

# **The Osteopathic Physician**

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# The Osteopathic Physician

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Number 3

## SHOP TALKS on OSTEOPATHIC AFFAIRS

### Osteopathy Aborts Infections

I FIND from experience with osteopathy since coming to Janesville that it will prevent any breaking out in smallpox if you get your patient when first symptoms start; that it will abort pneumonia if used in the first stage; if called in the first stage of scarlet fever, anginoid variety, the fever can be reduced in thirty-six hours. It will prove the same efficiency in all the regular infectious fevers. I take these few lines from my notes and believe that osteopathy acts practically like a specific in the prevention of these fevers. We need badly osteopath's own original textbooks as to the course of symptoms, etc., under osteopathy which differ considerably from those classic symptoms of the medical textbooks. We need more osteopaths. I for one am going to do my best to get a student during this year and hope every osteopath will do his best to do the same. Urge it through your papers. Osteopathy is O. K. Fifty per cent more efficient than other method of healing.—N. L. Sage, D. O., Janesville, Wisconsin.

### Rectal Examination

Rectal examination—palpating the sacro-iliac articulations is a very useful and much neglected procedure in obscure or difficult cases, wherever lesions in this area are suspected and other methods of determination have proven unsatisfactory.—G. J. Conley, D. O., Kansas City, Mo.

### Starve a Fever

In all fevers and acute disease conditions, "flu," of course, included, the less feeding practiced the quicker the patient convalesces. Give Nature a chance and do not feed sick people when there is no appetite. Acute disease is a house-cleaning process; do not interfere with the workmen, but help them.—I. J. Earles, D. O., Chicago.

### Your Mental Ally

The osteopath has a great opportunity to direct the thoughts of patients along optimistic lines while he is adjusting the body. A warped mind that is out of harmony with surroundings delays recovery. Study each patient. Instill personality and will power into moral cowards. Awaken potential powers in the discouraged. Grip his subconscious mind and direct it to aid in healing. Hold thoughts of health over the patient. Let your hearing and life vibrate with trust and good will.—Anna Belle Hicks, D. O., Jackson, Michigan.

### Diagnose All

Diagnosis not only of the spine lesion but also the disease is the keystone to comprehensive practice. Adjustments should be made with something more in view than simply to correct the lesion.—Geo. M. Laughlin, D. O., Kirksville, Mo.

### Dementia Praecox as Endocrine Disturbance

It may interest you to know that what I consider to be the closest connection between osteopathic work and mental diseases is in the line of dementia praecox. This summer I was a party to some experimental work in regard to blood-sugar content on the idea that dementia praecox cases were endocrine cases. If they were, we figured there would be an insufficiency of the adrenal secretions and under those conditions the lowered blood-sugar—which we found to be true in a large number of cases. Then by stimulating the adrenals by the injection of adrenalin, 1 c.c. hypodermically, we found that the sugar curve did not respond as the normal curve did but flattened out more slowly and lasted just about twice as long as normal; therefore, it seems logical to conclude that there is a possibility of classing dementia praecox as an endocrine disturbance, and that some of the remarkable results which have been gained from sanitarium treatment and osteopathic work on these cases is really on a scientific basis and that we can go ahead on work on this particular line.—Edw. S. Merrill, D. O., Los Angeles, California.

### Don't Treat on Yesterday's Diagnosis

I know one osteopath who never treats on yesterday's diagnosis; who makes a physical examination before each treatment and then treats specifically the lesion found. This man doesn't know the meaning of general treatment. His practice is in a very small town, yet he "turns them away" and his results are the envy of all who know them. I know another osteopath—his name is Legion—who has developed the easy-way habit and proceeds thus: Mrs. Jones, a chronic case—yes, he remembers, from his first examination, that she has a slipped innominate and a dorsal lesion. So, after an "on this side, please," he as he talks about family matters, politics, and what not, gives a general treatment—may be remembering before the "Next Friday, please," to give the innominate a twist. Which of the two is the real osteopath?—Frank R. Heine, D. O., Greensboro, N. C.

### The Devitalized Tooth Must Go

It has been the insidious breeding place of countless pus-producing micro-organisms and is no doubt responsible for a good percentage of pathological conditions requiring major surgery today. The presence of a dead tooth in the human jaw is contrary to all biological laws. The recognition on the part of all physicians of this insidious incubating place for micro-organisms as being an important factor in the causation of disease, will mark a great advance in the healing art. THE DEVITALIZED TOOTH MUST GO!—W. V. Goodfellow, D. O., Los Angeles, Cal.

### Fish Hook Stomach Prolapsus

I have been deeply impressed recently with the importance of X-radiance for diagnosis of obscure cases. A middle-aged woman, with none of the weaknesses peculiar to her sex, and apparently in fair health, was all her life puzzled to know why she tired so easily.

A barium meal and fluoroscopic examination of the gastro-intestinal tract showed a badly prolapsed "fish hook" stomach and colon. The rate of peristalsis was also learned—how long it took the stomach to empty itself, where there was stasis in the colon, etc. In the obscure cases, I believe we should avail ourselves of the x-ray. Not all ills are caused by a "bony lesion."—Harriet A. Whitehead, D. O., Wausau, Wisconsin.

### Less Treatment—More Science

One of the greatest lessons I have learned in 16 years' practice is less treatment and more science. Read the old Doctor's works as you would the Bible and follow his advice—"be a physician, not a farmer; find the cause, and fix it, then let it alone." Patients won't complain of being exhausted or that osteopathy is too rough. Then educate the public in some scientific manner. How are they to know unless they read; then let the doctor prove it. We use Osteopathic Health and have a waiting list most of the time. This is not sought for testimonial, but voluntary, as I have used and proved for 16 years. Any other good literature would no doubt do the same.—E. Clair Jones, D. O., Lancaster, Pa.

### That Windpipe Technique Works

July 30th I treated Mr. J. for severe pain in the lungs. Temperature 101°, pulse 120. Rales in apices and other portions of both lungs. Some better August 1st. Gave another treatment separating the vertebrae and ribs and raising the ribs, as on first treatment. He is a coal miner. August 2nd examination of sputa was made. Tubercle bacilli absent. Streptococci numerous. Saw him again August 6th. Treated posterior nares and tonsils. Gave windpipe technique as described in June OP and ordered corn meal-bran poultices as described in same journal. August 7th he had excruciating pain in lungs, but diligently continued corn meal-bran poultices. August 9th he expectorated a teacup full of thick, ropy mucous, blackened all over with coal dust. August 10th and 11th brought up another teacup full. He received more windpipe technique August 11th. Was feeling splendid and looked fine.—C. W. Young, D. O., Grand Junction, Colo.

### All Coordinating Forces

Interdependence of all parts of the body, anatomical and physiological, with its therapeutic corollary of requisite attention to all coordinating forces of the daily regimen that may lower resistance, strikes me as the comprehensive viewpoint the practitioner should constantly keep in the foreground. Spine, torso, abdomen or pelvis unerringly register effects with concomitant changes elsewhere. Systematic readjustment of all damaged structures is one essential phase of therapy. But thorough consideration of the forces that represent the daily habits, the environmental setting, is equally important.—Carl P. McConnell, D. O., Chicago.

