

The Osteopathic Physician

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The Osteopathic Physician

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No. 4

How Do You Put In So Much Time In the Treating Room?

F. P. Millard, D.O., Toronto, Ont., Canada

The other day I heard of an Osteopath who is known to have stayed one hour and thirty-five minutes in a room treating a patient. He was timed by a patient waiting in the office. It seems almost incredible, and just what he was doing all that time in the way of corrective work I cannot think. But cases like that are not as rare as one would imagine, as I have heard of a number of Osteopaths who treat one hour and many who treat three quarters of an hour; in fact, I believe there are fully five hundred Osteopaths who practically never give less than a half hour's treatment.

Last vacation when away South I called on a number of Osteopaths, and in one instance I remember a lady Osteopath came out of the treating room into the waiting room. I announced myself as being from Toronto, and she said "Doctor, I will be through with this patient in about twenty-five minutes, and we will have a good chat." I excused myself saying "I have another appointment, but will try and get back." Of course, I did not return because I could learn nothing from an Osteopath who gave treatments that length of time.

Some are always complaining that we have no more Osteopaths today than we had years ago; that Osteopathy will finally be absorbed by the other schools; that the Chiro's are outnumbering us and will soon be as thick as "fizzies" on the streets. Many other like statements and predictions are made from time to time. Now, there has got to be a change shortly, and I believe that the change is coming right now; in fact, we are going through the change, as Osteopathy is about that old. I can feel the hot flushes coming, and various symptoms that are going to spell a better day, and less reflex disturbances. There has got to be a change or we will have to make one. We are not going to allow some of the practitioners to trail Osteopathy in the dust. We are not going to stand for this long manipulative procedure, and allow these men to belong to our associations and be called Osteopaths. We are going to see that Osteopathy be perpetuated, and we are sure that it will be. There is no question about it. If, for any reason, there are some who wish to call their work Osteopathy and act the way they have during past years, they will have no lot nor parcel with those who are going to stand out for specific Osteopathy. We are going to clean this thing up, or know why! This drawn out procedure will not last long. We are entering a new era. Specific technic is going to be paramount in Osteopathy, and those who are inclined to go too far in the mixing process will have to take sides with one of the two divisions into which the Profession will be divided; but I believe the reaction is going to work about in a way that will make the Profession more united, as the few who will choose to become leucocytes and wander away by diapedesis, will be left in the spaces where they belong and

will be carried away by the lymphatics, and when they reach some node they will be filtered out and the pure lymph stream will flow on, leaving the debris stranded upon the filtration tissue.



Dr. J. V. McManis of Kirksville, who is the osteopathic hope for proficiency in the Electronic Reactions of Abrams.

There are those who I believe conscientiously think that no genuine osteopathic treatment can be given in less than a certain length of time. They should be given a chance to demonstrate at the next convention, as we have suggested to the Chairman of the program committee, so that we may see for ourselves what a real osteopathic treatment of one hour, or one hour and fifteen minutes, looks like. We want to see them perform; we want to see them give these treatments about which we know nothing; we want to see how the patient looks and feels after this one hour, or one hour and a quarter treatment. If they have something that we know not of, we will sit patiently for one hour and a quarter and observe the treatment and listen to the conversation that goes on between patient and doctor, and possibly we will come away much better fitted as Osteopaths to carry on our work.

I am sure that our colleges do not teach, through their professors, that treatments of a certain length of time should be given that every muscle should be relaxed, that every lesion should be corrected at one time. We are sup-

posed to follow Dr. Still's advice, in that we should work out our own technic, according to our own findings, and according to our own viewpoint of correcting the lesion. There never will be such a thing as a stereotype technic that all may use. Each Doctor will use his own technic, as a surgeon does. No two surgeons operate the same, or have the same technic. Neither will any two Osteopaths have the same technic. We should not try to imitate one another.

We hear from so many Osteopaths who say that they cannot do clinic work or extra work or speak at a convention, because they have not time to prepare, that they have not the strength. In many instances we find that they are treating only ten or twelve a day, and that they are all tired out, and that they have no strength left for study or research, and one is forced to the conclusion that if they used their heads a little more they would not need to use their hands so much. The trouble is that so few go at their work in a systematic way, do no real thinking but just plunge into their work like a section hand on the railroad. When night comes they are tired out, go to sleep and get ready for the next day. Many become discouraged and give up their work. There are several hundred Osteopaths who have not practiced very long, and who have gone into other fields or given up the work entirely. Now, this is not the fault of the colleges; it is due to faulty vision. These Osteopaths have the wrong viewpoint and no one has ever taken hold of them and shown them how to do things. Some years ago when I was scheduled to speak at Providence, R. I., I ran across a doctor who was most capable but who looked as if he were going into a decline. He said the greatest number of patients that he could treat per day was eighteen or twenty at the most. He looked tired out, and was seriously thinking of giving up the work. Today he thinks nothing of treating between fifty and sixty. He just needed a little instruction and a new viewpoint; he needed some one to show him how to do things; how to conserve his energy; how to give his patients more skill—better treatment—in less time. All this will come about through a little mental application, a little more study and thought. There are hundreds of Osteopaths all over the country who need this help. Some may have received it from various physicians who are giving special courses and have gone away delighted and have doubled their practice, but there are many who have not even the energy to take a special course or who will not get in touch with someone who will give them instructions along that line. Fortunately, Dr. Earle Willard is giving his time and attention throughout the country to show the boys how to do things. Dr. Reid in Denver is conducting his famous Efficiency Course and is doing wonders. There are others also who are a great stimulus to the profession. Now, what we want in the near future is to put Osteopathy on a different basis entirely, and this must be done if we are going to perpetuate our science. We want our graduates to carry with them real enthusiasm, better technic, broader ideas of what may be accomplished by Osteopathy, and still

"Where There Is No Vision the People Perish"

use the good old A. T. Still methods. I have always said that the Osteopath, with his ten fingers, can go into a given field and have a larger practice and accomplish more than any mixer that ever enters the same field. This can be proven, at any time, if anyone doubts it. There is enough work in Osteopathy to keep any man busy, if he applies himself properly, and any town of three thousand or more should be a good field for an Osteopath to make himself famous in. Right near Chicago is a man who is practicing in a small town and who is known throughout the continent. He has a phenomenal practice, owns three or four farms, and gives nothing but straight Osteopathy. If anyone wishes to specialize, that is, be an osteopathic specialist, well and good, but he is not the man who is going to perpetuate Osteopathy. It is the man who is doing the adjustive work that will perpetuate Osteopathy. I say this without

fear of contradiction, because if you will think it over a few minutes you will have to agree with me, as it is absolutely true.

In the next year or two at all of the conventions you will hear nothing but specific technic. You will have a chance to see and hear the doctors, who know how to give specific treatment, demonstrate to you and show you how to do things. Just keep your ears open, your eyes open, and your mouth closed, and you will learn something. Don't start to rave saying "It can't be done." There is no such a thing as "it can't be done" now-a-days. Fellows are doing each day the very thing you say can't be done!

Take this article in the spirit in which it is given—one of helpfulness and constructiveness.

Next month we will take up a different angle of this proposition and see if we cannot bring out some new phases that will be of assistance to others.

Spinal Adjustment—A Discussion

George Malcolm McCole, D.O., and John V. McManis D.O.

IV—Lost Motion—Lost Flexibility—Lost Function—V—The Pop

IV—LOST MOTION—LOST FLEXIBILITY—LOST FUNCTION

Continuing the discussion of low table technique and the thrust, and leading up to the discussion of this month, the following thoughts arise.

The chiropractor thinks only of position of the vertebra. He does not recognize the necessity of flexibility of the joint tissues. He seems to have the idea that all is well if the spine is in normal alignment even though it is as stiff as a board.

On the other hand the Osteopath not only recognizes the malposition of vertebrae and has in mind their adjustment when in malposition, but in addition he gives particular attention to the tissues surrounding this lesion and strives to correct rigidity of those tissues. The Osteopath recognizes bony malposition but he knows that joint or tissue rigidity is the great cause of disease.

Rigidity of the tissues of a spinal joint means infiltration of those tissues; means hypertrophy of those tissues. It means impaired circulation of lymph and blood to the joint tissues themselves, and more important, to the spinal cord nerve centers in relation; it means a damming up of venous blood in the segment; it means loss of function of the nerve centers in that segment; it means that the tissue of some gland or membrane in the body is half dead or is running wild without nerve control and is subject to disease—*natural immunity is lost*. This gland or membrane itself is diseased or the body mechanism depending on the secretion of this gland or membrane is losing its vitality and is diseased—*natural immunity is lost*.

OSTEOPATHY MEANS IMMUNITY.

The reason a vertebra is held in normal position is simply the action of attached ligaments, muscles and discs. Now if the discs are normal in shape, if the ligament fibres are normal in flexibility, and if the muscle fibres are normal in tone, the result is the vertebra holds a position we call normal. The normal position of the vertebra and spine is a *resultant* position due to the normal structure and tone of the surrounding or attached tissues. Every Osteopath will agree on this point.

Function means everything. Position is secondary.

The point might be made that the size, shape and position of every vertebra must be perfect or on account of bad posture, the body will not properly function.

The spine, however, even at its best, is seldom if ever found absolutely "normal." Practically every person gets some spinal lesions in childhood, when the bones are easily molded and the ideal or textbook shape is never attained. Theo-

retically then, the ability to take perfect posture in all body position is practically never possessed by any person. Even when a lesion is acquired in the adult, the shape of the bone is often changed by prolonged pressure, and adjustment can never produce enough pressure to mold the bone back to correct, or to textbook, shape.

The failure of the Abbott cast to correct spinal curvature in anything like the degree hoped for, is one proof of the above statement. By spinal adjustment we cannot hope to do much in the way of changing the shape of bones. The treatment must be directed to producing function in a joint and its related segment.

The function of a spinal joint and segment can be normal (leaving out posture) even though the position, shape and size of the vertebrae are far from perfect.

If the spinal joint has normal flexibility and good circulation—function—the spinal cord centers in relation will have normal function and this is what we are seeking.

In this connection, the following account by Doctor M. C. Hardin in the *Osteopathic Bulletin* is extremely interesting.

"In fibrous ankylosis, the synovial membranes have formed adhesions and usually the inflammatory process has destroyed the function of the synovial membrane. The fact that there is no movement in the joint and therefore no friction which excites the secretion of the synovia, accounts for the non-activity of the membrane.

"A boy of 15 years came to us with an ankylosis of both joints of the jaw so that he could not open his mouth. He had several doctors treat him. Finally a surgeon solved the problem. He operated on him making an incision into each of the joints. He cut and forced adhesions so that he was able to move the joints and then stitched up the wounds. The next day

when he came to move the lower jaw, the boy could not stand it, of course, and he had to let it remain till the inflammation had passed away. The boy went back home with two ugly scars on his face and the ankylosis more extensive than before.

"Here is what we did: We took two small pieces of hard pine and trimmed them down so as to make a wedged-shaped lever out of them. We inserted these wedges between the teeth in front and pried with them so as to break up the adhesions somewhat in the joints.

"We pried a little for two or three days until the joints began to get a little sore. Then we stopped and worked to get the soreness out before trying to break it up any further. After all the soreness was practically removed, we began the breaking up process again; and when the soreness appeared once more, we stopped to get the soreness away, never allowing it to reach the inflammatory state that made it impossible for us to continue the treatment of the case. The amount of pain that the patient could stand without an anesthetic, is a good guide as to how much of a breaking up process the tissues will bear without going so far that one can not work. In this way we kept the joints moving as far as we had them broken up each time, and at the same time kept them from reaching such an inflammatory state as to prohibit working. In about eight months we had restored this case to normal. For five years these joints had not been used. The synovial membranes had been destroyed from non-use and from the inflammatory process, so that there was no secretion in the joints. But when the movement within the joints commenced, the friction in these joints made it necessary to have a lubricating fluid secreted. So nature commenced a new synovial membrane growing within these joints.

How do we know this?

"We know it from the fact that even when a bone has been fractured and afterwards does not grow together a false joint will form there. A postmortem shows that nature has even grown a synovial membrane over the ends of these broken bones where their ends meet in friction. Surely, therefore, she would renew a membrane within a joint, if the tissues are healthy, to meet the friction therein!

"The teeth do not have to be very far apart in order to chew. So soon as this case had reached a point where he could chew, we put him to chewing gum most the entire day. We did this for two reasons: First, we wanted continued friction within the joints so as to induce the growth of a new synovial membrane. Second, we wanted the muscles used in chewing, that had had no exercise in five years, developed again. This could only be done by continuous exercise. These are the underlying principles that we proceed upon in dealing with these cases. It works out all right, if properly applied to cases of fibrous ankylosis. We have broken up many ankylosed joints successfully.

Doctor E. F. Pellette, in *The Osteopath*, No. 73, says, "It seems to me that most spinal lesions are not maladjustments but merely rigidity in the joint—lost motion. What causes it to be that way? Why, only tight ligaments can restrict the motion of a joint. Could there be anything else? Except, of course, bony ankylosis. And even in a bone that we think is in subluxation—how could it be kept that way for a minute, unless held out of place by tight ligaments; and how could you adjust it without stretching those tight ligaments; and what is the difference whether you say you adjust the bone or stretch the ligament?"

"And here let me explain my conception of a subluxation. I think it is merely a *normal position of a vertebra, abnormally held by tight muscles or ligaments*. The affected vertebra has not gone beyond its normal range of motion as a rule."

Hollis, "Principles of Osteopathic Technique"—"A lesion is an abnormal condition of the

A Good Recipe

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ligamentous and other articular structures of such a nature that the movements between the vertebrae (if any) become perverted. "Any 'bony' lesion will be manifested by limitation of movement, *within the range of the normal movement of the joint affected.*"

V THE POP

A stiff infiltrated ligament, even if it does allow some joint motion, requires to normalize to a good stiff stretch. It requires a stretch carried to a point where the articulations are separated (pop) and then just a little farther.

Rocking, kneading, side-bending are always good but often not sufficient. These do not pull out the stiff fibres to a degree sufficient to cause a loosening of the thickened connective tissues organized as adhesions around the fibres of the ligament. A mild stretch may and often does get results, but they last just a few hours—they are not permanent. The real removal of adhesions within and around the tissues comes only when their bony anchorages have been separated. When the joint faces separate a pop comes, and at this moment (pop-moment) or immediately following it (post-pop-point) as the tissue is given its slight further stretch, is brought about a real result which makes for a real adjustment.

If treatment carried to this degree of adjustment which drives away congestion, dissipates and absorbs excess tissue, that has proliferated around the articulation and normalizes the ligaments and capsules of the articulations.

It is a fact that a strictly normal joint can be popped very easily.

Rocking, kneading, twisting, side-bending, manipulating, treating, adjusting—all in last analysis are simply tissue stretching. In acute bedside treatment where it is not advisable to disturb the patient by adjusting chronic joint lesions, the stretching movement usually need not be carried over, or to the "pop-moment."

Where there is a spinal joint lesion,—where there has been local inflammation and it has died out leaving connective tissues infiltrated about the joint, the treatment must be deeper. It must be deep enough and vigorous enough to break up adhesions.

It is at this pop-moment that the muscle fibres also get their tension relieved, and it is this which causes the patient to feel in the whole body such an immediate relief from tension.

If the tissues of a joint are so infiltrated by connective tissue that adhesions limit motion so that a pop is difficult to get, then it is all the more necessary to give an adjustment of enough penetration to break up these adhesions and bring a return of circulation. An adjustment of sufficient strength to do this is always accompanied or preceded by a pop.

It is after the "pop-moment" at the "post-pop-point" that the adjustment is made.

We sometimes hear an argument against popping a joint and the talk centers around the

noise while *what happens* in the joint is ignored. The sound has nothing to do with the treatment. If one could bring about the quick separation of the facets of a joint and give the specific little "post-pop-tissue-tug" without producing any sound, it would be all well and good. But there are some results that cannot be accomplished without a quick separation of the facets and hence the "pop."

Some treatment must be given without this degree or direction of force (cleavage). But on the other hand some adjustment must be carried to the "post-pop-point" to get a result. It is not a question of popping a joint or not popping a joint. It is a question of what needs to be done.

Bony adjustment is but one part or phase of osteopathic treatment. The vital organs, tissues and the glands are directly affected by osteopathic spinal soft-tissue treatment. What can be accomplished by soft-tissue adjustment is oft-times marvelous even to the Osteopathic Physician himself.

These splendid results of soft tissue manipulation are reached through promoting nerve reactions, and through circulation of blood and lymph to and from the spinal cord nerve centers. Can it be that these nerve reactions so wonderfully developed by soft-tissue work are on the order of electronic vibrations of force carried from the segment over nerve courses to the gland or tissue involved? It is quite possible.

Here comes up an important point. Spinal soft-tissue treatment for stimulating vital forces in the internal organs is nothing like as effective where there are ligamentous (or bony) lesions as it is where there are no such lesions—where Flexibility, Circulation and Function—FCF—are perfect.

The Osteopathic Profession must bend every effort toward learning all about the spinal lesion and how to remove it.

We must then bend every effort toward learning what our reactions are to soft-tissue treatment when Flexibility, Circulation and Function—FCF—are not normal; in other words, when there is a lesion.

When these points have been mastered, Osteopathy will smash down every barrier that has been, or can be, reared against it.

Adjusting a vertebra which is in lesion is not always in itself curative, it is often only preparative. It prepares the segment so that when the treatment is directed there, it can respond with circulation reaction and vibration for the internal tissue or gland to be revived.

We are looking forward with great interest to the new work with the Electronic Reaction of Abrams—ERA—and we fully expect through this work, that adjustment of vertebral lesions and spinal treatment will be so thoroughly understood that a clear and complete system and classification will be worked out. It will mean the absolute and scientific proof of Osteopathy for which we have so long looked.

he knew his business and them told his own family in an undertone for fear the neighbors would know that he had been nutty enough to consult a rubbing doctor. And he even let them insult him that way without stern rebuke.

In this manner he drifted for seven long weary years making around two thousand a year and barely getting by. He had begun to wonder whether the boys who said that they made ten thousand per were untruthful, and would have thought three thousand a fortune.

About here enter two crude persons who had been respectively a slinger de hash and a wielder of the festive bay rum just prior to entering professional life—just six weeks prior to be exact. No classic shades hampered their free flow of alleged grammar nor did anything resembling ethics tanglefoot them. Because their extensive course of some weeks consisted solely in some brief lessons in how to pop a bone so all in the room could hear and a very effective course in the ninety-seven hundred ways to get people to hear, see and otherwise become aware of their presence. They figured that while what they didn't know about the human body comprised most of it, the great general public knew even less and that while they might kill a number they could say that they were too far gone to save and probably someone else was to blame. On the other hand they knew that the human machine could stand many indignities and that often an accidental adjustment was made and the victim recovered.

They told people that their system was an enlarged, improved, altogether lovely later edition of Osteopathy. Because of the actual merit of the shrinking violet Osteopath's work it had gradually percolated to many that it really was some good.

This foundation the backsnappers capitalized. They invested in signs four feet high and forty feet long. They bought whole pages of laudation of themselves and their work. They threw out the dragnet in all directions. They hired agents to infest the stairways in front of Osteopaths' offices and gave commissions for patients. Like fools' faces their names were seen everywhere in public places. Their number increased to six and they all seemed to be running a mint.

Osteopath thought that they would surely blow up but little did he know how much people would swallow.

Strange to say they soon bought the most expensive cars in town despite the fact that he knew of several people that they had killed while Osteopath had not lost a case.

They practiced in violation of the law also, but the officer charged with the enforcement of that law attended to that detail by dismissing the grand jury indictments without trial. He was a faithful officer to those who really paid him.

Despite all this, Osteopath held his own but failed to make headway. Finally his ire boiled over and he told a professional friend that he intended to advertise. Said friend threw up his hands in horror and said, "Man that's unethical!" Osteopath replied, "I have starved on so-called ethics long enough. I intend to advertise and make a living."

Osteopath started off by writing Bunting a yearly contract for three hundred OH's a month. Also a thousand copies of "What the Osteopaths Did in the Influenza Epidemic" was mailed out one day.

Soon after eight hundred "Osteopathy and Its Institutions" was sent out all the same day.

A page ad with cuts of the leading colleges and hospitals was taken in the local daily to boost the osteopathic colleges. Half pages were taken twice a year. Also weekly ads from *AOA Journal* appeared every Sunday for months. A regular card was inserted for the whole year in the daily. Gold signs were put on the office windows. The parasite problem was attacked boldly by exposures of its short course, slam bang flim flam, gink schools. It was roasted and parboiled in plain English.

Why Not Be Hard Boiled?

Apologies to George Ade

Bitter Creek Bill, D.O.†

Quite a spell back a young Osteopath hit the world fresh from his conquests of knowledge within the realm of his Alma Mater.

He had the idea ingrained in his makeup that if you made a better mouse trap, book, poppy or gave better treatment, that even though you took up your abode within the leafy recesses of the big sticks, that the wonderfully intelligent public would wear a beaten pike to your domicile.

He did not often attend church or show up at lodges. He did not believe in pushing himself forward. He was neither a glad hand artist nor a baby kisser and worst of all adver-

tising in any aspect was horrible to contemplate. Unethical was the word for all such.

He kept no card in the paper but had a small sign on his door which could be seen with a microscope.

He was ethical with a big *eth*—the most ethical nut in town.

Strange to say he did some practice for he had studied hard and was undoubtedly competent and reliable and so occasionally someone lost or looking for somebody wandered into his office by mistake and learned that there was such a guy. Sometimes one of these people took a chance and tried him and found that

†A well known Osteopath's modest violet nom de plume.

Anyone could read and remain in no doubt as to the facts. Its practitioners were denominated as grafters and the reasons given for the use of such language.

Newspapers would not take it hot enough, so fifteen hundred pamphlets were printed and sent to every owner of a phone in town. The booklet tore every blooming stitch from the carcass of such and left it naked to the hoarse ridicule of a callous world. When one of the crooks tried to intimidate Osteopath and thereby stop the exposure by threats, Osteopath told him to wade in but he had much better go back and get his partner and then they could both start in even.

He did not start anything rough then and did not return as invited. All this cost money. From fifty to one hundred dollars a month was spent during campaigns and the average was about six hundred dollars a year. Most of this work was done in semi-annual campaigns when for a few months intensive propaganda was un-

dertaken. A free clinic for crippled children was started. A Rotary club was organized. The Chamber of Commerce was joined and interest in civic movements taken.

While, as I said before, at the start of this the crooks had it all their way, at the finish half of them had left town. The booklet finished off two and the balance of them were mainly resting and telling all who stumbled in how Osteopath was as rough as a bear and might kill them, while Osteopath flourished like a green bay tree and was rapidly paying off the debts he made acting the ethical simp. The first year his practice jumped from two thousand to nearly five thousand and the second year to over seven thousand. Prosperous business men who scarcely saw him before became real cordial and his standing in the community in which he resides has increased immeasurably. The moral of this story is the same as the motto of the tank corps, "Treat Em Rough."

Low Table Technique

Dr. Still's Technical Methods Standardized

Earle Willard, D.O.

