step forward in our progress. Once we start thinking about clinics and hospitals, the ways and means will unfold one at a time. First of all the profession in a community must organize, must cooperate, and must develop a demand for such institutions. It is of no avail to dream about a hospital without having hospital patients enough to support it. Dreams are cheap—hospitals cost money, and must be supported after their erection.

Let us get together as never before, forget personal differences and work for the advancement of the greatest single therapeutic measure ever offered to suffering humanity.

Thousands of people are suffering for the want of osteopathy. They need us and we need them. Amalgamated action on our part will place our science before the people and then they will know where to obtain relief. A favorable public sentiment, greater than ever before, must be developed. Group Solidarity and like-mindedness will do it. It is up to us.

#### LOOKING AHEAD CHIROPRACTICALLY

Editorial by B. P. Mansfield, D.O., De Kalb, Ill.

As much as we deplore the rapid increase in the number of chiros and are often offended by their blatant and unscrupulous advertising, we cannot help admitting, laying all prejudice aside, that they are an important factor in advancing the medical revolution.

The Old Doctor was the Martin Luther of the medical "Reformation" and his followers began their fight, a little over a quarter of a century ago, to convince the people that most drugs were useless and unnecessary in the treatment of disease. Then, in the course of years, the chiros, the naprapaths, the mechanotherapists, and other drugless healers sprang into existence and eagerly entered the lists against the dominant school of drug therapy. Today the osteopaths and the chiropractors are the two leaders in the battle for the advancement of the idea of mechanical therapy.

The chiro problem is with us for a long, long stay. We might as well make up our minds to that effect right at the start. They are being turned out at a great rate and are very extensive and persistent in telling the world what they can do—and a great deal more. From sheer weight of numbers and quantity of advertising they are bound to play an important part in influencing large masses of people to discard the taking of drugs. They are increasing in numbers and are going to continue to increase in number. I do not see how it is going to be possible to legislate them out of business. It will be possible for a time, perhaps, but they have already secured laws in several states and have been almost successful in a number of others. Taking them as a whole they can do enough good work for their patients so that they can get public opinion behind them. And with public opinion supporting them it is only a matter of time until chiropractic laws will be on the statute books. This process is the

same as by which osteopathy attained its present legal and professional standing. Is the evolution of chiropractic up to the present time so very much different from the early evolutionary period of our profession? Is it unreasonable to suppose that it will continue its evolution and development until it reaches a stage approximating that of osteopathy today? Time alone will tell.

This article is no brief for our competitors. Its purpose is to point out the influence which they are exerting in helping to advance the Old Doctor's idea of treating disease. It is true their aid is unconsciously given and not at all appreciated by us, but, looking at the problem from a medical evolutionary or revolutionary standpoint, we are both working for a common end. The golden age of drug therapy is on the wane; we have crossed the threshold of the era of mechanical therapy. The osteopaths were and have been the pioneers and leaders of this movement. If we continue to adhere closely to the truths and principles as laid down by the Old Doctor, in the meantime keeping abreast of the times in the healing art; if we keep up our enthusiasm and faith in our science; and if we persistently and increasingly educate the public to osteopathy, at the same time giving them the best service of which we are capable, we need have no fear that our leadership in this great movement will be wrestled from us by some other school of mechanical treatment.

Between the publicity campaign of the osteopaths and the chiros the education of the people in regard to the uselessness and inefficiency of drug therapy is going to continue apace. Our problem is largely one of educating the public to the superior merit and professional qualifications of osteopathy.

#### ATZEN'S CLEAR THINKING

Doctor Atzen is rendering the profession a very distinct service in preaching and emphasizing his clear-cut and true law differentiating the three fundamental principles of healing, to-wit: the mechanical, the psychic and the chemical or drug. His work will make for clear-cut thinking by the whole profession.

Those three distinct points of view concerning disease have given rise and historic development to three separate existing systems of healing, each properly stressing its own appropriate media of cure, or more properly speaking, its hoped-for media of cure. Each system very properly is anxious to prove the applicability of its principles to be as widespread, as nearly all-embracing, as universal as possible. For that reason each has been liable to commit the sin against logic of excluding all other viewpoints and thus falling into the mental fallacy of universalizing the particular.

While it surely makes for the development of any system of therapeutics to emphasize it as much as possible, yet that course but reveals all the quicker the limitations of any system because over-stressing the applicability of any cure does not increase its potency in the least and only the more quickly reveals its insufficiencies, its non-applicability, its failures, thus leading all the sooner and more generally to restriction or abandonment of its usage.

Keeping these three fundamental origins of disease in the osteopathic mind will make for better diagnosticians and practitioners. When the mechanical viewpoint does not seem to apply, our physicians will be alert to test out the resources of whatever may seem to apply to the particular case and its conditions. Our people will not forget as often as they perhaps now do that so many cases are purely psychic and need mainly suggestion. And if a case were found where chemical stimulation or inhibition or antidoting or antiseptics were indicated it would cease to be considered a crime or lack of loyalty to the mechanical principle of healing to supply it.



Thus recognizing the three natural divisions of etiology and therapy will make for more broad-mindedness and more precise and logical doctoring.

It will assist also in framing proper legislation to aid in the development of all rational systems.

It will assist in educating the public to understand osteopathy and its true position and relation to the healing art.

If Dr. Atzen had done nothing else in his big job as Legislative Generalissimo but lay down this basis for correct thinking, differentiating and naming with reference to the three natural systems of the healing art he would have accomplished a big thing for osteopathy and for public education in understanding the true position and problems of the healing art. —HSB.

#### WATCH FOR THE NAME BLOWN IN THE BOTTLE

Hereafter each *OP* editorial will be signed by the particular editor who writes it. You know there are now "500 Associate Editors" responsible for The *OP's* contents—501, in fact, counting HSB, the common denominator—and each tub stands on its own bottom. Don't swear at HSB if you don't like some other fellow's ideas!

The *OP* is not muzzled—any associate editor can say anything short of a lie or a libel over his or her own signature. Also any worthy member of the profession who is not a regular contributing member of our staff may express his or her idea on any timely topic in these pages over his or her own signature.

We have democratized The *OP* editorial policy. They used to say it was an "absolute monarchy." Now it is surely the Osteopathic Forum and in its pages the humblest D.O. may get a voice in constructing osteopathic history. All we ask is that you watch the signatures and hold the right individual responsible. This policy is something new and wholly unique in journalism and we are watching its outcome with no less interest than our readers. Tell us what you think of its fruitage as results appear. We believe we'll all like it.—HSB.

#### WALDO'S DINNER IDEA ENDORSED

Dr. W. A. Waldo established a nice custom for retiring presidents of the AOA by giving a dinner to the editors of the profession at Cleveland. They were all present and just gorged at the expense of our enterprising booster of everything osteopathic. Williams nearly made himself sick. Said he wasn't used to guinea hen breast with truffles and mushrooms.

It was wondered—when the bunch all got together and looked with love and admiration into each other's eyes—why they hadn't been feeding at the expense of the AOA presidents all these years! Nobody could explain why; so, a formal vote of thanks was passed for Waldo's courtesy at Cleveland, and a rising vote of joyous acceptance for President Scothorn's generous invitation to dine on him at the Ambassador Hotel, Los Angeles, next July.

The *OP* editor-in-chief has not been apprised yet whether President Scothorn expects him to bring all the "500 Associate Editors of *OP*" to the next dinner or just a few of them as delegates. We'll advise our family of contributors later on. Meanwhile we're all strong for "Scothie."—HSB.

#### Mr. Gray's Mission in Osteopathy

Mr. Philip H. Gray is not only "the world's first osteopathic philanthropist" but he is the personification of the business men's demand that the osteopathic profession shall build hospitals in every community of the land. He is the great inspiration for which we have been waiting. It is now up to us!—Ralph Kendrick Smith, D.O., Boston, Mass.

## Publicity Makes a Channel

By J. A. Van Brakle, D.O., Portland, Oregon.

Anyone who has ever lived in a seaport knows how vital to the life of that city's commerce is the channel through which its shipping arrives and departs. A certain depth, width and clearance must be maintained at all times and large sums are spent annually to provide for this. Many a promising inland port has languished for want of a few additional feet of channel clearance that ocean liners must have. Other world ports, like mediaeval Bruges have disappeared from industry and commerce, solely because their harbors or their approaches have silted up.

Now Publicity can do for the professional man just two things. It can create for him new business and it can direct ready-made business toward him. The tale of new business created through publicity rivals the Arabian Nights in fascination but is, instead, a never-ending story of truth. At present, however, we are interested more especially in the *direction* of business toward the professional office.

Like sea-borne traffic, this business demands an unobstructed channel. This clear channel can be built and maintained by just exactly one agent—Publicity. Perhaps that publicity takes the form of word-of-mouth praise. The satisfied patient is indeed the best "ad," if he "ads." All too often he is busy about his own affairs and soon the story of what you have done for him fades away. There are many other hit-and-miss forms of publicity, all having the merit of being better than no publicity and all having a wide vogue as every professional man or woman uses one or more of them—whether he be coldly ethical or luridly unscrupulous.

The *consistently* successful practitioner pays a great deal of attention to this feature of his practise. One way and another he keeps the channel to his office just as wide and clear as he can.

And in this matter of keeping the channel clear, it is not a question as to whether or not you will use publicity. You do and you will. The single question is, what type or types of publicity will you use, and will you follow an intuition or a policy?

Presumably one could dig a river channel with a shovel, if the handle were long enough and the wielder strong enough. Nevertheless, that is no argument against using a modern high-power dredge. So it is that the type of publicity must fit the problem. If you are the sort of person who can make people talk about what you are doing, and *keep* them talking, then

#### HAVE YOU A REMARKABLE CURE TO REPORT?

We desire to print each month a dozen or twenty very brief reports of especially interesting or remarkable cases cured, along with the diagnoses that produced the results. You need not tell more about your case, if you like, than you can write (with pen or typewriter) on a postal card. But if you have a case to report in which you made photographs before and after, which really show the state of disease or deformity and the ultimate cure or correction, we would very much like the privilege of illustrating the case.

Friends, an editor is dependent upon the cooperation of his family of readers for making a department like this worth while. You who turn the tricks in practice—let us hear from you. Come on, you "500 Assistant Editors!" Show the world that you are worthy the honor of being a doctor and an editor both!—HSB.

#### How Charity Cases Line Up

People think well of a thing in proportion to the effort they have to make to get it.—H. H. Fryette, D.O., Chicago.

perhaps that is the type of publicity you should cultivate.

But even if some such long-handled shovel form of publicity is used, it would be wise to have a chart or plan of the rocks and shifting sands that must be removed. Such a plan or policy enables the results of publicity to be measured in the only terms that are acceptable at the bank.

In this professional channel which we have outlined, there is a stream which, if it flows in the right direction, is called good-will. That good-will is made up of several elements. You may be likened as a man, as a supporter of the local commercial club, as a bright and shining light of society, as an osteopath and as a physician who practices the helpful science of osteopathy. All of these things may go into the stream of good-will that is constantly directed toward you. Some of them are evidently more important than others.

But taking them all together, there must still be enough to make up a good-sized stream or the success that should be yours, will falter.

No stream in Nature goes on swelling in volume unless it is being constantly added to. There are leaks here and there, branches that carry away, such as the irrigation ditches in the West. Planned publicity is the best thing for consistently broadening the flow of good-will that may be yours. And by planned publicity is meant publicity that fits you, that fits the people whose good-will you are reaching for and that fits the science you are representing.

Each of these three is vital and must be considered earnestly. A full-page advertisement in your local paper, littered with pictures and promises, will not fit the profession of which you are a member, will not fit the people you would like to reach and ought not to fit you personally. Planned publicity means a consideration of these three factors with the emphasis upon YOU. It must fit *your* personality, *your* prospects and *your* interpretation of osteopathy.

Paradoxically, in order to do all this, it usually takes another's brain-power specially trained for the purpose, to impartially recognize these three personal attributes and to so manipulate them that the stream of good-will is kept ever mounting upward.

Did you ever really stop to think that nobody consults you without first being drawn to you through the power of good-will, either of their own or of someone else's? And good-will flows most easily through a channel dug with the tools of intelligent publicity.

#### Coincidence or Habit?

"My dear, why did you have me telephone Dr. G., the osteopath, when you've opposed him so all these years?"

The farmers wife addressed her husband, aged 75 years.

Mr. H. "Well, you see, it's just this way: All my friends who were sick last winter and spring had old fashioned medical doctors. Count 'em—four! They're dead and buried now. I really don't have any hankerings to die just yet, you know."

The story is true and the ancient farmer was back on his job at haymaking in a few weeks. Is this only a coincidence or do the osteopaths cure as a fixed habit?—Otto B. Gates, D.O., Bay City, Mich.

#### WANT A PIECE OF BUNTING STOCK?

Have you ever thought you would like a piece of the Bunting publishing concern's stock? Well, attainment is not impossible. We are inviting the profession to take \$30,000 of it. About \$25,000 is as yet unspoken for. It's on Page 3.



## Research Institute Activities

The annual meeting of The A. T. Still Research Institute was held at the Institute Headquarters, Chicago, Illinois, July 31, 1921.