SHOP TALKERS, Get Your Stuff in Early for October Issue. You See, We Close Forms on the 5th Now and We Reach the Field by the 15th.



### Should Quarantine Gonorrhoea

The prevalence and widespread distribution of gonorrhoea among men in civil life, and women as well, and the fact that in my judgment the disease in women is not curable by any known system of therapeutics, leads me to believe that innocent individuals should be protected by a rigid system of quarantine of this infectious disease in either sex.—*Frank J. Stewart, D. O., Chicago.*

### Exactness

Examination first, History second, KNOW not GUESS. Mistake to treat patient without making thorough, searching, comprehensive physical examination first, supplemented by laboratory findings if indicated. We may not be able to cure all conditions but there is no excuse for not knowing them.—*Roberta Wimer Ford, D. O., Seattle, Wash.*

### Make a Fixed Point

I have noted in demonstrations of technique some of our aces do some soft tissue work which would be more effective if they would use "the fixed point" idea more, i. e., use the skeletal frame work as the basis. The soft tissue work I feel is too commonly used for lumbar region with the patient on the side, when the operator uses both hands on lumbar muscles and pulling the patient towards him to relax tissue; we will get better results if we hold the innominate back with one hand and pull on soft tissues with other, it gets so much deeper and satisfactory response.—*H. W. Gamble, D. O., Missouri Valley, Iowa.*

### Correlate All Diagnoses

The only thing that comes home to me over and over again in my own work and in what I see of the work of others of our school is our failure to make a complete or adequate diagnosis. The "ten finger" osteopath sees naught but the spine. The "lab" man sees nothing but the test tube and the microscope. The dietitian only food values, and the failures that result are from our failures to correlate them all.—*Ralph H. Williams, D. O., Rochester, N. Y.*

### World Needs Osteopaths

The paramount issue of osteopathy today is the need of more practitioners in the field. For the perpetuation of our science it is imperative that our colleges be maintained at the highest degree of efficiency. The colleges must have students to survive. It is the duty of every practitioner to endeavor to interest students, and this can best be brought about by constantly making personal solicitation of those eligible.—*S. L. Scothorn, D. O., Dallas, Texas.*

### Trophisms vs. Alien Reactions

Osteopathy is distinctive as a therapeutic system in that it is based entirely upon the principles of biology. The osteopath does not seek to induce alien reactions, but to further those that the ages of experience have found wisest for the preservation of the wellbeing of the individual.—*Chas. H. Spencer, D. O., Los Angeles, Cal.*

### Three Ways to Do It

Technic is largely divided into three classes: (1) Adjustment without preparatory work, (2) adjustment with preliminary muscular relaxation (to make the adjustment easy), and (3) relaxation with the idea of an automatic adjustment of the lesion of muscle pull. According to my way of thinking, backed up by personal experience, the best technic is that which, after reasonable preparation, adjusts the lesion (bony, muscular or ligamentous) and then gives some supportive work to hold the correction. Takes a little more effort and time but results are so much more satisfactory that it pays. Not how long or how short, but how well can we do our work, should be our motto.—*Frank H. Smith, D. O., Indianapolis, Indiana.*

### Better Clinics Demanded

If OP will keep up an agitation for more and better clinical material and arrangements for the next convention, I will forgive all of its past misdeeds. My section (gastro-intestinal) was badly handicapped for want of clinical material. I suggest that the president, appoint a committee whose business it would be to keep this matter before the profession, outside the convention city, to the end that cases would be brought from various places within a reasonable radius of the convention city. Patients could be readily made to see the advantage of being examined and a diagnosis made by those who are specializing in various lines. These with what material could be supplied by the local committee would make things interesting for all concerned. People are tired of dry "papers"; they want to be shown.—*Chas. J. Muttart, D. O., Philadelphia, Pennsylvania.*

### Use Records and Educate Patients

Talk less, use illustrated booklets, mark lesions for patients on same. I give one of Woodall's Books to each case, mark lesions found on spine or body same as on Craig card which I file—mail *Osteopathic Health* to them for current reading. I have just received 100 copies Halladay thorax (vide August *Journal of Osteopathy*) that is good. May use 500 more. I am too busy to hold in my head all relations to each case—hence the record—think, work, act accordingly. Be careful in making out the initial exam. blank. Use it in treating room each time. Once a month or about every seventh time make comparison on extra slip pasted on to the original. Don't use clip unless you use a serial number for record cards. Be especially careful to take blood pressure, specific gravity of all bedside cases, in addition use two thermometers—check up rectal and oral or axillary—at time of taking. Put a case record in presence of patient. Pulse rate and intercostal stethoscopic findings—with variations—then order diet and drink—leave orders in writing. If lesions are erased, change the old technique to fit new conditions. Don't let patient anticipate the next move—"he gives me the same old movement." Routine in treatment is not consistent with the things we say and print. See? Routine in comparison is convincing.—*F. E. Dayton, D. O., Escanaba, Mich.*

### Attention, Grass Widows!

Hay fever time is here and we can do more than any one else in relieving the sufferer. The Old Doctor once told me to look after the 2nd dorsal in hay fever cases. I have gotten relief many times by correcting at this point. May you have the same good results.—*Fred W. Gage, D. O., Chicago, Ill.*

### Give 'Em the Vision

The one thing the osteopathic profession should do is to get the osteopathic concept more firmly fixed in their minds. The Old Doctor had the osteopathic vision. We will need to get that vision and ever hold the same in our mind. Then we will not need to worry about the future of osteopathy.

—*Canada Wendell, D. O., Peoria, Ill.*

### Make It Like a P. G. Course

Too many osteopaths are letting it be understood that they "have all there is to know about osteopathy." This would be amusing were it not so serious to the profession in that it puts us in a false light before the people. "Back to the schools for more and better osteopathy," is my best dope to the profession. As a start, let the AOA turn the next convention into a regular two weeks' P. G. review course. This idea was suggested in the June *Florida Osteopath* and Dr. Asa Willard advocates it in the August *Journal of Osteopathy*. "Back to the schools for more and better osteopathy."—*Addison O'Neill, D. O., Daytona, Florida.*

### Stick to Your Case

The most important thought coming to me at the moment as to osteopathic practice is the most common fault of most of us in practice. I refer to our neglecting to talk osteopathy every minute we talk. Idle gossip, story telling, modest dwelling upon our own prowess, does not impress the patient, busy thinking, that our work can be very specific. One has only to bear in mind how necessary concentration is in doing any specific work, as for instance the work that surgery calls for, to see the point. Our work is just as specific, providing we are not just engine wipers, as Dr. Still dubbed the incompetent. It admits of no manner of discussion other than on the work in hand. Who can plead not guilty?—*Joseph Henry Sullivan, D. O., Chicago.*

### Cut Out the Tradition Stuff

Revise the osteopathic textbooks, cut out the dead stuff and bring them up to date. The doctor doesn't live who is really too busy to study some every day. A little review every day with some of the basic principles would make us all better, and better business would result.—*R. T. Quick, D. O., Sioux City, Iowa.*