VIII

EVERY DISEASE HAS AN OSTEOPATHOLOGY
(Summary and Forecast)

That every disease has an osteopathology is a momentous discovery, and Dr. Andrew Taylor Still was the first man in all history to see and to demonstrate to others the osteopathology of disease. But if his distinctive discovery and his distinctive methods of treating disease are to be widely known as osteopathic in origin, they must be heralded by the osteopathic profession. *They must be practiced by Osteopaths everywhere, if they are to be developed within osteopathic circles and not cast aside or relegated to the background in what we call osteopathic practice.*

Osteopathy has well entrenched itself in the field of diagnosis and surgery, and it is high time that it take cognizance of its hazardous position where backbone therapy is concerned. Moreover, if this rich heritage, the osteopathic birthright, is to remain in osteopathic hands, and not pass altogether into the hands of outsiders, *the method of teaching osteopathic fundamentals to the student in college, and of presenting osteopathic truths to the world at large, must undergo a radical change.*

While osteopathic technic must always accord with the principles Dr. Still himself employed, nevertheless, we have his own statement that any man or woman who tried to imitate or duplicate in practice the technical methods of others, without first adapting them to their own individual needs, ought to be looked upon as a failure. The world is rapidly changing and rapidly increasing in knowledge, and of necessity its technical methods must improve. *And because the world is progressing, it demands something better of this generation than it got from the past. Those who fit into the scheme of things tomorrow, must measure up today to the inexorable standards set by a progressive world. Therefore if Osteopathy as taught and practiced by Dr. Still is to survive and be known to the world under the name he gave it, the osteopathic profession of today must bring its technical methods up-to-date.*

THE OSTEOPATHOLOGY OF DISEASE

By the term "osteopathology" we mean the tissue or structural changes variously referred to as "the backbone lesion" "the spinal or vertebral lesion" or the "osteopathic lesion." It

comprehends certain pathological changes in the tissues immediately adjacent to *the vertebrae, ribs, occiput, pelvic bones, or other bones that occur in every disease. Osteopathological changes, as herein defined and described, represent an inseparable part of the symptom complex or vicious cycle, rounding out as it were the clinical picture. They seem to be an over-expression of nature's effort at self adjustment, augmenting the morbidity of the associated disturbance. Whatever they represent in the final analysis, however, their removal assists nature to re-establish harmonious activity.*

The osteopathology includes, of course, the bony deformation that may be assorted with the soft tissue involvement. For as explained elsewhere, and as I first pointed out many years ago, misshaped vertebrae with no characteristic deformity or uniformity of area or individual vertebrae affected, are found in every adult spine. Even the articular surfaces of such a vertebra are often badly shaped, so that its direction or range of movement is pathologically altered.

But the osteopathology that demands prime consideration, being actively associated with disease, is the removable, soft tissue involvement. It consists, in long standing cases, of tissue changes in the intervertebral disc, the articular ligaments or the tendons attached to the lesioned bone. Also the tissues superficial to the bone may be indurated, as overgrowth of tissue sooner or later occurs. *In the transient lesion, however, whatever the deep seated pathology may be, the only palpable changes are those that show in lost tissue resilience, in local muscular contracture, and in certain spinal areas as we shall see, in reducible or removable prominence or projection of certain processes of the involved bone.* (Developed deformity from exostosis or other causes must always be excluded as symptomatic of subluxation).

HOW TO DETERMINE THE PRESENCE OF LESION

Osteopathological involvement is readily detected through (1) impaired movement of the bones to which the involved soft tissues are attached; (2) perverted muscular contraction; (3) altered tissue resistance, normal resilience being lost; (4) palpable tissue deposits—deep seated but in the soft tissues; and (5) and in certain areas of the spine, and in certain forms of involvement, through reducible or removable prominence or projection of certain processes of the lesioned bone. *But in the very nature of things, unless gross tissue changes and extreme subluxation be present, the osteopathology will not show in a fluoroscopic examination or an*

x-ray picture, even through a slightly twisted rib or innominate bone, or a reducible subluxation of the ordinary variety is readily palpated.

THE PHILOSOPHY OF OSTEOPATHOLOGICAL INVOLVEMENT

Animal life, other than human, is from birth until death largely a reflex nervous manifestation or response to environal conditions and changes so that the automatic reflex determines the physical status of the brute and of lower animal life almost entirely. In man again volition plays a determining role in many vital reflexes or reactions, and no doubt explains in part why the osteopathic lesion—unless traumatically produced—is not conspicuously present in the lower animals.

THE LONG STANDING LESION

As stated elsewhere, the research work which I conducted for many years enabled me to announce in 1912, in the A.O.A. Journal, that Every Adult Spine is Deformed. That for reasons not yet clearly understood, as soon as the child begins to walk, certain vertebrae begin to develop asymmetrically. My belief, expressed many years ago, that an asymmetrically developed vertebra or if several successive vertebrae were implicated—the miniature curvature—marked the spot where deep seated structural changes exist, has been verified by laboratory findings.

THE TRANSIENT LESION

Yet we must not lose sight of the fact that osteopathological involvement may be transient and not permanent. Indeed, because of its associated or reflex nature, we are likely to do more good in a greater number of cases by relieving temporary osteopathological conditions, than by removing more or less permanent structural changes. For in the latter condition, the organism has more or less adjusted itself to the long standing structural perversion. Nevertheless, the latter also calls for correction or compensation.

THE SUBLUXATION

A lesioned vertebral, rib or pelvic joint is one in which the soft tissues immediately adjacent to the bone have undergone a change. While the tissues within the articulations of the involved bone—even where the articular surfaces are malapproximated (which any restricted vertebral movement implies) do not suffer structural impairment. The articular surfaces are not permanently adherent. A subluxation of a greater or lesser degree is inevitable where osteopathic lesion occurs. But the malposition of the articular surfaces should not receive primary consideration. It is the tension of the soft tissues, holding the vertebra or rib out of line, that must be overcome, if subluxation is to be corrected. *For it is the muscular, ligamentous, or cartilagenous tension that maintains the malposition, and is therefore directly responsible. Release the tension, and the intracorporeal pressure, increased with every inspiration, places the bony segment in its proper position, according to its proper relation to the surrounding structures.*

One system of backbone therapy which has sprung into existence since the advent of Osteopathy, lays stress alone upon the subluxation, ignoring the true osteopathological involvement at the point of articular malapproximation.

THE LIGATIGHT

Another system, not so prolific in the number of practitioners turned out as the system above referred to, lays emphasis upon the ligamentous aspect of the osteopathic lesion; and insists that because it emphasizes the etiological role of the spinal ligaments, by calling an osteopathological involvement a "ligatite" or "ligatight"—meaning tight ligament—it is entitled to rank as a separate system of healing.

THE MUSCULAR LESION

On the other hand, osteopathic practice today is overrun by men and women who see only

Two Carcinoma Cases Successfully Diagnosed by Electronic Reaction of Abrams

Dr. John M. Ogle, Moncton, N. B.

A few years ago The *OP* adopted a statement, "Osteopathy stands for the Truth wherever it is scientifically proven," and has since carried that slogan on the front page of every issue. It seems, from reading both osteopathic and medical publications, that the world does not yet accept all facts that have been demonstrated beyond the shadow of a doubt. Take the early days of the telegraph, the telephone, the wireless, the x-ray, the ultra-violet rays. They are all, to my way of thinking, different stages of progress and development of one fundamental principle, namely, the vibration of matter. And it has been a number of years since the electronic theory was placed before the scientific world and accepted by scientists as basic.

With a review of the development of the foregoing, is it a very great step to conceive that the electrical system of the human body, the nervous system, is capable of working along the same general lines?

If we will study carefully the latest books on Physics and try out in some laboratory some of the classical experiments, we should be able either to prove or disprove the electronic theory.

I have been studying the writings of Dr. Albert Abrams for six months, and in that time I have covered most of his writings of ten years. I have been experimenting for myself along certain lines, trying to disprove his work. I am in Boston now, studying the Electronic Reactions of Abrams as used in diagnosis, and would like to submit a few reports of what I have worked out and checked up from the clinical picture and laboratory and physical examinations.

This morning the nurse gave me two samples of blood. I knew absolutely nothing of either case. I found that the blood was human blood, from females.

In one I diagnosed congenital and acquired

lues, a strep. infection, and carcinoma of very high ohmage. The clinical picture, as presented to me by the nurse afterwards, was this: One breast removed, the diagnosis under the microscope at the time—carcinoma; a metastatic involvement, with dyspnea, and all the classical signs of a very late metastatic carcinoma.

The other case was carcinoma of the stomach. The clinical picture verifies the electronic findings.

One other case, from my own practice. The x-ray positive pulmonary tuberculosis, bone tuberculosis of the eighth and ninth dorsal vertebrae, with ascities and tubercular peritonitis. With less than two weeks of Oscilloclastic treatment, patient has gained a pound and a half in weight and lost practically all the abdominal fluid. This case was examined by a Harvard graduate, and he doubted if she would live more than a few weeks. Since then she has made a most wonderful improvement. The physical examination, the temperature, the blood pressure, the pulse, and the x-ray findings were all positive T.B. The electronic diagnosis was a positive T.B.

In the cases that I am interested in and studying especially, we are checking up the clinical picture plus laboratory findings; and we find that the electronic reactions are conclusive.

If I can give my clientele nothing more than the advantage of the diagnostic certainty, my time with Dr. Cave in the study of the Electronic Reactions of Abrams will have been well spent.

To my mind, Dr. Abrams has worked out a method of diagnosis that is positive, and dovetails into the work of the Old Doctor absolutely. And before the Osteopaths condemn his work, they should at least spend several months studying, remembering the adverse criticism of the "Old Doctor" when he started out to demonstrate the truthfulness of Osteopathy.

Is Abrams' Work Scientific?

Dr. Francis A. Cave, Boston, Mass.

In order to measure intelligently the value of any theory, it is first necessary to appreciate properly the fundamentals upon which it is based.

It is a difficult thing to understand the Abrams Method of Electronic Diagnosis and Treatment without having read his published works. The difficulty seems to be that the average physician knows but little of the practical side of physics, whereas the physicist is usually entirely ignorant of the vital factors in the living organism.

If the Abrams concept is true, it will require the development of a new type of physicians, those who have the mental capacity to forget

much of the so-called knowledge of the past, and to find and utilize the pertinent facts of physics upon which the Abrams concept is based.

First and foremost, Dr. Abrams bases his reasoning upon a fact often overlooked by physicians of all schools, namely, that the same natural laws which apply outside of the living body are also operative within the organism. Osteopathic Physicians have been among the first to recognize this fact; but the Abrams concept blazes still newer trails in that direction.

Dr. Abrams did not invent the electronic concept of matter—a concept which physicists were obliged to formulate in order to develop a rea-

The Osteopath who sends May "Osteopathic Health" to every former patient will note a marked influx of new patients. It contains that article on "Nervous Indigestion; Its Causes and Cure."

"Where There Is No Vision the People Perish"

the muscular phase or the more obvious aspect of every osteopathological condition. So they focus their attention and concentrate their efforts upon normalizing the spinal muscles. Their task is laborious in the extreme, for experience has not taught them that *the spinal muscles can be relaxed instantly, and with no exertion on the part of the operator, as Dr. Still himself expressly stated and repeatedly demonstrated, by using the bones as levers for overcoming the osteopathology. The force transmitted deftly to the lesioned bone, instantly reacts by releasing the muscular tension at that point.*

Perhaps the strongest argument in favor of a revival of the methods Dr. Still employed, aside from the sensational cures that he himself made, are the cures made today by all those practitioners—whatever name they practice under—who use Dr. Still's methods. There is another matter, however, that will always carry more weight with a scientist than the mere matter of curing a patient. And that is, the demonstrable facts themselves. The facts pertaining to the Osteopathic Lesion.

DR. MCCONNELL'S RESEARCHS

To repeat for emphasis: *Osteopathic Research, first conducted by Dr. Carl P. McConnell, and since verified by other eminent investigators, makes it abundantly clear that when a vertebra is lesioned its articular surfaces are not osteopathologically affected. So that the widespread belief in the vertebral joint "pop," or the vertebral joint movement without moving the bone as a whole, being an indication that the lesioned tissues have given way, has no foundation whatsoever upon facts.*

For the structural deterioration characterizing an osteopathic lesion is found in the tissues surrounding, or immediately adjacent to, the lesioned bone. The tissues osteopathologically involved are the ligaments, tendons and intervertebral discs. The muscular involvement is merely a coincidental happening.

The deep seated involvement, by the very nature of things, is the all important factor. It is the tension that maintains the lesion. It represents, in the terms of Direct Leverage Adjustment, the *WEIGHT* to be lifted. The vertebral or rib articulations represent the *FULCRA*. While the *POWER* arm of the lever is the bony eminence with which the physician's hand makes contact.

Therefore, in attempting to correct the deep seated osteopathology if the physician does not employ the principle of Leverage by making Direct Contact with the lesioned bone, so as to actually do work upon the lesioned tissues, but contents himself or herself with indirect methods, and "joint popping," his technic is not strictly scientific. *Moreover, if deep-seated, structural lesions exist, and the physician does nothing more than put the patient through a series of physical movements, or muscle manipulations, the osteopathological involvement is not overcome.*

LET US EMULATE DR. STILL'S SUCCESS

Directly opposed to such practice stand the specific, Direct Leverage Adjustments of Doctor Still. His technical operations put him to no physical strain whatsoever. No one ever saw Dr. Still go through the physical agony in correcting vertebral lesions that may be observed in operating rooms today. For the Osteopath today uses the high table indiscriminately for all of his corrections; often lifting the patient bodily, and expending and wasting a tremendous amount of physical and nervous force. Whereas, Dr. Still used a Low Bench, Stool, Couch or whatever Low Built object he found suitable. *Therefore since Low Table Technic undoubtedly contributed to his success, and helped Make Osteopathy Famous, why not emulate Doctor Still's Success?*

(To be Continued.)

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sonable hypothesis when explaining the x-ray and radium emanations. Other scientists besides Abrams have proven that the cell is only the micro-morphologic unit of plant and animal organization, and that the ultimate atomic divisibility of matter is represented by the electron and not by the cell. The theory of the indivisibility of the atom has become modified by the never concept, that it is a planetary system on an infinitesimal scale. If one is, therefore, willing to accept the basic electronic theory of the physicists, he is ready to discuss the Electronic Reactions of Abrams as applied to the living organism, because Dr. Abrams has merely applied the findings of the physicists to the diagnosis and treatment of disease.

It is easy for the unthinking to ridicule the Abrams concept. But when this is done, it likewise involves the rejection of the entire theory of the physicists that the electron is the element, an indivisible element, in the material Universe.

The Abrams concept is based on the theory that all matter is composed of these electrons, and that the difference in the quality of material things is merely because of the difference in arrangement of these electrons. His claim that all matter possesses radio-activity has never successfully been refuted by any scientist, but, on the contrary, can be readily demonstrated to the satisfaction of the fair-minded seeker after Truth.

Admitting, for the sake of argument, that this concept of the radio-activity of matter is correct, and that if the degree of radio-activity could be measured by sufficiently delicate apparatus, it would be theoretically possible to determine the character of material things by determining the degree and character of their radio-activity.

So Dr. Abrams jumps the fences of argument and proceeds to prove that every organ and tissue in the living body has its own distinctive and peculiar rate of radio-activity, which he calls the vibratory rate; and upon this basis he measures out the normal vibratory rate for the stomach, the heart, the spleen, the liver, the aorta, the intestines, and all of the other organs and tissues, and thereby establishes a definite vibratory rate for normal tissue. With this fact established, it is a simple matter to reason that a diseased viscus would have a different vibratory rate from a normal viscus, and that if the difference in the vibratory rate between the two could be measured, it might be possible to determine the character of the disease from which the offending organ might be suffering.

Such, in truth, Dr. Abrams has done. He has worked out reactions of the most amazing delicacy and the most astounding accuracy. So that anyone who understands the technique of his methods can do the same thing that he is doing, and that is to take a given specimen of diseased tissue and, without seeing it, determine the type of disease affecting it.

He has also proved that a drop of blood carries within itself the necessary elements of radio-activity, so that his delicate reactions can determine the physical condition of the individual from whom the blood was obtained.

I am entirely aware that such statements lay me open to adverse criticism, because of the seeming impossibility of the actual performance of such things. But if I can awaken a sufficient spirit of adverse criticism to lead to a proper investigation of these theories, I will feel myself well repaid. In the face of demonstrable facts, criticism must roll off like the raindrops.

My next contribution will go still further into an analysis is the Abrams concept.

Osteopathy Makes Perfect

Rastus—Feller, why for yo'-all dabblin' wid dis here oysterpathy?

Sambo—'Cause Ah done read in a book dis oysterpathy done treat ob de manipulatin' ob bones, and de onliest partiality Ah's got is humerin' de gallopin' dominoes to pass in review.—American Legion Weekly.

Thanks Due Dr. McManis

I read the article about Doctor Albert Abrams in the January *OP* with great delight. We must thank Doctor McManis for investigating.—Albert C. H. Esser, D.O., Chicago, Illinois.

Come to Stay

Readers of The *OP* should feel very happy upon getting information on the subject of Radio-activity. It is something that has come to stay. I have taken the course years past. Could not do without it.—R. F. Tisdale, D.O., M.D., Oakland, California.

Dr. Scothorn Interested in the Abrams Discoveries

The March issue of The *OP* has just been received and, while I have not studied it carefully, I am delighted with it. I am happy to see the space that you are giving the Abrams' method. My partner, who is a college man and holds both an M.D. and D.O. degree, has recently taken the Abrams work. The diagnosis is simply wonderful and the treatment is such as Drs. McManis and Cave have said. It will get results in some cases where we, as Osteopaths throw our hands up in the air, the same as the medical men.—Samuel L. Scothorn, D.O., Dallas, Texas.

Open Mind and Scientific Attitude Needed in Profession

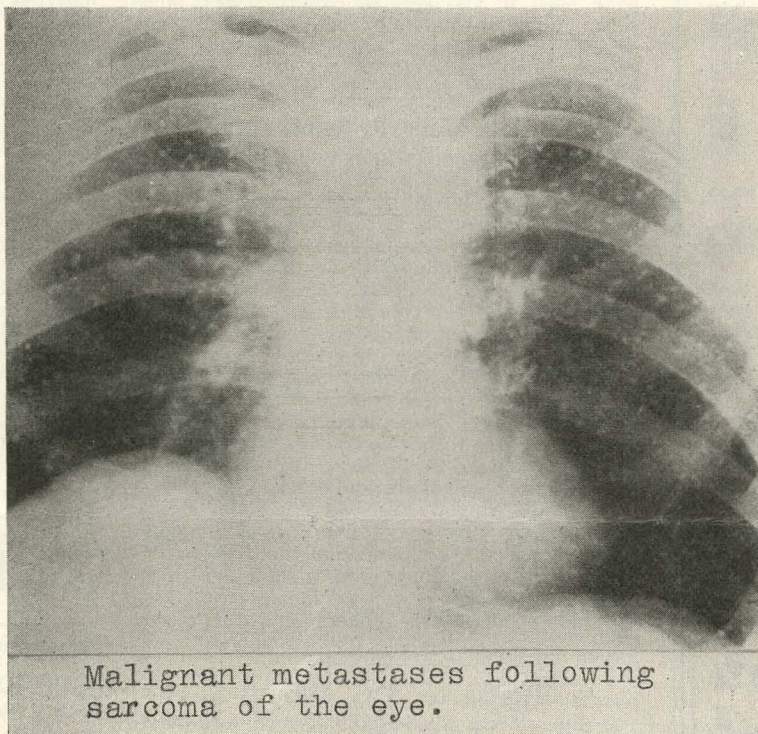
In reply to your request as to my opinion of the McManis article, will say that I consider its publication one of the most praise-worthy things The Osteopathic Physician has ever done. You know how many years I have strenuously contended for the open mind and scientific attitude on the part of the osteopathic profession. If we as a profession strive our best to get the facts as to what is best to do for sick folks, we will do the most wonderful thing that has ever been done in the history of the world. I consider the investigations of Drs. Mather, Cave and McManis very significant; I am very confident that we will never discover anything that will do away with the discovery of Dr. Still, but Dr. Still himself always urged that his followers would have to learn much more than he ever knew if they would best secure healing to suffering humanity in all kinds of diseases.—C. W. Young, D.O., Grand Junction, Colorado.

Dr. Woodward Interested in Only One Point of View

Friend Bunting: We read the recent issue of your incomparable sheet here-to-fore devoted to osteopathic truth and propaganda, with interest, surprise and consternation. Friend McManis must have quite a pull to get that clever announcement that he alone would now be able to sell the marvelous (?) Abrams stuff to the ignorant osteopathic world that could not get results without this very new method.

With all due respects to the five Osteopaths mentioned, I think that we are more in need of osteopathic methods of diagnosis and new technique, but let any one develop a new method of value and presto he must sell it to his brethren. Our old time ethics appear to be abandoned for more lucrative methods. Why do not the Big Five "dig for Osteopathy"?

In re to the Preacher Stuff, where do you get an osteopathic lesson from Abrams, McManis stuff? You still remember Abrams attempt to get Osteopathy on the hip with his "spondylotherapy" stunt, do you? You may recall my trouble with a Simon Pure (?) Osteopath of Chicago because I was too liberal for him. What does he think of this departure, I wonder.—Yours for Osteopathy, B. A. Woodard, D.O., Clarksville, Tenn.



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Will Study Abrams' Methods

I want another copy of the January *OP* and all the rest for a year. I'm not one bit interested in who is studying this new method of diagnosis but I want to study it myself. I want to know all about it, have the same tingling feeling I had when a girl after I saw Osteopathy do some of its wildest stunts for suffering humanity. I have a son in San Francisco whom I have written to call on Dr. Abrams and it is to my son I sent the January *OP*. He lives better there than here—has chronic nephritis. Maybe I can find the cause. If this Doctor can cure the cases we can't reach I will think surely the Kingdom of Heaven is nigh, even at the door.