The usual routine business was transacted, consisting of reports from officers and various committees; also a report from Doctor Burns showing the progress made by the workers in the laboratories on the Pacific Coast.

There being an apparent demand for Dr. Hulett's "Principles of Osteopathy," the trustees authorized the revision and publication of this book during the year. Advance subscriptions to the amount of nearly 700 copies having been received from the various Osteopathic Colleges.

Other books formerly recommended for publication are "Diseases of Children," Drew. "Applied Anatomy," Phinney, "The Blood," Louisa Burns.

Dr. Earl J. Drinkall was authorized to carry on an aggressive campaign in the interests of the Endowment Fund.

Drs. H. H. Fryette, W. Banks Meacham, Canada Wendell and A. L. Evans and Mr. Philip H. Gray were chosen to membership on the Board for a period of five years.

H. H. Fryette was elected Chairman of the Board of Trustees, Fred Bischoff was elected Secretary and Dr. John C. Groenewoud, Treasurer. Dr. C. B. Atzen was elected Chairman of the Council. Dr. Earl J. Drinkall was elected Chairman of the Finance Committee.

Members of the Board of Trustees of the A. T. Still Research Institute now are:

### Term Expiring 1922

Dr. Fred Bischoff, Chicago, Illinois.  
Dr. O. J. Snyder, Philadelphia, Pa.  
Dr. C. A. Upton, St. Paul, Minn.  
Dr. J. Earle Collier, Nashville, Tenn.  
Dr. H. Viehe, Memphis, Tenn.

### Term Expiring 1923

Dr. C. B. Atzen, Omaha, Neb.  
Dr. F. R. Booth, Cincinnati, Ohio.  
Dr. Hugh Conklin, Battle Creek, Mich.  
Dr. R. D. Emery, Los Angeles, Calif.  
Dr. Joseph Sullivan, Chicago, Ill.

### Term Expiring 1924

Dr. John C. Goenewoud, Chicago, Ill.  
Dr. James Fraser, Evanston, Ill.  
Dr. O. E. Smith, Indianapolis, Ind.  
Dr. Earl J. Drinkall, Chicago, Ill.  
Dr. Clara J. Stillman, Pasadena, Calif.

### Term Expiring, 1925

Dr. Rebecca Mayers, Detroit, Mich.  
Dr. H. S. Bunting, Chicago, Ill.  
Dr. Jesse R. McDougall, Chicago, Ill.  
Dr. Pauline R. Mantle, Chicago, Ill.  
Dr. George Laughlin, Chicago, Ill.

### Term Expiring 1926

Dr. H. H. Fryette, Chicago, Ill.  
Dr. W. Banks Meacham, Ashville, N. C.  
Dr. Canada Wendell, Peoria, Illinois.  
Dr. A. L. Evans, Miami, Fla.  
Mr. Philip H. Gray, Detroit, Mich.

### Ex-Officio Members

Dr. S. L. Scothorn, Dallas, Texas.  
Dr. R. B. Gilmour, Sioux City, Iowa.

## Four Rules to Get There

1. Office, the best you can obtain and afford.
2. Absolute cleanliness about your office and your own toilet.
3. Educate your patients to know osteopathy.
4. Promise too little rather than too much in your prognosis.

—H. H. Fryette, D.O., Chicago.

## IN THE SERVICE OF TRUTH

[From the Chicago Tribune]

Little laboratory rabbit—pink eyed—  
Patient beyond belief,  
Quivering nose uplifted in mute inquiry  
At the narrow confining cage, and at the strange  
sensations  
Brought by human fingers.  
Through long sensitive ears, veined in delicate tracery,  
Your lifeblood flows; or ceases to flow, that man may  
know  
More of the why and of the wherefore,  
Of pain—Disease—and Death.  
I lay my simple offerings at your sacrificing feet—  
A fresh sweet carrot, and a lettuce leaf.

—PIERROT.

# Wonderful Recovery of Nervous Wreck After Treatment by Osteopathic Physician

[From the New Brunswick, N. J. Daily Home News.]

Jamesburg, N. J., Aug. 22—Miss Ina Petry, the 12-year old daughter of Mr. and Mrs. William Petry, of Lincoln avenue, is being looked on with wonder by hundreds who have known of the miraculous cure that she has just passed through. Several months ago Miss Petry was a hopeless cripple.

The only faculties that she was able to use were her senses of hearing and sight. That she is able to romp and play with the other children of her age is due to the treatment of Dr. Frank Miller, osteopathic physician, of New Brunswick and Plainfield. The child is now considered almost normal and but a few visits are needed to regain her normal physical condition before the fall on her spine that made her a helpless cripple.

Hearing of the wonderful cure of this child, the writer stopped at the Petry home to see for himself just in what condition Miss Petry was at this writing.

Imagine the amazement on the visit to find Miss Petry romping about the living rooms with other members of her family as if nothing had ever happened.

She was just on the verge of bidding her mother good-night when the writer entered.

Mrs. Petry's, the mother's story, follows:

"It was early in November that Ina came home one day and acted queerly. A continuation of these queer actions on her part caused me to investigate, but without finding out just what was the matter.

"She became worse every day until I called in a local physician and was given to understand that it was simply a 'bad case of nervous trouble' and the usual treatment of pills given. Facial contortions now became noticeable, with twitching of the muscles and throwing of the arms, legs and other parts of the body. She became worse and worse. She lost the entire use of her arms. Then her legs became useless.

In desperation I took her to a 'nerve' specialist in Philadelphia with no results and all this time Ina was a terrible sight.

"Her tongue became so heavily coated that I had to scrape off the coating. Her lips became swollen, with a heavy crust on lips and tongue, and finally her lower jaw dropped down several inches and was useless to her. We were compelled to feed her with soup as she could not use her jaw at all. All this time I had given her up for dead. While lying on the cot she would kick out her legs unconsciously and one time she kicked a large hole in the wall. She was unable to walk by this time when a friend told me about Dr. Miller at New Brunswick. In desperation I took her to him and it was a blessing.

"Dr. Miller found at once that Ina suffered from an irritation of the cells of the cortex of the brain, caused by lesions. These were produced by the injury to her spine, caused by a fall.

I investigated and found that while performing on a high bar in the school grounds Ina had fallen to the ground and in this manner was injured.

"Daily treatments were given and an improvement was noted at once. I stayed at New Brunswick carrying Ina from an auto to the office, as she was a helpless cripple, but thank God now she romps and plays with all the children in the town. As you will note one of the arms shows a slight limpness yet but this is disappearing under the treatment of Dr. Miller. I really consider that Ina was actually brought back from the grave as she could not speak, eat, walk or sleep. Her appetite is good, she sleeps as any normal child and can sing and romp as before the injury to her spine, and all I can say is that I thank God such a man as Dr. Miller was brought into the case."

## Treat 'em Rough, Says Doctor, Telling How to Cure "Flat Feet"

Men Who Had to Use Old-Time Bootjack to Remove the Old-Fashioned Boot Never Had Any Trouble With Broken Arches, Expert Declares

[From the Minneapolis Tribune, August 17th.]

Got a bad case of "flat feet?"

Well, don't pamper 'em with adhesive tape bandages, or metal braces.

Just treat 'em rough. Give 'em a little workout with a bootjack every night, and they will be alright, says Dr. W. G. Sutherland, an osteopathic physician of Mankato, Minn.

"In the interest of humanity," Dr. Sutherland gave the *Tribune* an interview anent flat feet and bootjacks.

### Exercise Did It

"Men who wore the olden-time boots and employed the olden-time bootjack were seldom troubled with ailments in their feet," says Dr. Sutherland. "Yet it was not the boots that kept their feet in trim, but the daily evening exercise with the bootjack in the removal of the boots.

"You don't need the boots to apply the remedy. Merely apply the bootjack to the heel, and then follow out the same procedure your grandfather exercised in removing his boots.

### Heel Forced Backward

"Most persons, while walking, first place the heel in contact with the floor or walk, and then

the rest of the foot, thus throwing most of the weight on the heel. This weight has a tendency to force the heel backward and disturb its normal articulations with the bones down in the main arch of the foot, thereby causing the arch to sag down.

"High-heeled shoes, worn by women, aggravate this condition. This backward force on the heel also throws a strain on the long and short planter ligaments and, in connection with sagging the main arch, constricts the arterious and venous channels beneath the bones, resulting in general weakness and flat feet.

### How Grandfather Worked

"In employing the bootjack to get his foot out of the narrow boot-leg, your grandfather pried against the heel, thus forcing the heel bone forward again to its normal position and eliminating the constriction to the vascular channels. Consequently his feet rested peacefully, with a normal blood supply throughout the night.

"A little rough treatment with the bootjack is needed—and needed badly—in these days of high-heels, when feet are bound otherwise to go to bed with that 'tired feeling' and wake up with a cramp."



## \$38,300 Now Pledged to National Publicity

The total number subscribing to the Saturday Evening Post fund to date is 360—\$36,000. As much as we have explained the details of the plan, there are evidently some who do not yet fully understand it, and we feel sure that when it is more fully understood it will get the support needed to put it across.

It is interesting to note the states from which our greatest support is coming. This is due largely to the manner in which it has been presented and pushed in these states. Right here I want to give credit to Dr. E. C. Watters of Chillicothe, Ohio, for the splendid work he has done in that state. Ohio has pledged \$5,150 to this fund up to the present time. I wish we had three or four more states like Ohio, speaking osteopathically. This table shows the amounts that had been pledged in each state up to and including September 1, 1921.

Ohio .....	\$5,150	Maryland .....	\$ 400
Texas .....	4,560	Canada .....	400
Pennsylvania .....	2,900	Vermont .....	350
Illinois .....	1,580	Arkansas .....	325
Missouri .....	1,450	Maine .....	325
New York .....	1,250	N. Carolina .....	310
Michigan .....	1,250	Minnesota .....	250
Colorado .....	1,050	Oregon .....	225
Florida .....	910	S. Carolina .....	205
Massachusetts .....	760	Rhode Island .....	200
Georgia .....	750	New Mexico .....	200
Iowa .....	710	Montana .....	200
California .....	700	Louisiana .....	200
New Jersey .....	700	Dis. of Columbia .....	200
Tennessee .....	600	Alabama .....	200
Oklahoma .....	600	Mississippi .....	150
Indiana .....	600	W. Virginia .....	150
Nebraska .....	540	S. Dakota .....	100
Kentucky .....	500	Delaware .....	100
Washington .....	450	Connecticut .....	100
Virginia .....	420	Kansas .....	50
Wisconsin .....	410		
		Total .....	\$32,480

The total pledged, however, since brings amount up to \$38,300—H. M. Walker, D.O., F. & M. Bank Bldg., Ft. Worth Texas.

### Detroit Backs Saturday Evening Post Plan

I called a meeting of the Detroit Osteopaths a few days ago. It was not well attended for the reason that many were away on their vacations but every man and woman present backed the Society for the Advancement of Osteopathy to the extent of his personal pledge for \$100 for that Saturday Evening Post campaign. Since then I have appointed a good live committee to canvass the entire local membership and I am very much of the opinion that we will be able to make it unanimous! I think that this campaign promises to be one of the biggest and best things that have ever been put over by our profession, and I cannot see how any one in the profession can turn his back on it and retain his self respect. Simple honesty, however, compels me to acknowledge that your *OP* article sold me on the merits of the thing.—C. Burton Stevens, D.O., Detroit, Michigan.

### Robuck Boosts Saturday Evening Post, Too

It is gratifying to see that a few of our sleepy and balky ones are now beginning to wake up and, instead of hanging in the breeching, are ready to lean into the collar awhile. I hope the collar gets hot so they will like it.

It is one thing to elect a man president of an organization like the Society for the Advancement of Osteopathy and it is another thing to be willing to see that he gets some where without having to serve warrants on the whole bunch. Let us buy harness in the future that does not have breeching—just hames, collar and tugs! It is all up hill and there is no occasion for any extra paraphernalia because we aren't going to stop. All we need is something with which to pull. God grant that the whole profession will get that vision and get it soon. I have heard "The Old Doctor" say something like this: "Oh, Lord! grease our heels that we may slip ahead

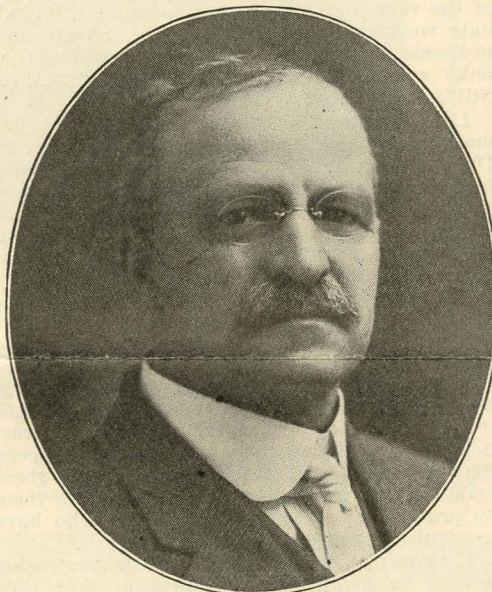
a little, and sharpen our toes that we may keep that which we have gained."