### Seeking Light

I have been in practice for ten years now. I meet cases every now and then that I know osteopathy could help or cure if I only could convince them that they needed osteopathy. A few words of warning for the betterment of osteopathic practice, I ask you this—what are we to do in regard to the pseudo-osteopath that is popping up everywhere? An ordinary homeopath of my town with his therapeutic traction couch is creating more glory and honor than I have been able to stir up for osteopathy in the last half-dozen years in practice here.—*Victor C. Hoefner, D. O., Waukegan, Illinois.*

### Got a Student Yet?

Our schools will open soon. Send them a student. This is to be our banner year in every way. Get in line and boost, do not be let out. Boost for better schools, more students and greater knowledge of osteopathic principles. Join your local, state and national associations. The osteopathic education of the public has made big strides, let's keep up the good work.—*James M. Fraser, D. O., Evanston, Ill.*

### Seventh Cervical

In treatment of flu and pneumonia where patient complains of "exhaustion and tiredness" lesions of muscular and bony nature are found at seven cervical. Specific treatment around this vertebra gives relief.—*W. O. Medaris, D. O., Rockford, Ill.*

### Tabulate Diagnosis

Each new day overwhelms me with the urgent necessity and the profound importance of a thorough routine examination of every new patient entering my operating room. The exception, if such there must be, being the transient who has only so many minutes to stay and who desires only a symptom alleviated. By thorough routine examination, I mean structural, chemical, and x-radiance. Once tabulated, my data is written evidence conveniently arrayed before my mind, the judge, for his verdict. Without such written data his decision must needs be uncertain. Uncertain decision must result always in faulty and incomplete treatment and faulty treatment results in few cures, much personal censure and more professional injury.—*P. E. Roscoe, D. O., Cleveland, O.*

### Your Pole Star

Back to your anatomy and physiology, oh, ye disciple of osteopathy, if ye would that the adjunct twist be taken from thy mind.—*Herbert Bernard, D. O., Detroit, Mich.*



### Do Acute Work

One of the most distinctive indications at the recent convention at Chicago is the fact that osteopathy is gaining in popularity more than at any other period in the history of the profession. Our recent experience in handling "flu" cases demonstrated the merits of osteopathy and raised our standard in the estimation of the public at least one hundred per cent. The demand is pressing itself upon the osteopaths everywhere to become the real "up-to-date family physician," regardless of the fact that most of us prefer to do an easy, lazy, office practice only. It is high time to wake up and get busy.—*G. A. Gamble, D. O., Salt Lake City, Utah.*

### Limits Are the Man's

Just recently a young fellow, still in knee pants so far as practice is concerned, surprised me by saying he was studying medicine. I asked him what was wrong with osteopathy. His surprising reply was: "Oh, osteopathy is all right but it is so limited." I wonder if my reply isn't worth passing on: "Oh, no, Blank, it isn't osteopathy that is limited; it's the man." Really, it seems the name I've substituted for the real one is propitious.—*A. A. Kaiser, D. O., Kansas City, Missouri.*

### Keep Evacuation Going

I have been diligent from the beginning of my practice in finding out if the patient's bowels moved freely without taking cathartics. As the years go on I am more convinced than ever a free movement of the bowels is the most important one thing we have to look after in our practice. Next to free movements come the internal bath with cold water. Mineral oils are better than cathartics, but they mix with the food, interfering with digestion. Outside of osteopathic and other mechanical methods, I believe what we eat is the most important, in its correction. I confidently believe claims of noted investigators that fully 80 to 90% of all cases originate in above causes.—*G. E. Arnold, D. O., Albion, Michigan.*

### "From the Pelvis Up"

1. I lay stress upon pelvic lesions and correct from the pelvis up.
2. Have 75 per cent of all patients take the "knee-chest" position, raise up all pelvic and abdominal contents.
3. Teach patients to relax, do not often make the serious mistake of substituting "brawn for brains," do not treat hard nor too often.
4. Work by appointment, keep them, avoid confused and mixed-up office work—saves time, strength and nerves.—*E. H. Cosner, D. O., Dayton, Ohio.*

### Over Treatment

Over stimulation produces inhibition. If you persist in sleeping near a noisy street car track long enough you will cease to hear the cars. To be able to give skilled osteopathic treatment is a fine accomplishment. To know when to stop is splendid. I like the "Shop Talk" idea very much.—*Ernest C. Bond, D. O., Milwaukee, Wisconsin.*

### Teeth and Tonsils

The longer I am in the practice the more I am convinced that too many osteopaths have too limited a conception of osteopathy. Again I am convinced that too many do not make careful enough a diagnosis. I do not mean of the spine necessarily, but there are many difficulties that are due to other lesions. The careful diagnosis, or examination of the teeth is necessary. There is very little excuse now to be ignorant of these conditions with the X-Ray so perfected. Too many are not capable of making a diagnosis of diseased tonsils. I saw just recently an illustration of this at a state convention. I doubt if 5% of the assembled osteopaths could have been able to find the pus pockets of the tonsils.—*C. E. Abegglen, D. O., Colfax, Washington.*

### From Basement to Attic

Our schools can be filled with students. How? Send an osteopathic lecturer into each high school to deliver a talk on our science. Let the lecturer get names and addresses of each graduating pupil and send same to each of our colleges, then let our school people direct a personal letter to each of these students and follow it up at intervals with other pamphlets explaining osteopathy. This plan will both educate the public and also fill our schools from basement to attic. How do I know? I tried it for a college several years ago and in one year the attendance was increased from seven to thirteen hundred.—*W. O. Medaris, D. O., Rockford, Illinois.*

### The Difference

Osteopathy differs from the "regular's" pathy principally in (1) joint subluxation as a chief etiological factor, and (2) adjustment of same as the next important therapeutic measure.—*S. V. Robuck, D. O., Chicago.*

### Diagnostic Pitfalls

Acute gastritis is a rare disease in adults; more likely to be appendicitis, or gall stones. "Chronic indigestion" is usually due to peptic ulcer, pulmonary tuberculosis, constipation, or colon cancer. Seventy-five per cent of cases of colon cancer pass unrecognized.—*H. Viehe, D. O., Memphis, Tenn.*

### Read, Observe, Think

Once upon a time I knew a man who studied the form, relations and corrections of the various parts of the human body, particularly the bones of the spine, for hours every day. When I first came to know him intimately he was about 65 years old and he had been doing this for 30 years. He came to be the greatest practical anatomist of his age. The most expert bodily mechanic that the world has produced. Because of the cures he wrought through the practical application of his knowledge thousands call his name blessed. His name was Andrew Taylor Still, and there is the example for us in continuously increasing our osteopathic efficiency. Every osteopath should own an artificial skeleton or at least a spine and study it, study it, study it. Read all the Old Doctor's works and with the spine before him read the other good works we have. Hulett, McConnell & Teal, Ashmore, Burns—all of them. He should own all the books we have after he has been out a year. His other study should supplement this. Not be a mere incident. Do all osteopaths even own an articulated spine? How many of us own all of the Old Doctor's books? How many have read them? How many have as many as eight other osteopathic works in their library that they have read? We need more and we need to study more what we have.—*Asa Willard, D. O., Missoula, Montana.*