I am going to study his methods as soon as I can sell something and raise the money. I have been in the service twenty years, since 1900. I am feeling fine and all I ask is the privilege of working on.—*Lora K. Barnes, D.O., Chattanooga, Tenn.*

Dr. Asa Willard Wants Light

I have been greatly interested in the discussion of Dr. Abrams' work. The article by Dr. McManis was certainly most interesting but here is a point which I should like to have cleared up. Dr. Abrams considers, according to the articles in the *OP*, the germs take hold where there is faulty soil. As Osteopaths, we figure that the faulty soil is due in most instances to structural defects, particularly of the spine. Dr. Abrams directs his treatment to the removal of the diseased conditions through treating the faulty soil, yet takes no cognizance of the primary lesion producing that faulty soil. If we are to harmonize his theories with the osteopathic concept, how are we going to do it without consideration of the removal of the primary cause? Suppose, for instance, the lungs are the faulty soil due to a subluxation in the dorsal area. How can you remove the faulty soil without correcting that which is constantly keeping the lung tissues weakened and susceptible?—*Asa Willard, D.O., Missoula, Mont.*

Praise for Dr. Abrams

Abrams of San Francisco has some *good* dope. His work in the field of cardio-therapy is worth while. The medics are beginning to take him seriously and are flocking to him from all over the country. I might better say the world. I fear we will wake up some cold, dark day and discover that the regulars have Osteopathy by the Abrams route under a different name and when they begin to teach it in Grade A medical schools—well you can write your own ticket on the rest. Mather Thompson of Dublin, Ireland, M.D., F.R.C.S. who pursued the course in Osteopathy at the M.C.O. has recently returned from taking Abrams work and he fully endorsed Abrams. Thompson by the way is a heart man and a *good* one. He has had work under MacKenzie and Lewis of London and has for several years specialized in cardio-therapy. He spoke before the New York City Osteopathic Society some time ago. He is sold on Osteopathy but is waiting for the Osteos to demonstrate that with Osteopathy alone they can successfully treat *all* heart conditions. He so stated to the society. He further stated that digitalis is specific for auricular fibrillation and asked the Osteopaths present to go to the mat with him. You could cut the silence. He also endorsed every thing Abrams claims for percussion of the 7th cervical in heart affection and every thing I have said—my statements being based upon experience both as a physician and a patient. So there you be. Go ahead: any thing I have written you may doll up and publish and I will gladly back up my statements. Thompson was the cause of Cave going to Abrams. I am going myself one of these days.—*Lamar K. Tuttle, D.O., Stamford, Conn.*

Dr. Abrams and His Work

Since some of our Osteopaths have taken the work under Dr. Abrams, and seem to be so enthusiastic over it, it is well to investigate his ideas. To many it does not seem possible that such results, and such work could be done, but when one thinks of the wonderful age in which we are living almost any claim must be weighed before one makes the statement that it cannot be done. His books are all interesting, and ought to be read by the profession generally. His book "Self Poisoning" ought to be in the library of every Osteopath. You can scarcely take a page but what you will see the osteopathic concept, although he does not call it by that name. Allow me to quote from his book "Spondylotherapy" and see what he says about Osteopathy. Notwithstanding what he may say, if you will study the book you cannot help seeing the osteopathic principle all the way through.

On page 4 he says:—"In 1874 Osteopathy was founded. It is based on the theory that health signifies a natural flow of blood and that the bones may be employed as levers to relieve pressure on nerves, veins and arteries. The pressure is assumed to be caused by dislocated bones, and when the Osteopath refers to a "lesion," he intimates malposition of a bone.

"The theory of the Osteopath may be at variance with our accepted views of etiology, yet by his manipulations, unconsciously evokes reflexes which are cogent factors in favorably influencing diseases."

In another place, in one of his writings he says: "What I have called the concussion of vertebral reflexes represents an entirely new domain; and any one may in studying them, be very readily convinced that the manipulation of

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

RUMPUS CENTER USE TER
SUPPORT TWO UNDERTAKERS
BUT SINCE THAT 'ER OSTOPATH
CAME TO TOWN ONE OF 'EM
HAD TO QUIT



the spine by the Osteopath and the effects on the patients are not wholly a question of suggestion; on the contrary, the Osteopath unknowingly elicits many visceral reflexes which may operate for good or evil. Concussion of the vertebral spinous processes, whether by vibratory massage, will induce palpable lung, heart, liver, spleen, stomach and intestinal reflexes depending on the vertebra subjected to concussion."

On page 387 he suggests that when he coined the name of Spondylotherapy, he did not anticipate that any one might misjudge his intentions, yet the A.M.A. Journal made the following inquiry: "One wonders whether this is an attempt to explain Osteopathy and chiropractic

to the understanding of the regular practitioner, or to explain the very ingenious percussion devices of the author, or whether it is really true that medical men really know practically nothing about the cure of disease through the treatment of the spine. Let us hope it is the latter, and that careful study of this unique volume may open new avenues of therapy heretofore undreamed of." His latest book "New Concepts in Diagnosis and Treatment" I have in my library, but have not yet read it. I would advise those interested to look into his system, and if he has something that we can use, to do so.—C. E. Abegglen, D.O., Wenatchee, Washington.

Finger Technique vs. Finger Surgery

Dr. T. J. Ruddy, Los Angeles, Calif.

"Finger Surgery," above all expressions, has had an illegitimate birth in the home of the English language. Why in this day and age of progress should we invent a telephone every time we want to use one—why not take advantage of the man's experience which required thirty to forty years devoted to invention, and simply pick up the 'phone and talk across three or four nations? Why should we tear things indeterminately with our fingers when a more cautious procedure can be exercised through the use of properly designed instruments? But, more important than this: we have "technique" for adjustment of all parts of the body. This one statement, if committed to memory by all members of the laity, would soon prove to be a powerful factor.

We have "finger technique," a specially named form of our "technique" for the adjustment of laryngeal, tonsil, tubal, nasal, ocular and related pathology. Surely we do not wish to convey to the public that when we restore the eustachian tube to its normal potency we have

used "surgery." Let us hope that in the cure of the thousands of cases of glaucoma by our designed and developing "finger technique" that the public is not laboring under the impression that we have performed "surgical" operations. Thousands of cases of hay fever and other forms of rhinitis; dozens of cases of tonsillitis, numerous cases of laryngitis have been treated through "finger technique" and in not one instance perhaps have we used "surgery." Why can't we be consistent at least? It has been our endeavor for twenty-two years, that I know of, to convey to the public that our sole aim and effort has been to adjust the human body to a normal functioning without the need of surgery, except in the most conservative but thoroughly analytical sense.

I have no personal feelings in this question. I have always given others the credit for suggesting to me various ideas for the application of a "finger technique" in pathologies about head regions. Dr. Jerry Hoffman in 1900 demonstrated many cases of tonsil treatment with the finger. I saw Dr. Andrew Taylor Still stretch the fossa of Rossenmueller in 1898 and he made the statement "not to cause bleeding." I will leave it to you whether a "surgical" operation was performed and whether this tommy-rot of "breaking down adhesions"—which everyone knows that knows his anatomy is in ninety-five percent of the instances the normal or abnormal congenital bands—should be fostered.

Dr. Bowling stated before the convention at Denver in 1905 that he felt much could be accomplished in cases of catarrhal deafness by applying a "finger technique" carefully in the recess of the eustachian tube, or as I call it, "the tubal fossa."

In 1906 at the Put-in-Bay convention, after both of us had observed in the Des Moines

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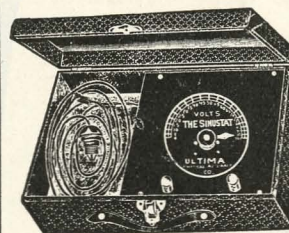
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perfectly controlled rapid sinusoidal current; also current for lighting any diagnostic lamp. Try This Thirty Days Free! Just sign the coupon and we will send this on free trial without one cent in advance. If it fails, return it without obligation. FREE! A valuable chart and booklet giving full directions will be included.

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Signed Address OP-4-22

"Where There Is No Vision the People Perish"

College Clinic, Dr. Bowling reported seventeen cases of catarrhal deafness in which he had reasonably good success.

The nose to most people was a mystery, and although Dr. C. C. Reid of Denver and myself slaved along from that time in endeavoring to create an interest on the part of the AOA members and the general profession by staging clinics, furnishing two or three numbers for the program, and finally organizing the eye, ear, nose and throat section, and later, the American Society of Ophthalmology and Oto-Laryngology. Even with all of these efforts little has been accomplished in the form of a true, scientific terminology or treatment. Nearly four hundred members of the O. & O.-L. society express the interest that the profession is "casting its pearls

before swine" by referring the cases requiring special attention to the "enemy," but our quick growth bespeaks a tender and frail structure that—unless properly guided—can result in irreparable injury to the proper pictures we ourselves should hold mentally, as well as an incalculable loss as a result of diseased publicity through the use of inappropriate nomenclature.

I do not vouch for the author of "finger-surgery" as a term. Dr. Bailey and Dr. Edwards are the two who advertise the term most widely and their contributions to the treatment of eye, ear, nose and throat conditions have, up to recently at least, been true to the term they have employed.

I am very certain, however, that those who have jumped at this conclusion have long since

learned that it is not what bespeaks for a "conservative" profession; that it is not the form of treatment that appeals to a public that has been nauseated with allopathic, radical, rough-house repairing; and, while it might have given a temporary glory to the originator of the term, the same could have been accomplished and the same amount of publicity obtained had the same amount of energy been put back of a correct terminology. Otherwise, I see no reason why the term "finger surgery" should not have died when it was first mentioned by Parker in his "Epitome of Medicine," covering the sixteen centuries' mistakes.

Resolutions by Dr. James D. Edwards' Class in Finger Surgery

We, the undersigned members of Dr. James D. Edwards' 1921 class in finger surgery, given at Cleveland, Ohio, vigorously protest against the insidious attacks upon the term, "Finger Surgery," and the endeavors to substitute therefor the term, "Finger Technique," which could mean setting a toe or playing a piano.

Resolved, that we send greetings to Dr. George W. Riley of New York City and express our thanks to him for sending to Dr. James D. Edwards an invitation to co-operate with him in preparing an article on "Finger Surgery" for the Encyclopedia Americana.

Be it further resolved that after due consideration and discussion of the work done, that the term "Osteopathic Finger Surgery" is most appropriate and complies with Dr. A. T. Still's concept and idea of osteopathy, "that osteopathy has come to improve medicine, obstetrics and surgery," and that we adhere to the term as applied to this feature of our science.

Be it further resolved that a copy of these resolutions be forwarded to Dr. George W. Riley and to each of our osteopathic publications.

(Signed)

Dr. H. J. Filford, 641 Sharlington Ave., Royal Oak, Mich.

Dr. J. C. Howell, Orlando, Fla.

Dr. J. S. Baughman, Burlington, Iowa.

Dr. Anna H. Ketcham, 1824 N St., N. W. Washington, D. C.

Dr. William Joseph Mulrony, 334 2nd St., Yuma, Ariz.

Dr. H. J. Richardson, 145 E. Flagler St., Miami, Fla.

Dr. C. Paul Snyder, Pennsylvania Bldg., Philadelphia, Pa.

Dr. Mary Lewis Heist, Kitchener, Ontario, Canada.

Dr. C. H. Bright, Dickson Bldg., Norfolk, Va.

Dr. H. J. Cormeny, York, Pa.

Dr. G. M. Stevenson, Kent, Ohio.

Dr. Stella C. Thurman, Americus, Ga.

Dr. Doris Jones Bowlby, Brooksville, Pa.

Dr. C. S. Cowell, Lakewood, Ohio.

Dr. W. Rollins Oliver, 522 Locust Ave., Lakewood, Ohio.

Dr. Roy Ernest Tilden, 1331 East 11th St., Cleveland, Ohio.

Educate Your Patients

Publicity and successful treatment will not necessarily make a complete success. Education is necessary for our future as well as for Osteopathy. We believe the public must be educated in the breadth and scope of Osteopathy, that in the end they will understand it as a complete system of therapy. Many times we have cured a case of lumbago and have been surprised that later the same patient called an allopath when afflicted with tonsillitis. The trouble was entirely lack of knowledge as to the scope of Osteopathy. We believe that many Osteopaths are a failure because they do not use *osteopathic publicity* and do not keep their patients educated and incidentally remind their patients that this Osteopath is still in business, on the job and ready to offer them service of the highest order.—E. H. Cosner, D.O., Dayton, Ohio.

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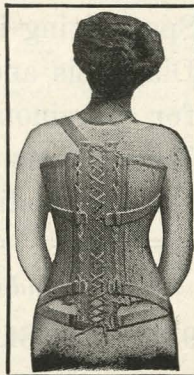
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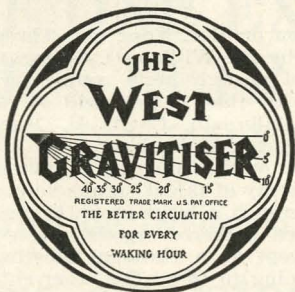
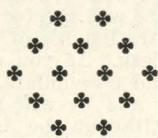
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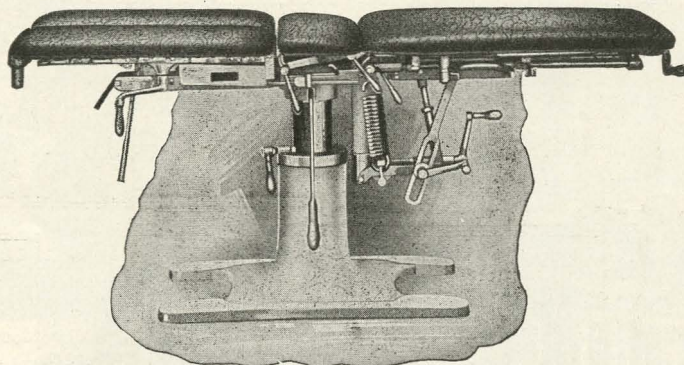
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Eastern Osteopathic Association's Second Annual Convention at Atlantic City, April 28-29

The Eastern Osteopathic Association was formed in New York City just a year ago by the Osteopaths of New York, New Jersey, Pennsylvania, Delaware, and Maryland. The object of the association is to promote a closer fellowship and a better understanding between the individual practitioners in the states comprising the association, and to offer a bigger and better Convention each year than it would be possible for any one State Association to hold.

All eyes turn April 28-29 to Atlantic City for it is there that the E.O.A. will hold the greatest osteopathic meeting ever put on in the East, outside a National Convention. The professional program will be such that it will be well worth travelling many miles to hear. Dr. O. M. Walker, Chairman of the Program Committee, is planning to have one day devoted to *Diagnosis* in its various phases. The other day will be devoted to subjects of general interest to the osteopathic practitioner. On the General Program will appear Drs. L. Von H. Gerdine, Carl P. McConnell, H. H. Fryette, Robt. H. Nichols, John A. MacDonald, J. Ivan Dufur, Asa G. Walmsley, L. Mason Beeman, F. A. Cave, William West, F. C. Humbert, T. H. Thorburn, Chas. Hazzard, Horton F. Underwood, and R. K. Smith.

While the General Program is in progress separate sections will also be held in Technique and in Ear, Nose, and Throat. The section in technique will be in charge of Dr. Chas. J. Muttart and he will have some of the best technicians in the profession to show us how to "find it, fix it, and leave it alone." At present the list includes Drs. Carl P. McConnell, H. H. Fryette, Carl J. Johnson, J. Oliver Startwell, Geo. C. Taplin, and Chas. J. Muttart.

The section on Ear, Nose, and Throat is being arranged by Dr. William O. Galbreath and will be a brief post-graduate course for those attending. In this section will be found Drs. Wm. O. Galbreath, Curtis H. Muncie, J. M. Watters, and L. M. Bush.

Comment on this program is unnecessary. The splendid array of talent speaks volumes. Never before has such a large group of eminent Osteopaths been gathered together on a single program, except at a National Meeting. If you are not going to the A.O.A. Convention in Los Angeles this year, take this opportunity to attend a really big osteopathic convention not far from home.

Atlantic City is an ideal place for our Spring Meeting. It not only offers us a splendid convention hall, but affords everything in the way of relaxation and entertainment. The Hotel Chalfonte-Haddon Hall has the finest convention hall along the entire Jersey Coast. It overlooks both boardwalk and ocean, seats seven hundred and fifty people, and its acoustics are perfect. Anything and everything is possible in the way of pleasure. Atlantic City, with its famous boardwalk, its theaters, its piers, its shops, its pleasure seeking crowds, is well called "the playground of the world."

A golf tournament is being planned for a day or two before the convention. If you are interested communicate with Dr. J. Harris Maxfield, 4 Myrtle Ave. Newark, N. J. He is arranging the tournament, the prizes, and all the trimmings.

The banquet and dance will be held Friday night in the Venetian Room of the Ambassador Hotel. This is the most luxurious banquet room in Atlantic City which is sufficient reason

for holding our dance there. Dr. James A. Logue, alias "Jimmy," is planning something for that night that will make you rub your eyes.

Admission to sessions of the convention will be by badge only. Members of the Association who have paid their dues will be provided with a badge at the registration desk. Non-members and guests will receive a badge on payment of the registration fee of \$2.00, also at the registration desk. If you are not a member, join now. Send two dollars, the annual dues, to the secretary and he will send you an application blank. Although the Association comprises but the five states, membership is open to any graduate of an osteopathic institution recognized by the A.O.A. and Osteopaths in the neighboring states are especially invited to join us.

MAKE YOUR HOTEL RESERVATIONS AT ONCE. The HOTEL CHALFONTE-HADDON HALL is convention headquarters. The management is reserving rooms for those attending the convention, but it is necessary for you to make reservation direct. Be sure to mention the convention as this hotel is giving us SPECIAL CONVENTION RATES.

Fraternally,

FRANCES J. SMITH,
4523 Old York Road, Philadelphia

PROGRAM

FRIDAY APRIL 28TH—9:00 A.M.

Gastro-intestinal Clinic—Dr. Chas. J. Muttart. Different Phases of Diagnosis—Dr. Robert H. Nichols. Aids to Diagnosis and Prognosis—Dr. Thomas R. Thorburn. Differential Diagnosis of Some of the Common Nervous Diseases—Dr. L. Von H. Gerdine. Applied Anatomy of the Sacroiliacs—Dr. H. H. Fryette. Business Session.

2:00 P.M.

Cranial Nerve Diseases and their Osteopathic Relations—Dr. F. C. Humbert. An Interesting

Laughlin Hospital and Training School for Nurses

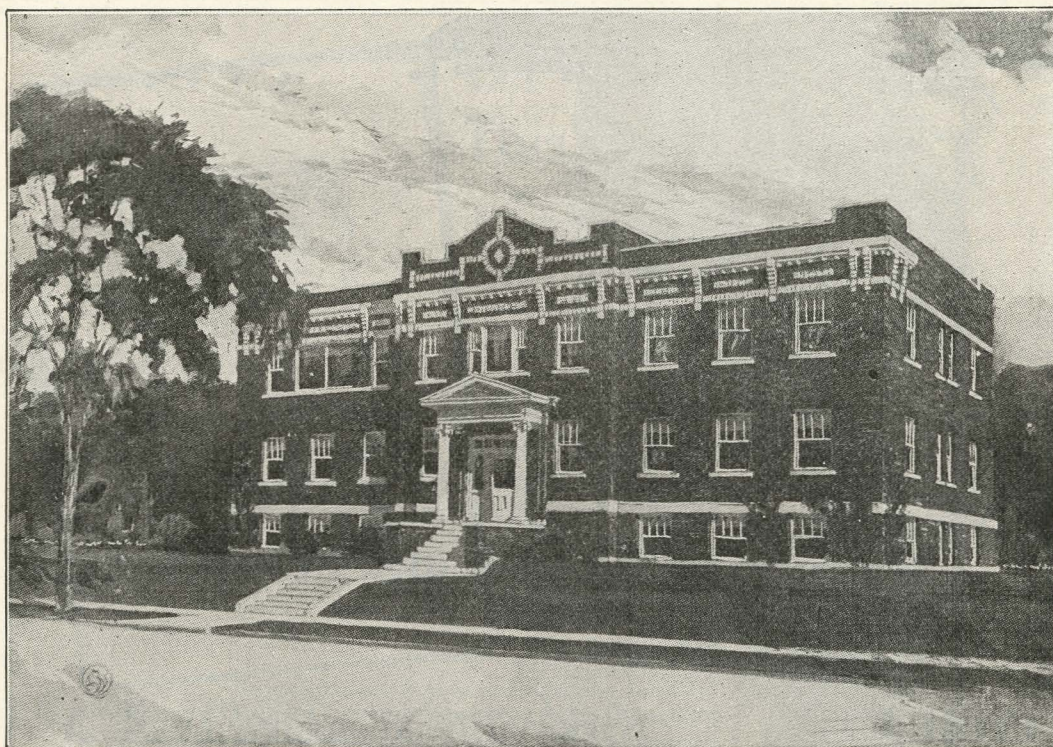
Kirkville, Missouri

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- DR. C. E. STILL
Osteopathy
- DR. F. L. BIGSBY, Obstetrics
Genito-Urinary and Rectal Surgery
- DR. E. H. LAUGHLIN
Supt. of Laboratories and Specialist in Heart and Lung Diseases
- DR. A. C. HARDY
Eye, Ear, Nose and Throat
- MISS RUTH STOREY, R.N.
Directress of Nurses Training School
- DR. JOHN HALLADAY
House Physician and X-Ray Lab.
- DR. L. B. OVERFELT, Interne
- DR. E. C. CHAPDELAIN, Interne
- DR. LEON PAGE, Interne
- DR. M. B. BAILEY, Interne
- DR. G. Y. WARNER, Interne
- DR. W. J. HUGHES, Interne

Our hospital has enjoyed a very prosperous, satisfactory second year, with about 40 percent increase of patronage over the previous year. Dr. Hardy has proven to be very capable in the Ear, Nose, Throat and Eye Department. His work is high class and conservative. No effort is made to do things in a spectacular way. Dr. Earl Laughlin and Dr. Bigsby have both proved very valuable in their departments also.

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



The Laughlin Hospital, Kirkville, Mo.—Dedicated to Andrew Taylor Still

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Matriculants in Freshman Classes must meet all requirements of New York State Board. Full credits given for all work accomplished in accredited Colleges of Osteopathy

Degrees Granted—Doctor of Osteopathy; B. S. in Medical Science

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President

John T. Burns
Secretary

Kirkville, Missouri, U. S. A.

“Where There Is No Vision the People Perish”

Case Report—Dr. Chas. Hazzard. Nerve Physiology of Posture and Exercise—Dr. J. A. MacDonald. Work at the Abrams Clinic—Dr. Francis A. Cave. National League for Prevention of Spinal Curvature; Its Purpose and Progress—Dr. A. G. Walmsley. Osteopathy's Latest Publicity Problems—Dr. R. K. Smith. Clinics—Dr. Norton F. Underwood.

SATURDAY, APRIL 29TH—9:00 A.M.

Technique—Drs. Carl J. Johnson; H. H. Fryette, Chas. J. Muttart; Carl P. McConnell; J. Oliver Sartwell; George Taplin. Focal Infections in Nervous and Mental Diseases—Dr. J. Ivan Dufur. Business Session.

2:00 P.M.

Pathogenic Viscerotoxosis—Dr. Wm. West. My First Aid Kit in the Diagnosis of Abdominal Conditions—Dr. L. Mason Beeman. Osteopathic Conceptions of Nervous Disorders—Dr. L. Von H. Gerdine. Talks by Representatives from the Different Colleges. Diagnosis of Heart Diseases—Dr. Robert H. Nichols. BANQUET FRIDAY NIGHT AT SEVEN O'CLOCK.

EAR, NOSE, AND THROAT, FRIDAY, APRIL 28TH AT 2:00 P.M.

"The Immediate and Underlying Causes of Catarrhal Deafness and Their Corrections through the Conservative Application of Osteopathic Principles. "Demonstration", Orotachian Applicator and Bougie—Dr. Curtis H. Muncie. Preventing Deafness by Osteopathic Treatment and Surgery—Dr. Wm. O. Galbreath. The Conservative Treatment of Sinus, Middle Ear and Mastoid Infections—Dr. Jerome M. Waters. The Eustachian Tube—Its Relation to Deafness. Demonstration—Dr. L. M. Bush.

Far Superior in Eye Troubles

There is so great a difference in the treatment of eye diseases medically and osteopathically that patients say that after a medical treatment they have severe pain in the eyes for about twelve hours, and so look with dread to the next treatment date. After an osteopathic treatment again, they go home, their eyes feeling fine, and can scarcely wait for the next treatment.—C. E. Abegglen, D.O., Colfax, Washington.