Some are contented that "The Old Doctor" only should have greasy heels and are hardly willing to use the sharp toes (a powerful truth) with which he provided them. They seem to be afraid some one will find them out. They don't want to "tell the world." Let's "tell the world" about osteopathy.—S. V. Robuck, D.O., Chicago.

### Drs. Buehler and Hanson Run Neck and Neck

Honors are even between Dr. John B. Buehler, 680 St. Nicholas Avenue, New York, and Dr. Sten Hanson, Fargo, N. Dakota, for buying the largest block of Bunting Building Bonds. Both doctors subscribed for \$2,400 apiece, making a tie in the race to help us put the new building over.

But it was only because the bond issue became over-subscribed on the date of June 1st that the amount of each of these two supporters stood where it did. Both were bidding up



Dr. Sten Hanson, Fargo, N. Dakota

rapidly when the subscription books closed. In fact, Dr. Buehler came in with another order after bonds were all sold and his check had to be returned to him.

Dr. Hanson, however, had no notion of dropping out of the running and he said he would have raised his ante "several thousand dollars more, had we needed it." So, we regard both gentlemen as royal sports and are pleased to proclaim them both winners.

"The half was not told us, Bunting, about the size and importance of your new building and plant," said Dr. Hanson when he recently visited us to inspect the institution. "I had no idea it was as big as it is and as fine as it is. I am proud osteopathy has such a publicity plant and I am very glad I was able as a bond buyer to help you accomplish it all."

The bonds are all sold, friends of the profession, but we are now selling a limited offering of preferred stock, and you, too, have the invitation "to become one of us."

### SHALL WE TAKE YOU INTO THE FAMILY?

Nothing succeeds like success. Identify yourself with the Bunting publishing business as a stockholder. It's easy for you and gives you fine rewards. See our \$10 per month per share Acquisition Plan outlined on page 3.

It's the little things that separate us from success—not the big ones.

### Leprosy Cure is Now Sure

Sixty-four Victims Discharged from Hawaiian Settlement

[By Newspaper Enterprise]

Honolulu, August 23—Use of chaulmoogra oil specific as a cure for leprosy has been so successful at Molokai Island that 64 inmates have been discharged as completely cured.

Authorities say that within 10 years the territory will have no further need of Molokai as a leper settlement and that leprosy itself may perhaps be unknown.

To Arthur L. Dean, president of the University of Hawaii, goes the credit for perfecting the leprosy cure.

Chaulmoogra oil long has been recognized as the standard specific for leprosy.

#### Oil Separated

Doctor Dean has separated from the bulk of the oil the element that combats the disease. It is this element that has been used with such astounding results.

Dr. W. J. Goodhue, resident physician at Molokai, says that under the present method of treatment 65 percent of leprosy cases at the settlement will be turned out cured within two years.

Many of the patients at Molokai, however, never can recover, as their disease was too far advanced before the cure was discovered.

#### Many Take Cure

There are 512 patients at Molokai and of these 175 have been under treatment with the Dean cure for five months.

Manufacture of the cure is being carried on now in only a small way, one of the main handicaps being the inability to obtain sufficient being reared at government experimental sta-chaulmoogra seeds. Hundreds of plants are tions here.

### "MLL" Shouts Battle Cry of Freedom

Chicago, Sept. 10.—Physicians who rebel against wearing the yoke of the allopathic medical trust, fastened upon the public and all drugless healers by state supported medical schools, state medical examining boards, and medical boards of health, are planning to take an aggressive stand for medical liberty in the convention of the American Medical Liberty League here during the last week of October.

Having declared war on the allopathic medical monopoly, the League will mobilize its forces at the convention and draft a fighting campaign for the coming twelve months. More than 500 delegates, representing over ten different systems of drugless healing, including osteopaths, allopaths who disapprove of the oppressive tactics of the dominant faction of their system, and many neutral laymen, are expected to attend.

These Leaguers are determined to replace doctors on health boards with sanitary engineers, lift from the shoulders of the people an enormous burden of taxation for medical graft, put all systems on an equal footing before the law and let each stand or fall by its healing record, and establish medical liberty on the same basis as religious liberty, with the same constitutional guaranties.

### Querebus

Take the—

"English" for Horse  
China's famous drink  
The universal exclamation  
A well-beaten trail

"English" for the drunken monosyllable  
The thing taboo since prohibition came in, and what do you think is meant?  
What, doctors, do you make of  
The intention conveyed?

Answer—

Os—t—o—path—hic—treat—ment.  
—O. O. Snedeker, D.O., Detroit, Mich.



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## Those With Light Must Impart It

By Edgar S. Comstock, D.O., Chicago

Two recent *OP* communications were particularly valuable. I refer to "Is Osteopathy an Adjunct?" by Dr. H. H. Fryette and "Yes, Brother, the Osteopathic Lesion is a Reality" by Dr. F. C. Farmer.

There seems to be a fairly large percentage of osteopathic physicians at the present time who consider that a sort of general massage, or manipulation, of the body, without thought of specific adjustment, is scientific osteopathy. There is another group—a smaller percentage, I believe, who have so little of the true osteopathic concept that they put practically no reliance upon structural adjustment as a curative agent and are leaning far toward the medical and surgical schools of practice.

The former of the two groups mentioned is the strongest possible argument for the existence of the "imitators;" and because members of this group do not make spinal and other inter-osseous adjustments, they leave a fertile field for the imitators of osteopathy. The members of this group should avail themselves of the very first opportunity to take post graduate work and find how far behind their own profession they have fallen, or how far they have wandered from the paths of Dr. A. T. Still's osteopathy.

I do not mean by this that osteopathy has made no advancement since it was given us by Dr. Still, but I do mean that the principles of osteopathy are the same now as they were then, and that the giving of massage with no specific adjustment in mind is not the application of the principles as he gave them to us and as they are being taught in our colleges.

The latter of the two groups, by the attitude of its membership toward osteopathic principles and practice, is doing much to undermine the growth of the osteopathic system and their members are, many of them, hypercritical in their faith. Many of them seem to forget that it is because they declare themselves to be practicing osteopathy or to be osteopathic surgeons that the majority of their patients come to them and that the many cases are referred to them by practicing osteopathic physicians who have surgical cases.

If these members and others of the profession cannot be loyal to the profession that they claim to represent, the profession that has been the making of them, they certainly do not deserve the support of those members who are loyal.

Dr. Pauline Mantle says, "Loyalty to my profession is next to loyalty to my country." Would that we had 100% of members like valiant Pauline Mantle!

I sometimes fear that the ease with which large fees may be collected by means of surgical cases is the incentive that stimulates a fairly large percentage of our students and practicing physicians to aspire for surgical practice rather than the welfare of the patients needing their attention. Perhaps my ideals are too altruistic, but I do feel that surgery should be the last resort in the healing of the sick instead of the first resort, as it so often is. It should be the business and the desire of every physician, osteopathic or otherwise, to try to save the patient from surgery if possible.

There is still another group of our professional members who are up "in the air" because they have been unable to get the "concept" and still they wish to be loyal to their profession. I refer to that group who are trying to practice osteopathy but have not the talent or the understanding for making structural adjustments and still by a manual treatment which they give are faithfully trying to practice the profession they represent.

Not long ago a member of our profession made this surprising statement of his opinion: "The adjustment of spinal lesions is of no cura-

tive value unless the patient has faith that the adjustment will produce the results desired!" It would seem that in this physician's mind our system is sort of a faith cure.

Practically all of us have experienced many remarkable results when the patient was extremely skeptical of the results of our osteopathic care. While we recognize the value of mental and chemical adjustments, we still contend that the foundation principle of the osteopathic system is adjustment of structure.

There are evidently lesions in the osteopathic organism and it is not going to take faith to adjust them. It is going to take good hard work on the part of those who have the osteopathic concept, in teaching these various groups what that concept is, by writing editorials in our professional publications, by articles of the Fryette and Farmer type, by the giving of work for post graduate courses, by the support of our colleges and insisting that they teach osteopathy as the pre-eminent system of practice with principles of surgery, surgical diagnosis, minor surgery and anaesthesia as a part of the equipment of the physician, and then develop a sufficient number of surgical specialists by special training to handle the surgical cases that are not amenable to osteopathic care. Our four-year courses should, and must, turn out Osteopathic Physicians and those who wish to practice major surgery should have special preparation for that work.

I say, we need more of the writings of Fryette, Farmer and others to hammer away on our misguided brothers and sisters, until the true concept of osteopathy is so deeply implanted in their minds and souls that they will see the light and be loyal to that which has made them.

### FASTING and MAN'S CORRECT DIET

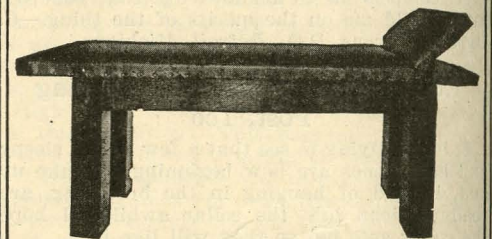
A new 153 page book on the treatment of disease through purely Sanitary measures. Total immunity to germ action can be obtained by reducing putrefaction in the digestive tract through fasting and dieting until the excrement is odorless, as described by Horace Fletcher. Germs are only scavengers in the body, as elsewhere in Nature.

—Read—

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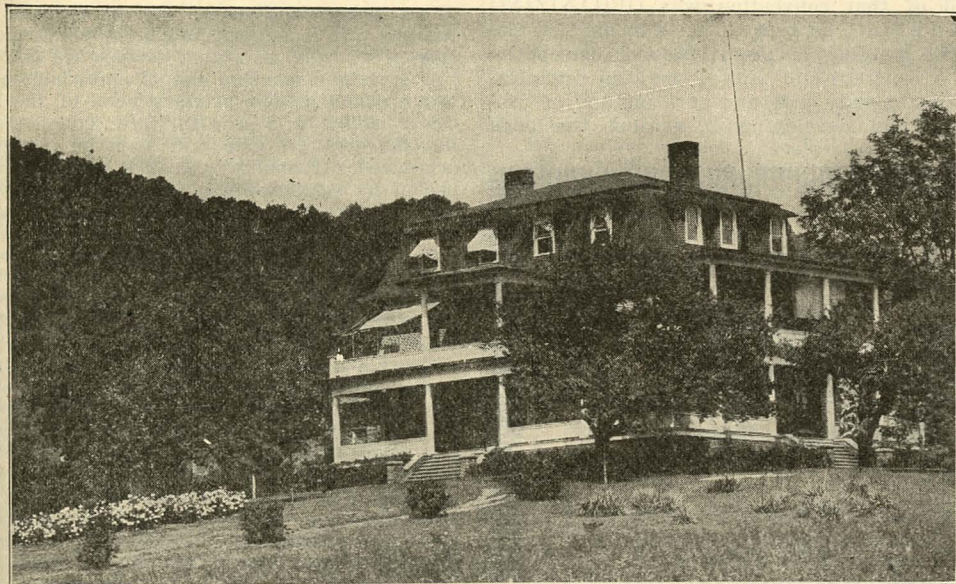
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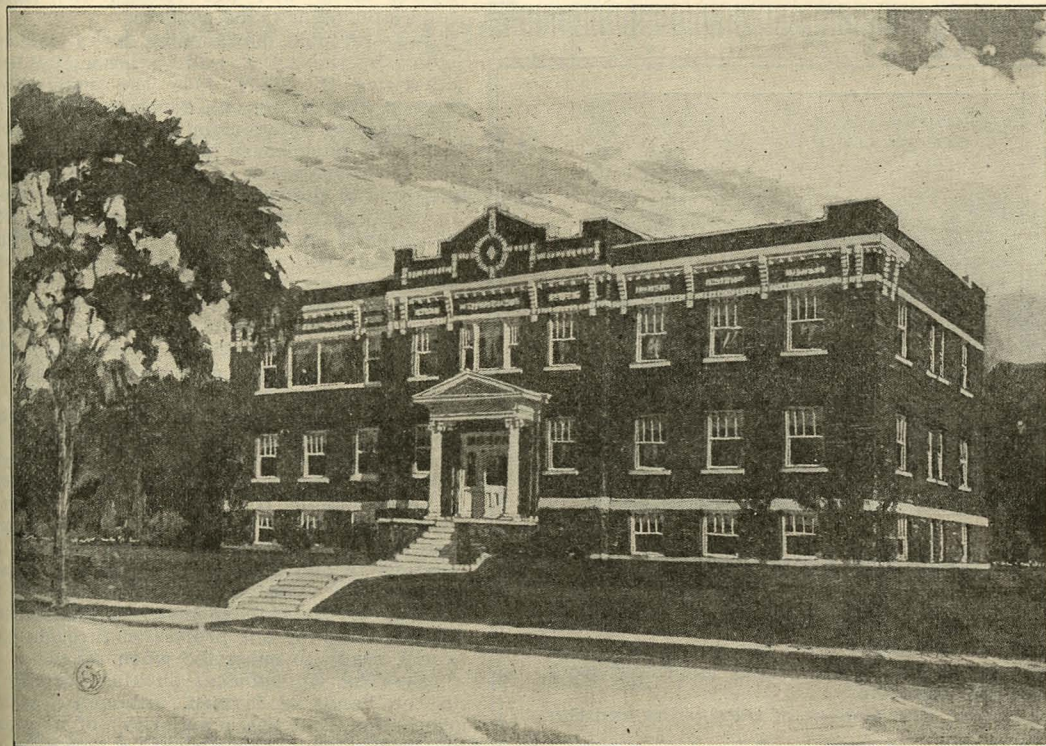
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For further information address Dr. George M. Laughlin, Kirksville, Mo.