### Extracts from Four Letters

"Have you a 10-minute appointment book? 15 is a little too slow for me." "Have you a book with more than 40 periods in it? I often treat 45 to 50." "I can't use your 30 minute book, folks here require 45 minutes to one hour." "Have you any one hour period books? Most of my patients want general treatments." "I wouldn't give \$1.50 for yer book. Can get a good one for 25c and rule it myself." From correspondents concerning an appointment book that we distributed each year—it takes all kinds to make a profession.—*E. H. Cosner, D. O., Dayton, Ohio.*

### Concrete Facts

To me and to my patients a concrete fact is worth more than all the theories in the world. Theories are all right for the college professor, but when a patient comes with lumbago or neuritis he cares little for the theories about it. What he wants is relief and the D. O. who can give it to him is the big man according to his measuring stick.—*W. J. Conner, D. O., Kansas City, Mo.*

### Allopathic Autocracy

For nearly twenty years the Allopathic School of Medicine has been trying to secure autocratic control by having Congress create a Bureau of Medicine with autocratic power to force the people to the one kind of medicine that it represents by having a member of its system appointed to the president's cabinet. If Congress should be stupid enough to give Allopathy autocratic power, the country would need another Lincoln to rid it from such a brutal yoke of bondage. If any persons think this exaggeration, they should be informed concerning how our boys were treated who refused to be vaccinated during the war. All these Allopathic doctors, who are asking for legalized autocratic power, who style themselves as "regulars," are the ones who piled up the mortality during the influenza epidemic. The people want and must have the same freedom in the choice of their doctors that they have in the choice of their religion and politics, but in many instances people do not realize the extent of damage that state medicine would do and they must be enlightened. With all the power within us we must fight and influence our people to fight this slave-driving movement, by joining hands with all who are against it to give Allopathic Autocracy the knock-out it deserves.—*Pauline R. Mantle, D. O., Springfield, Illinois.*

### Know How to Pet a Lesion?

He who has ability to find a primary lesion and who has developed the skill to correct it and the knowledge of when to leave it alone deserves the title of osteopath, but he who has attained that stage in his development where he can correct the same kind of lesion, apparently, in different individuals and under different circumstances and yet knows when to leave each one alone deserves the title Master Mechanic of the human body and is beginning to follow, though perhaps still afar off, the trail of DR. STILL, who was the brightest star that ever shown in the therapeutic firmament, whose rays penetrated every nook and corner of therapeutic thought and whose spirit will ever remain to shine as the ONE BRIGHT LIGHT around which all other therapeutic stars will continue to revolve, merely but to twinkle. What a privilege to have known Dr. Still, who, becoming as a little child was enabled to read from nature as easily as we read from an open book. Can't we, by listening to nature's voice, become more efficient body mechanics and be like the Old Doctor, led through the dark caverns of doubt into the shining light of knowledge and greater achievement? I find it best, as a rule, to pet a lesion that is very sensitive and often by pulling and stretching the soft tissues the bony lesion, if one exists, will be corrected. Such treatments can be often repeated if at first correction is not made, but we must train ourselves so that in either hand we carry a knock-out wallop that may, when needed, be used on the stiff, non-sensitive spine, but do not hit him again while he is down. Wait until he gets over the effects of the previous jolt before giving him another smash or you will lose on a foul and see the lesion remain.—*J. G. Morrison, D. O., Terre Haute, Ind.*

### Press Clippings Help

The power is within the reach of every osteopath to turn to his advantage, as well as to that of the profession at large, the numerous items of public interest appearing in the various papers, magazines, journals, etc., though such articles may have been written from an adverse viewpoint. Create in your patients and friends sufficient interest to watch for and clip any item referring to public health, medical progress, criticisms, legislation, prosecutions and court actions affecting osteopathy or other methods and systems of healing. Secure from your patients such clippings as will give you opportunity to rectify the impressions made on the patient at the opportune time; and THEN send the clippings to the AOA Bureau of Statistics for use and filing.—*Geo. B. Clarke, D. O., Detroit, Michigan.*



### We Need Standardization

First: A clinic chart based on anatomical relations of vertebrae, showing where and how nerve or blood vessels is ligated. Also the fulcrum and pressure and direction of pressure to release ligation. Second: A standardized technique that the smallest woman can use, that will eliminate our break-downs, allow us to practice to old age. It should avoid crude, strong-arm osteopathic movements and the brutal chiropractic thrust. Many practice in this manner; many do not.—*J. A. Linnell, D. O., Chicago.*

### Teeth Bred T. B.

In cases of pulmonary tuberculosis the teeth are usually overlooked. The teeth and interspaces will be found to be breeding places for the infection which is attacking the lungs and many hard cases will respond nicely when teeth and gums are cleaned and healed up. Many operative cases of tonsils are directly caused by teeth. Don't overlook your patients' teeth. If you are not able to decide, call in your dentist.—*Paul Sinclair, D. O., Lincoln, Neb.*

### In the Fight to Win

Each organization has a purpose. Cooperation looking to the accomplishment of such purpose is brought about through oneness of purpose and unity of service. Service is the big keynote of success. We serve well as a body if we are organized well. We may exist under the name organization, but organization in its true sense means cooperation and cooperation will eventually result in the accomplishment of the purpose of each organization. Never were osteopathic organizations so in need of cooperation. We should stand shoulder to shoulder and fight. If a thing is worth belonging to it is worth fighting for. We do not need to go overseas to be soldiers. In this big army of osteopathic physicians known as the American Osteopathic Association, we have a great fight to make. We are in the field fighting to win. Fighting for a purpose. That purpose is to make the science of osteopathy stand out, separate and apart, as the greatest science in the therapeutic world. We can do this only through the cooperation of its members, and each member who will not volunteer should be drafted into the service and disciplined until cooperation becomes the biggest thing in his life.—*L. Alice Foley, D. O., Minneapolis, Minn.*

### Cleanliness an Asset

It seems to me the most important thing to call to the attention of my fellow practitioners are these:

First—Personal cleanliness. Look after your hair—does it need trimming? Do you shave every morning, or at least often enough to look fresh and clean? Are your finger nails clean, and your hands well taken care of? All these things have a tremendous bearing on one's success.

Next—Your office. Is it tidy? Haven't you about a thousand old papers, magazines and books stored around that are of no earthly use? Throw them out! Have a new leather top placed on your treating table. It will work wonders. Next, have the painters come in and go over the walls and floors. If the building owners won't do it, do it yourself; it will pay.