The Chicago College of Osteopathy

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The Summer Quarter begins June 19, 1922
The Autumn Quarter begins September 23, 1922

The Winter Quarter begins January 2, 1923
The Spring Quarter begins March 23, 1923

Each quarter is twelve weeks in length.

Students are admitted at the opening of any quarter, but no student is admitted after the first week of any quarter.

"The special Post Graduate course will begin Monday, September 11, 1922, and continue for two weeks, closing Saturday, September 23rd. Tuition for this special Post Graduate course, \$60.00. An especially attractive course is offered this year. All graduates of recognized osteopathic colleges are cordially invited to avail themselves of this opportunity."

This College is registered with the New York State Board of Regents. This means that it maintains the high standard required by that Board. It also means that graduates of this College are admitted to the examination for license to practice in New York State and all other states which maintain the New York standard.

Students who wish to be qualified to practice in New York State should be careful to select a College which is registered with the New York Board of Regents.

For the right kind of a course in Osteopathy extensive clinical facilities are needed.

The clinical opportunities of Chicago are unsurpassed. No prospective student of Osteopathy should overlook the importance of these clinical opportunities. The College maintains an excellent Osteopathic Hospital.

In the Training School for Nurses there is room for a few more candidates. The Training School course is two years in length. At least one year high school work, or its equivalent, is required for admission. Tuition is free and after the probationary period of three months, student nurses are paid \$20.00 per month during the first year and \$25.00 per month during the second year. The student nurses receive board, room and laundry free, and two weeks' vacation each year.

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WHERE PEGASSUS BROWSES

Ever Have the Flu?

My wife had the flu. Her temperature was 104 for 3 days. During that time she wrote the poem printed below. It was originally published in county papers. Since then I have worked day and night. Now I know it pays to advertise.—F. H. Gautsch, D.O., Napoleon, Ohio.

Did you ever have the flu?
And did you know just what to do?
Were there little demons playing
Up and down your front or back;
And you felt like you were stretched
On the long forgotten rack?
Did your head just feel like bursting?
Was your throat all sore and thirsting?

Did you ever have the flu?
And did you know just what to do
Did the pains go shooting all ways
When you tried so hard to breathe?
Did you lift your chest and wonder
What was going on underneath?
Were your legs all cramped and aching?
And most funny motions making?

Did you ever have the flu?
And did you know what to do?
Was there a weary, draggy feeling
In each little bone and muscle?
And you wondered if ever again
You'd be able to hustle?
Were your eyes all red and flurry
And your tongue all thick and furry?

Did you ever have the flu?
And pray tell, what did you do?
Did the Doctor shake his head
And give you pills pink or blue?
And you vaguely fell to thinking
The angels must be waiting for you?
Did you breathe a heavy sigh
And bid your friends a last "good-bye"?

Did you ever have the flu?
And pray tell, what did you do?
Did the Doctor on his visit
Measure out all kinds of dope?
And you felt your life go fleeting
With your very dimmest hope?
Did you give up thoughts of trying
And think only then of dying?

Did you ever have the flu?
Say, let me tell you what to do!
Look around you and you're sure to find
A Doctor who's both good and wise,
Who does not intend to send you
Soaring through the starry skies,
But with a chuckle and a grin
He'll roll up his sleeves and begin.

Say, if you ever have the flu
Give the Osteopath the cue.
Like a great musician playing
Up and down your back he goes
And you feel a joyous feeling
Tingling clear down to your toes.
The demons how they scurry
And you're well in most a hurry.
Zella Harrington Gautsch

DON'T INVEST!!

If you are about to buy an expensive treatment table, DON'T, until you are able to investigate the new

Craig Unit Automatic Treating Table

It DOES DO the osteopathic Drudgery.

No, it is not like—anything else.

It is MOTOR DRIVEN, and its work and benefits are in the ratio that the TRACTOR is to the OLD PLOW.

Will make its debut at Central States Osteopathic Association, at St. Joseph, Mo., May 10, 11 and 12.

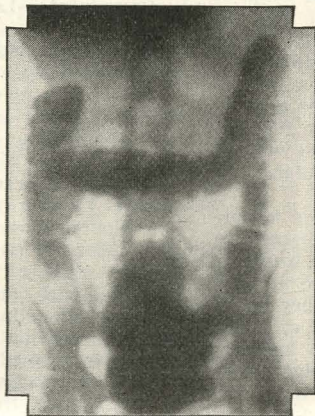
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Arthur Still Craig

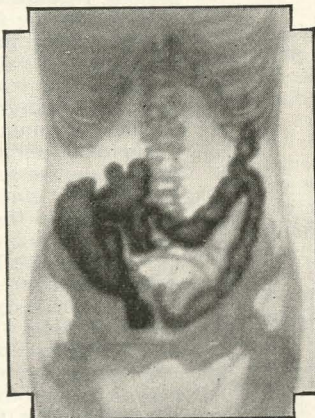
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General Displacement of the Colon into the Pelvis in Intestinal Stasis

NUJOL is the most effective liquid petrolatum for use in the treatment of intestinal stasis. Its capacity for penetration and lubrication of the feces is unsurpassed.

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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. XLI April, 1922 No. 4

IT PAYS TO ADVERTISE

J. C. Howell, D.O., Orlando, Florida

Perhaps most readers of The *OP* have seen that well-known play, "It Pays to Advertise." If not, I advise seeing it the first time opportunity offers. Of course, a good deal depends on the quality of the goods one wishes to advertise. If one has an article of unquestioned merit, the demand for which is universal or practically so, the more he advertises the article, the better it is for him and for the public as well. It is generally conceded by advertising specialists that advertising is reciprocal, that is to say, the article to be advertised should be of such universal public benefit that the public is as much benefited by the publicity given to it as the advertiser.

As an illustration, the Sunday edition of The Tampa Tribune for January 15th contained a picture and description of my sanitarium. Considerable space was given to the merits of the milk diet combined with Osteopathy. Next day, two men who were camping within some three blocks of my sanitarium but didn't know there was such a place south of the Mason and Dixon line, read the article and appeared at my office to inquire about treatment at the sanitarium. They were on their way from Tampa, Florida, to Hot Springs, Arkansas, where they hoped to find a milk cure sanitarium. They were soon convinced that they need go on further, much to their relief, as the trip to Little Rock was a long and dreary one and it was possible that they would be disappointed when they got there, as no such sanitarium is located at Little Rock, as far as I know. This is an illustration of the mutual benefit of publicity. These men were saved a long journey and much expense, and, incidentally, my exchequer was swollen to the amount of several hundred dollars, to say nothing of their good will, for they both went away satisfied.

There are thousands and hundreds of thousands, yea, millions of people in the United States at this very moment that need the benefit of osteopathic treatment and need it badly and, yet, because Osteopaths have not given the matter publicity, these people are going through life suffering and discouraged, oftentimes even committing suicide, when probably just around the corner is an Osteopath that could remove the cause of their trouble and make life "a thing of beauty and joy forever."

The church in which I was brought up taught there were sins of omission as well as commission. I am absolutely convinced that Osteopaths have been committing sins of omission in not letting their light shine before the world more brightly that the world might see their good works and glorify, not only the All-Father but also the "Father of Osteopathy," who, we of the faith, believe was spiritually inspired in his great humanitarian work.

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

Story No. 40

October 21, 1921, Mrs. C. began treatment. Age 45. Weight 164 pounds. Height 5 feet 2 inches. Full, well rounded chest. History of a fall down a cellar 9 years previously. Complained of pain in the hip and right side and of persistent flatulence and constipation. She also complained of constitutional weakness and loss of pep. Had had very many osteopathic treatments which always brought relief, but the disagreeable symptoms would always reappear. She had a white-coated tongue. We found tilted pelvis, slipped innominate and angle of 8th rib slipped upward. A correction of these lesions relieved the pain in the hip and some of the pain in the side. Correction of the rib lesion enabled her to breathe more easily. There was still pain in the cartilages of the false ribs on the right side. We applied strips of one inch adhesive tape over these cartilages and relieved the pain. She has worn the tape for several months. She takes it off at the end of every week and keeps it off over one night. It causes very little irritation.

We put her on the Webster diet for hyperacidity, which she has been very happy to maintain up to the present time. Her husband did not consult me in any way, but he ate the Webster diet with his wife. He was very much underweight (125 pounds), but with the diet has gained 15 pounds, and she says he now weighs 140 pounds. She was over weight, and with the diet has lost 9 pounds. I used the Hubbel colon dilators, which enabled her to pass a stool of much larger caliber. She now has two good movements of the bowels every day and is largely free of flatulence, and her tongue is clear.

I had been treating her several weeks when I noticed a dry, hacking cough that brought no expulsion of secretion. Then for the first time I began to inquire about the lungs. She said she had come to Colorado several years ago to help what she was told was tuberculosis. Sometimes she had a fever as high as 102 degrees F, and sometimes it was subnormal one or two degrees. A sputum analysis revealed absence of tubercle bacilli and presence of staphylococci and streptococci in abundance. Rales could be heard in the apices of the lungs. The laryngeal technique brought great quantities of sticky, slimy mucus. After the use of this technique she could herself between treatments cough up liberal quantities of secretion, and the hacking cough with no results ended. We have treated her twice a week until to date (March 15th). Shortly after the beginning of the treatment the fever never ran more than half a degree above or below normal, and now it stays normal or nearly normal. No rales can be heard in any part of the lungs, though the stethoscope reveals a roughened note in one or two places. Her strength is returning in a large measure.

Comment No. 1: I am inclined to believe that the role played by non tubercle bacilli germs such as the streptococci and staphylococci is not fully appreciated. The laryngeal technique does wonders for this type of infection.

Comment No. 2: This case is a marked example of the folly of considering only the pre-

Communications or news matter intended for publication in The *OP* ought to be, if possible, *typewritten* and *double spaced*, so as to make possible editorial revision between lines without recopying.

—Editor

Little Stories of the Clinic

sending symptoms and not making a thorough examination. The patient did not complain of any lung trouble, and she had no appearance of one having such trouble. I like the method used by Dr. Atzen as shown by him when I was in the Western Circuit. He had blanks to fill out in his cases, with routine questions as follows:

ROUTINE PHYSICAL EXAMINATION

The following questions will elicit some of the subjective symptoms of each system.

The physical findings of each system will either verify the subjective symptoms or prove them fallacious.

Name Address Age
State Married Single
Widowed
Widow

Complaint:—Let the patient state this in his own way.

Respiratory System:—Ask if there is troublesome coughing. Whether they raise up much. If there is a tendency to recurring colds in the chest. If they have ever had pleurisy or pain when breathing.

Circulatory System:—Do you suffer with shortness of breath on exertion? Do the feet swell? Do you suffer with palpitation at times?

Digestive System:—How is the appetite? Do you suffer any pain in the region of the stomach before, during or after eating? Are you troubled with gas, sour stomach, belching, etc. Do you have daily movements of the bowels? What condition is the stool? Soft? Hard? Normally formed?

Urinary System:—Are you compelled to pass water during the night? How many times. Is there any pain, burning or smarting? Any difficulty in starting so as to cause straining?

Reproductive System:—Are the menstrual periods regular as to time? How many days duration is the flow? Is the flow scanty, profuse or normal in amount? Do you suffer pain? What part of the body? Are there clots?

Internal Secretory System:—*Thyroid.* *Suprarenals.* *Pituitary.* The surface findings here must guide you.

Nervous System:—*Sensory:* Is there any feeling of numbness, prickling or other troublesome sensations? *Motor:* Do you have any difficulty in walking in the dark? Is there an unsteadiness in writing, talking, or loss of strength in any part of the body?

Bony System:—Do you have any pains in the bones of the body?

Ligamentous System:—Do you have any feeling of stiffness in any of the joints of the body?

Muscular System:—Do you have any tenderness in any of the muscles of the body? From the Office of Dr. C. B. Atzen, 412 Omaha National Bank, Omaha, Nebraska.

Denver Polyclinic and Post Graduate College

The great men of the world are great because of knowledge, skill and strength, beyond that of their fellowmen. To carry on a large osteopathic practice, you must be backed up by force and energy. Here is your opportunity. This is the first time you have ever been offered so much in so small a time in such a practical way, to aid you in your practice as a physician. This will be the eighth graduating class of the Denver Polyclinic Post Graduate College. Four strong courses are combined in one.

1. *The Osteopathic Efficiency Course.* This course gives a detailed practical solution of the many problems arising from the business side of practice. It tells you how to increase the number of the patients, how to take care of a large number every day without breaking down.

and a review of many important branches, and also simplified technique. There will be a review on such subjects as official surgery, eye, ear, nose, throat and gynecology. This will all be given by a strong faculty that has been connected with the Post Graduate College for years.

II. *Course in General Diagnosis.* Dr. Robert Nichols of Boston, who has been teaching diagnosis many years, will be with us the whole month, giving his special course in General Diagnosis. Dr. Nichols is one of the best logicians in the Osteopathic Profession. To be an expert diagnostician, requires much study, careful observation and scientific teaching. Dr. Nichols has been associating for about seventeen years with Dr. Cabot in the hospitals of Boston. He has letters of high commendation from Dr. Cabot and many prominent medical and osteopathic physicians. He will give three and one-half hours a day throughout the whole month. Dr. Nichols will give essentially the same course in Denver that he gives in Boston.

III. *Course in Low Table Technique.* Dr. James Decker of Oakland, California, an Osteopathic Physician of many years practice, is a graduate of the Palmer Chiropractic School and will give Low Table Technique, explaining the difference between Chiropractic and Osteopathy in technique.

IV. *Course in X-Radiance and Spinography.* Dr. Decker will also give the course in X-Radiance and Spinography. He has had many years of study along these lines. He will show the practical application of the x-ray for spinal lesions.

As only a limited number can be accommodated, reservations for the course should be made at the earliest possible moment, by those who are interested. The course begins July 24th, and lasts a month. For detailed information, address Dr. C. C. Reid, 501 Interstate Trust Building, Denver, Colo.

DRUGS

We buy punk drugs in large stone jugs, in bottles and in cases; to cure our ills we buy green pills and pour them in our faces. We drink brown suds distilled from buds, stove-wood and water lilies, consume such dope and vaguely hope that will cure the willies. The doctor romps through dismal swamps and gathers toadstools blooming, and makes a brew of mottled blue, for invalids' consuming. The learned men chase to every place, in search of drugs to cure us; they boil up rocks, make pills of chalk, that they may reassure us. The faith and hope we place in dope no knowledge ever throttles; what faith we have in pills and salve, and everything in bottles! The wise men say, "Throw drugs away, and you'll be feeling better than if you drink some bottled ink, or something worse and wetter. Eat wholesome food, like oatmeal stewed, go roostward with the chickens, quit chewing pills, and soon your ills will vanish like the dickens." The learned men speak, their wise words leak through lips that spring no folly; but all things sane give us a pain and cause us melancholy. We pin our hope on bottled dope, on pills in crates and baskets; we'll drink our drugs from flasks and jugs until we're in our caskets.—Walt Mason.

Monkey Glands

Wm. A. Settle, D.O., Peterborough, Ont., Can.

OVER IN the city.

OF NEW YORK, N. Y.

JUST THE other day.

ANOTHER elderly man.

LIKE THAT old Count.

PONCE DE LEON.

SEEKING AS he did.

TO SIP once more.

FROM THE fountain of youth.

HAD SOME of the glands.

TAKEN FROM a monkey.

TRANSFERRED to himself.

BECAUSE A French savant.

HAD DECLARED that.

THAT WAY lay youth.

ALL OVER again.

THAT ALL the vim.

VIGOR AND vitality.

OF FULL-BLOWN youth.

COULD THUS be restored.

BUT WHY should one.

WISH TO roam forever.

THROUGH the green sunlit.

PASTURES OF youth.

SURELY THE frost and snow.

OF OLD age.

HAVE THEIR compensations.

AND THEN there lies.

JUST A little ahead.

LIFE'S GREATEST adventure.

YET IF you shrink.

FROM ALL this.

JUST TRY Osteopathy.

AND YOU may have.

A LONG glorious.

INDIAN SUMMER.

WHEREIN THE fields.

MAY YET be green.

Some Patients I Have Known

VII

He Knows His Own Case Best

John Barr, D.O.

"Doctor, I used to work for old Dr. Simpson when I was a boy and we have boarded medical students in the family for years, so I feel like I knew almost as much about doctoring as most doctors. I've made a special study of my own case of course and probably I know more about that than any doctor ever will know, but some of the neighbors seemed to think you might be able to do something for me and so I just dropped in to see if your opinion of my case agreed with mine."

When you hear a little story like that as a new patient settles down familiarly into your private office, you may be sure there is a sweet time ahead—for the man who signs D.O. after his name.

This patient will place great emphasis on his history and symptomatology. To him, your physical examination will be worth exactly nothing save insofar as it corroborates the findings he himself has made. What cares he if his liver border is an inch and a half below the costal margin if he happens to know that his stomach has been out of whack ever since he was a boy? What news is it to him that there is albumen in the urine, when he has known that his right kidney has been out of business for going on eight years?

To the man who has in his eye the beam of subjective symptoms, the mote of objective signs has no significance whatever. Doesn't he know how he feels and how he works? So there is no use in trying to tell him what is the matter with him. It may be all right to try and find out for yourself so that if he lets you treat him, you may be able to do so in the light of a conscience fairly honest in its purpose, but don't tell him what you have found. He won't believe it unless it agrees with what he knows to be the actual state of internal affairs and it will never agree, so you will always be wrong—in his eyes.

When it comes to the matter of treatment, for a short time you may have the advantage of him. That will be something new to him and so at first, before he finds

out all about it, instead of simply denying that you are doing the right thing, he will argue about it.

Now at first, you will think you are getting somewhere when you find that he argues with you instead of simply contradicting, but in the long run you will find that the arguments are just as futile. He always wins—in his own mind. Then, after a few treatments he will have discovered all about them and he will know then that they are not adapted to his condition. The arguments will cease and he will simply tell you the facts of the case.

A little knowledge is a dangerous thing and so the patient who knows his own case is very dangerous—to himself and to his doctor. The chances are that he has something the matter with him, something that is not all in his head, but because there is so much the matter with his head, his physician is not going to have a fair opportunity of making a diagnosis. Granting that by remarkable tact and persistence, he does find out what is under all the psycho-neurotic covering, it will be almost impossible to maintain the proper treatment long enough to do the man any good.

The younger you are the more ardently you will attack such a case. Wouldn't it be wonderful to effect a cure in a case that has been so palpably bungled by so many before him? But after the man who knows his own case best has added this young physician's scalp to his long string and after the same process has been done in the same way several different times, then that young physician will learn as have many before him that there is just one way to handle these wise people.

Listen courteously to the long drawn out story, go over the physical examination carefully, tell the patient what you find, charge him a good stiff fee for the time he has consumed and tell him to go home and think it over. He will never come back. He may never get over the shock, but better than that you will have preserved your own self-respect.

"Where There Is No Vision the People Perish"

Suppose a Suppository

is indicated and indispensable in order to make the patient comfortable?

Micajah's Suppositories

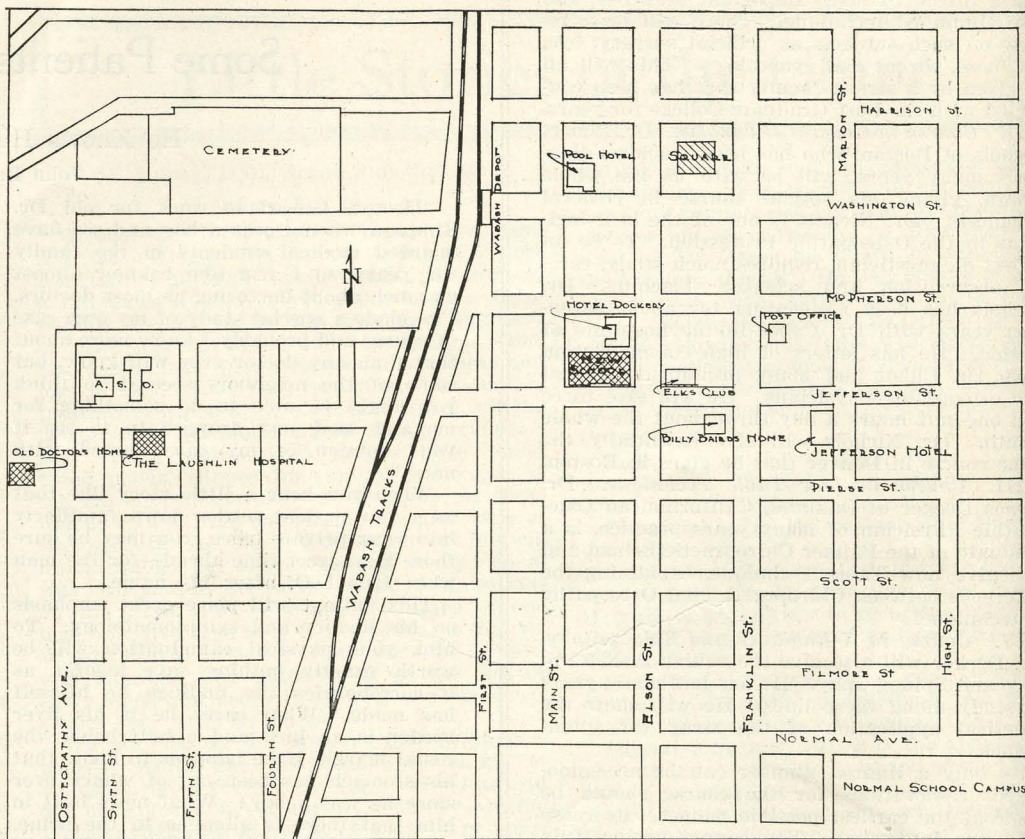
combine safety with efficiency. They are astringent, antiseptic, styptic, soothing and healing. They contain no narcotic or habit forming drug.

Their action is prompt, their effects prolonged.

They meet all indications and are reliable and effective.

Sample and literature on request.

MICAJAH & CO., Warren, Pa.