## A Few Thoughts on Mobilizing Our Patient Reserve

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

After having been on the shelf for over three months following a severe nervous break-down, I am glad to advise you that I have now recovered my normal mental and physical condition and have resumed my practice again and am now in better shape than I have been at any time since the "flu" epidemic. Excessive work and loss of sleep at that time left me with an over-strained heart and a mitral murmur which has entirely disappeared under corrective treatment applied to the upper dorsal lesions, and I am consequently more of a

booster for osteopathy today than ever before in my life.

Because of the need of continuous vacation this summer, it was my misfortune to miss the Cleveland convention, but I'm glad the keyword of that convention was ORGANIZING OUR PUBLIC, because it seems to me that the definite welding of the friends of osteopathy into a concrete and unified working organization is the only safe and sure method of protecting and developing it against the odds

which have increased so tremendously during the past few years.

Other schools of medicine are working very hard indeed to crystalize public sentiment in their favor and thereby secure the passage of legislative measures which will do much to fasten the collar of "State Medicine" upon this fair country of ours. And the friends of medical freedom must unite their forces if proper liberty is to be maintained for the development of such benefactions as the osteopathic philosophy. It is simply, in my opinion, another case of "United we stand, divided we fall" and the Cleveland meeting should emphasize public organization as the primary need of the hour. Other things will keep for later consideration, but the strangle grip will soon be applied to organized osteopathy unless it makes prompt use of its most powerful weapon—the force of organized opinion among those who have experienced its benefits. Mark you, I am not speaking of the strangulation of the osteopathic principle, for that is eternal truth and cannot be strangled, but simply referring to the dangers facing our organizations of all kinds. And those dangers are *real ones*.

By this time you will be thinking that I am again harping on that same old string called the OSTEOPATHIC SERVICE LEAGUE, and to a certain extent you would be correct. But today it is not so much a question of the particular form of the effort as it is actually to map out *some* definite *policy* and then stick to it, year after year, and administration after administration. It need not necessarily be the Service League, although I believe no better machinery will ever be found for such work, but it should be some form of permanent organization of the friends of osteopathy which will not only serve to defend and further establish our institutions and existing organizations, but will likewise furnish the sinews of war in the shape of needed financial support and publicity.

There are just a few necessary fundamentals to be considered for this purpose and perhaps I can tabulate them.

1st—Such a movement must be *national* in its scope, because the questions at issue are already of national importance; hence local efforts alone will not contain the essential force and tenacity of purpose.

2nd—It must be adopted as a matter of *policy* by the A.O.A. and its associated bodies, otherwise it would face the possibility of earnest support by one administration and indifference or antagonism by the next in power.

3rd—It must cover broad enough field to enlist the cooperation of patients and friends in all parts of the country, individually interested in widely varying forms of human service, either educational or philanthropic. Hence the purely local issue will not serve to weld the *national* sentiment into organized form.

4th—It must have sufficient funds in its treasury at the beginning to properly conduct its business as a national proposition; otherwise merely sporadic activities will result, like the uneven tugging of a four-horse team.

5th—It must have *annual dues* (which should be upon some graduated scale for different types of membership) simply because people in general take some interest in such an organization if they put a few dollars of real money into it. Personally I have found patients and friends not only willing but anxious to subscribe a few dollars for yearly membership, leaving its expenditure to the wisdom of the management. Millions of such friends exist for our profession throughout the world, ready to subscribe when asked.

6th—The *management* should eventually be in the hands of laymen, although a suitable proportion (but not a majority) of its governing body should be osteopathic physicians, cooperating with the sentiment of the A.O.A.

7th—Members in such an organization must be secured *through the profession* and not over

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DR. F. L. BARR, recent graduate of the Kansas City College of Osteopathy and Surgery, is also with us now.

**SOUTHWESTERN OSTEOPATHIC SANITARIUM, Blackwell, Oklahoma**



his head. In other words, the A.O.A. must urge the individual practitioner, wherever located, to present the matter to his patients and friends as part of a national movement. Any attempt to reach his patients over his head would secure but half-hearted support from the physician and would result in inevitable failure of the movement. This point seems to me to be vital. The movement must have the active co-operation of the A.O.A. else it will fail.

8th—Such an organization has already been formed under the auspices of the A.O.A., called the *Osteopathic Service League*, and I respectfully suggest that, in the absence of any better machinery, it should be utilized for the need which is now imperative. If necessary, its name could be changed to suit any possible objections, but the *type* or organization seems to be well adapted to the requirements and has been worked out with the co-operation of several different national organizers.

The difficulty with *all* of our past efforts towards securing the assistance and co-operation of our friends among the public has been that the work has been left to a few individuals to organize some particular State or locality for some particular and immediate purpose, after which local interest is lost for the time being. The next time some other grievance arises, another herculean effort must be made, another temporary organization and campaign undertaken, with the expenditure of much energy, time and money, after which interest and enthusiasm again disappears, only to be worked up again in some future emergency.

This policy, or lack of policy, has heretofore caused a very great waste of energy, enthusiasm and money throughout our profession, as well as eventual discouragement among the workers. Our national association has at length recognized the potent fact that the interests of our profession are not limited by state lines, but are actually *national* in scope, so that the dangers and problems of any one State or local-

ity are really the dangers and problems of all. We are today suffering from the very fact that we have heretofore left "the other fellow" to shift for himself regarding State or local legislation, and much that has heretofore been done must be undone before our fair ship will drop anchor in safe harbor. Making the various State organizations affiliated sub-divisions of

the national association is to my mind a great step in the right direction, although I am not yet sure that we have forged the proper kind of links for the chain. Only time and experience will tell us about that. But it occurs to me that the *annual* meetings of all the State societies, or at least important business meetings of same, should be held say three months

## The Chicago College of Osteopathy

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Spokane, Wash.

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before the national convention, in order that important business matters or proposals, originating in some of the States and affecting our national policy, should have time for discussion and then be referred for action to the delegate body of our national convention. It seems to me this would remove much of the "shot-gun" type of activities which have so often featured our national business affairs, and give time for sober discussion before taking any action. This idea might be carried still further by asking each State organization to submit any suggestions for the consideration of the Delegate Body, in that way weaving the threads of national co-operation.

But the waste of effort caused by sporadic

and irregular activities to enlist public support should be forever abolished. The same amount of energy and enthusiasm put into a permanent organization, backed actively by the A.O.A., would yield a mechanism which could be called into action at any moment in any locality which needed its assistance, with the co-operation of the entire profession behind it.

This can only be accomplished by some form of permanent public organization such as is offered by the *Osteopathic Service League*. But if the league is not the best method of organization, for goodness sake let us abolish it and try again. But to simply sit still and allow the splendid enthusiasm of our public following to remain unorganized and inactive is to

court the very dangers which we fear. Organized public sentiment among the friends of osteopathy is the best method of securing long life and superb opportunity for organized osteopathy. And the Service League is the best method yet proposed for obtaining it. Why not try it and see?

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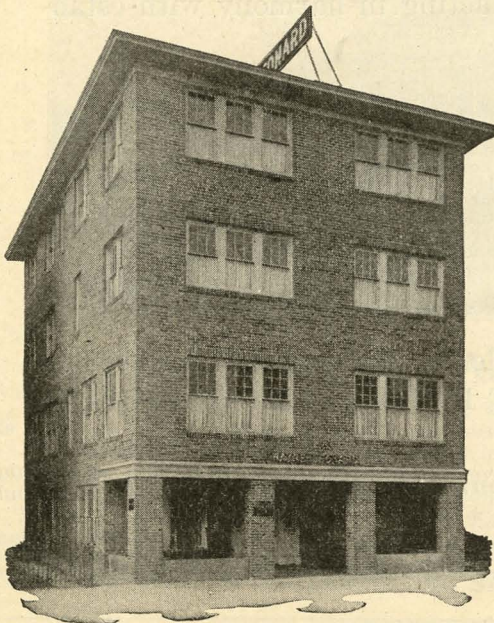
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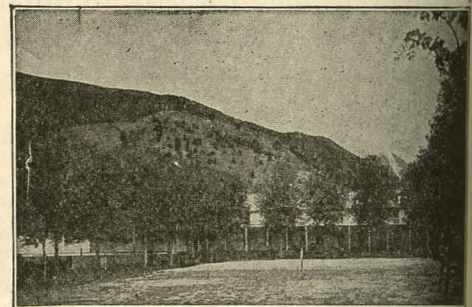
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The thought uppermost in my mind at this time is the growing lack of D.O.'s in rural communities where general practice gives an opportunity to show the value of one's system of treatment in all conditions. M.D.'s too, are thinning out; some one must come in. I hope to see more osteopaths take up this work (G.P.) and fewer of them go into eye, ear, nose and throat specialism for twenty years, at least. This course would develop our field.—*J. R. Gorsline, D.O., LaPlata, Mo.*

**To Clean Tonsils of Pus**

Wrap end of index finger with roller bandage and clean membrane and crips of pus from tonsil. If done after membrane is well formed recovery begins at once. The fever usually goes to normal in ten to twelve hours. If done too early, a second cleaning may be necessary, yet early cleaning may many times abort the severity of the case.—*L. L. Cornell, D.O., Falls City, Nebr.*

**Diagnosis Weak**

After twenty years in the osteopathic profession I find our greatest weakness in diagnosis. Differences of opinion drive patients away. A lawyer who had made use of osteopathy exclusively for five years, visited six osteopaths the same day. He said each diagnosed the case differently and each found a different spinal lesion which was responsible for his illness. None took temperature or tested the heart. He then called an M.D. and had two weeks of "flu." Now says he is through with osteopathy.—*Dale W. Craig, D.O., Denver, Colo.*

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Cement, sand and water properly manipulated make good plaster. Most any one with a slight knowledge of anatomy and a knack of using instruments can cripple the patient by gouging out a tonsil or cutting off a leg. But it takes real mechanical engineering to cure by osteopathic manipulation. The knowledge of anatomy, chemistry, etc., a liberal amount of common sense and the necessary use of elbow grease will cure the curable ills of man. (Tried it for twenty-one years.)—*I. F. Mahaffay, D.O., McAlester, Okla.*

**Opposes Tonsillectomy and Adenectomy**

I disapprove of tonsillectomy and adenectomy. I am not a surgeon nor do I approve of the removal of tonsils or adenoids, as such. I have had considerable experience in treatment and have had very satisfactory success by my method which excludes surgical interference and am doing considerable such work at the New York Osteopathic Clinic.—*Morris M. Brill, D.O., New York City.*

**Make Osteopathy the Groundwork**

Osteopathy made a name for itself by being an advance over the older schools of drug medication, by producing results where they had failed. One of the present troubles with our colleges is that they are aping the medical schools to such a degree that osteopathy is being forced into the background. Instead of being the cornerstone or keystone of other subjects supporting it, the opposite is true. Were the students well grounded in their osteopathy there would be less floundering around for adjuncts to bolster up their work. Osteopathic work produces results, the more osteopathy they have the better the results and desire for more osteopathic knowledge will help them from straying off into byways which lead to confusion.—*Peter H. Brearly, D.O., Professor of Physiology at the Philadelphia College of Osteopathy, Philadelphia, Pa.*

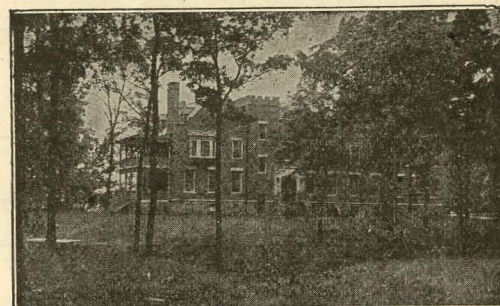
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## OSTEOPATHS in the LIMELIGHT

### Dr. Earle Willard Holds Classes at Detroit and New York

Dr. Earle Willard is in big demand among our practitioners for his work in highly specialized technique and particularly low table technique.

Following the Cleveland convention he went to Detroit on invitation where he conducted two large classes for a week and got acquainted with the Detroit Osteopathic Hospital. He then returned to New York City where other classes awaited him and has been busy giving instruction ever since.

His low table technique is particularly well appreciated. Dr. Willard's address is "flexible," as he keeps moving about, but any communications sent to him in care of this publication will be promptly forwarded, wherever he happens to be.

### Rileys Send Greetings from Sky

Dr. and Mrs. Geo. W. Riley of New York City sent us a post card written in mid-air between Paris and London, July 30th at 7 p. m. They were 8,000 feet above Abbeville, France, going 100 miles per hour in the "Goliath Air Service's" big limousine car holding 15 passengers. The going was as luxurious as in a railroad car. Friend George has often "been up in the air" but we don't believe he ever got so high before. Last issue we heard from them furthest north. That's the way for an osteopath to take his vacation! But we can't help but wonder what George does for drinking water in France. Wouldn't it be funny if George took to drinking wine over there!