After doing all these things enumerated above, your eyes will be brighter, your step lighter and your practice doubled inside of six months—provided you use 1,000 good osteopathic educational periodicals each month.—*W. E. Waldo, D. O., Seattle, Wash.*

### Backbone of Osteopathy

Subluxations of the spinal column, and associated bones and joints (ribs, sacrum, iliac, etc.) constitute the backbone to osteopathy. Neglect to adjust subluxations of the above and of other joints relegates the practitioner to massage, passive movement, or principles practiced by the "old school" physicians.—*S. V. Robuck, D. O., Chicago.*

### A Bas Foci of Infection!

In mine humble way, I would injoinct the following injunction: A more general recognition and study of lesions outside of the peculiarly osteopathic lesions, whose importance we would by no means belittle. The factor that the diseased tonsil, infected sinus, tooth root abscess, diseased appendix, infected gall bladder, etc., etc., plays in the etiology of disturbed body functions, is a scientifically vital one and the discovery of these lesions and their radical or conservative treatment is as important to us as osteopathic physicians as our osseous, cartilaginous and muscular lesions.—*E. J. Breitzman, D. O., Fond du Lac, Wis.*

### Unified Purposes

May I froth this froth: A wish for a stronger national organization, stronger state organization, a more general cooperation, a better coordination of our units, and a more personal, enthusiastic interest and support of our colleges. Believe me, we sure could make this world move some, and make things hum, if we could rally the right men around our Buntings and Conklins, to start us and keep us a-humming.—*E. J. Breitzman, D. O., Fond du Lac, Wis.*

### Sinus Headaches

Most so-called neuralgias and neuralgic headaches can be successfully treated by proper treatment of the sinuses and intra-nasal irritations.—*John Deason, D. O., Chicago.*

### Don't Abbreviate Diagnosis

By brief diagnosis many opportunity are "overlooked," and unnecessary failures in practice recorded. A physician's efficiency is valued by his ability to diagnose diseases. Diagnosis not only consists of locating bony lesions, but should include a thorough examination of the viscera, aided whenever possible by every scientific method, i. e., laboratories, x-ray, etc., thus ascertaining the exact pathological conditions. Such thoroughness in diagnosis enables the physician as well as the patient to appreciate to the fullest extent the pathology of the case and the physiological reconstruction which occurs after the adjustment of the bony lesion.—*C. F. Bandel, D. O., Brooklyn, N. Y.*

### Our Rates Must Go Up

I have also visited osteopaths and talked with many others in regard to rates. Nearly all of them are in a rut on this one subject and have not changed their rates in ages. I find treatments down state are given at anywhere from 50 cents to \$2.50 per at the office; some charge \$2.00 and deduct car fare from nearby towns. Personally we have raised our rates to \$2.50 at the office, and on account of the high cost of living we have no objections offered to our rate. Many nearby D. O.'s would raise but Decatur rates of \$1.00 per are a stumbling block. My old home is Decatur and I have many relatives and friends in that vicinity who smile when they pay \$1.00 per and admit they have always expected a raise in price but as long as they get such rates they cannot object; these same people, many of them, pay me my rate and do not object.

Medical practitioners have made several raises in their rates and I believe it is high time we osteopaths are waking up and being up to date on prices as well as other things.—*J. A. Nowlin, D. O., Farmer City, Ill.*

### Complete Diagnosis

Diagnosis—thorough, complete, embracing every phase of osteopathic and broad medical methods—is the sine qua non of success. Headaches with abundant cervical lesions, yet due to cerebral tumors or nephritis, backaches with lumbar and innominate lesions, yet primarily due to fibroids of uterus or malpositions, as well as other conditions similarly improperly diagnosed are too frequent.—*Percy H. Woodall, D. O., Birmingham, Alabama.*

### Genitalia in Oto.-Laryn. Work

I have yet to see a case of anaphylactic-rhinitis or catarrhal deafness in the female, with a non-lesion genital tract. A nasal cavity with a crooked double-S-curved septum without contact points or sinus obstruction is an ideal nares, whereas a straight septum with direct air passages prevents moistening, warming and filtering during the respiratory act. This is a sequella to many of the contra-indicated sub-mucous resection. The moral: Always examine the genitalia and not remove every crooked septum.—*James D. Edwards, D. O., St. Louis, Mo.*

### Why Is a Lesion?

Is a bony lesion a bony lesion because it is a bony lesion or because of an alteration in the tone or structure or both of the softer tissues?—*J. V. McManis, D. O., Kirksville, Missouri.*

### Educate Them!

Thousands of osteopathic patients have only a hazy idea of the principles of osteopathy. If every person, who has taken the treatment, really understood our science we would soon need fifty more good osteopathic colleges. For the sake of the science, let's educate them. Let's begin now.—*Frank F. Jones, D. O., Macon, Georgia.*

### Worms in Epilepsy

Just a suggestion. In two cases of epilepsy treated this summer—one grand mal and one petit mal—both passed intestinal worms after fasting and taking a vermifuge. In one of the cases, other physicians had suspected worms, but were unable to get them, doubtless because they did not fast the patient before giving the remedy. The first case has recovered from epilepsy and the other still under treatment. Both had marked spinal lesions.—*T. M. King, D. O., Springfield, Missouri.*

### Lift Up the Ribs

Immobilization of the chest walls, particularly the rib framework, is a pathological condition frequently mentioned in osteopathic literature but commonly overlooked in practice. The practitioner will be well rewarded if he will normalize this unit as a routine measure. The effect upon respiratory functions, rib marrow changes, abdominal visceral circulation, cervical lymphatic drainage, etc., is of prime importance.—*Carl P. McConnell, D. O., Chicago, Illinois.*

### Nerve Control

When we say "Osteopathy adjusts, nature cures," It should read: "Osteopathy adjusts, nerves control, nature cures."

Also: "When nerves control, the rule of the artery is supreme."—*Geo. M. McCole, D. O., Great Falls, Mont.*

### Raise All Fees \$1.00!

I give it as my candid opinion that there is no more vital question confronting our profession today than the need for an immediate uniform raise in price of our services. It is just and fair. The time is opportune, and there is no other way we can meet the h. c. l. To be specific, I suggest a \$1.00 raise on both office and residence calls. All together! It's easy.—*E. W. Patterson, D. O., Louisville, Ky.*

### What's Needed

More and more osteopathy. Less and less of what the drug doctors have exploited. More students. More teachers of the "Find it, fix it and leave it alone" kind. More osteopaths who are willing to adjust mechanical structure to provide proper co-ordination of all the chemical elements of the body.—*E. Marvin Bailey, D. O., President, Texas Osteopathic Association; Vice-President, Texas Board of Medical Examiners, Houston, Texas.*



# Did You See that Halladay Articulated Trunk at the Chicago Convention?

If you did you had a feast of satisfaction in observing how the ribs and vertebræ change their relations under the urge and guidance of osteopathic fingers. They used to say it could not be done. Osteopaths kept on doing it, just the same, but not to see it done was to disbelieve that it could be done on the part of many doubters. In particular were those who contended that the foramina of the vertebræ were not changeable in size or shape by either normal or abnormal movements of the spine.

A young fellow in a Chicago medical school dissected several spines and published a monograph to prove that the possibility of the osteopathic idea of these foramina becoming so reduced in size as to irritate the spinal nerves was all moonshine.

Of late rational students of osteopathy have entertained hon-



est doubts as to whether the changes of relation to lesioned vertebræ were ever really sufficient to bring pressure-irritations to bear on spinal nerves and blood vessels. Perhaps the only lesions that register effects, they argued, are those that disturb the vasomotor nerves through tensed and contracted ligaments and muscles.

Be that as it may, along comes Professor H. Virgil Halladay, professor of anatomy of the American School of Osteopathy, with his researches in anatomical dissection and discovery of original methods to "vulcanize" ligaments as it were, and turns out dissected articulated skeletons with their natural ligaments in situ as flexible as rubber. For the first time the osteopathic technician becomes able to manipulate the spinal column and ribs as freely as he does in the living body of his patient. And lo! he sees, for one thing, that the vertebral foraminæ change their shape and size—even with various normal movements of the spine, demonstrating how easy it would be in certain lesions to produce profound pressure disturbance upon the delicate cables of blood and nerves that occupy these passage-ways.