Map of Kirksville showing location of the new school in relation to other places of interest

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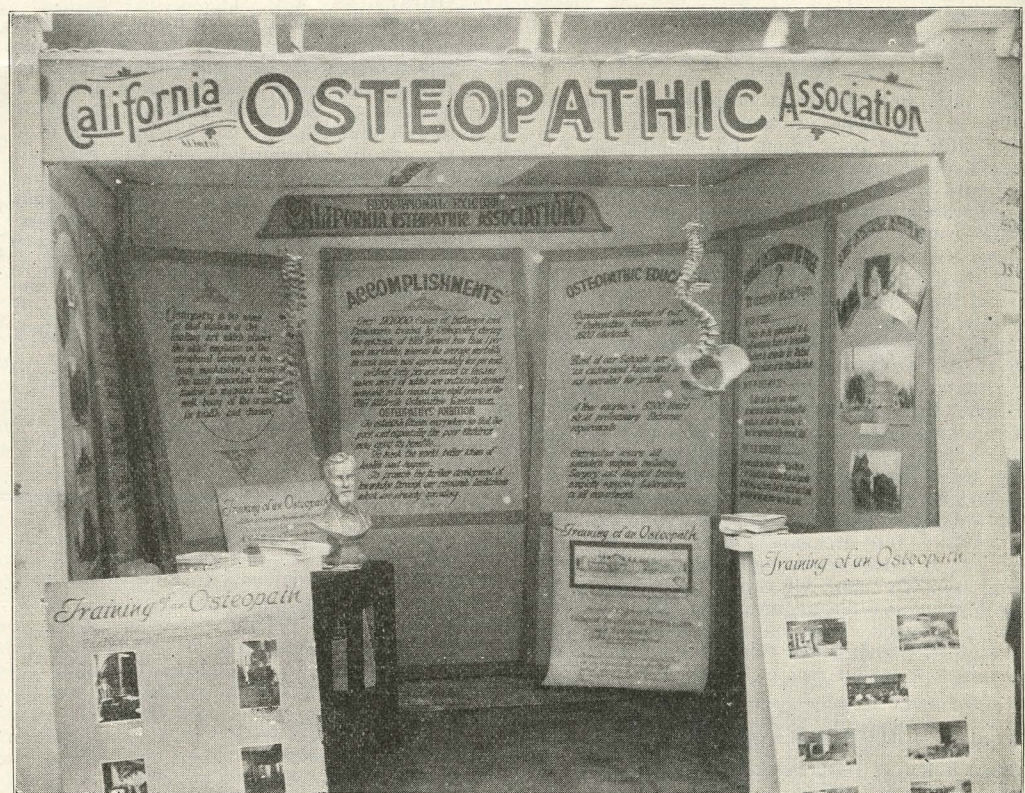
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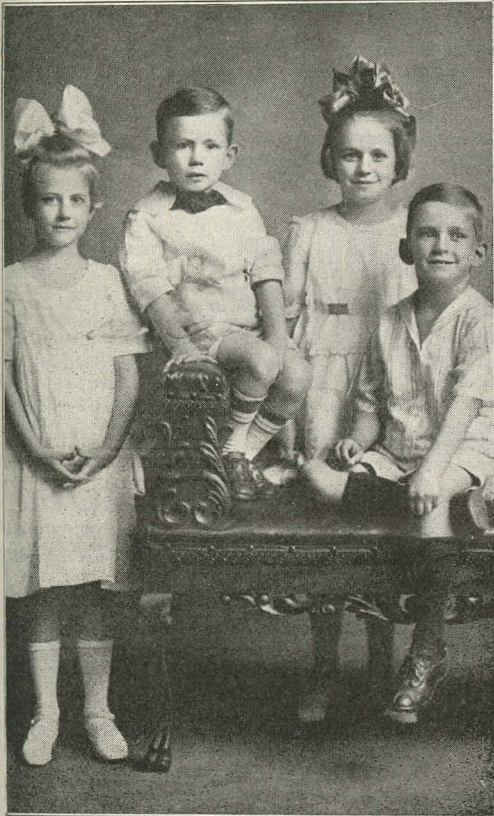
Osteopathic Booth at National Orange Show

The Osteopathic Booth at the National Orange Show which was held at San Bernardino, Calif., February 17 to 27, 1922, was very successful as a means of educational publicity for Osteopathy. Over 12,000 pieces of osteopathic literature were given out by the attendants and hundreds of questions were answered regarding Osteopathy and Osteopathic Colleges. We received a great deal of favorable publicity for our initiative,

which will be on the ballot this fall for a separate board of Osteopathic Examiners. The 2,000 February Osteopathic Health's were used to good advantage, being given to those who seemed the most interested. I believe that educational booths at such fairs and exhibits is a splendid means of educating people to what Osteopathy really is.—Errol R. King, D.O., Riverside, California.

Osteopathic Children

The Paul youngsters are osteopathic from first to last and not one of them knows the feel of a pill or the taste of medicine. The oldest, at four years, had glandular fever complicated with hemorrhagic nephritis, was sick two weeks and has hardly had a sick day since. The second little girl fourteen months younger is the "mother" of the bunch and was able very early to satisfactorily dress any one of the four when requested. The older boy at six, is



Dr. Theodore Paul's "Osteopathic" Children

able to take care of himself pretty well though two attacks of bronchial pneumonia have held him back just a little. The second boy is nicely built and other than colds has never been sick. The oldest girl has, I think, as nice a physique for a nine year old as any one would care to see. They all make good grades in school and like to attend, and are as you may surmise a constant source of joy, amusement and—work to their parents. In the order of age from the eldest down their names are: Anna Alice, 9; Rebekah, 8; Theodore Jr. 6; and John William, 3.—*Theodore Paul, D.O., Tarkio, Mo.*

Vinegar in Gas Asphyxiation

An old timer in the gas plant business tells me he has learned that a tablespoon of vinegar poured down the throat of a man unconscious from gas asphyxiation will nearly always start respiration immediately and bring him back to consciousness. He always has a bottle of vinegar about the gas plant and claims he has saved many a life by the above method when delay would have resulted in death. He thinks the strong acid on the throat membranes causes an impulsive inspiratory effort which breaks the inhibitory spasm. Just open the mouth and pour the vinegar down the throat but don't use a tube.—*Paul M. Peck, D.O., San Antonio, Texas.*

Aortic Aneurysm

We are conducting a special clinic, Dr. Frances Axman Tuttle and I, on Thursdays and Saturdays, 5 to 7 P.M., for the diagnosis, treatment and study of cardio-vascular disease. We are especially interested in disease of the aorta. We are trying out the Abrams method of treatment for aortic affection in conjunction with Osteopathy. We would more than appreciate any osteopathic experience with aortic aneurysm which Osteopaths might give.—*Lamar K. Tuttle, D.O., 96 Glenbrook Rd., Stamford, Conn.*

Spine Copyrighted as to Watermark Only

We have copyright only covering the watermarked spine. The Kiro's imitate us in almost everything we do. They are now working on the clinic idea and trying to get the Hearst papers back of them. They have sent in hundreds of letters to the Hearst paper calling for support regarding clinics. However, we are in the lead, and the National League for the Prevention of Spinal Curvature is going to stay in the lead as long as I am alive. They will soon be pulling off a contest. Everything we do they imitate, but fortunately I have been able to beat them out in everything so far.—*F. P. Millard, D.O., Toronto, Ont., Canada.*

How the Old Doctor Did It

Here is an account of a treatment the Old Doctor gave in 1900 as witnessed by me. The patient was a young man whose fourth lumbar was rotated to the left and ankylosed to the fifth lumbar. Thirteen years of spinal suffering had produced a very pronounced posterior curvature and rigidity from the seventh dorsal to the fifth lumbar. The Old Doctor coming down the hall abruptly stopped before this deformed young man and shoved his back against the wall. Then he bent him forward, reached over his back and tried to make a more pronounced curve of it than ever, at the same time giving a quick short twist of the vertebra at point of greatest curvature. A distinct click of the vertebra was heard. Releasing his patient, and without a word the Old Doctor went on his way.—*G. O. Shoemaker, D.O., Wichita, Kan.*

You Can Empty Stomachs in Five Minutes!

Treat the fifth dorsal vertebra specifically in cases of sick headache and conditions requiring rapid evacuation of the stomach. It is important to know which one is the first dorsal and then count down the spine carefully and know if you are actually treating the fifth dorsal vertebra. Steady, regular percussion of the fifth dorsal will empty the stomach in five minutes. If you don't believe it give your patient a meal of malted milk with Barium, stand him in front of a fluoroscope, percuss the fifth dorsal for five minutes and see the stomach empty! It works, and it is important for every Osteopath to know this treatment, especially in acute indigestion. It worked in one case that was unconscious from indigestion. We turned him on his side percussed the fifth dorsal for about three minutes and you could literally hear the gas roll out of the patient's stomach, which gave him relief and he was conscious within two more minutes, talking to the family! It comes about the nearest to pressing an electric button as any treatment you have ever given.—*E. H. Cosner, D.O., Dayton, Ohio.*

After Death or Before?

Osteopathy, diet, abdominal muscle exercises by patient, dilation of rectum (sometimes)—what else? Give a reasonably sure outline treatment for constipation. Some D.O.'s say they can correct all constipated cases??? Do they mean after death or before?—*E. A. Moore, D.O., Boulder, Colorado.*

To Pop or Not to Pop?

Interesting discussions on technique are regularly appearing in the *OP*. I note in a recent issue the masterly productions of Dr. Earle Willard, who declares he is giving accurate interpretations of the work of Dr. Still—splendid spinal analysis and studied speedy technique, involving in almost every thrust a distinct popping of the lesioned joint. Then the short article "Away with Popping," by Dr. H. H. Trimble, and his declaration that "wholesale cracking and popping appears as an excuse for lack of better knowledge" (a questionable statement if we leave out the first word). And then there are those splendid articles of Dr. G. M. McCole, emphasizing the need of the "thrust," (which results in the "pop" to joints that are immobilized) and a follow up manipulating, flexing, and extending treatment that re-establishes normal movement in such joints. In reading these articles in a hasty, careless manner, one might be led to question the scientific basis of Osteopathy. A studied analysis will no doubt disclose more or less radicalism not warranted in all of them. However, if the basic idea of each is thrown into a pot and the whole mass well shaken, simmered down to the essentials, out of it may spring a most profitable dish of Osteopathy—that the application of speedy force in the right direction, with properly studied contact, upon an accurately diagnosed rigid lesion—a joint locked at or near its limit of motion—is based upon solid reason. Movement is thus secured with little, if any, trauma, and most likely it is accompanied with a "pop." Often repeated or ignorantly applied treatment of that nature may result in considerable tissue injury and resulting congestion. Adhesions are likely to occur, or recur, and little if any benefit results. To prevent this, follow up the forceful thrust with milder manipulation which will relax the softer component parts of the joint and stimulate a circulation that rebuilds the abnormal joint tissue.—*M. F. Hulett, B.S., D.O., Columbus, Ohio.*

Golfers, Attention!

All Osteopaths who play golf, read and turn not a deaf ear to Dr. T. J. Ruddy's appeal, printed below. Give him a "lift," it will help the cause!

In the interests of the American Osteopathic Golf Association and the Osteopathic Publicity Program in connection with the same, I am asking that you send me at once your handicap and whether or not you would be interested in participating in an Osteopathic Tournament in connection with the A.O.A. Convention, July 3rd to 8th. In addition please send me immediately a snap of yourself in action, one that will not wholly obscure your identity.

I am anxious to use these kodaks as "cuts" in the March or April number of all magazines, so help boost this movement by taking care of this at your earliest convenience.

The Dentists have already arranged for a big tournament under the American Dental Golf Association and certainly all of us have not passed even "golf age."

I would be glad to have you send me names of other golfers whom we might interest.

Counting on you, I remain Cordially yours,
—*Dr. T. J. Ruddy, Western Osteopathic Association, Publicity Chairman.*

Publicity

The one great need is educating the public directly, osteopathically. The literature issued too often knocks the medical profession or the chiropractors, both of whom have their friends. The Omaha Bee with a full page tells how chiropractic treatments cures different diseases but does not use space to tell what the medic or the osteopath does not do. Page 152 of Osteopathic Magazine is a good schooling for the laity, to be used in country papers.—*O. S. Trigg, D.O., Broken Bow, Nebr.*

EFFICIENCY in PRACTICE MANAGEMENT

The Efficient Osteopath

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

XII—Expenses Not Usually Considered

(Continued)

HEALTH

Last month we talked about the attitude or the spirit of progress, or rather the lack of it, as one of the expensive luxuries of life for an Osteopathic Physician. Being satisfied when he has learned to acquire a living and being contented to jog along and mark time so far as progress is concerned, has cost many a doctor many hundreds of dollars that he never earned. He has failed to get much of the pleasure and satisfaction which life affords, and has neglected the best part of his growth if he marks time after he has secured a competency and it is not necessary for him to worry about whether he will have enough to supply his table and pay his office expenses. He has just then reached the point where his environment and his condition is the most favorable for rapid growth, if he will take advantage of the opportunities.

At this point in life, however, many physicians begin to try to have the things that satisfy the cravings of the body. Naturally the cravings increase in proportion with the attempt made to satisfy them. The appetites and passions, the lust for pleasure in all its various ramifications become inordinate and fail to contribute to the well being of the body. It gets where it is not recreation but a dissipation. The little desire one had for progress on the threshold of such a career is soon smothered.

One should have certain pleasures in life, but they should be wholesome, merely for diversion, recreation, and for the contribution of mental and physical growth. Beyond this, the welfare of mind and body is threatened and gradually degenerates into an unwarranted state.

Our subject this month is that of health. The inefficient doctor who allows himself to drift into wrong habits, fails to observe the various lines that contribute to efficiency and of course neglects the proper care of his own health. If he enters into dissipation in any particular line, of course he is shortening the time when he will have a complete "blow-up." Some of the points very common in many physicians' lives which contribute to the undoing of their health are as follows:

First. Loss of Sleep. It may be in the general routine of some physicians' practice that loss of sleep is required because of the burdens of a heavy business or a certain special line of practice, as obstetrical work or many acute cases. If one is practicing under conditions that require him to have irregular hours of sleep, it is quite necessary that he take extreme precaution that he may have sufficient sleep and rest to make up for his irregularity and the loss of sleep in hours that should be spent for that purpose. This kind of practice, however, is not the cause of loss of sleep that is most destructive.

With many, loss of sleep comes from the doctor being out by choice habitually, at socials, lodges, clubs, or perhaps on some kind of carousing tour. In the regular routine of a doctor's practice and the study he needs to do, by the time he fulfils the duties devolving upon him as a citizen and as a physician, he will not have any time for illegitimate loss of sleep. In fact, as a full fledged citizen and physician, the obligations are so great that there is not time enough to do all one would like to do, even by the conservation of every ounce of his strength and every minute of his time.

Nature demands that everyone have regular sleep. Any infringement on the demands of the laws of Nature is merely borrowing on the future, and one who borrows at the bank of Nature must ultimately pay every bit of the debt.

Second. Auto-intoxication. The average person is in a state of more or less toxicity. Auto-intoxication means self poisoning. We have toxo-absorption from the bowel in constipation or any gastro-intestinal trouble. We have infections being absorbed from diseased teeth, infected tonsils, sinuses or other fossa of infection in the body.

Many physicians suffer from poisoning not knowing from whence it comes; some know from whence it comes and still are not able or do not take the trouble to correct the condition, putting it off to some other time and hoping that natural processes will take care of it. Neglect and procrastination along these lines have meant the under-mining of the health of many doctors whose business it is to keep people well.

Third. Has no program of health. The inefficient doctor is very liable to have no program of health. Every physician knows that it is essential to observe the laws of health in order to conserve the energy of the body. If he is going to do the things that contribute to the upbuilding of his body, he must map out a program or a regimen which he follows daily that will contribute to the well being of the body.

1. When one gets up in the morning, the first thing to do is to wash out the mouth, thoroughly, even though the teeth have been brushed the night before. There is more or less accumulation of debris, foul saliva, poison from particles of food and activity of germ life during the night.

2. Drink from one to three glasses of pure drinking water. Some prefer it cool, some prefer it tepid, or with a little salt. Any of the three ways of taking it are considered good.

3. Then, there should be some special deep breathing exercises, taking at least fifteen deep breaths.

4. There should be some system of physical exercises, stretching the joints beyond the requirements of the ordinary routine of the day's work, loosening up all the muscles, setting the circulation to going in an active way.

5. The average individual should take a cold bath every morning. It is not necessary that he lie down in a tub of cold water. Some can do this and have a good reaction following it. If it is a little strenuous, the hand should be dipped into water and the body given a good thorough rub with cold water.

6. The skin should be rubbed all over with a coarse bath towel.

7. Evacuation. Everyone should see to it that the bowels move regularly. Three times a day is desirable. One good action is fairly well but not the best. Just after the exercises and bathing in the morning is a good time to form the habit.

8. Making the toilet. One should have a regular way to dress and do it promptly and efficiently. The man physician should shave every day, keeping himself in good trim.

9. Brush clothes, shoes, hair and do the details for comfort and satisfaction.

10. Eat a light breakfast, about twenty to thirty bites, taking at least twenty minutes to eat.

11. Walk part of the way to work. In other words, be out in the fresh air some in the early morning.

12. Take a cheerful attitude of mind, throw

off regrets, sorrows, disappointments and all the things that depress. Have some definite plans and schedule for the day's work. Go into it with zest and enthusiasm.

"Fate itself has to concede a great many things to the cheerful man."

After following a program of health of this type in the morning, you can go through the day under pretty heavy pressure and hold up for a long time.

(To be continued)

Line of Talk to Patients

My suggestion is when sending out your invitations for the "Day's Best Thought," try to get a hundred of our thinking fellows to tell what expressions they use when treating a patient to impress the patient with the necessity and value of the treatment and what the treatment is doing. One sentence from a hundred fellows would bring up a lot of fine ideas. For instance: I often say, when treating a patient and especially in treating an acute case as rheumatic fever, etc., "now we will give the spleen and liver a thorough stirring up. We will give the spleen particular attention because it makes new blood, and the liver because it purifies the old blood." When I have finished I may say, "now this spleen is turning out some new good blood for you." This is a scientific fact and is an absolutely clean thing to do. The patient has a right to know what the treatment is doing and when he understands the great value of the different procedures, he becomes a loyal supporter and a more satisfactory patient. Can you get a hundred of such statements?—*Geo. M. McCole, D.O., Great Falls, Montana.*

Osteopathy Makes the Dumb Speak

As you undoubtedly know, some of our dailies are publishing "My One Best Joke" or something to that effect, but I've got one that I think your readers can best appreciate, so I am sending it along. Osteopathy through my fingers has made the blind to see, the deaf to hear, the paralyzed to walk, etc., etc., even as have perhaps hundreds of other Osteopaths but I defy any other Osteopath to equal this one. I treat quite a few little tots and I usually have to furnish some diversion in the way of a rag doll or a kitty, or something of that kind for the first time or two until they get acquainted, and the usual command is for me to treat kitty, or whatever it is that I have furnished by way of entertainment. Well, I am usually glad to obey, because that gives me an opportunity to twist kitty's spine or head to my heart's content and then say "see kitty doesn't cry, etc.—you know the way we have to do that sort of thing. Well, the third time little Jean came to the office she brought her own dolly along for me to treat, and nothing loath, I treated dolly. Now it seems this dolly has been one of the speaking type that said "Mamma" when pressed or moved a certain way, but for six months or more this dolly wouldn't utter a peep. Jean's grandpa had tried to fix it, her grandmother, daddy and even mother, but to no avail. But when Jean returned home after the treatment I had given dolly, dolly lustily yelled "Mamma" and has been doing so ever since. Jean's daddy says "some science" and "some doctor."—*Lena D. Kuppe, D.O., Chicago, Illinois.*

Advertising Is the Answer

Restoration of a lost voice, following typhoid fever, and the rescuing of another case from a second operation for duodenal ulcers are outstanding cases. Conundrum: Why have our imitators, who have but one leg to stand on, outdistanced us so that in about one-half the time they have three times the number of schools and graduates.—*Oscar Carlson, D.O., Muncie, Ind.*

Acute Infections of the Nose and Throat

The great dangers of naso-pharyngeal infections extending to the various sinuses and ears, or of being the fore-runner of graver respiratory diseases, particularly pneumonia, make painstaking and effective treatment of even the simplest cold both urgent and necessary.

The ease with which **Dioxogen** will quickly control the great majority of colds, and not only avoid their obvious dangers, but give the patient gratifying relief from local congestion, with its often severe discomfort and distress, emphasize the desirability of employing it at the earliest evidence of an infection.

Owing its efficiency to the liberation of pure active oxygen—Nature's own antiseptic—it is no wonder **Dioxogen** fills the place it does in the treatment and prophylaxis of nose and throat colds.

The Oakland Chemical Co.

59 Fourth Avenue - New York

"Two to four teaspoonfuls of Dioxogen to a half glass of warm water makes an ideal gargle or nasal spray."

THE DIOXOGEN TREATMENT OF NOSE AND THROAT COLDS

At the earliest possible moment the nose and throat should be swabbed thoroughly though gently with cotton pledgets saturated with Dioxogen, diluted one part to three of warm water, especial care being used to reach back of the faucial pillars. If the condition indicates a severe infection, this swabbing by the medical attendant should be done twice a day. In addition, the patient should spray the nose and throat every hour or two with Dioxogen in a strength of two to four teaspoonfuls to a half glass of warm normal salt solution. The rapid control of the infection means grateful relief and the effectual prevention of complications and sequelae.

DO IT WITH DIONOL

The great majority of pathological conditions depend upon or are accompanied by local inflammation. The newer pathology recognizes the value of dielectrics in the treatment of local inflammation. Hence, DIONOL action is scientifically explainable as well as clinically demonstrable. While active and efficient, it is without possibility of producing irritation, being drug-free and bland.

An application of DIONOL over the seat of local inflammation of any sort promptly manifests its action and brings about a marked amelioration of the morbid condition.

Supplied in ointment form, in jars or in collapsible tubes with special tip for use in rectum, urethra, etc.

Send for case reports, literature, price lists, etc.

THE DIONOL CO. Dept. 12 - Detroit, Mich.

"Where There Is No Vision the People Perish"

Honor Virginia Osteopath's Wife

Mrs. Harry Semones, handsome and popular wife of Dr. Harry Semones, of Roanoke, Virginia, has been accorded an unprecedented honor when she was selected as queen in the coming Historical Pageant of Virginia, one of the most stupendous and spectacular historical pageantry undertakings ever attempted in the South, to be held from May 5th to May 12th.



Mrs. Harry Semones, Virginia's Pageant Queen

Mrs. Semones received 40,413 votes from all sections of the State—the highest total polled by any of the many comely contestants for the queenship. She will be crowned in front of the capitol by Governor Trinkle and will have ten maids of honor representing the ten Congressional districts of the State. Before her the history of Virginia, beginning with the struggles

of the Jamestown colony against starvation, disease and the redskin, and ending with the part taken by the Old Dominion in the World war, will be presented in tableau. Governor Spottswood and his Merrie Knights of the Golden Horseshoe, gray-clad and grizzled veterans of the War between the States and grim and determined heroes of Chateau-Thierry will vie with each other for the attention of Virginia's Pageant Queen. Upon her will devolve the responsibility of receiving and entertaining many distinguished personages, including famous historians and other noted visitors from all parts of the world in a manner befitting a queen.

Direct Leverage Adjustment

I am more than pleased to see the Profession taking more interest in Direct Leverage Adjustment. I bought myself a low table for that work soon after graduation and would not part with it. We must get away from the old "motherly-souse" treatment. It is unscientific and smacks of quackery. If people don't want me because I don't give a 30 minute treatment by the clock, I am quite sure I don't want such people as patients. It would make me feel like a laborer and not a physician. Selah!—E. M. Steele, D.O., Wilmington, Ohio.

"You must isolate the patient."
"All right, Doctor; where shall we put the ice?"
—Pharmaceutical Advance



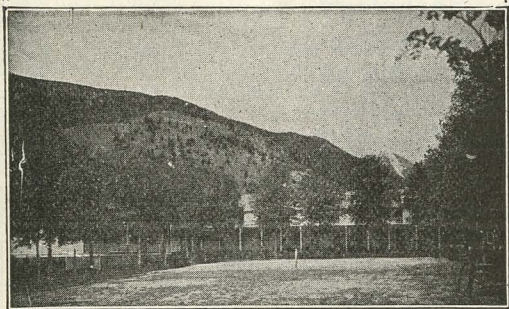
If the Profession does not support its Institutions who will?