### Ophal and Oto-Laryng. Lore

Under the able editorship of Dr. Glenn S. Moore, of Chicago, the first of four editions of the Book of Proceedings of the American Osteopathic Society of Ophthalmology and Oto-Laryngology will be going to press in the next few days. This will contain largely the proceedings of the last Society meeting at Cleveland, as will also the second edition. The third and fourth will be made up of special articles from members of the Society. Those who have carried membership in the Society are renewing almost to a man. These members appreciate what they are getting for their little \$3.00 check. Many others no doubt would join the Society if they realized the amount of benefit to be derived.

### Lion's Club Convention Honors Dr. C. C. Reid

Dr. C. C. Reid, retiring president, was presented with a watch at the banquet. The presentation of the watch was made by past president Jesse Robinson, toastmaster at the Tuesday luncheon, who said in part:

"Through all the years of this association, there are a few names that stand out pre-eminently as having been the guiding spirits in the propagation and the continuance of Lionism. And I submit to you the fact that I am right and justified in stating tonight that pre-eminent among those names and among those personalities is Dr. C. C. Reid of Denver, your retiring president.

"I certainly do not regret that I have had the privilege of imposing the fines at the opening luncheon of this convention and I follow that lack of regret by the privilege of presenting the results of those fines in the form of this time piece to our honored past president, Dr.

Charles C. Reid, and I know you will join me in the thought that its beat will be as sincere and regular as the heart beat of every Lion throughout this jurisdiction for our beloved past president."—*The Lion's Club Magazine.*

### No Lack of Young Osteopaths Here!

I think the news in regard to the arrival of Clemantine Barnett on May 27th was never published in *The OP.* This is the ninth osteopathic baby that has come into our home since I matriculated in The S. S. Still College of Osteopathy, in 1903. We laid one little girl away in 1912, but all of the others, five girls and three boys, are well and are husky children.—*J. A. Barnett, D.O., Boonville, Mo.*

### Dr. Schoonmaker, Colorado Osteopath, Honored by Women's Clubs

Dr. Amy B. Schoonmaker, osteopathic physician of Colorado Springs, Colorado, was elected state president of the Business and Professional Women's Clubs at the state convention of that organization held in Colorado Springs early in July. Dr. Schoonmaker has been vice-president of the Colorado Springs club during the past year, and has been active in other club work, among them the Mothers' Club of Colorado Springs. Her efficient work in these organizations has rapidly won her the highest office the Business and Professional Women of the state can offer.

Dr. Schoonmaker came to Colorado only three years ago from Macon, Mo., where she had built up a successful practice. She is a graduate of the A. S. O. Her work in Colorado Springs is in women's and children's diseases. She is associated in practice with her husband, Dr. P. D. Schoonmaker.

This representative woman osteopath also was selected as a delegate to the Business and Professional Women's national convention.

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Ear, Nose, Throat and Eye  
2 Lombardy St., Newark, N. J.

M. D. K. Bremner, D.D.S.  
Radiography, Oral Diagnosis and  
Pyorrhea  
Suite 1600, Mallers Building,  
5 S. Wabash Ave., Chicago, Ill.

Dr. Leland S. Larimore,  
Eye, Ear, Nose and Throat.  
Prof. Ophthalmology, Optometry and Oto-  
Laryngology, K. C. College of Osteo-  
pathy and Surgery.  
Blackwell, Okla.  
601-2-3 New Ridge Bldg., Kansas City, Mo.

Dr. C. C. Reid  
Eye, Ear, Nose and Throat  
Dr. C. L. Draper  
Dr. J. E. Ramsey  
Adjoining Suites with tiled and spec-  
ially equipt "surgery" in common.  
501-10 Interstate Trust Bldg., Denver.

## POST-REMOVAL CLEAN-UP SALE

### Big Value Package for \$5.50

We have been straightening out our stock brochures since we arrived at our Waukegan plant. We find we have some odds and ends which we desire to dispose of quickly. We have laid aside a number of packages, each package numbering 150 brochures and containing at least some of each of the following:

"An Osteopath's Explanation to a Health Seeker," "Questions Often Asked About Osteopathy and Their Answers," "How a Case of Sleeping Sickness Found a Cure," "Osteopathy in the Inflammatory Diseases," "A General Sketch of Osteopathy," "Osteopathy Potent Where Serums and Vaccines Fail," "Osteopathy in Winter's Ills," "A. T. Still as a Medical Thinker," "Most Diseases are of Spinal Origin," "Osteopathy as a Science," and "Osteopathy Cures Various Nervous and Blood Disorders."

While they last, or for a period limited to not longer than 30 days, we will sell these assortments at \$5.50 per package, "as is." You can have one, two or three packages, but the rate per package is the same. If it is requested, we will imprint professional card without charge.

If you want to do some campaigning to a new list of names, here is your chance to get the literature for it at a low cost. You can send us your list if you wish and we will do the addressing and mailing for you. The extra charge is 50 cents per hundred for addressing and \$1.00 per hundred for postage. There are about 50 of these packages. They will "move away" quickly, you may be sure. If you want one or two of them let us have your name and remittance promptly.

The Bunting Publications, Inc.  
Waukegan, Illinois



## PUBLISHER'S DEPARTMENT

[Ready to Reprint in Your Local Newspaper.]

### Proof of the Historic Precedence of Osteopathy Is Given in "The Osteopathic Catechism," One of the Profession's Most Historic Documents Which First Appeared 20 Years Ago

In the October issue of "Osteopathic Health" the popular journal of modern methods of health building without drugs, appears a very satisfying explanation of osteopathy's principles and practices, titled "The Osteopathic Catechism." This now justly celebrated document holds a double value for the lay reader who is desirous of keeping posted, in that it both establishes incontrovertibly that osteopathy is the original science of healing by adjustment, and in that it also explains very rationally just what that statement means and how osteopathy relates to germs, drugs, surgery and such other things.

The real significance of "The Osteopathic Catechism" in explaining and defending Dr. Still's title as discoverer and founder of this modern manipulative system of healing is told in this statement by the publishers:

#### PUBLISHER'S FOREWORD

This simple presentation of osteopathy was one of the earliest popular statements of such length put out by the osteopathic profession to educate the public. It received the unqualified endorsement of Dr. Andrew Taylor Still, founder of osteopathy, who said it gave a very fair idea of osteopathic fundamentals to the lay reader. It was written in 1900 and was copyrighted and first published for the profession by this publishing house in 1901.

Its clear exposition of the origin of disease through *occurrence of the tissue-lesion* and of the curing of disease by *making adjustments within the body* possesses historical value today as proving that osteopathy was the original pioneer system of adjustive therapy. Various counterfeit systems have since sprung up which imitate osteopathy's principles and practices without having made any observable modifications of "Dr. Still's backbone lesion osteopathy" as here so clearly outlined twenty years ago—long before such imitators had gotten started! Yet Doctor Still had been practicing, developing and proclaiming his revolutionary system of manipulative therapy for twenty-seven years when this article made its appearance in 1901.

A companion article, entitled "Most Diseases Are of Spinal Origin," which was also copyrighted and printed the same year under the same auspices, affords, in conjunction with this "Catechism," the most absolute historic proof of osteopathy's precedence as the pioneer science and art of adjustive healing because both articles tell exactly what osteopathy is and is not as was taught by its founder from the beginning. Both were written purely for public instruction, received the endorsement of the founder of osteopathy, and bear the U. S. copyright date of 1901. You may receive a complimentary copy of this additional brochure by requesting it of any local osteopathic physician

Ready for Use in your home town newspaper. The "copy" below is for display space. Have your printer follow style of composition.

## "Osteopathic Health" for October

### The Osteopathic Catechism: Every-Day Questions and Answers that Pass Between Patient and Practitioner.

Nature's Effort is Toward the Normal; What there is New in Osteopathy; Blockade of Nerve and Blood Channels; Osteopathy Adds a New Basic Principle to Pathology; How Other Schools Lack an Explanation; Medical Leaders Accept Osteopathy's View; Germs Often an Effect Rather than a Cause; Hand-to-Hand Fight with Microbes; Body Adequate for Demands of Life.

The above is the title contents of "Osteopathic Health" for October. This series of questions and answers about osteopathy was first printed in 1901 and received the personal indorsement of Andrew Taylor Still, Founder of Osteopathy. It is a complete and authoritative popular statement of osteopathic principles and practice, wonderfully comprehensive considering its compact form. It is well worth your time to read it. You will find it both instructive and interesting. It proves that osteopathy is the pioneer system of adjustive therapy.

A copy of this little magazine will be mailed free of charge on request. Address:

DR. \_\_\_\_\_,

or by writing the publishers.

This "Osteopathic Catechism" has run through eight subsequent editions and nearly three-quarters of a million copies have been distributed.—*The Publishers.*



#### BRINGING BACK OSTEOPATHY'S THUNDER

If the chiros have been stealing osteopathy's thunder in your locality you can easily get it back. If you sit still and let them "steal you blind" who will feel sorry for you?

But if the imitators have printed that false and purposely misleading definition of osteopathy which tries to rule us out of our own proper field of lesion-finding and lesion-fixing, and if in cold blood they have defined chiropractic as lesion-finding in contrast to osteopathy's alleged soft tissue massage, then you have your opportunity to prove their duplicity by historic documents.

In October's "Osteopathic Health" which includes that time-honored brochure "The Osteopathic Catechism," the profession has one of the two best weapons to expose chiropractic mendacity and fraud ever devised. This copyrighted brochure was first printed in 1901 and it explains osteopathy as purely lesion-finding and lesion-fixing twenty years ago, after it's schools already had turned out several thousand graduates. Its clear-cut definitions give the lie to that chiropractic hoax as nothing else can and will, except its companion brochure, "Most Diseases Are of Spinal Origin" which we first printed in that same year.

We advocate those suffering from chiropractic mendacity of the type mentioned to use these two standard articles with explanatory editorials, pointing out exactly what they prove—which is, that this chiropractic advertising claim in the main is a rank, deceptive, fraudulent falsehood.

We further recommend—if you have not already done so—to mail out a generous supply of "Chiropractic Kleptomania," our 6-page "Harvest Leaflet." If you have already sent out this leaflet, then follow it up with "The Osteopathic Catechism" and have your local newspaper reprint the article we furnish you in this *OP* on this page explaining the historical significance of this article.

When you have done that, then send out that other authoritative brochure, also aged twenty years, namely "Most Diseases Are of Spinal Origin," and repeated the explanation as to what it proves when you send it out.

Chiro lies can't mislead the public where such intelligent educative journalism is employed. It hasn't hurt osteopathy a bit in any locality where these wholesome antidotes to mendacity are applied generously and systematically to the community.

When you use up these antidotes, we have more good ones ready for you.

Don't sit down and fold your hands and let the imitators steal you blind without doing your part to protect your therapeutic patrimony. We supply you with the right way to defend your birthright.

#### THE BUNTING PUBLICITY SERVICE

for

OSTEOPATHS

Waukegan, Illinois



#### INVESTING SAVINGS WISELY

Any osteopath who can save ten dollars a month can own a share of Preferred Stock in The Bunting Publications, Inc. Wouldn't you like to be one of us? See Page 3.



#### In Case of Slump

Any time your practice drops off look at yourself—you're to blame.—*H. H. Fryette, D.O., Chicago.*



## Current Issues of "Osteopathic Health" on Sale

"The Osteopathic Catechism."—October issue. Price 100 copies, contract, \$6.50; single order, \$7.50.

"The Human Body Runs Like an Automobile."—September issue. Price 100 copies, contract, \$6.50; single order, \$7.50.

"The Body's Four Grand Systems of Elimination."—August issue. Price 100 copies, contract, \$6.50; single order, \$7.50.

Lower prices on larger quantities. Write for complete price list and information sheet.

THE BUNTING PUBLICITY SERVICE

for  
OSTEOPATHS  
Waukegan, Illinois



## Standard Undated Lairy Brochures Available

"The Osteopathic Specialist in Diseases of Ear, Nose, Throat and Eye." Brochure No. 58, undated. Price, 100 copies, \$6.50.

"Mechanical Causes of Woman's Ills and How Osteopathic Adjustment Cures Them." Brochure No. 57, undated. Price, 100 copies, \$6.50.

"Why Diseases of Stomach and Digestive Organs Develop"—Brochure No. 56, undated. Price, 100 copies, \$6.00.

"An Osteopath's Explanation to a Health Seeker." Brochure No. 54, undated. Price, 100 copies, \$6.00.

"Questions Often Asked About Osteopathy and Their Answers." Brochure No. 53, undated. Price, 100 copies, \$6.00.

"Osteopathy in the Inflammatory Diseases." By the late Professor Lane. Brochure No. 8, undated. Price, 100 copies, \$6.00.

"A General Sketch of Osteopathy." Brochure No. 51, undated. Price, 100 copies, \$6.00.

"Osteopathy Potent Where Serums and Vaccines Fail," by Michael A. Lane. Brochure No. 16, undated. Price, 100 copies, \$6.00.