This opportunity to observe the human spine in flux, so to speak, opens up new vistas of research in osteopathic diagnosis and technique which professor Halladay and his students, assisted by other members of the ASO faculty, are now setting out busily to follow up to a finish.

Bear in mind that this research work in anatomy by Professor Halladay took place in the regular teaching laboratories of the parent college, at hours in the main when anatomy students were present and participated in the thrill and stimulus of sharing and assisting in this original investigation. There is nothing like this atmosphere of original research work to stimulate student development. That is one of the very strong advantages enjoyed nowadays by students at Kirksville. The young man or woman whom you may be directing to college this fall would be fortunate to get his osteopathic education in such an environment and in contact with such men as make up our faculty. Anatomy in particular is taught at Kirksville in order to be practiced. There is still time to enroll a student in the new class.

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### Other Lesions

If there is one thing I would emphasize above any other to our osteopathic practitioners it is to make a careful examination of the genitalia of the little ones, boys and girls, brought to their office. See to it that the glans is entirely free, no adhesions, over long or tight foreskin, and no encroachments at this ever-sensitive part, such as may, and always does under abnormal conditions, reflexly affect the entire organism, to the

detriment of the child. Malformations in these parts are the forerunners of weakened kidney action, sluggish bowel movements, and predispose the possessor to colds, and so-called children's diseases. Remove the cause by careful circumcision and the correction of rectal defects, or have it done. Prophylaxis is the first step essential to the well being of any community.—*J. S. Baughman, D. O., Burlington, Iowa.*

### A New Thought on T-B

Tuberculosis we recognize as the most curable of diseases. The one basic principle which we can always apply is: Tuberculosis does not exist without some sexual nerve irritation which is the sympathetic nerves. The sympathetics supply the ductless glands which govern all metabolism.—*Benoni A. Bullock, D. O., Detroit, Michigan.*

# The Flu-Pneumonia Epidemic

By Dr. H. W. Gamble, Missouri Valley, Iowa

I. MUSCULAR, general.

2. General.
5. Average treatment 15 min., once daily.
7. It is not easy to overtreat.
8. Five days average time under treatment.
9. Drugged patients did not respond nearly so well on average.
10. Diet restricted to fruit juices; and generous amounts of water encouraged.
11. G. M. P. and Antiphlogistine used in some bad cases where it was impossible to see them frequently enough for treatment required, and had some results. Normal salt enemas used as indicated, but not as routine, nor frequently.
13. Stimulation to lower dorsals with plenty water was sufficient for kidney action in every case. Veronica mineral water used with good results on bowels and kidneys in several cases.
14. Strong stimulation; in cases where called early, I treated so strongly I admitted to them I was administering dynamite to them; most efficacious it proved, too, and sweating was most profuse in most such cases; did not sweat patients by any other means.
15. Cotton jacket only advised or appreciated in conjunction with G. M. P. or Antiphlogistine.
16. Plenty fresh air; temperature about 65; serious advanced cases, temperature 70.
18. Cold sponging of face and compress to head used in some cases; treatment to cervicals and dorsals controlled temperature very satisfactorily.
19. Treatment to upper dorsals generally proved much more satisfactory in control of cough, after all medical treatment had failed previously.
20. No drugs whatever used internally for any purpose in any case. My opinion is that the heart did not need stimulation in but few if any cases. I hold the opinion most emphatic that osteopathy can and does relieve the load upon an over-worked heart. When its load was lightened, it was able to carry on its duty most satisfactorily.

Heart medicine was responsible for many deaths in this community, I think.

I am greatly interested in the reports thus far published. Too much diversity to suit me. One fellow treats 5 minutes, once daily, for average case, lasting ten days; another fellow treats 45 minutes, once or twice daily, for 2 or 3 days, average case. It doesn't listen right to me. Too many depended upon adjuncts for results that were unquestionably controlled most satisfactorily handled by ten-fingered osteopathy. And even one deluded mortal advised whiskey—ye gawds!

We treated over 200 cases, probably 220, with

not a fatality, and locally we had an enormous death rate when handled medicinally.

We had eight pregnant women that came through splendidly; and it was considered sure death for such cases when treated medically. Some cases I told them they only had a bad cold, as they knew hemorrhages and miscarriages had been fatal in so many cases, so lied deliberately to save them.

Half of our cases were handled within four or five weeks' time; much of it was in country with bad roads, and all local doctors had more than they could do, so we had little chance to overtreat cases.

My boys 12 and 13 years old each drove a car for us and we did no office work for three weeks; flu exclusively; no time to eat, little sleep, and when the worst was over the boys took down; they got at least a dozen treatments each, daily, and a few favored neighbors got frequent strong treatment, but I had no case that indicated it was easy to over-treat. Those treated very hard, early, undoubtedly responded the best. I have no doubt results would have been better in most cases if they could have had more frequent treatment.

It is bad judgment or technique, I think, if patients were over-treated. Strong, stimulating treatment, early in a case, for 10 minutes, gets very fine results; advanced cases demanded easier, slower, relaxing treatment.

Serious acute cases on the average, including typhoid, appendicitis, measles, etc., etc., are no different than flu cases; the more frequently they are treated, the most satisfactorily the case is handled, and the comfort of the patient is improved if treatment is not too long drawn out. My time and the pocketbook of the patient only prevent frequent treatment in all acute diseases. It is most unusual to find any case that will not be benefited and relieved by an extra treatment, and I have had ample experience to bear me out. During 19 years of general practice, where I often drive from 700 to 1,000 miles per month in strictly acute calls, I know the operator is wrong, and not osteopathy, if any ill results follow frequent treatment.

It makes me sore to find the weak-knees in our ranks, and lack of confidence in osteopathy and self, where the latter is wholly at fault, and osteopathy will deliver the goods at all times—if anything will—except in the exceptional surgical case.

I hold the opinion that deductions and conclusions should be made in the results obtained in average cases where nothing but straight osteopathy was used; compared to those where other measures were depended upon considerably. Figure up your death rate in the two classes of D. O.'s and I'll bet on the orthodox every time.

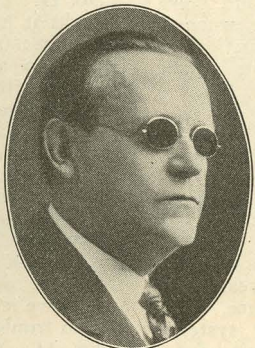
Am interrupted so much in getting this off; 'tis more like Chinese than a literary production.