We accept for treatment all kinds of Hospital Cases. Our services are compared favorably with that of any hospital anywhere. All departments completely equipped with the latest apparatus for diagnosis, treatment or surgery.

For information address the

SOUTHWESTERN OSTEOPATHIC SANITARIUM, Blackwell, Oklahoma

Chico Hot Springs Sanitarium and Hospital



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

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

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

Special attention to surgical cases.

G. A. Townsend, D. O., M. D.

Surgeon-in-Chief

Emigrant, Montana, Post Office



The Delaware Springs Sanitarium, Delaware, Ohio

All that is desirable and essential in a hospital or sanitarium is included in the equipment. Diagnosis First. Cure Follows. Health and Happiness the Result

The Delaware Springs Sanitarium Delaware, Ohio

American Osteopathic Hospital Association

In the March number of The *OP* we printed the list of officers and the by-laws and constitution of The American Osteopathic Association of Nurses. It is with genuine pleasure we hear of the organization of the American Osteopathic Association—the A.O.H.A. From the new organization's little booklet sent us we are glad to print the list of hospitals that are in active membership for 1922, the constitution and the various committees.

1922 ACTIVE MEMBERSHIP

- Asheville Osteopathic Sanatorium, Asheville, N. C.
- A. S. O. Osteopathic Hospital, Kirksville, Mo.
- Chicago Osteopathic Hospital, Chicago, Ill.
- Delaware Springs Sanitarium, Delaware, Ohio.
- Des Moines General Hospital, Des Moines, Ia.
- Detroit Osteopathic Hospital, Highland Park, Michigan.
- Hillside Hospital, Los Angeles, California.
- Laughlin Hospital, Kirksville, Mo.
- Mercy Hospital, St. Joseph, Mo.
- Moore Sanitarium, Portland, Ore.
- Dr. Nichols' Sanitarium, Savannah, O.
- Osteopathic Hospital of Philadelphia, Philadelphia, Pa.
- Rocky Mt. Osteopathic Hospital, Denver, Colo.
- S. W. Osteopathic Sanitarium, Blackwell, Okla.
- Still-Hildreth Sanitarium, Macon, Mo.
- Terrace Spring Sanitarium, Richmond, Va.

CONSTITUTION

ARTICLE I Name

This organization shall be known as the American Osteopathic Hospital Association.

ARTICLE II Purposes

- The purposes of this organization shall be:
1. To promote efficiency in the management and work of the various osteopathic hospitals and sanitariums.
 2. To unify the standards for osteopathic hospitals and sanitariums and their associated Training Schools for Nurses and promote proper and just legislation.
 3. To promulgate the principle of the "Open Hospital," increase the proficiency of the profession in the prevention and cure of disease and otherwise increase the scope of activity and usefulness in relation to the general public.

ARTICLE III Membership

- Section 1. Any Osteopathic Hospital or Sanitarium may become an institutional member of this Association by a unanimous vote of the Executive Committee.
- Section 2. Any member of the A. O. A. may become an associate member of this Association in the same manner as active members; registered nurses and laymen are eligible to associate membership.
- Section 3. The dues of all active members shall be Twenty-five Dollars (\$25.00) per annum and shall be due June first of each year. The dues of associate members shall be Five Dollars (\$5.00) per annum, payable same as active members. No admission fee shall be required, but one year's dues shall accompany application for membership and shall pay dues till the following June first, provided if less than six months elapse before June first following the admission to membership, only one-half year's dues need be paid for the balance of such year.

ARTICLE IV Meetings

- Section 1. The regular annual meeting of this Association shall be held on call of the President as early as practical during the annual meeting of the A. O. A., bulletin posted for 24 hours and announcement being sufficient notice. Special meetings may be called by the President whenever deemed necessary.
- Section 2. At all meetings each active member shall be entitled to one vote. Associate members have voice, but no vote.

ARTICLE V

- Section 1. The officers shall be President, Vice-President, Secretary-Treasurer, and a Board of Trustees composed of one person representing each active institutional member, and shall be chosen by the institution which he is to represent. The duties of each being those which are usually performed by such officers. All officers shall be elected annually at each annual meeting, and shall hold office for one year, or until their successor is installed.
- Section 2. The Executive Committee shall be composed of the President, Vice-President and Secretary-Treasurer and they shall have general charge of the affairs of the Association during the interval between meetings and take any necessary action for the Association.
- Section 3. The Board of Trustees shall meet at least once annually, during the time of the National A. O. A. Meeting, at call of the President of the A. O. H. A., who shall preside over the meeting.

ARTICLE VI Amendments

- Section 1. This Constitution may be amended at any regular meeting of the Association by vote of three-fourths of the active members present.
- Section 2. Representatives of a majority of the active members shall be present to constitute a quorum.
- Section 3. This Association shall be governed by Roberts' Rules of Order.
- Section 4. To encourage and develop osteopathic therapeutics in osteopathic hospitals and sanitariums, promote preparatory and post-operative treatment in surgical cases, as well as general and obstetrical cases.
- Section 5. To encourage closer co-operation and better understanding between the various members of the institutional staffs, by regular staff meetings and otherwise.
- Section 6. To encourage the building and equipping of more osteopathic hospitals, and sanitariums, and training at physicians, surgeons and specialists thoroughly competent in their various lines of work, to the end that all osteopathic institutions and staffs be a credit to the profession and the scientific world.

COMMITTEES

Committee to meet with the Associated Colleges to co-ordinate the work of the A. O. H. A. in

Forming Case Records

- | | |
|--------------------|--------------------|
| Dr. H. C. Wallace | Dr. Geo. Laughlin |
| Dr. Curtis Brigham | Dr. L. A. Bumstead |
| Dr. Geo. Still | |

Committee on Constitution

- | | |
|--------------------|------------------|
| Dr. O. O. Bashline | Dr. C. Brigham |
| Dr. Geo. Laughlin | Dr. S. L. Taylor |
| Dr. Rebecca Mayers | |

Committee on Resolutions

- | | |
|--------------------|--------------------|
| Dr. R. Mayers | Dr. Leslie Keyes |
| Dr. F. L. Trenery | Dr. H. C. P. Moore |
| Dr. M. A. Morrison | |

Committee on Membership

- | | |
|--------------------|-------------------|
| Dr. O. O. Bashline | Dr. S. L. Taylor |
| Dr. Geo. Still | Dr. H. C. Wallace |
| Dr. S. P. Ross | |

Committee on Legislation

- | | |
|---------------------|-----------------------|
| Dr. A. G. Hildreth | Dr. Walter Goodfellow |
| Dr. Elizabeth Smith | Dr. F. E. Moore |
| Dr. R. D. Emery | |

Committee on Affiliation of Hospital Association of the A. O. A.

- | | |
|--------------------|--------------------|
| Dr. R. Mayers | Dr. L. A. Bumstead |
| Dr. N. A. Morrison | Dr. Geo. Laughlin |
| Dr. R. Emery | |

Committee on Nominations

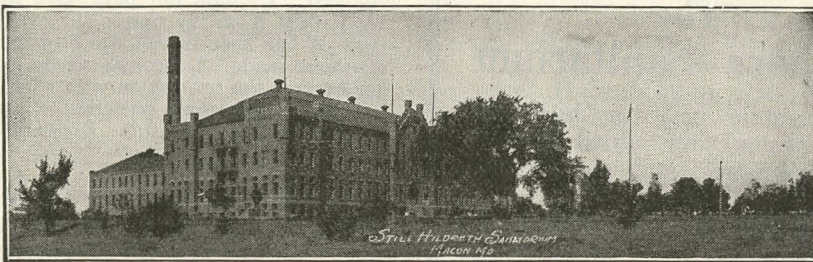
- | | |
|--------------------|--------------------|
| Dr. A. G. Hildreth | Dr. M. A. Morrison |
| Dr. R. Mayers | Dr. S. P. Ross |

More Hospital Internships

More and more hospital internships is the need for our osteopathic graduates. Six months' practical experience in the little things will equip us to meet the everyday emergencies of practice better than three years of passively watching major operations. We should learn more surgical diagnosis in school and less of how well Dr. so and so does an appendectomy. Result: Increased professional assurance and public confidence.—*J. W. Keckler, D.O., Roentgenologist to the Roscoe Osteopathic Clinic, Cleveland, Ohio.*

Muscular Contractions in Lumbar Area

Quite often a myositis, lumbago, or strain producing muscular contractions in the lumbar area will cause a shortness in one leg which simulates an innominate lesion. Unless one is so skilled in palpation that a correct diagnosis can almost invariably be made by the "feel" of the involved sacro-iliac ligaments it is best to correct the condition in the back and then see if the inequality in the length of the legs has disappeared or not—*B. P. Mansfield, D.O., De Kalb, Illinois.*

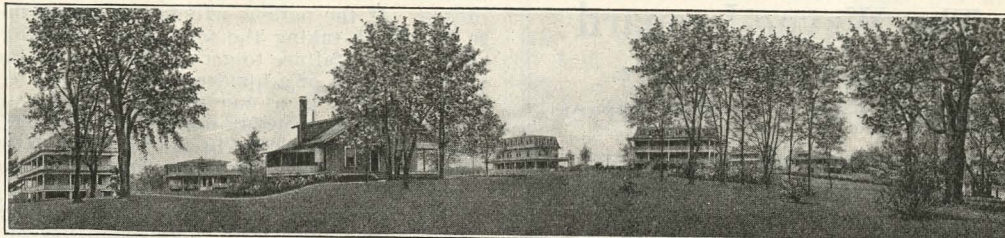


STILL-HILDRETH OSTEOPATHIC SANATORIUM MACON, MISSOURI

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

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

Write for Information



Dr. Nichols' Sanatorium, Buildings and Grounds, Savannah, Missouri

Exclusively for Treatment of Cancer. Our New Booklet of 194 pages, entitled "Cancer, Its Proper Treatment and Cure," Mailed Free of Charge upon Application.

Special Information for Osteopaths

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

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

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

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

The Seashore Sanitarium

An electric elevator has just been installed, an added feature for convenience and comfort of guests.

Rooms have been renovated and enlarged.

A real home, in which guests receive individual and expert service in

Osteopathy Diet General Care

The best place for your tired, run down, exhausted patients.

The Wayne-Leonard

130 South Maryland Ave.
Atlantic City New Jersey

"Where There Is
No Vision the People
Perish."

Find It, Fix It and Leave It Alone

At Zanesville, Ohio, last February, I set a "congenital dislocation" hip for a girl ten years old. The medics said it could not be set. Later a demonstration was given at the Southeast Ohio Society meeting. Columns of newspaper publicity resulted.—*M. F. Hulett, D.O., Columbus, Ohio.*

Strength in Unity

Osteopaths doing special work in Pennsylvania have organized for their protection with Dr. J. Ivan Dufur as chairman and will meet the night preceding the annual meeting of the state association.

The purpose of this organization is to look after our legal and legislative interests that particularly comprise those following a particular work.

It appears to me that a like organization would be of value in every state. The Osteopaths who have been informed of the new organization feel that it is another step forward particularly made necessary by the opposition of the "Medical Trust," which is trying every known means to thwart our progress.—*O. O. Bashline, D.O., Grove City, Pa.*

Praise for Dr. Ireland's Course

It gives me pleasure to testify to the worth of the course in diseases of the Colon and Rectum as given by Dr. Ireland. As a teacher Dr. Ireland is all that one could desire. He is thorough, painstaking and clear. His clinical demonstrations prepare one for a grasp of all the details of treatment so that there need be no fear of inability to carry out what one has learned. The course opens up a wide range of successful treatment that any well qualified Osteopathic Physician can use in his office. His vision of diseases is broadened, his service to his clientele is increased both in quantity and quality, and his compensation correspondingly enlarged. I would not part with the information gained from the course for many times the cost. It has been one of the best investments I have ever made. I recommend the course to all members of the profession who wish to increase their service to their patients or their income.—*Percy H. Woodall, D.O., Birmingham, Ala.*

Phosfo Ideal Food for Constipation

For something over twenty years I have been trying to find an ideal food for constipation with the accompanying auto-intoxication. In Phosfo I believe I have found a thoroughly satisfactory food, for it is on the basis of food balance that we wish to help these cases. When our structural lesions which produce or maintain these conditions are corrected we still fail to get satisfactory results, many times, because we cannot get a properly balanced diet. Phosfo not only gives the patient a satisfactory bowel movement (usually one or two movements daily) but in addition furnishes the essential vitamins for tissue metabolism. It leaves an alkaline residue, which helps to overcome the acidosis which usually accompanies these conditions. If the patient will follow instructions in regard to taking the food, I do not believe there will be failure to get results in more than three cases out of a hundred, and you will have to admit that is a fine record. I have now tried it out in probably one hundred and fifty cases, with fine results in all but four or five cases, which were unusually obstinate. Phosfo is palatable, a feature that is usually lacking in any laxative food. I recommend it without reservation, and have used large quantities of it since first trying it out.—*Frank H. Smith, D.O., Indianapolis, Indiana.*

"Our bitterest hate is not for those who wrong us but for those we wrong; and our tenderest love is not for those who serve us but for those we serve."

Natural Therapeutics

is playing a more and more important part in the prevention and cure of disease. It is the hope of suffering humanity—taught and clearly explained in the

LIBRARY OF NATURAL THERAPEUTICS

By Henry Lindlahr, M.D.

A veritable mine of valuable information for physicians and laymen.

Volume 1—PHILOSOPHY OF NATURAL THERAPEUTICS—demonstrates the fundamental laws and principles underlying the processes of health, disease and cure; these laws destined to revolutionize the theory and practice of medical science are not yet taught or applied in any of the recognized schools of medical or drugless therapy.

500 pages, cloth, \$2.40.

Volume 2—PRACTICE OF NATURAL THERAPEUTICS—describes the most efficient natural methods for the prevention and cure of disease; raw food, milk diet, fasting, etc.; hydrotherapy; curative exercises; prenatal and postnatal care of the baby; treatment of acute and chronic diseases, including nervous, mental and psychic disorders.

432 pages, cloth, \$2.40.

Volume 3—NATURE CURE COOK BOOK AND A B C OF NATURAL DIETETICS—Part I, 1,000 vegetarian recipes. Part II, reduces food chemistry and curative dietetics to an exact science.

469 pages, cloth, \$2.40.

The principles in these and other books by Dr. Lindlahr have been successfully demonstrated for twenty years in the Lindlahr Sanitariums at Chicago and Elmhurst, Illinois.

Send for descriptive literature of the Library of Natural Therapeutics, FREE.

Lindlahr Publishing Company

527 So. Ashland Blvd., Chicago, Ill.

Mercy Hospital at St. Joseph, Mo.

Mercy Hospital of St. Joseph, Missouri, is truly a mercy institution. The hospital was formerly the Osteopathic Hospital of St. Joseph, Mercy Hospital trustees having purchased from the Osteopathic Hospital Company their entire holdings, amounting to nearly \$100,000. Mercy Hospital is chartered as a charitable institution, operated not for profit, but to serve humanity—every penny of income that is not required for actual running expenses is being used to enlarge and further develop the institution.

Mercy Hospital will be operated as an open hospital. Patrons of the institution will be allowed to employ any reputable licensed physician, under whose charge they may receive treatment or care while in the hospital. There are at present in the state less than a half dozen institutions that are able to extend this privilege to their patrons.

A unique feature of Mercy Hospital is the method by which the institution will be financed. Most charitable Hospitals are endowed, but Mercy Hospital isn't so fortunate as to have a wealthy benefactor to endow it—at least, not just at present. This, however, is probably the good fortune of Mercy Hospital, though it seems to be a handicap, for out of this situation—the need for sufficient income to offset the usual deficit, which is common to all Hospitals—grew the plan by which the general public may have efficient service when needed, and at a price so ridiculously low as to be less than the usual rate for room and board at the average hotel. The plan will give the Hospital a permanent and substantial income, and in turn the Hospital will protect (and serve when necessary) those who support it. Briefly the plan is this:

Any person making a contribution to Mercy Hospital fund receives a contract from the Hospital management which provides that the contributor personally may receive general hospital service, including bed, board and nursing, at the rate of one dollar per day for ward accommodations, two dollars per day for private room. The minimum subscription accepted by Mercy Hospital is twelve dollars per annum, and the Hospital guarantees the subscriber the dollar a day rate for hospital service covering a period of not to exceed ninety days, at any time during the year. Subscriptions may be made from one to ten years. At least one-fourth of the entire subscription must be paid in cash at the time the subscription is made.

This unique plan of financing Mercy Hospital was evolved by the Hospital Board, on which are several St. Joseph Osteopathic physicians. The plan has received the hearty endorsement of the St. Joseph Chamber of Commerce and numerous banks and insurance companies of the city. The plan has been copyrighted and a campaign of placing subscription contracts to total \$100,000 is now under way. If this campaign meets with success, it is anticipated that the hospital will soon need an additional building to accommodate its patrons.

The Osteopathic Hospital has been in operation over two years, during which time the patronage of the institution has had a very substantial growth. For the first six months following the opening of the Osteopathic Hospital, the patronage of the Hospital was about evenly divided between the local medical and osteopathic professions. The active co-operation of the medical profession in supporting the hospital by giving it patronage was short-lived, for under pressure exerted by the American Medical Association, the local allopathic organization adopted a resolution forbidding any of its members from patronizing any institution that was patronized by other than M.D. physicians. This resolution created a bar to the patronage of this hospital by the M.D.'s and necessitated the management of the other three city hospitals refusing patronage from Osteopathic Physicians, because of the fear of the loss of the patronage of the local medical doc-

tors. In spite of this boycotting of the city's hospitals, the Osteopathic Hospital continued to operate and during the two and one-half years it has rendered efficient hospital service to thousands of patients, who otherwise would, of necessity, have had to go to other cities for hospital service, for one of two reasons, 1st, because it would have been impossible for them to have received osteopathic care in the other hospitals of the city, due to the aforementioned boycott on these hospitals, by the local medical fraternity, or 2nd, because there would have been no room in the other hospitals due to an actual shortage of hospital accommodation in St. Joseph.

The commercial value of a hospital the size of Mercy Hospital to a city is of signal importance as every patient cared for in a hospital has, with rare exceptions, numerous friends or relatives, who wish to be near the sick one, all or part of the time, and consequently, spend considerable sums of money with the city merchants while in the metropolis.

Mercy Hospital is a fully equipped sixty-bed hospital, with two modern operating rooms; also ample accommodations for sanatorium, or non-operative cases. Efficient service in every department is of first consideration.

The nursing staff of Mercy Hospital is second to none for an institution of its size. A nurse-training school is conducted and all the classes filled to capacity at this time.

Free clinics are conducted by osteopathic physicians, surgeons and specialists, who are members of the Buchanan County Osteopathic Association. At the free clinics all professional services are rendered without charge to the patients who are sent to the clinic by the Welfare Board, or other established organizations of the city.

While Mercy Hospital is general in the character of hospital service, many local surgeons and others from Kansas City, Des Moines, Kirksville and other cities, operate there. Many of the patients cared for thus far have been attracted to this hospital because of the opportunity to receive osteopathic treatment and care. The Osteopathic Physicians and Surgeons who practice at Mercy Hospital adhere closely to the tenets of their science. Surgical operation is never advised where osteopathic treatment, in their opinion, will secure the desired results.

The Central States Osteopathic Convention, which meets in St. Joseph, May 10, 11, 12, 1922, will hold clinic and surgical sections at the Mercy Hospital.

My Month's Reflection

That, if the wedding of live and dead cells by careful manipulation does not bring forth a healthy crop of youngsters with pink cheeks and firey eyes, then merely advise the patient to sit on "72 white hairs pulled from the tail of a she ass" as this old Talmudic advice is far healthier in its results than taking the modern drugs of an M.D.—*J. F. Finch, D.O., Philadelphia, Pa.*

Early Advertising Phobia

Were you down at Kirksville at the Home Coming Convention, about six years ago, when I got up and made a hot speech on *advertising* and Dr. Chiles got up and wanted to know if there was a newspaper man in the house? They were afraid it would get into the papers! I know they all thought I was either drunk or crazy. But look at *them* now! I talked Wrigley's Gum and a few other things. Well, may be the Saturday Evening Post idea is not a bad one; but it's—*advertising* now, "doesn't it?"—*La Rue Miller, D.O., Chicago, Ill.*

Collecting in Advance Has Advantages

There are a good many problems that come up in the new plan of conducting practice that I now follow. I find it is better to collect in advance whenever it is possible. Some people are bound to quit if they don't pay that way, and then I am bound to make enemies, and be accused of being a robber. If I let them pay by the month they soon get the idea that they are monthly cases and can discontinue any time they wish. Most people are honest, but still they will try to get out of fulfilling their agreement. This requires firmness on my part. Yet it is hard to tell a person that the only honorable thing they can do is to abide by their agreement. So far I have not made written contracts. I may find it necessary yet to make written contracts for those who do not pay in advance.—*W. S. Maddux, D.O., Pueblo, Colo.*

Wanted—Post Mortem Bowels of Epileptics

Last year I sent out a request for post mortem bowels of epileptics. What I most need is the class of cases with which you would come in contact in your private practice. My work excited much interest and considerable commotion all over the country, and three laboratories under medical direction are now devoting their entire time to research along the line that I've opened. But I want the *telling* discoveries and investigations to come by and through osteopathic research. This can be accomplished only if my profession backs and aids me. I treated forty-two cases last year. Results in a great majority of cases satisfactory—in some cases spectacular—and on the whole the work is progressing always toward bigger and finer results. I have a fund for research work, established by a patient, but I must have the material to work with. I am trying to get case reports of all cases being treated under the system I am using. If you have treated one or more cases either successfully or unsuccessfully under this system, will you kindly write me so I may make a record of them?—*Hugh W. Conklin, D.O., 708 City Bk. Bldg., Battle Creek, Mich.*

Welcomes Heine Among the Benedicts

I came near dying from *shock* a few weeks ago. Came down in the morning and found a large square envelope in the mail, opened it and nearly fainted, Frank Heine was announcing his marriage! He finally got caught and I must say that Mrs. Frank Heine must be a "pippin," "peach" and all the rest of the terms rolled together that mean a *super-woman*, to throw and hog tie Heine!

My goodness, when I think of all the hundreds of pippins and peaches that Frank has flirted with and have tried all these years to get him!

Well, the shock was something awful, that's all. The old trio, Heine, Foster and Hansen are all benedicts now. I got mine first; Foster second; and now Heine. That bunch had some real time together and I hope that Heine doesn't settle down into an "old home" rut like Foster has. You know Foster in the old days was the "good live one" but he has become a regular Charitan Hills farmer. ASO grads will all get that.

The old days were the happy days but Heine and I had some awful times taking care of Foster. I remember once though, when I had to look after them both and said, proper Dude Heine showed me a good time on the Board walk.

Oh, well, what's the use of dreaming? The old days and the old good times are all in the past, never to return. But, we have the memories and it's "kinda" nice to smoke the pipe and dream about those good old days.