"Most Diseases Are of Spinal Origin." Brochure No. 36, undated. Price, 100 copies, \$6.00.

"Osteopathy as a Science," by John Comstock, D.O. Brochure No. 37, undated. Price, 100 copies, \$6.00.

THE BUNTING PUBLICITY SERVICE

for  
OSTEOPATHS  
Waukegan, Illinois

## WHERE PEGASSUS BROWSES

### Adjusting

By Raymond L. Charles, D.O., Des Moines, Ia.

The osteopath is something new,  
He treats our aches and ills,  
He does it by adjustments  
And not by giving pills.

Our chiro echoes claim to have  
Some new trick up their sleeve,  
Their treatment is a spinal thrust,  
All ailment to relieve.

No matter if you've got the blues  
Or hemorrhage of the brain,  
They'll take your back, give it a crack  
And cure you just the same.

Tell me pray, what do you think  
The Osteopaths were doing,  
When "Chiro" in its infancy  
In Davenport was brewing?

Our doctors then filled the land,  
They treated and adjusted  
To see our system plagiarized  
Should make us most disgusted.

Down in Kirksville with Father Still,  
This method was created,  
Thrusting, busting and adjusting,  
With him originated.

## WHY WE OFFER TO MAKE YOU A HOLDER OF BUNTING PREFERRED SHARES

Briefly, we are compelled to sell \$30,000 of The Bunting Publications, Inc., Preferred Shares to complete payment for our \$45,000 new printing machinery equipment. Of course you know our \$50,000 Building Bond flotation was fully subscribed—in fact, was much over-subscribed—last June. The proceeds from that bond sale went to help pay for our new \$90,000 fire-proof building. This bond flotation, therefore, is a closed incident—another successful chapter of our business history. Do not confuse it with this new offering of Preferred Stock in our publishing company. The two issues are entirely distinct.

Of course our own Bondholders will be royally welcomed into this, even closer, business relationship with us, if they now desire to take advantage of this invitation and become Stockholders, as well as Bondholders, in this seasoned business enterprise.

This issue of \$30,000 of The Bunting Publications, Inc., is the only Preferred Stock ever sold by our corporation in its more than 20 years of history. No single share of its Common has ever been sold outside our small family of active workers who comprise the organization. By a law of the corporation when a worker who is a holder of Common Stock in the company ceases to be identified with the business, he must tender his Stock for sale to the corporation at its market valuation before he can offer to sell it to any one else. It is the policy of the company to have no Common Stock owned outside the actual workers who conduct the business. Similarly, we would much prefer to have our Preferred Stock sold within our family of osteopathic friends and customers—about 85 percent of our building bonds now being so held.

These Bunting Preferred Shares are equivalent to a first mortgage against all the company's assets and earnings. The assets behind our stock are very much more than ample to make it a safe investment. These assets include our six publications, to wit: "THE NOVELTY NEWS," "THE WHOLESALE BUYERS' GUIDE," "GENERAL STOREKEEPER," "THE OSTEOPATHIC PHYSICIAN," "OSTEOPATHIC HEALTH" and "DRUGGISTS SIDE LINES." The latter advertises the general merchandise side-lines that druggists sell—not their drugs and remedies. The Novelty News alone could be sold for more than ten times the whole amount of the Preferred Stock offered. We have current accounts receivable greater in volume than the whole Preferred Stock issue. Our furniture, fixtures and machinery (exclusive of the new \$45,000 equipment) has a value half as much as the whole Preferred Stock issue. So, then, as far as the security behind our Stock goes, it is indubitable and would justify a Preferred Stock issue many times bigger if we cared to offer it—which we distinctly do not, for as already explained, we are selling just enough Stock to pay up what we owe on our new printing machinery; and we would not sell a single Share additional for any other purpose.

As these Bunting Preferred Shares pay 8 percent, Cumulative, and are guaranteed as to Dividends as well as assets, no dividends can be paid on Common Stock until all Preferred Dividends are paid. Dividends are paid 2 percent quarterly. This Preferred Stock sells at par and is callable at 105 so that shares which are redeemed in five years, or soon after that time, will pay a return of approximately 9 percent.

As far as investments go, therefore, Bunting Preferred Shares are even a better buy than Bunting Gold Bonds were. At least, knowing all that we know about our business, we ourselves would even prefer the Stock to the Bonds as investment—as wholly good and satisfactory as the Bonds themselves are.

We do not hesitate to indorse absolutely this Bunting Preferred Stock as a safe investment

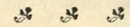
and as paying a very satisfactory, if not actually a high return, as really safe investments go nowadays. We therefore recommend our friends and customers of the profession to buy it.

You, who have savings to invest, or maturing loans to replace, or investments to shift where both returns and safety may be improved will search far and wide before you can find a really better buy.

Furthermore, friends and customers, you will be assisting osteopathy's pioneer publishing house and chiefest instrumentality for advertising by becoming a Share Holder in our Bunting Publishing Concern.

Our ownership and operation of this modern model publishing plant at Waukegan means great expansion and great forward strides for osteopathic propaganda—as you will realize better within another year, as our plans reach fuller realization—so that, besides paying you a return on your money approximating 9 percent, your owning some of our stock will mean using your money to supply osteopathic propaganda with its big new printing presses and other fine and complete equipment of publication machinery.

Really, isn't it like supporting a philanthropy when it gives you back a fine return on your money, besides guaranteeing its own permanent safety? It really is, if you only understand it. We may say then, that this investment literally gives you a two-fold income return while at the same time you will be helping us derive a third benefit from it, ourselves. "It is only good business when all parties to a transaction profit."



## "DO YOU SAVE FOR INVESTMENT?"

We could do a world of good to many an osteopath of a certain type who is living up to his income every year if we were only able to persuade him to begin saving some definite part of his income every month and put it into safe and paying investments. Take the small town osteopath for instance who is making \$300 or better a month and yet really saves nothing. If he were to get the "safe investment" bee in his bonnet and decide to spend only \$250 per month he would be able to set aside \$50 per month or \$600 per year.

In one year's time he could be the owner of six Preferred Shares of The Bunting Publications, Inc., which will pay him 8 percent and also pay a premium of 5 percent additional when called in. One with a \$6,000 income could just as easily acquire ten such Bunting Preferred Shares, or \$1,000 in the same time and manner. The doctor with a \$10,000 income ought to be able to own from twenty to forty such Preferred Shares from his single year's savings!

This habit of saving for investment—once it gets into one's blood—grows and thrives mightily. If you have never tried it out, are you going to begin? How many Bunting Preferred Shares do you feel able to carry on the cost of \$10 per month, each, on the installment purchase plan.



## HAVE YOU A MATURING LOAN TO REINVEST?

If you are fortunate enough to have money out at interest on first-mortgage real estate loan or otherwise, about to mature, we would like to bring to your attention the attractive features of our limited offering of 8 percent Preferred Stock, Cumulative, in The Bunting Publications, Inc.

This stock issue of \$30,000 is preferred to earnings as well as assets, so that no dividends can be paid on Common until the Preferred dividend payments of 2 percent quarterly are all met. Bunting Preferred Shares sell at \$100 par and are redeemable at 105, so that we certainly pay you in excess of 8 percent annually and will probably pay you about 9 percent



cent. See our advertisement giving fuller information on Page 3 of this issue.

Remember, too, that if you put your money in Bunting Preferred Shares it is reinvested by us in the printing machinery that is grinding out national publicity for osteopathy: so that you and your profession alike get a direct benefit from the use made of your money in addition to the good interest rate that you receive.

Furthermore, you are helping us, your professional boosters—helping us very much, in fact—by such a course, for we've got to pay the balance due on our new machinery equipment and, having gone our limit to get as far along as we have, we are now compelled to sell our Preferred Shares to raise the necessary money.

Can you help us finish up this good enterprise in fine style?

We invite correspondence with osteopaths who are of the investment class and will be glad to give any additional information or assurances you may desire.

**THE BUSINESS SIDE OF PRACTICE**

**It Increased Practice 20%**

I am very glad to report that since starting The Bunting Publicity Campaign last May my practice has increased at least 20%. This I regard as very good, considering that only about 1,500 homes have been reached. My No. 1 contract for campaign with "Harvest Leaflets" will expire in a few days. I wish to take up a new one to cover a list of 1,000 homes, thus making campaign No. 3 supplementing campaign No. 2 of 1,000 names. I see a great future for osteopathy if osteopaths will only wake up to the fact that they can help themselves immensely by using good publicity literature.—*Charles E. Getchell, D.O., Baraboo, Wisconsin, Aug. 29, 1921.*

**"New Lamps for Old!"**

Dear Mr. Arnold: Very glad to receive your inspiring letter. All that we osteopaths need is a little good advertising stimulation. Give it to them, Ralph; you sure have it!

Am sending Reedsburg directory. Will consider to whom "Osteopathic Health" will be sent, with your help.

July business over \$500, August over \$550. Very good, I think, during hot weather.

And best of all, am having wonderful results. For years I have been one of these fogies who said, "Let them come to me, if they want to." I have changed my plan of attack now and go after them; teach them good A. T. Still osteopathy; give them the very best I have in osteopathy and am square. You have helped me do it.

Our old friend Waldo sure has been an inspiration to all of us!

Fraternally,  
Chas. E. Getchell.

Baraboo, Wis., 9-1-21.

Some people grow under responsibility, others merely swell. —Hubell

**What Are Your Charges?**

Prospective patients daily confront us with this question. To me the osteopathic work should be remunerated for in proportion to the individual's case. (Not \$3 or \$5 a treatment). This charge should be governed by the benefits obtained, the time required and the ability of the patient to pay. This rule can be applied to all classes of patients and in any locality. If I can save health and time for the "higher up" then make him pay and give the shop girl a proportionate charge.—*Wm. A. Craig, D.O., Pittsburgh, Pa.*

Promises will get you friends, but non-performance will turn them into enemies.

—Benj. Franklin

**CASH PAID FOR ACCEPTABLE MANUSCRIPTS**

We are in the market for contributions that explain osteopathy, its theory and practice, its diagnosis and cures, in simple plain English suitable for converting the lay reader and educating osteopathic patients. Such manuscripts must be suited for the purposes either of "Osteopathic Health" or "Harvest Leaflets": must be typewritten on one side of the paper only and be either single or double spaced between lines. The total number of words by actual

count must be given on each article and the number of words on each separate page.

**FOR "OSTEOPATHIC HEALTH"**

Brochures or other manuscripts offered as suitable material for making up one entire number of this magazine must contain approximately from 3,600 to 4,000 words. We supply the subheads for long articles.

The preference is for short articles explaining a variety of diseases rather than for one long manuscript. Long articles have to possess some definite theme, show artistic unity and

**"HARVEST LEAFLETS"**

**to Reach the Multitude and Arouse the Disinterested**

Our new line of introductory and supplementary printed leaflets is designed to enable osteopaths to do wider and more systematic campaigning at unprecedentedly low rates per thousand (or per hundred) of names covered. These informal messages make easy and economical the undertaking of broadcast distributions and engineering systematic rapid-fire follow-ups where the cost of using a magazine would be felt as a deterrent factor. You can economically and speedily cover entire lists of any size by this medium and command instant attention. The harvest will be proportional to the sowing. Let us tell you how to plan and conduct such campaigns. Here is the splendid assortment of subjects offered you:

**4-Page Harvest Leaflets**

- No. 1. What Doctor Shall I Employ?
- 2. Disease Caused by Mechanical Pressure.
- 3. How Osteopathic Patients are Treated.
- 4. Getting Well All Over at the Same Time.
- 5. Building Up Weak Throats.
- 6. A Chiropractor at Work.  
(George Creel in Harper's Weekly).

Price \$10.00 per thousand, with or without your professional card.  
\$1.25 per hundred.

**6-Page Harvest Leaflets**

- No. 7. What is Osteopathy?
- 8. A Word to Former Patients.
- 9. What Osteopathic Fingers Will Do.
- 10. Neuritis From a Slipped Rib.
- 12. Where Chiropractors Are Made.  
(A reprint from the A.M.A. Journal).
- 13. Chiropractic Kleptomania.
- 24. Neuralgia and Headaches.

Price \$12.50 per thousand, with or without your professional card.  
\$1.50 per hundred.

**8-Page Harvest Leaflets**

- No. 14. An Explanation of Osteopathy.  
(As stated by the London Times).
- 15. Why the Spine is the Basis of Health.
- 16. What Osteopathy Does for Women.
- 17. Osteopathic Aid in Pregnancy and Confinement.
- 25. Osteopathy in Obstetrics

Price \$18.00 per thousand, with or without your professional card.  
\$2.00 per hundred.

**1-Page Harvest Leaflets**

- No. 18. Habit in Suffering.
- 19. The Osteopath's Point of View.
- 20. An Osteopath.
- 21. The Nine Modern Wonders.
- 22. Osteopathy is Not a Remedy.
- 23. Dr. Atzen's Definition of Osteopathy.
- 26. Pain.
- 27. Insomnia.

Price \$5.00 per thousand, with or without your professional card.  
\$0.75 per hundred.