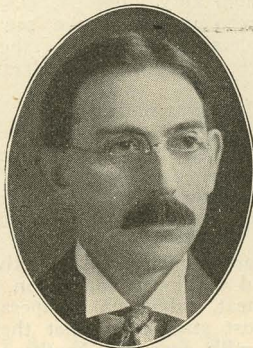
## The Men and Women Who Make Osteopaths at Los Angeles



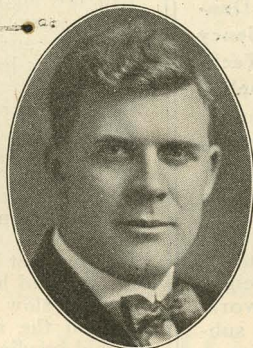
Dr. Carle H. Phinney



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Dr. Harry W. Forbes



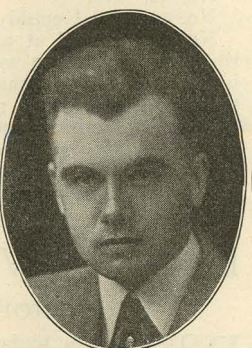
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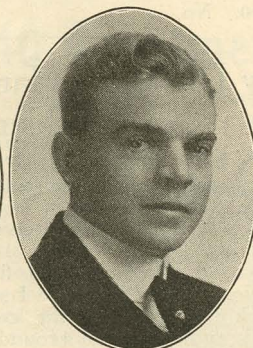
Dr. H. E. Sharp



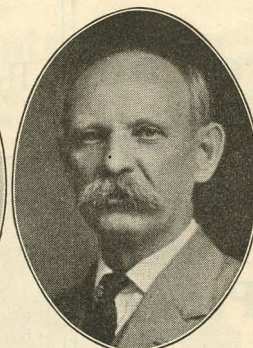
Dr. Royal H. Crist



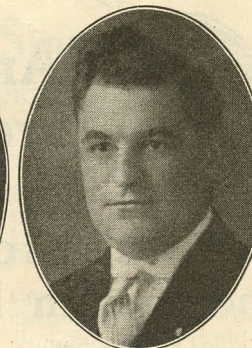
Dr. Norman G. Stewart



Dr. Ernest G. Bashor



Dr. J. H. Edmiston



Dr. Louis T. Hull

We present herewith portraits of second group of teachers of the College of Osteopathic Physicians and Surgeons. The other group was shown last month. Later we will tell about what these men and women do, individually. Our object in presenting this group of portraits is to help you visualize what it means to maintain a really complete faculty for a teaching institution such as the College of Osteopathic Physicians and Surgeons. Also to enable you to become more intimately acquainted with the appearance and personality of the men and women who make it their business to train and develop in osteopathic science and practice the students you send to this institution. We would like every member of the osteopathic profession to meet each member of our faculty personally, but since that cannot be done—we are making them known to you—one and all—by pen and picture.

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## By James Clarke Rule, Stockton, California

**4** MANIPULATION was of minor importance (and mind you, I am a D. O. first, last and all the time) in influenza. Manipulation was absolutely of vital importance in all lobar pneumonia. The M. D. who used drugs (and he was the one to neglect other phases of treatment) had the high mortality. The M. D. (and there were some) who used common sense warmth poultices and detail as to care of the patient, I think may have had equally good results as the D. O.

8. Averaged 5 days under care.

9. No.

10. During first 24 to 48 hours, or until temperature was checked, water only or buttermilk and water; then liquid diet tapering into soft and then general diet as convalescence progressed.

Cases that had been drugged in active stage of disease and had developed depression, weakening sweats, slow heat, subnormal temperature, were put on the most stimulating diet their systems would handle, milk, eggs, rich broths, fruit juices, whiskey, etc.

Diet was not altered in bronchial bleeding. Where consolidation occurred, handled the same as in typical lobar pneumonia.

Where there was hemorrhage of digestive tract, put them on buttermilk, ariated water and bicarbonate of soda.

11. Camphorated oil to chest, or anelgesic balm.

12. Every case—initial dose of castor oil (zi to ii). If necessary later, enemas.

13. H<sub>2</sub>O per mouth.

14. Let fever have full sway till second night, then one big sweat and no more. Continued sweating strictly is contra-indicated.

15. Yes, cotton jacket in every case of flu.

16. Yes, ventilation a plenty.

17. 65° F.

18. Answered in No. 14.

19. No.

20. No.

## By Dr. J. H. Hardy, Columbia and Ashland, Mo.

**Q**UESTION No. 1. Particular attention was paid only to muscular and other soft tissue lesions.

No. 2. Principally in cervical and upper dorsal regions.

No. 3. By gentle but firm relaxation.

No. 4. The first time I saw the patient I thoroughly relaxed all the cervical tissues (front, back and sides) all around at base of skull, especially up under the sub-maxillary, also in dorsal region (specially, upper) and chest, specially around clavicle; after that, usually the treatments were not so vigorous and where applied more as indicated by the case.

No. 5. I usually consumed from 15 to 20 minutes with the first treatment—of course not all vigorous work for that time. Subsequent treatments would perhaps take nearly 10 minutes.

No. 6. Very few of my patients were treated more than once per day; some not so often as that.

No. 7. Yes. Yet I preferred to give a rather vigorous treatment the first time or two, notwithstanding the fact that we very frequently get a temporary rise of temperature, an increased degree of aching and some exhaustion, though at that stage of the disease I think the beneficial effects of a good thorough treatment, to relax all the tissues as much as possible, more than offset the temporary, apparent, bad effects, as at this time the patient is not sufficiently weakened so that the exhaustion is apt to amount to much and strong treatment on the start, I have concluded, very materially shortens the course of the disease and lessens the probabilities of complications.

No. 8. Perhaps about five days on the average.

No. 9. No. Perhaps partly due to the drugs used, but undoubtedly partly due to the fact that the disease was of longer standing, which made a difference whether they had been drugged or not.

No. 10. For the first few days (one or two) I gave practically no nourishment, as the digestion was more or less impaired and without feeding there seemed to be less toxin.

No. 11. I used Antiphlogistine in a few cases thought it helped some in throat and lung complications; used a great deal of dry heat to relieve pain and maintain relaxation as long as possible after treatment. Used Capsolen, some with very good effect, I thought.

No. 12. Used enema, almost daily in the cases where I could get it done; I think it helped keep the bowels open and free the lower canal from toxic materials. Used manipulation, some over the bowel, but mainly at centers.

The only laxative used was castor oil, which was used in a large number of my cases.

No. 13. Manipulative treatment over kidneys and nerve centers kept kidneys in good shape; had no trouble at all.

No. 14. Yes, early in the disease, with dry hot blankets.

No. 15. No.

No. 16. All I could get without draft.

No. 17. Aimed at around 65, but in many of the houses, and the weather so changeable, that in the majority of cases nothing like a regular temperature could be maintained.

No. 18. Nothing special.

No. 19. Manipulative, to relieve irritation and congestion in throat and lungs.

No. 20. No drugs used for the heart.

## By George W. Goode, D. O., Boston, Mass.

**B**ONY and muscular lesions.

2. Cervical and dorsal areas chiefly.

3. By manipulation.

4. Loosening of contracted muscles. Inhibition of the posterior cervical areas. Correction of bony lesions.

5. Five to ten minutes.

6. Daily, sometimes 2 or 3 times a day when complicated with bronchial asthma or pulmonary symptoms.

7. No.

8. One to ten days.

9. No.

10. Fasting from 24 to 48 hours.

11. Yes, lard and brown paper; onion poultices.

12. Tepid water enemas. Use them as often as needed without weakening the patient. If patient was not too weak I treated the liver area with the patient prone, using the right leg as a lever. Otherwise, in the dorsal position with legs flexed, I treated over the liver area very gently. As a laxative I used lemon juice and molasses in some cases.