Excuse me, *OP*, old man, I did not mean to get sentimental and a lot of this doesn't mean anything to you; but pass it on to HSB and I think he will appreciate it.—*Edward N. Hansen, D.O., Pittsburgh, Pa.*

"Where There Is No Vision the People Perish"

"Old Doctor" Allowed Honey in Diabetes

E. H. Bean, D.O., Columbus, Ohio

In my senior year in Kirksville the "Old Doctor's" attention was called to a diabetic patient by Dr. Lyda who was "chummy" with him at that time. Dr. Lyda was caring for some patients for him. This diabetic patient was a young man who had been under the care of medical men but was considered hopeless by them and was so pronounced to the family. He was a bed-fast, extremely thin and emaciated. The "Old Doctor" went to see him once and then directed Dr. Lyda how to care for him. When the young man was up and around, which was about one month afterwards, he was turned over to me for treatment and came to my house with Dr. Lyda who gave me his history and the facts concerning his diet. I cared for him by treatments until he was quite well, when he went to Colorado, and I never heard of the case afterwards.

The "Old Doctor" put this case on a diet exclusively of milk and honey. He gave him one pound of honey a day and a good deal of sweet milk but I will not attempt now to state the quantity of milk. I do not know whether the patient ate all of the pound of honey or not. He kept him on that diet for a month. The patient recovered.

In discussing this case with me the "Old Doctor" explained that his waste of tissue was because his organs were not functioning properly and the sugar element of the body was rapidly being depleted. He said that anybody with sense would know that he should be fed some sugar until the organs had regained strength for proper functioning. He added that he had learned from the Indians that honey was the only sweet to be used in sickness.

In my practice I have handled only a few patients afflicted with diabetes. In every case I have attempted to have the patient use honey. The idea is so contradictory to what they have already learned from their medical attendants that they conclude I am ignorant of the condition and are liable to discontinue my services without giving the idea a trial.

About a year ago a young married man, a diabetic, rather took to my explanation as to why he should eat some honey. He did it on the sly (so he reported to me) with an immediate gain in weight and strength, but also an increased amount of sugar. It has been my experience with every diabetic patient that I have succeeded in getting to eat honey that the sugar content of the urine increased at once, but their strength and vitality also increased. I have not had a sufficient experience with this method of feeding diabetics to draw any conclusion. I shall continue to advise such feeding until by experience I have learned it to be wrong.

Harder to Replace Displaced Vertebra

There are a few things people will not remember. One is that they can't forget to call up old M.D.'s for fractures; but they remember to come here after the job is fungled up to see if we can "do something for it." I wish someone would get out an article on fractures and bring out forcibly that it takes less skill to set broken bone than it does to replace an old displaced vertebra. I know, because I've done both.—C. S. Betts, D.O., Huron, So. Dakota.

They Live Faster There, Doctor

Some folks, those Michiganders! Had 33 annual meetings according to the *OP* for December, yet the first osteopathic college is but 29 years old—Hot clam!—Asa Willard, D.O., Missoula, Mont.

Much Ado About Nothing

In the Saturday Evening Post in which our first advertisement appeared there was a story by Harold E. Porter, under the pen name of "Holworthy Hall," in which he had one of his characters speak of taking a correspondence course in Osteopathy. After reading the story I wrote Mr. Porter calling his attention to the fact that it wasn't done just that way in the best of circles, etc. I received a letter from Mr. Porter, written from Sicily, a copy of which I am enclosing as I thought you might like to publish it in the good ol' *OP*. Judging from his letter a few D.O.'s must have written him who were a bit nasty as it were in their remarks. I wonder if that kind of criticism makes such men as Mr. Porter any more friendly towards Osteopathy. Personally I think we need the friendship and good will of such writers as Mr. Porter. What say you? Fraternally yours.—G. W. Barrett, D.O., Pittsfield, Mass.

Excelsior Hotel, Taormina (Sicily)

Dr. Gordon W. Barrett,
Howard Bldg.,
Pittsfield, Mass.

My dear Dr. Barrett:—Of the sixteen Osteopaths who have written me about that fatal line, you are one of the only two who displayed the faintest sense of humor. And I am grateful for it. Of course, I never had the least idea that anyone could possibly take the extravagant remark of a half-cocked young man in a humorous story as an expression of my own opinion. If I had, I certainly never should have written that line. And of course, if the Post had remotely imagined that anyone would take it so seriously, they would have asked me to cut it out. If I have stepped on anyone's toes, I'm mighty sorry. Only I wish that the other fourteen of your colleagues had written in the same spirit that you did. Your own forbearance gives me a stronger belief in your loyalty to your profession than does the savageness of the others. Thank you ever so much for writing as you did. I appreciate it. And I take off my hat to you across forty-five hundred miles of blue water. I am faithfully yours,
Feb. 12, 1922.

HAROLD E. PORTER,
"Holworthy Hall."

Taking Deason's Advice

I read with interest what Dr. Deason said in the January *OP* "Why not take that vacation," and I have determined to take it this year, leaving here (Tacoma) in time to drive to Los Angeles for the convention and then sight-see until time to get back for September 1st. Come on fellows and let's have a "caravan" of autos! A time to start can be arranged.—W. F. Thomas, D.O., Tacoma, Washington.

Michigan Osteopaths May Dispense Narcotic Drugs

The following may be of interest to the profession. In January we appeared before the Attorney General of the State of Michigan to have the ruling of the United States on narcotics overruled and give the Osteopaths of the State of Michigan the privilege of dispensing narcotic drugs. We received a very kindly hearing, and Dr. George B. Clarke of Detroit presented a brief on the subject.

We print a copy of the letter the Attorney General sent to the Narcotic Agent, which is as follows: Mr. Will Gray Beach, U. S. Narcotic Agent in Charge, Chicago, Ill. Dear Sir—You have recently requested my opinion as to whether or not the statute of this State permits Osteopaths to dispense narcotic drugs. In reply thereto would say that in my opinion your question should be answered in the affirmative. Yours very truly, Merlin Wiley, Attorney General.—H. W. Conklin, D.O., Battle Creek, Mich.

Booklet Niftiest Ever

The booklet that the Society for the Advancement of Osteopathy is sending to its Saturday Evening Post inquirers, is one of the niftiest little books ever handed to the laity. I hope that the Saturday Post campaign is extended for an additional ten months, so that Osteopathy might be better known—Nathaniel W. Boudreau, D.O., Germantown, Pa.

See It in The Literary Digest

I am very happy to be able to report that we have again succeeded in securing publicity in a publication of such very high standing and enormous circulation among the very best people as that of the Literary Digest. On Page 61 of the Literary Digest dated February 18th, is an article about the Osteopathic Perfect Spine Contest which I sent to the Digest.—R. K. Smith, D.O., Boston, Mass.

Has Bone to Pick with Hardin

If I had more spare time I'd like to run off a few lines on a subject that has long been bothering me. Dr. Hardin (Atlanta) fine ten-fingered pet of mine, wrote an editorial some time ago in his publication in which he takes a shot at the blood pressure instrument, and implies that if we do find patients with hardening of arteries, we can't do much for them. He sure is dead wrong there though generally he is right on most other questions.—H. W. Gamble, D.O., Missouri Valley, Iowa.

Innocents Abroad!

Since taking up obstetrical work, my professional card has read, "Osteopathic Physician and Obstetrician." Not long ago at a social gathering a bachelor of some thirty-five years and very modest, said to a couple of young married ladies, "What is that last word Doctor Dawes has after his name now?" Not getting the desired information he hastened to say that he knew what it meant, but did not know how to pronounce it, and then very innocently added, "It means to make you not so fat." One of the ladies told him to consult Webster. I have not had a report on the case yet, but hope he is still alive. I think the ladies will recover if some one turns off the laugh button now and then. I suppose the fact that I am not as heavy as I used to be led him into this error.—W. C. Dawes, D.O., Bozeman, Mont.

Will You Hold Up Ralph Kendrick's Hands \$10 Worth?

Some time ago at the request of President Scothorn I wrote the Journal and different magazines asking help for the AOA Publicity Bureau. The response has not been great; at least, it has not been great enough to keep it running. So Dr. Scothorn has asked me to write to some of what he calls Aces to see if we can get \$10. from each of them to put this Publicity Bureau across.

With our *Saturday Evening Post* educational publicity well under way, we feel now is the time when we must not let our Publicity Bureau slip at all. R. K. Smith has the confidence of the editors over the country because he has in the past year furnished them fine material; a number of them have spoken to me regarding this, and we have the big chance of our lives to get the Publicity we want, and unless we put more money into this at once, we are going to lose many of the advantages we have gained and destroy his whole set-up.

This is only a small amount we are asking for, but it's going to mean a wonderful amount to Osteopathy. Kindly do not lay this appeal aside, because if we are going to do anything we must do it NOW. Please send your check to me at once, marked "Publicity?" Make it out for \$10. Thanks.—Fraternally yours, H. W. Conklin, D.O., Battle Creek, Michigan.

HOW to BUILD PRACTICE by ETHICAL PROMOTION

[Ready to Order Reprinted in Your Local Newspaper]

"Nervous Indigestion" and Other Digestive Ills

Owing to the bounty of our food supply and the national habit of going at everything we do in a whole-hearted way, even our habit of eating and drinking, more people in America suffer from disorders of digestion than any other class of ills. Then our immoderation in work, play and social diversions—whatever it is that we give our time to—makes great demands on our nervous constitutions, so that many of us are over-taxed nervously. These two tendencies combine to give us Americans the biggest crop of "Nervous Indigestion" of any country on earth.

This whole subject and the most successful ways to cure it are told interestingly in the May issue of *Osteopathic Health*, a lay journal which explains a way to cure disease that is far better than drugging. Any one interested may obtain this magazine, free without obligation, by a postal or telephone request addressed to the office of Dr. _____ at _____, telephone _____.

This very interesting list of topics is discussed in this May magazine under the general subject of "Nervous Indigestion—Its Causes and Cure:" Nervous Indigestion; Too Much Hydrochloric Acid and Pepsin; Dyspepsia; Sour Stomach and Sour Disposition; Autointoxication; Spinal Tenderness; Fallen Stomach (Enteroptosis); Backache; Headache; Chronic Constipation; Dilatation of the Stomach; Nausea and Vomiting; Where Symptomatic Treatments Fail; Basic Causes; Osteopathic Lesions; The Great Pneumogastric Nerve; The Pelvic Nerve; Finding the Cause; Psychic Influences; Removing the Cause; Osteopathic Equipment; the Stomach Works "Electrically" Like the Piano Keyboard; Gastric Ulcer Due to Nasal Infection; Interrelationship of All Body

Parts; "Nervousness" Due to Fallen Stomach; Insanity Disappeared After Curing Digestive Ills; Acute Intestinal Cramps Cured While You Wait; An Operation for Appendicitis Made Needless; Acute Congestion of the Liver; and Acute Gastritis from Drinking Iced Lemonade.

Send a request in for this little journal to come to you without cost, and it will give you the last word of medical science in overcoming nervous indigestion and the other ills referred to in the above summary. Some very interesting and unusual cures are also reported in this article.

Summer Is What You Make It

Did you know that summer is not a time of slack practice unless you will it to be so? It's a fact. You have it entirely in your own hands whether or not summer will be as busy as the busiest time of the year. You get just what you yourself order. If you put your order in for a busy prosperous summer, you get it. If you order a disintegrated fleeing practice and then don't make expenses during the summer, it's getting what you want and pay for.

Now's the Time to Order Summer Prosperity

Right now is the time to put your order in if you want a busy summer. You mustn't wait until summer is here, for you can't always grow patients overnight. But you can grow a good crop of them in 90 days. We furnish the seed. We grow patients for others—why not for you?

If you can do your part as a doctor half as well as we'll do your publicity for you, it is a banking proposition that we will make your summer prosperous if you give us the commission.

The safe rule of action is to use enough seed to insure the harvest you desire. If you have used *some* publicity and haven't had results you

THE MAY ISSUE

Nervous Indigestion—Its Causes and Cure

By Charles J. Muttart, D.O.

- Nervous Indigestion
- Too Much Hydrochloric Acid and Pepsin
- Dyspepsia
- Sour Stomach and Sour Disposition
- Autointoxication
- Spinal Tenderness
- Fallen Stomach (Enteroptosis)
- Backache
- Headache
- Chronic Constipation
- Dilatation of the Stomach
- Nausea and Vomiting
- Where Symptomatic Treatments Fail
- Basic Causes
- Osteopathic Lesions
- The Great Pneumogastric Nerve
- The Pelvic Nerve
- Finding the Cause
- Psychic Influences
- Removing the Cause
- Osteopathic Equipment
- Stomach Works Electrically Like the Piano Keyboard
- Gastric Ulcer Due to Nasal Infection
- Interrelationship of All Body Parts
- "Nervousness" Due to Fallen Stomach
- Insanity Disappeared After Curing Digestive Ills
- Acute Intestinal Cramps Cured While You Wait!
- An Operation for Appendicitis Made Needless
- Acute Congestion of the Liver
- Acute Gastritis from Drinking Iced Lemonade

We believe this is a practical campaign number that our customers have been waiting for. Dr. Muttart wrote it to order. What a great share of all the sick who come to us (or ought to come to us) this May installment of "Osteopathic Health" will interest and instruct!

Order in advance. You will not be able to get it after the month of issue. "OH" is written for customers and printed for customers on regular contract now, and is not "stocked" for future demand. Not a "left over" copy remains of the past seven issues. Order ahead—Now!

PRICE

To regular contract users, by express:	
1,000 lots	\$40.00
500 lots	22.50
100 lots	6.50
On single orders:	
1,000 lots	\$52.50
500 lots	28.75
100 lots	7.50
Envelopes, professional card imprint and delivery included.	

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 May

Nervous Indigestion—Its Cause and Cure

Nervous Indigestion; Too Much Hydrochloric Acid and Pepsin; Dyspepsia; Sour Stomach and Sour Disposition; Autointoxication; Spinal Tenderness; Fallen Stomach (Enteroptosis); Backache; Headache; Chronic Constipation; Dilatation of the Stomach; Nausea and Vomiting; Where Symptomatic Treatments Fail; Basic Causes; Osteopathic Lesions; The Great Pneumogastric Nerve; The Pelvic Nerve; Finding the Cause; Psychic Influences; Removing the Cause; Osteopathic Equipment; Stomach Works Electrically Like the Piano Keyboard; Gastric Ulcer Due to Nasal Infection; Interrelationship of All Body Parts; "Nervousness" Due to Fallen Stomach; Insanity Disappeared After Curing Digestive Ills; Acute Intestinal Cramps Cured While You Wait; An Operation for Appendicitis Made Needless; Acute Congestion of the Liver; Acute Gastritis from Drinking Iced Lemonade.

The above is the title contents of "Osteopathic Health" for May. A copy of this little magazine will be mailed free of charge on request. Address:

DR. _____, _____

What Should Britannica Encyclopedia Say of Osteopathy?

It Should Tell the Plain Truth, Not Obscuring It Under Allopathic Prejudice.

Can Dr. George W. Riley Say It Right?

We'll Say He HAS! Let George do it for you!

June issue of "Osteopathic Health" contains this wonderful new presentation of Osteopathy by the new Britannica, written from the Osteopathic Standpoint. It makes a superbly authoritative and potent campaign document. Full of TNT. Wake the dead! Burn up your town with it!

It is necessary to order "Osteopathic Health" in advance now as it is prepared only on order for customers. Put your order in today and you'll receive service before June 1st. Everybody's doing it.

There's always something new, fresh and interesting in "Osteopathic Health" now. No reprints of any old matter, no matter how good! It's a journalistic propagandic service for "live wires." You should enjoy its help twelve months each year. Is the best any too good for you?

BUNTING PUBLICITY SERVICE
for
OSTEOPATHS
Waukegan, Illinois

expected, it is sure that you haven't used enough publicity to get the result you want. Your results are in proportion to your planting. If you use our service on a basis of mailings of 1,000 at a time, you won't be looking for results with a microscope. You'll probably be looking for an assistant.

We are not promising to fill your office with patients on an investment of \$5. a month—that would be like using an ear of corn to seed a 10-acre field—but if you can once make up your mind to spend \$100. a month for our service, we'll give you results, make you yell "help!" "help!" and show you a good location on Easy Street.

Start Campaigning Now for Summer Practice

Let's not talk advertising any more but actually *advertise*. The time has passed for talk if you want results. Try action. Let us make an instant survey of your field and publicity

Current Issue of "Osteopathic Health" on Sale

MAY

"Nervous Indigestion, Its Cause and Cure." Price, 100 copies, on contract, \$6.50, single orders, \$7.50, delivered.

GET LOWER PRICES BY QUANTITY BUYING!

On annual contract orders delivered by express 500 copies cost \$22.50; all quantities above 600 at \$4. per hundred.

On single orders delivered by express 500 copies cost \$28.75; all quantities above 600 at \$5.25 per hundred.

Envelopes with every order.

Professional card plate free to contractors.

October issue	Sold Out!
November issue	Sold Out!
December issue	Sold Out!
January issue	Sold Out!
February issue	Sold Out!
March issue	Sold Out!
April issue	Sold Out!

We Pay Cash 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 logical construction. But any practitioner who is interested in his practice, even though with-

needs that will be adequate to give you a busy summer's practice. Write us promptly. We'll do the rest. It's our business to give doctors more practice—just like yours is to give patients more health. We'll trust your ability in your line if you'll trust ours in our line. Team work wins.

Why Shrink?

Don't evade responsibility for having remembered your former patients with literature. Let your old patients all know you are still taking interest in them. Tell them earnestly you want them to know more about Osteopathy.

Why should a man mistakenly feel cheap or embarrassed for representing and openly advancing the biggest thing in the whole science of therapeutics?

Be proud of your profession—or get out of it.

But if you are in Osteopathy to stay, be a factor—be a standard bearer—carry the banner proudly—proselyte—educate—educate—advertise—and accept all the rewards in practice, prestige and profits that come from it.

Quantity Prices—Osteopathic Health

Copies Mailed to Your List on Annual Contract

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For 100 copies per month	6.50 per month

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For 500 copies	36.25
For 300 copies	23.25
For 100 copies	9.00

Bulk Shipment by Express—One Time Order

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For 750 copies	39.50
For 500 copies	28.75
For 300 copies	18.75
For 100 copies	7.50

Professional card plate free to contractors. All prices are for magazines with or without professional card imprint. Prices on express shipments include transportation. Charges are prepaid. Manila envelopes supplied free. Superior quality white envelopes furnished instead, on request, at 25 cents per hundred extra.

out 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?

Expose Yourself to Practice—It's Catching!

A fact which should activate the ambitious Osteopath is this: "The more practice you expose yourself to, the more practice you will do." In other words, the more people you tell about your system of practice, the more people will patronize that system of practice, the more instant demand there will be for your services.

If you hide from practice, most people will not trouble to find you.

If you expose yourself to practice, it will come to you willingly and in growing volume.

Competitive systems call constantly to the people. Appeals are made to everyone's attention, to one's emotions, to one's reason. These appeals to public favor are made in a hundred different ways.

Can you expect Osteopathy, then, to obtain its due share of attention and patronage if you fail to keep it in public view?

Bear in mind that the "public" is just an aggregation of individuals; do not get confused in your thinking about some mysterious way to reach the public *en masse*. Your "public" is just that group of individuals who constitute your clientele—your patients and ex-patients, and all the other folks who live in the homes of your community. That's all! There is no mystery about who or what constitutes the "public;" there is no mystery about how to reach and influence the public mind in your section. We know how if you don't. Knowing how constitutes our business.

There is no mystery about how to "expose" yourself to your public so it will "catch" practice. You can do it successfully, quickly, profitably through our Advertising Service for Osteopaths. We can show you how to do it; prepare your program for you; supply you with media to carry it out. If desired by you, we will carry through all the details of the campaign from start to finish. Your office should be a busy practitioner's office—not cluttered up like a mailing bureau.

Expose yourself to prosperity. Get the fever of success in your blood and we'll undertake to do all the publicity you need to make you a winner. We're glad to survey your field for you and give you a battle plan that will win like Napoleon's. We've been formulating this strategy for twenty years.

BUNTING PUBLICITY SERVICE
for OSTEOPATHS
Waukegan, Illinois.

Standard Undated Laity Brochures Available

QUANTITY PRICE

In 1,000 lots, \$40 with envelopes, professional card, delivered; in 500 lots, \$22.50.

"Most Diseases Are of Spinal Origin." Brochure No. A, undated. Price, 100 copies, \$4.50.

"The Osteopathic Catechism." Brochure No. B undated. Price, 100 copies, \$4.50.

"Why Bad Mechanism in Our Joints Makes Sickness." Brochure No. C, undated, Price, 100 copies, \$4.50.

"The Body's Four Grand Systems of Elimination." Brochure No. 59, undated. Price 100 copies, \$4.50.

"Osteopathy's Victory in the Flu-Pneumonia Pandemic." Brochure No. E, undated. Price, 100 copies, \$4.50.

"The Osteopathic Specialist in Diseases of Ear, Nose, Throat and Eye." Brochure No. 58, undated. Price, 100 copies, \$4.50.

"The Human Body Runs Like an Automobile." Brochure No. 60, undated. Price 100 copies, \$4.50.

"Osteopathy Potent Where Serums and Vaccines Fail," by Michael A. Lane. Brochure No. 16, undated. Price, 100 copies, \$4.50.

"Osteopathy as a Science," by John Comstock, D.O. Brochure No. 37, undated, Price, 100 copies, \$4.50.

HARVEST LEAFLETS

For Broadcast Sowing Your Field of Practice at Minimum Cost!

You Should Use them by the Thousand on a Ten-Day Mailing Schedule. Nothing else is so productive for cross-sowing between issues of "Osteopathic Health."

They're the ideal medium to use as "First Attention Getters" and "Inquiry Makers" if used by the thousand on a follow up. Those who think advertising doesn't pull haven't bought enough of it to get any pull. If you don't buy enough to yield measurable results you haven't advertised—you've only tasted a sample for the flavor.

Enter Every Former Patient and Inquirer whose address you have on our 10-Day Follow Up to get the whole series! Then you won't debate whether Bunting advertising pays or not.

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| 19. The Osteopath's Point of View. | 31. The Mechanical Doctor. |
| 20. An Osteopath | 32. Rubbing |
| 21. The Nine Modern Wonders. | 33. What the Osteopath Knows. |
| 22. Osteopathy Is Not a Remedy. | 34. If. |
| 23. Dr. Atzen's Definition of Osteopathy. | 35. Man's Body Its Own Drug Store. |
| 26. Pain. | 36. Some Distinctive Features of Osteopathy. |
| 27. Insomnia. | 37. The Innominate Bones |
| 29. Sciatica. | 38. "Find It, Fix It, and Leave It Alone!" |

Price, in 1,000 lots, \$5.00, with no extra charge for imprinting professional card. In less than 1,000 lots the price is 75 cents per hundred pamphlets, with extra charge of \$1.00 if your professional card is imprinted on any number from 100 to 900

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| 3. How Osteopathic Patients are Treated. | 41. Brain Diseases from Birth Injuries. |
| 4. Getting Well All Over at the Same Time. | 42. Osteopathy for Automobile Accident Cases. |
| 5. Building Up Weak Throats. | 43. Medical Art and Then Some in Obstetrics. |
| 6. A Chiropractor at Work. | 44. The Error of Drugging. |

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| 8. A Word to Former Patients. | 45. Adjustment the Basic Principle of Osteopathy |
| 9. What Osteopathic Fingers Will Do. | 46. Osteopathic Procedure in the Chronic and Acute Diseases. |
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| | 49. The Drugless Method of Treating Disease. |

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A Staff of Competent Specialists. X-ray and Clinical Laboratories unexcelled. Radium available for every kind of application. Dr. S. L. Taylor, President and Surgeon-in-Chief; Dr. F. J. Trenergy, Superintendent and Radiologist.