Imprinting your professional card is FREE on all orders bought in thousand lots. On any number (or assortment) from 100 to 900 it costs \$1.00 extra. These folders are sized to go in an ordinary letter envelope.

These osteopathic "Harvest Leaflets" do not take the place of campaigning by Osteopathic Health, but supplement it. They are scaled for easy, economical, wide distribution in units of thousands instead of hundreds, and are adequate to supply your want of something effective that will stir up quickly numerous inquiries about osteopathy. You should use them as "attention-getters". As each new inquirer is heard from you should automatically put him on your mailing list to receive Osteopathic Health, the magazine, monthly for a year's period. That is campaigning as scientific propagandists of any worthy cause would do it. We have only begun to fight for Osteopathy!

**The BUNTING PUBLICATIONS, Inc.**

**Waukegan, Ill.**



logical construction. But any practitioner who is interested in his practice, even though without possessing literary gifts may write the most acceptable sort of simple short articles containing one or more good ideas or dealing with particular diseases, diagnoses and cures. We are able to supply the literary revision, if it be needed, to polish good plain recitals of fact.

FOR "HARVEST LEAFLETS"

Manuscripts offered for "Harvest Leaflets" should conform to one or another of these sizes: 1 page "Harvest Leaflets" average from 100 to 125 words.

2 page "Harvest Leaflets" from 250 to 300 words.

4 page "Harvest Leaflets" from 660 to 750 words.

8 page "Harvest Leaflets" from 1,700 to 1,750 words.

So-called "fine writing" is not wanted. Good plain simple English and truth telling, based upon an underlying understanding of the psychology of "selling" osteopathy to the public, is what we are after. What have you to offer, Doctor? Have you ever tried your hand?

LET US FIGURE YOUR JOB PRINTING

We are now open to figure on printing any sort of high grade job, book or booklet work for members of the osteopathic profession which represents a sufficient press run to be worth while. The longer the press run the more interesting to us. Letterhead printing is not done by us.—*The Bunting Publications, Inc., Waukegan, Ill.*

Forecasts the Millenium

On a recent trip to Knoxville to attend the Tennessee O. A. meeting the L. & N. train to Nashville had one sleeper, Hildreth, and another Gorgas, rolling along in perfect harmony—which shows that the Pullman Company is liberal and plays no favorites in the healing art. Such is fame.—*Charles C. Teal, D.O.*

A Practical Post-Graduate Course

given by

THE TAYLOR CLINIC

at the

Des Moines General Hospital  
Des Moines, Iowa

Thirty Days of Intensive,  
Practical Work.

Fee \$100. Certificate at completion  
of course.

- DR. S. L. TAYLOR, *Surgeon-in-Chief*
- DR. A. B. TAYLOR, *Orthopedics, Pediatrics and Asst. Surgeon*
- DR. G. C. TAYLOR, *Eye, Ear, Nose and Throat*
- DR. LOLA D. TAYLOR, *Consultant and Gynecologist*
- DR. JOHN P. SCHWARTZ, *Urology and Proctology*
- DR. C. R. BEAN, *Staff Physician*
- DR. JOS. L. SCHWARTZ, *Staff Physician*
- DR. F. J. TRENER, *Superintendent and Radiologist*
- DR. BYRON L. CASH, *Pathologist, Cystoscopist and Genito-Urinary Diseases.*
- DR. E. H. PHILLIPS, *Interne*
- DR. H. H. LEFFLER, *Clinical Diagnosis*
- DR. T. M. PATRICK, *Staff Physician*
- DR. H. B. WILLARD, *Staff Physician*

Let's Spend for the Upkeep of Our Life Work

When Dr. A. B. Sturgis wrote that "Aphis" article in June *OP* he spoke volumes according to my notion. I agree with him so thoroughly I just want to say "amen" to it. The apathy of our profession is startling. Were it to continue as it has been it might even prove fatal; but I really believe now there are enough live ones with vision to put osteopathy right before the public.

Last fall after I returned from the Chicago convention, something of the existing condition had been revealed to me, and I realized that I had done but very little toward making it easier for future osteopaths but had done exactly as Dr. Sturgis brought out in his article—just sucked at the old plant for all there was in it! Then I read in the *AOA Journal* Woodall's plea for a campaign of Osteopathic Education to be carried in the advertising pages of a leading national magazine. We got together and with others in this locality launched the movement which Bunting refers to as "The *Saturday Evening Post* campaign."

We may be wrong, but believe me, we think we are right, anyway. We believe that thirteen half pages on osteopathy appearing, once a month, for thirteen consecutive months, in the advertising section of *Saturday Evening Post* (articles to be by an expert advertising man, with the assistance of Dr. Woodall, Dr. C. J. Gaddis, Dr. A. L. Evans, Dr. C. P. McConnell and Dr. E. M. Downing) will be, at least, a start in the right direction.

You know, Doctor, that any step into a new field will draw the usual amount of criticism, but we are stepping ahead nevertheless. Our proposition is now just 76 percent put over. At Cleveland we did our utmost to complete the job. Now Detroit is swinging into line. We do not intend to stop until we finish what we have started.

A campaign of quarter-pages on Osteopathy is now running in *The Rotarian* (the official organ of International Rotary Clubs, with a circulation of nearly 100,000). This series of thirteen half-pages in *Saturday Evening Post* will treat of osteopathic fundamentals—will carry a list of all our recognized schools, together with a presentation of osteopathy as a profession for those in search of one—will tell the public that osteopaths are trained to be physicians in the true sense of the word.

Now you readers of *The OP* may feel that I am wrong (however, I hope you don't), but I am appealing to you to let you know that we are trying to do SOMETHING to educate the public on osteopathy and we need your help! I am with you for letting the people know about osteopathy.

Let's spend some money for the upkeep of the business that has supported us since we took it up as a life work.—*H. M. Walker, D.O., Fort Worth, Texas.*

Remember it is the busiest man that always gets more business.

Team Work in the Valley of the Colorado

On the western slope of Colorado is a town of 8,000 people, named Grand Junction. There are four osteopaths dwelling in amity and thrift in that city and they pull together 100% strong. We are proud of the things we accomplish by pulling together. In attending the state convention I observed some cities actually without representatives! Osteopaths either go forward or backward, and you rarely see two or more pulling together "backwards."—*James L. Keen, D.O., Grand Junction, Colorado.*

Take care to be an economist in prosperity there is no fear of your being one in adversity.—*Zimmerman*

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"A. T. Still; Founder of Osteopathy"

Dr. O. R. Meredith,  
Nampa, Idaho

April 9, 1921

Your book, "A. T. Still, Founder of Osteopathy" by M. A. Lane, came this morning and I am wonderfully well pleased with the appearance of the same.

Your "Foreword" speaks well for the volume. The contents, so well paged, as well as your "Index" are very commendable. A person should be able to get at any subject that he wishes from this. The book is handsomely printed and aptly bound.

For one, I pledge myself to buy more osteopathic books than ever in the past.

Yours for an osteopathic literature,

O. R. MEREDITH, D.O.,  
President of W.O.A.

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### We're Waiting for Edmiston!

I have observed with much osteopathic interest the group gathered before your new publication plant in Waukegan in August *OP*. Seldom has it been my misfortune to view so many innominate lesions photographed in one group! And so many prominent men—Waldo, Morse, Bunting, Arnold, all men teaching the world the effects of the Bony Lesion! Perhaps it would not have excited me so much but I heard Dr. S. C. Edmiston in Portland and saw him use his plumb line and give his technic. So, do bring in some D.O. and have all those innominates adjusted!—*Ida F. Rosencrans, D.O., Seattle, Wash.*

[P. S. It was only the way our trousers were pressed—or not pressed. Arnold really isn't knock-kneed.—Editor.]

### Get a Hospital

The most important thing to day, is to become more united so we can say we are one on all things that are scientific toward better diagnosis and more accurate reductions of dislocated parts. Do better work, in diagnosis and in treatment, and charge a better fee for examination and for treatment, and the people will appreciate osteopathy far more than they have in the past. You are worth no more in the estimation of the public, than the price you place on yourself and your profession. If you have a thousand people in your town or more, have a hospital to take care of your sick people, it will help the patient and the profession more than any other one thing you can do, provided you give real osteopathy, not electricity and vibrators.—*D. W. D. Bowen, D.O., Richmond, Virginia.*

### Slipping Innominate

For the sake of humanity, Doctor, stop that old barbarous, he! ha!! he!!! leg jerk to fix an innominate. *Diagnosis:* Patients prone; discover lesion side by the greater tenderness between innominate and sacrum. Patient supine. Compare length of legs, the wrong one may be either long or short. Measure from anterior superior spine of each ilium to the umbilicus, to learn whether the injured innominate is up or down in front. Treatment: Patient on well side; legs flexed, upper one more; operator in front; one hand on ischium, other on anterior superior spine of ilium; make adjustment gently, very gently! Remeasure, adjust hip and quit. By far the greatest thing the "Old Doctor" ever gave me.—*A. L. Wilson, (A.S.O. 1903) D.O., Spokane, Wash.*

### Defends Los Angeles College

Why keep on publishing these knocks at Los Angeles College such as that last one in "Shop Talk?" Doubtless mistakes have been made, but the only colleges where no mistakes were ever made are dead. I am a new man in California, but had heard rumors of feuds in the California osteopathic ranks that were as bitter as feuds in the Ozard Mountains. Yet at the last State Convention in Los Angeles the principals came forward like true big-hearted men and these feuds were settled—let us hope for all time. It was the best get-together meeting I have ever attended, and every one felt like shouting "Amen!" It was agreed that what was wanted was the Dr. A. T. Still Osteopathy in the profession and in the Los Angeles College. We were given every assurance that our college would turn out real osteopaths. The College may not be perfect, but it's "coming along fine," and how fast it improves depends upon the royal support the profession gives it. Throw away the hammer, Dr. Holt! "Let's Boost."—*Warren B. Davis, D.O., Long Beach, Calif.*

Let a man contend to the uttermost for his life's prize, be it what it will. —Browning

### A Card Used in Raising Fees

I advanced my office charge from \$2.00 to \$3.00 in 1919. I used this card—results very satisfactory. I thought the card might interest someone else. Here it is:

The osteopathic physician is concerned most with the basic cause of disease, symptoms being considered but signals which direct the attention to the underlying causes.

In order to secure the maximum results in the practice of osteopathy, the giving of sufficient time to the individual patient is an essential requisite.

The giving to each patient such time as the particular case requires, obviously limits the number of patients the physician can see in the course of the day's practice.

There, therefore, comes a time, in the practice of every osteopath (who is not retrograding) when he must choose between the necessity of shortening the time devoted to the individual patient or give each patient such time as the condition may require and make the charge for service commensurate with the time and service rendered in each instance.

The minimum charge for treatment at office will be \$3.00. The charge for special work will, as heretofore, be determined by the character of the work required.—*C. D. Bruckner, D.O., Philadelphia, Pa.*

### Roentgen Diagnosis Supremely Important

In making a thorough examination, the Roentgen study of the teeth should always be included. Never be satisfied with the patient's report of the dentist's recent "once over." No one can guess the condition of the teeth apices. Devitalized teeth are always potential danger points and should be checked up by Roentgenograms at frequent intervals. Dental work is becoming more scientific only as the aid of the x-ray is utilized. The dentist need no longer guess whether or not he has filled the pulp canal to the apex. After extraction of abscessed teeth, curretment of the socket to remove necrosed bone should always be insisted upon. Keep in mind that chronic abscesses of the teeth, whether large or small, are not necessarily accompanied by toothache. Indeed, pain referred to the teeth, in abscessed conditions is almost never present. — *J. W. Keckler, D.O., Cleveland, Ohio.*

### Keep Up Study

Anatomy and physiology constitute the foundation upon which medical practice is built. Diagnosis is the key-stone. Without a knowledge of anatomy and physiology, and ability to diagnose disease the practitioner sinks to the level of the charlatan and quack. How many of us review our anatomy frequently, and read the new books on physiology and diagnosis? We have too many embryo surgeons who, it seems to me, are forgetting that the successful surgeon is first and last a good anatomist and diagnostician. Let us take our stand at the head of the medical profession as diagnosticians; then our armamentarium will be complete and osteopathy will come into its own.—*G. H. Newton, D.O., Fairbury, Nebraska.*

### Be No "Treater" or "Clock-Worker!"

Now that most of us are back "at work" again, following our vacation, let us resolve not to just "rub 'em up on one side and down the other side"—as is occasionally charged against us—but, instead, let us look long for our patient's trouble and handle it according to what the conditions demands. What a deplorable state to slump into—that of a mere "treater" or "clock worker!"—*Percy E. Roscoe, D.O., Cleveland, Ohio.*

## FOR RENT

Life-time opportunity for an Osteopathic Oculist to rent on a long lease a fully equipped furnished optical store with fully equipped osteopathic treatment, dressing and consulting rooms in rear; also furnished living rooms on same floor.

Second floor 5 rooms fully furnished housekeeping apartment, private entrance; rents for \$100 per month. The optical and osteopathic practice has been established 7 years and is good for \$10,000 annually. Located on a main business street of Philadelphia, modern two story brick building, electric light, gas, hot water heat. No other osteopath, oculist or optician in neighborhood. Owner retiring from practice. Rent, including good will for all of the above, \$250 per month.