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Complete osteopathic, surgical, laboratory, X-ray, physical training and hydro-electric departments. Exceptional facilities for treatment of chronic, constitutional and non-mental nervous diseases. Staff of eight well known Osteopathic Physicians, and a nursing staff equal to the best. Special attention given to the Porter Milk Diet. Write for booklet.

35 Millard Charts at \$1.00 per Copy "As Is"

The Millard Chart is a three-color duo-anatomical chart showing spinal and sympathetic nerves. Size 22 inches by 27 inches. 57 references.

Men of high standing in the profession have testified to its merits. Originally it sold at \$5.00 per copy. Now, for the purpose of closing out on it, we are offering it at \$1.00 per copy "as is."

Only 35 copies left and first come first served. Send your check to

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IN D.O. LAND

Clinics in Arkansas

Dr. W. B. Farris and E. D. Spurrier of Fort Smith, Arkansas, have sent out a circular with the letterhead of the National League for Prevention of Spinal Curvature, "to any minister, welfare worker, civil authority, or any one interested in the relief of the afflicted poor." Their services are given free of charge two forenoons a week. A very worthy undertaking, indeed, and most worthy of emulation by Osteopaths in other cities!

Osteopaths May Vaccinate in Missouri

Recently a ruling was obtained from the attorney general on the right of Osteopaths to vaccinate. "It is the opinion of this department," wrote the attorney general, "that if vaccination and the administering of vaccine are included in the curriculum and taught and practiced by the American School of Osteopathy at Kirksville, that then, under the provisions of the statute, persons licensed to practice Osteopathy would also be permitted to vaccinate and administer vaccine."

C. O. A. Meeting

The regular monthly meeting of the Chicago Osteopathic Association was held at the Hotel Sherman, Chicago, Thursday, February 2, 1922. The speaker of the evening was Dr. K. Bremner, M.D., D.D.S. His subject was "Oral Infections from an Osteopathic Viewpoint" and he illustrated his talk with lantern slides. Mr. Albert Hearst of the Chicago Daily Journal has been employed at a salary of \$50 per month, to see that all items of interest are announced in the daily papers—Alex. F. Walker, Secretary.

St. Louis Meeting

The St. Louis Osteopathic Association held a meeting February 21st at Marquette Hotel. Program: A—"Straightening Bent Twigs," Dr. Irwin. A practical paper on the treating of children. X-ray plates were used to aid in demonstrating the technique and showing the progress of the treatments. B—"Fractures and Dislocations, with Technique of Fracture of Neck of Femur," Dr. Englehart. C—Questionnaire "What Constitutes Ethical Publicity and What are the Limits of Ethical Advertising?"—G. D. Clark, D.O., Chairman Program Committee.

Dr. Prudden's Summer Camp for Boys

As in former years Dr. M. A. Prudden of Postoria, Ohio, will conduct a summer camp for boys at Clear Lake, Michigan. Dr. Prudden will gladly send full information to anybody interested in his camp. By sending your boy to this camp you will not only give him the opportunity of seeing the natural longing that every normal boy has for the freedom of outdoors fulfilled, but you will be placing him where he can enjoy a good, happy, healthful vacation, be taught many useful things and be benefited a thousand other ways that living close to nature for any period invariably provides.

Ring Lardner's Laurels in Danger

Ring Lardner had better look out for he is in danger of losing his title as "champeen" laugh producer. That is the conclusion one inevitably comes to after reading in the March issue of The Farm Journal the article by Dr. R. W. Rogers of Somerville, N. J., entitled "Mr. Rogers and Miss Rogers and the Farm Bloc." Various things are discussed in a way that is a sure cure for the "grouch." People subject to grouch spells would do well to secure a copy of The Farm Journal containing Dr. Roger's article and read it every time they have reason to believe they are "in for a grouch spell."

Oregon News

Dr. L. von H. Gerdine opened the Circuit Clinic in Portland on February 1st. The session opened at 9 a. m. and lasted until 5:30 p. m. The attendance was good. Dr. Gerdine's clinic and lecture upon nervous and mental diseases was a veritable little post-graduate course. Another clinic was held at The Moore Sanitarium where later refreshments were served by the Drs. Moore.

Dr. Luther H. Howland has been appointed a member of the Oregon State Board of Medical Examiners, succeeding Dr. D. D. Young whose term expired February 28, 1922.

Texas Osteopaths to Hold 22nd Annual Convention

The 22nd Annual Convention of the Texas Osteopathic Association will be held in Hotel Galvez, Galveston, Texas, May 19th-20th. A two day Post Graduate Program divided into sections on Osteopathic Technic, Genito-Urinary-Pediatrics-Gynecology-Diagnosis and Eye-Ear-Nose and Throat with Dr. Edwards himself in charge of the section will be given. Admission will be by card only and practitioners of the southwest are invited to write the secretary, Dr. H. B. Mason, Temple, Texas, for admission card if not supplied.

Cleveland Osteopathic Society Meeting

The March meeting of the Greater Cleveland Osteopathic Society was held Monday, the 6th, in Hotel Winton. The meeting was well attended and Dr.

L. A. Bumstead of the Delaware Springs Sanitarium was the principal speaker. He talked on complete diagnosis within our ranks and showed how prestige and confidence is lost by referring patients back to the other school. Dr. Bumstead has specialized in Roentgenology for a number of years. The Cleveland Osteopaths expect soon to establish a free clinic or dispensary, which it is hoped will be the nucleus of a much needed osteopathic hospital.

Introducing Dr. Still to Little Ones

The 170,000 readers of "Young People," the Baptist Sunday School paper, were told in the April 1st number of that magazine of Dr. Andrew Taylor Still and of the science and system of healing of which he is the founder. The article was written by Ray G. Hulbert, Editor of the Journal of Osteopathy, as a supplement to the series of articles, "Makers of Modern Medicine," which appeared in that magazine sometime ago. The simplicity of language must needs have been Dr. Hubert's main

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But Osteopaths with earnestness of soul and the cosmic urge within them to attain all in practice and get all rewards possible to them!

These are the ones we delight to serve, for whom we help to solve that eternal economic problem of Expense vs. Income.

If you are not doing all the practice that you are capable of doing or do not get the rewards from your work that you consider would compensate you for your services, then you need publicity guidance. You need us. Let's talk it over.

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idea so as to suit the limited intelligence of the readers, yet the article remains a clear and forceful definition of Osteopathy and its history.

Southeastern Ohio Osteopathic Association Meeting

The Southeastern Ohio Osteopathic Association held a three day meeting at the Chamber of Commerce Building, Zanesville, Ohio, February 16, 17, 18. On the program were eminent Osteopaths from different parts of the states and many interesting and instructive papers were read. The meeting was brought to a close with an elaborate banquet at the Hotel Rogge where with Dr. Byron La Rue, President of the Association, acting as toastmaster some very good speeches, serious and in lighter vein, were made. A very enjoyable time was had by everyone.

New York Chiro's Alarmed at Bloomfield-Lattin Bill

The Bloomfield-Lattin bill prohibiting the practice of medicine without a license went before Governor Miller of New York on March 29. Opposition to it came from one quarter only—from the chiropractors. Dr. L. H. Beeman, speaking for the State Osteopathic

Society, and answering Mr. James M. E. O'Grady, who called the bill too drastic, said that chiropractic is virtually a branch of Osteopathy under another name and that it should be subject to the same regulation as Osteopathy and urged the enactment of the measure.

New Osteopathic Club in Philadelphia

About thirty of Philadelphia's Osteopaths have organized a new club. The following officers were elected: President—Dr. Wm. S. Nicholl; Vice-president—Dr. A. D. Campbell; Secretary—Dr. Edward H. Fritsche. Treasurer—Dr. Raymond W. Bailey. This organization was formed in order that we may, when the proper time comes, present our desire to participate in the work of curing crippled children in the Shriners' Hospitals which are now being erected in various parts of the country. We hope to see other Osteopathic Shriners organize in their respective cities.—Edward H. Fritsche, D.O., Secy.

Lane Memorial Services at A.S.O.

On the occasion of the first anniversary of the death of Dr. Michael Angelo Lane, author, poet, sociologist, physician, scientist, and teacher, the Assembly Hall of the American School of Osteopathy was the scene of a beautiful memorial service. Miss Olga H. Gross, class of June, '23, one of Dr. Lane's students and most ardent admirers deserves the credit for the conception of the thought and execution of this memorial service. A good program was given consisting of numbers by the Kirksville Community Orchestra, the ASO Glee Club and a splendid address by Dr. P. Arthur Delaney, of Chicago, one time pupil of Dr. Lane.

Free Clinics

As a fitting supplement to the "Perfect Spine Contest" which the National League for the Prevention of Spinal Curvature is conducting, free osteopathic clinics in many cities have been established. These clinics are receiving the generous support of both the public and the press. Marked copies of newspapers in most cases with suitable illustrations, tell of what this or that group of Osteopathic Physicians is doing for the relief of suffering humanity and the greater glory of Osteopathy. In New Orleans Dr. Henry Tete is successfully conducting a free clinic of this kind and is receiving good backing by the press. Lancaster, Pa., is another city where excellent work is being done.

Big-Ability Young Man of Character Wanted!

A once-in-a-lifetime opportunity is open for some brainy young Osteopath of personality and integrity as associate in Clinical Group of Dr. Percy E. Roscoe, at Cleveland. Each man in the group is a specialist in his department but the work of all is correlated for highest efficiency in results for the patient. A practice of remarkable character and size has already been developed but the institution is really only in the infancy of its career. If you have not the necessary qualifications don't waste time in needless correspondence. If you are sincere in feeling you can fill this big job capably, then write at once to Dr. Percy E. Roscoe, Suite 410, number 7016 Euclid Ave., Cleveland, Ohio. It may mean "getting right for life" in your chosen practice.

The Central States Osteopathic Convention

Reduced rates have been secured on all railroads leading to St. Joseph, for the Central States Osteopathic Association Convention, at St. Joseph, Mo. 10, 11, 12, 1922. Ask for a "convention rate certificate" when buying your ticket. Thirty headlines in Osteopathy are on the program for this convention. Special features will be a children's conference conducted by Dr. Jenette Bowles of Denver, Colo., and the selection of the most perfect spine from the Central States contestants for the \$1,000 prize offered by the National League for the Prevention of Spinal Curvature.

The St. Joseph Osteopaths and the St. Joseph Chamber of Commerce, the Automobile Club and other civic organizations are preparing entertainment and true Missouri hospitality for the convention visitors.—M. L. Hartwell, D.O., Vice-chairman Convention Publicity Committee.

Third Annual Election of Officers

The third annual election of the Rocky Mountain Osteopathic Hospital Association took place February 9th. Officers elected for the ensuing year are: Dr. G. W. Perrin, Pres.; Dr. R. R. Daniels, Vice-Pres.; Dr. C. C. Reid, Sec.; Dr. M. A. Morrison, Asst.-Sec.; and Dr. W. L. Holcomb, Treas. Doctors H. F. Shaffer, F. F. Woodruff, J. H. Bolles and H. S. Dean were elected to the Board of Directors for three years. Mr. H. D. Husted, Mr. D. D. Sturgeon and Mr. H. M. Shelburne, laymen, were elected to this same board, to which other lay members will be added as the occasion may demand. Plans for the new \$50,000 addition to the Hospital have been ac-

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Backbone Osteopath—Male**

Ohio license required. Unless especially prepared to specialize in spinal adjustment and make osteopathic technic a life's study and practice, do not investigate.

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of Cleveland**

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Detailed diagnostic report and complete instructions as to advisable treatment returned by mail to physicians.

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Careful attention to referred cases.

Dr. Percy Evan Roscoe
Osteopath
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7016 Euclid Ave., Cleveland, Ohio

Dr. C. Burton Stevens
Obstetrics
Chief of Obstetrical Department Osteopathic
Hospital
617-18 Farwell Bldg. Detroit, Mich.

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

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

Dr. H. C. Wallace
Practice limited to General and Orthopedic
Surgery and Consultation
S. W. Osteo. Sanitarium, Blackwell, Okla.

A. R. Tucker, D.O., M.D.
General and X-ray diagnosis. Consultation,
surgery and diseases of the ear, nose
and throat.

Terrace Spring Sanitarium
Richmond, Virginia

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Surgery: Eye, Ear, Nose and Throat
Referred Cases solicited
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Dr. S. P. Ross
Surgeon
Office, 1000 Land Title Building
Residence, Hotel Adelphia, Philadelphia, Pa.

Dr. Jerome M. Watters
Osteopathic Physician
Ear, Nose, Throat and Eye
2 Lombardy St., Newark, N. J.

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

Dr. Leland S. Larimore
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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

cepted by the Building Committee and advertisement for bids will soon be made by the architects. The Hospital is reported in splendid financial condition and with the addition of the newly organized Clinic of the League for the Prevention of Spinal Curvature, the Management plans to be of greater service to the community.—Geo. W. Perrin, Pres.

New England Osteopathic Association Annual Meeting

The New England Osteopathic Association will hold its annual meeting at the Narragansett Hotel, Providence, R. I., May 19th and 20th. We think we are safe in saying that this will be the best convention held in the East thus far. It is to be exceedingly practicable. We are to have several big outstanding features. Among the big men who have already been booked to take part on the program are Dr. F. P. Millard, Toronto, Canada. Dr. Curtis H. Muncie, Brooklyn, N. Y.; Dr. John H. Bailey of Philadelphia; Dr. R. H. Nichols of Boston and Dr. Walter H. Novinger of Newark, N. J. We are going to give a prominent place to clinics on diagnosis, adjustment, eye, ear and general conditions. It is hoped therefore that D.O.'s having stubborn cases will bring them along where they can obtain help from some of the stalwarts of the profession. Make plans to be present and partake of the scientific as well as social treat that will be offered.—G. W. Reid, D.O., Chairman Program Committee.

PERSONAL

Dr. George T. Sill, formerly of 38 N. 8th Street, Allentown, Pa., is now located at 45 South Ninth St.

Dr. B. O. Hoard announces his new address 4315½ West 2nd Street, Los Angeles, California.

Dr. I. F. Yeater announces the removal of his offices and residence from 1213 Eighth Avenue to 1127 Seventh Avenue, Altoona, Pa.

Dr. Charles M. Brown of Altoona, Pa., announces the removal of his office from 1201 Thirteenth Avenue to the Kinney Building, 1417 Eleventh Avenue.

Dr. H. E. Thornley, of Williamsport, Pennsylvania, announces the removal of his offices to 420 William Street, opposite New Hotel.

Dr. Mary M. Servoss, formerly of Hopkins, Mo., has located at 740 Atlantic Avenue, Collingswood, New Jersey. Dr. Servoss is taking post-graduate work at the Philadelphia College of Osteopathy. She will be in Collingswood three days a week and in Philadelphia the other three days until she has finished the special course.

Dr. and Mrs. Percy Evan Roscoe of Cleveland, Ohio, returned home April 5th, after enjoying a delightful fifteen day rest and pleasure trip to New York City via New Orleans. The trip was made by river boat from Cincinnati to New Orleans and by steamship from New Orleans to New York, a total of 3,500 miles by water. Dr. Roscoe says he badly needed a real rest and that he got it in this way. He recommends this trip as a splendid "catch-as-catch-can" type of vacation.

BORN

To Dr. and Mrs. L.L. Wade of Casper, Wyoming, on March 13, a daughter, Wilma Irene.

MARRIED

Dr. Edwin Martin Burkhardt of Wichita, Kansas, and Miss Winifred Helen Sowers, daughter of Dr. and Mrs. Sowers, March 21st, at Sharon, Pa. At home after April 1st, Wichita, Kansas.

DIED

Dr. Wm. W. Efford, of Beverly Hills, Illinois, March 28, of peritonitis. Age 41.

Dr. Bertha Stuart of Portland, Ore., of bronchial pneumonia, Jan. 9th, aged 54.

Dr. Raesley S. Mack in practice at Chester, Pa. for 20 years, of pneumonia March 10th, after an illness of seven days.

Mrs. R. L. Thomas, daughter of Dr. and Mrs. Jesse L. Hull and sister of Drs. L. L. Hull of San Francisco and W. W. Hull of Shelton, Neb., January 24th, at Sutton, Neb., age 34.

Mrs. Emma M. Ashmore, mother of Dr. Edythe F. Ashmore, of 308 Arcadia Street, Pasadena, California. Deceased was seventy-one years old and had lived in Pasadena eleven years.

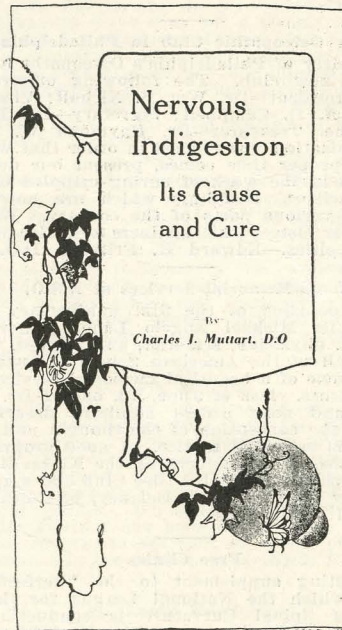
EXCHANGE and MARKET

FOR RENT—Chicago loop office space, part or entire time. Dr. Drinkall, 25 E. Jackson Boulevard.

WANTED—By young married man in senior class, who has passed most of State Board, position as as-

FOR SALE—Best location in southern Idaho. Only Osteopath. \$300 buys furniture and fixtures. Must leave immediately. Address No. 341, care of The O.P., Waukegan, Illinois.

Osteopathic Health for May



There are countless thousands of sufferers whose interest would be immediately flagged by this discussion on Nervous Indigestion and its brood of ills. Osteopathy can do so much good for the victims of nervous indigestion that it's truly a shame not to tell them about it. Many new satisfied patients will be your reward for distributing a thousand of this May issue OH. We can fill your order if you send it quickly.

sistant for summer. Address No. 328 care The O.P., Waukegan, Illinois.

FOR SALE—The \$6,000 practice and fixtures of the late Dr. J. G. Smith. Established 15 years. Town of 3,500. McManis Table, large Betz Therapeutic Lamp, Scales and good office furniture. Write at once to Mrs. Grace Smith, Blair, Nebraska.

FOR SALE—Practice and equipment in the best resort town in Colorado, 2,500 population. Practice last year over \$6,000. Possession by July 1st. Reason for selling: taking Post Graduate work. Address No. 340, care of The O.P., Waukegan, Illinois.

WANTED—Spinal Technician—Backbone Osteopathy. Male. Ohio license required. Unless especially prepared to specialize in spinal adjustment and make osteopathic technic a life's study and practice, do not investigate. Roscoe Osteopathic Clinic of Cleveland, Suite 411—Seventy-first Euclid Bldg., Cleveland, Ohio.

FARM FOR SALE—Forty acres, about half pasture. The tillable land nearly level and very productive. The house is a 7-room bungalow. Barn has cement floor in basement, tieup for 8 head of cattle, calf pen, horse stalls, hen house 12x17 with cement floor, silo 10x24, corn crib, ice house. Buildings 8 years old, painted white and trimmed in green. About 50 apple trees, 4 cherry, five pear, gooseberry bushes, currant, blackcup raspberries, ever bearing red raspberries, strawberries, etc. 10 head of cattle—7 pure bred Guernseys, two horses, 160 hens—White Leghorns, tools and implements, crops, wood, etc. Two miles from high school, churches, etc. Trolley passes farm, also road that is being converted into a stone road. Nice neighborhood. Telephone in house. Never failing spring in pasture. Pump in kitchen. \$6500 gets everything including household furniture. \$5,000 cash, mortgage \$1,500 at 5%, \$700 payable annually with interest on mortgage. Address No. 339, care of The O.P., Waukegan, Illinois.

First Class to Take the Abrams Work at Kirksville

For the past six or eight weeks Dr. J. V. McManis has been teaching at Kirksville, a preliminary class in the Electronic Reactions of Abrams. The course has been a preliminary one and as soon as Dr. McManis returns from San Francisco, where he and Mrs. McManis are now completing their work under Doctor Abrams, he expects to start regular classes in

the ERA and the doctors who took this preliminary work will be afforded an opportunity to return and finish their courses.

Those taking this first work in Electronic Diagnosis were: Drs. Gertrude M. Clements, P. C. Vandervoort, Glenn Y. Warner, Norman B. Willbanks and Arthur Breese.

These doctors have been devoting their entire time to grounding themselves in Spondylotherapy and the basic principles underlying the Electronic Reactions. The latter part of the course was devoted to the technique of making blood tests. Dr. McManis reports that marked progress was made, that the osteopathic mind is very alert and receptive to the discoveries and teachings of Doctor Abrams, the principles underlying his methods being quickly grasped because they are so thoroughly in harmony with Osteopathy.

Over forty Osteopaths have expressed the desire to matriculate in the first regular class that Dr. McManis will enroll at Kirksville about the first of August.

Incidental to teaching, Dr. McManis has been conducting an active practice in Kirksville in ERA methods for several weeks and he started off at the first jump with the largest private practice in Kirksville and a big waiting list of patients standing in line for future attention.

Dayton Society Addressed by Dr. McManis on the Abrams' Discoveries

Dr. J. V. McManis addressed the Dayton (O.) District Osteopathic Society at the office of Dr. Alden L. McGowan April 5th, on the Values to Osteopathy of the Electric Reactions of Abrams. Twenty-five were present and great interest and enthusiasm was shown for this new look in on the inner physical nature and cure of disease. Dr. McGowan and Dr. E. H. Cosner were particularly interested.

On Friday, April 7th, Dr. McManis was the guest of the Atlas Club at the Chicago College of Osteopathy and repeated his talk. The students were greatly interested.

Dr. McManis, Mrs. McManis and Dr. Frank C. Farmer of Los Angeles are now at the Abrams Laboratory at San Francisco engaged in work under Doctor Abrams.

"Beware of prejudice. Light is good in whatsoever lamp it is burning. A rose is beautiful in whatsoever garden it may bloom. A star has the same radiance whether it shines from the East or the West."—Abdul Baha.

How Many Druggists Have Stopped Selling Medicines Since You Started Practice There?

How many fewer M.D.'s are in your town since you commenced demonstrating Osteopathy—the better way of keeping well? Any fewer drug stores? Your answer should make you realize how little has been accomplished toward breaking the hold of traditional drug medicine on people generally.

If you want bigger practice and proper prestige you must fight for it—fight against habit, ignorance, superstition, prejudice, doubt. If you want people to understand Osteopathy, you must explain it. If you want Osteopathy to get the biggest credit and patronage, you must advertise it. Affirmation, repetition—that's the formula. Our literature applies this formula as nothing else can.

Let "Osteopathic Health" educate your community for you. An investment of \$55. per month will put this militant journal into 1,000 homes in your community, twelve times in the year, and that sort of publicity will probably increase your practice by \$500. a month. At least, it has done this for others—why should it not for you? It will, if you know how to do your part in the consultation and treatment rooms.

"Where There Is No Vision the People Perish"