Address

**X Y Z, care The OP.**  
**Waukegan, Illinois**

### Manhattan a Feeding Ground for Chiro

Do you know that the osteopathic profession is losing every year about 500 fine young fellows from the city of New York and Jersey City? These fellows, (I know many of them) are turning to chiropractic schools in New York City because there is no Osteopathic College there. Many have told me that they had rather be osteopaths but could not afford to leave home and go to a distant city, and could go to chiro schools right in New York without leaving home and the good evening jobs they have to earn their living meanwhile. Many of these fellows are of the best—night school teachers, physical trainers, Y. M. C. A. teachers, etc. Osteopathy can't afford to lose this material. Are there not in your profession men with money enough or who have friends with money enough to start such a college. Are there not men who can see this procession going chiroward each year and have osteopathic ambition enough to found in New York City an Osteopathic College and steer these fellows into it. No other city in the world can offer the great advantages for such a college as New York. Think it over—*A. L. Preston, New Haven, Conn.*

## IN D.O. LAND

### Sixteen D.O.'s Licensed in Washington

As one of the committee on examination in Washington I want to report that 16 osteopaths were granted license, 2 by examination, 14 by reciprocity, to practice in this state, at our July meeting: Dr. Anna McCullough Brownlee, A.S.A., Dr. Myrtle C. Cobb, A.S.O., Dr. Charles Allen Lane, A.S.O., Dr. Nellie L. Marcy, A.S.O., Dr. Thomas F. May, C.O.P.S. by examination, Dr. John L. Mullenbrook, A.S.O., Dr. Louis Henry Most, A.S.O., Dr. Robert M. Roberts, C.O.P.S., Dr. James Arthur Savage, A.S.O., Dr. Wilhelmna F. Westhold, Pacific Coll., Dr. Ellsworth B. Whitman, A.S.O., Dr. George Wm. Williams, A.S.O., Dr. Charles Alfred Whister, A.O.S., Dr. Asa Willard, A.S.O., Dr. Henry Addison Mack, L.A.C.O., Dr. Albert O. Scharff, A.S.O.—*W. T. Thomas, D.O., Tacoma, Wash.*



#### Dr. Francis A. Cave Resumes Active Practice

After several months of enforced rest following a bad case of neurasthenia from over-work (both in practice and in osteopathic organizational activities) Dr. Francis A. Cave, we are glad to report, has recovered completely. He has resumed his practice at 30 Huntington Avenue, Boston. He is full of pep and as much concerned in pushing osteopathy forward as ever. Dr. Cave really broke down, we believe, from attempting to carry too much for the profession, through two or three years, instead of taking his much needed vacations in their due season; so, we submit, he ought to receive his full share of referred cases now for the next few months until his excellent practice is running normally again.

#### Mrs. Joseph Clark Stone Passes On

On July 30 at St. Louis, Missouri occurred the death of Mrs. Stone, wife of Dr. Joseph Clark Stone of Kokomo, Indiana. Mrs. Stone's illness dated back several years, and was a general neuritis, which followed an operation. Everything known to science was done for her. No one but those intimately associated with them knew what sacrifices Dr. Stone made in her behalf. Always active in state and national associations, these relations as well as private practice were neglected in a vain effort to save the beloved wife.

#### M. S. O. A. Annual Meeting

The Michigan State Osteopathic Association will hold its annual meeting in the new nurses' home in connection with the Detroit Osteopathic Hospital Wednesday and Thursday, Nov. 2nd and 3rd. A good program is promised by our program committee, and we will be pleased to have any physicians visit us who may be in our vicinity at that time.—Edward G. Sluyter, D.O., Secy-Treas., M. S. O. A.

#### Have You Had Claims Recognized?

I saw an article some time ago in regard to some doctor that had treated disabled soldiers and put his bill in to the government and received pay for it. Can anyone tell me anything about this. There are some disabled soldiers here that want to take treatment of me and have the government pay for it. I would like information as to how and where such bills should be presented.—G. A. Johnson, D.O., Malta, Mont.

#### Who Does It and Why? What's the Answer?

Query: Is it the prohibitionist people who are over-riding our state laws by denying us osteopaths the benefits of the Harrison Narcotic Act; and delivering my every post parcel from Betz with the wrapper loosened in apparent quest for Ethyl; or is there an authorized nigger in the wood pile commissioned to function thus with a view of prejudicing the voter against prohibition tenets? If the latter may he mistake Methyl for her cousin and take her route to perdition.—W. Gardner, D.O., Grundy Center, Iowa.

#### Ohio News

The N. W. O. O. A. met at Napoleon, on Thursday, Sept. 8, 1921. Program for the day: Dr. D. J. Clark, Ohio, innominates: 1. Anatomy, 2. Functions, 3. Lesions: 1. Effects produced by lesion, 2. Diagnosis, 3. Corrective Technique; Dr. Cole, Bowling Green, Ohio, The best way to spread Osteopathy; Dr. Jackson, Defiance, Ohio, Milk diet, its value in chronic diseases and my personal experience with this treatment; Dr. Gautschi, Napoleon, Ohio, Duodenal and Gastric Ulcer. Diagnosis and treatment. A few X-ray demonstrations.

#### PERSONAL

Dr. E. M. Olds of Milwaukee, Wisconsin left for Los Angeles on August 17th. He expects to spend the winter in California.

Drs. H. H. Trimble and Hoyt B. Trimble, osteopathic physicians of Moultrie, Georgia, are now associated in practice with offices in the Commercial Building.

Dr. Marion K. Hain, graduate American School of Osteopathy, has located for practice at Dowagiac, Michigan. Her practice will be limited to Diseases of Women and Children.

Dr. Ernest M. Herring and his son Dr. Harold M. Herring, who have been located at No. 170 West 73rd Street, New York, announce the removal of their offices on September 15, 1921, to No. 9 East 46th Street.

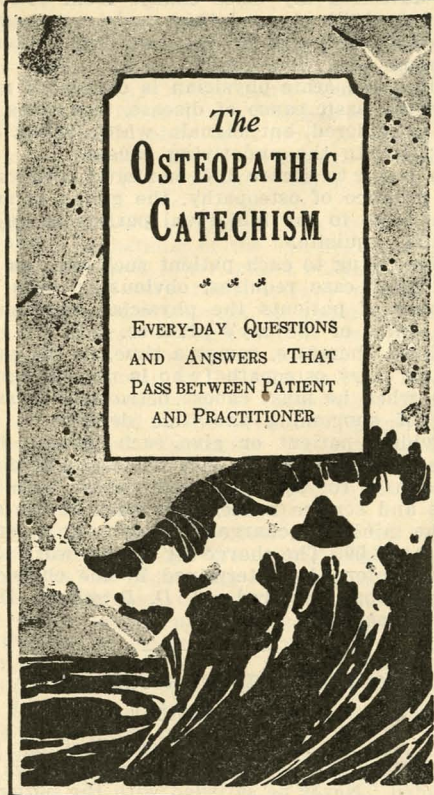
Dr. Martha A. Morrison has been elected office manager of the Rocky Mountain Osteopathic Hospital, and has moved her office from 528 Empire Building to the hospital, 221 Downing Street, Denver, Colorado.

Dr. H. E. Harris of Salt Lake City, Utah has announced the opening of new offices at 516 Templeton Building, where he will conduct a general osteopathic practice with eye, ear, nose and throat work as a specialty.

Dr. Edwin W. Tate, of 925 Kinney Building, Newark, New Jersey, sailed on August 18th for a tour in England. He expects to return sometime in September. While "across the water" he hopes to visit some of the osteopathic physicians located in the British Isles.

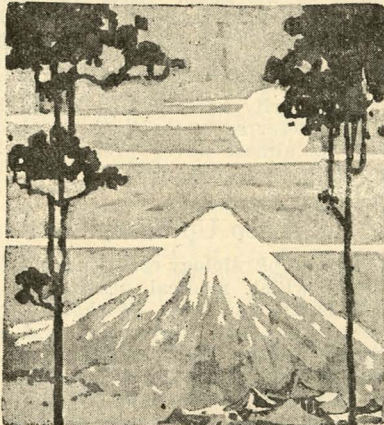
Dr. C. F. Bandel of Brooklyn, New York, writes us from The Balsams, Dixville Notch, New Hamp-

#### Osteopathic Health for October



This superlative little educator is now again available. First published twenty years ago it proves beyond cavil the priority of osteopathy as the original system of healing by adjustment.

#### Osteopathic Health for September



#### The HUMAN BODY RUNS LIKE AN AUTOMOBILE



An entirely new and strikingly original popular exposition of osteopathy. Its analogies are delightful; its instruction splendid. It takes in the vernacular of the autoist which, these days, is A B C to most everybody. You had better "step on the gas" and reach us in a rush with a good order!

shire, telling us that he is spending a two month vacation in the White Mountains and that he is golfing daily and feeling bully. We just wish we were there too to take him on for a round.

Dr. Bert L. Adams of Newman, Illinois, spent nine weeks in Chicago taking special post graduate work in Eye, Ear, Nose and Throat. Then after a two week return to practice he made a motor trip to Ohio for the purpose of visiting his mother, who is an invalid, and attending the AOA convention at Cleveland.

Dr. T. L. Morgan formerly of Lincoln, Nebraska, is now at Lihue, Kauai, Territory of Hawaii. He went to the Islands last January, as private physician for one of the wealthy sugar planters. He now has also a good practice outside of this particular family and moreover is enjoying himself immensely and having some wonderful trips to places of interest.

Dr. J. C. Howell of Orlando, Florida, writes us that after taking Dr. Edwards' special course in finger surgery at Cleveland and spending a few days with friends in Pennsylvania and New York, he is back home and getting settled down to practice again. Dr. Howell took the first course that was given by Dr. Edwards in Philadelphia in 1914. Also he took the course that was given by Dr. Edwards in Chicago in 1919. In addition he did special work in eye, ear, nose and throat at Harvard for one season. He says he doesn't feel that he knows all there is to be known about the subject, but that nevertheless Dr. Edwards says that he classes him as a "specialist" in that line. We will say he has been doing the right sort of studying anyhow.

Notwithstanding all obstacles thrown in its way by the medics osteopathy stands right in the forefront in Los Angeles. Dr. L. Ludlow Haight writes us that he is going to do a little educational work among his neighbors because the health officer has of late "become a little cheery," not with Dr. Haight but regarding drugless healing methods Dr. Haight says he charges double the health officer's price for visits but that nevertheless he has cut into his practice somewhat, although he does not wish to do it as he feels he has enough practice at his office and prefers to have some time for "puttering" at home and playing baseball with his four boys. Osteopathic services of the right sort will always command preferred fees. Osteopaths who know their science and practice need have no fear of competition if they educate their public aright.

#### MARRIED

Dr. Ruth A. Hazelrigg and Dr. Hosea B. Willard were married at Hopkinton, Iowa, July 25th. Dr. Hazelrigg had been practicing for nearly a year at Manchester, Iowa, and Dr. Willard had been Assistant Obstetrician at the Des Moines Still College of osteopathy. The trip to Hopkinton for the ceremony was made by motor cars, there being a large group of friends. The event was celebrated in the new Presbyterian church, the Rev. Wm. H. Easign, Dr. Hazelrigg's old pastor, officiating. Dr. Hazelrigg and Dr. Willard will continue the practice at Manchester.

#### DIED

Mrs. Keefe, mother of Dr. Frederick E. Keefe of South Orange, New Jersey, July 29th at her home in Fitzgerald, Georgia, age 70.

#### EXCHANGE and MARKET

WANTED—Kirksville graduate—1916—would like position as assistant to osteopath in Chicago or suburb. Address No. 310, care The OP, Waukegan, Illinois.

FOR SALE—Practice and equipment, Northern Missouri osteopathic town, 80 miles from Kirksville. Leaving October 1st for P. G. course. Address Charles W. Wood, D.O., Gilman City, Mo.

WANTED—Osteopath to take half interest in oncological hospital. Treatment new and non surgical. Satisfactory results in 90% of cases. Address No. 312, care of The OP, Waukegan, Illinois.

WANTED—Kirksville and Philadelphia graduate desires assistantship or charge of practice for winter or longer. Pennsylvania practice desired. Address No. 313, care of The OP, Waukegan, Illinois.

WANTED—Two copies of each of the following back numbers of O. H.: No. 44, May 1920, "What is Osteopathy Good For?"; No. 45, June 1920, "What About Your Back Bone?" Have you any copies of these issues? Let us know. Address The Osteopathic Physician, Waukegan, Illinois.

FOR SALE—\$4,000 Minnesota practice. Town of 6,000. Small building on main street plus instruments and fixtures only \$3,000. Address No. 305, care of The OP, Waukegan, Ill.

FOR SALE—Illinois practice, established 20 years in city of 30,000. Will sell practice, good will and office equipment for \$3,000 cash. Income warrants price asked. This is an unusual opportunity for wishing a good location in the rich corn belt of Illinois. Address No. 309, care of The OP, Waukegan, Illinois.

Any Osteopath who wants to own some Bunting Preferred Shares paying 8 percent may now do so. Page 3 tells how.