13. Treatment—11th dorsal and water drinking.

14. Yes; as soon as possible 3rd and 4th dorsal. Hot packs, hot water bottles between the scapula in the dorsal area, onion poultices.

15. Yes.

16. Little ventilation; windows open two inches top and bottom.

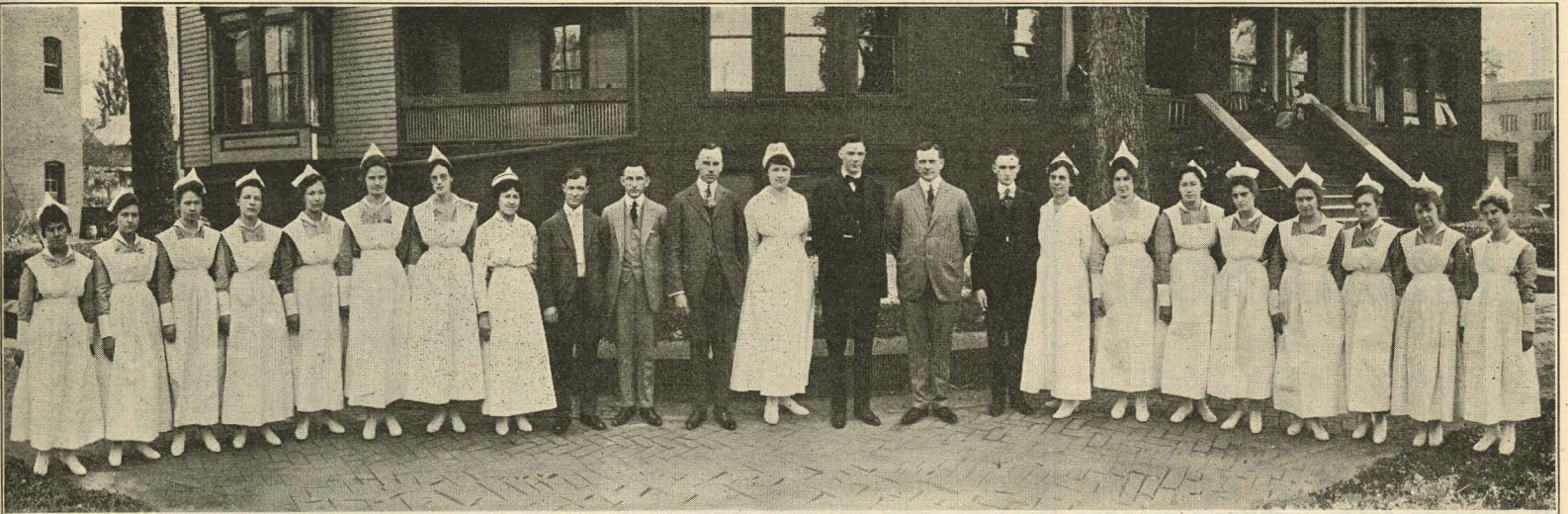
17. 68°.

18. Yes. Inhibition of the posterior cervical areas. Tepid sponging. Ice-cap to the head.

19. Onion juice in teaspoonful doses. Cold compresses to throat. Correction of occipital lesions. Cervical lesions especially 3rd and 4th. Relaxation of the supra-hyoid and infra-hyoid muscles.

20. Yes, osteopathic treatment in the cervical region so as to relieve pressure on the neumo-gastric nerve. Stimulation to the 2nd to 4th dorsal area. Correction of upper rib lesions. Use of hot drinks, hot applications to abdomen and limbs.





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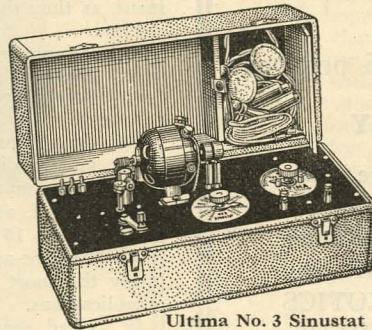
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—By—

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By A. E. Daugherty, D. O.,  
Bloomington, Ill.

**M**USCULAR; bony secondary; straining of ribs on their articulations, especially the first. Due to the muscle contracture.

2. Cervical and upper dorsal.
3. Usual osteopathic procedure.
4. As above.
5. Fifteen minutes.
6. Mild, once daily; severe, twice daily; pneumonia, three or more times daily.
7. Yes.
8. Average for influenza, three days.
9. Had no experience with patients who were drugged.
10. Influenza: citrus fruits and juices during fever stage, unless temperature ran over three days. Then cereals, milk, vegetables. Pulmonary: Fruit juices, milk, broth. Other conditions, same.
11. Used moist heat only.
12. Saline laxative at start. Enema of warm water daily. Manipulated bowels at each treatment.
13. Water, osteopathic treatment.
14. I did not sweat patient.
15. No; hot poultices.
16. As much air as possible and not chill the patient.
17. Tried to keep it about 68° to 70°.
18. Did not try to reduce body temperature. Found that treatment usually increased temperature. Bathing, even when temperature was high, "chilled" the patient.
19. Hot applications and osteopathic treatment.
20. No stimulants except that resulting from treatment.
21. Did not use drugs except as given above.

By J. H. Hansen, D. O., Ukia,  
California

**C**ERVICAL and upper dorsal lesions; rotations.

- 4-5-6. Gave general spinal treatment, of about 15 minutes each, twice daily.
7. Patients with flu should be given light treatment, as they tire easily because of extreme prostration.
8. Patients in bed four to six days, depending upon severity.
9. Patients who were drugged made poorest recovery.
10. Only liquid diet with lots of water in flu alone, and modifications as conditions demanded.
11. In pneumonia condition I used turpentine and olive oil, applied hot with flannel cloth, repeated every 15 minutes for 3 hours; let patient rest; then re-apply. I found this to be absolutely the most effective treatment for flu chest complications.
12. Used soapsuds enema Epsom salts z?? to ? ? ?.
- 13-14-15. Plenty of water for kidneys; no sweating or cotton jacket.
16. Plenty of fresh air, but absolutely avoid draft or exposure.
18. The most effective method I found for the reduction of temperature in the extreme cases, 104 degrees and higher, was ice packs to back of neck and on the head with strict and careful observations of pulse, temperature and respiration. You can reduce a temperature of 105 or 106 degrees down to 102 or 103 degrees in less than an hour, but should not be used unless care is taken to observe depression.
19. In extreme cases used capsicum on throat for cough, but cough nearly always cleared up on use of turpentine and oil.
20. The best measures I found to stimulate the heart, overcome delirium and general depression was saline infusions, tablespoonful of table salt to a quart of water, and inject per rectum very slowly, so as to be absorbed. This is equivalent

to coaguloline, is safe and decidedly effective at once in bringing up pulse.

One patient with intestinal type, intense diarrhoea, temperature 104, delirious, extreme prostration, showed cardiac depression due to toxemia and prostration; pulse went to 29 per minute. There was given by the nurse before I could reach the case 1/100 gr. nitroglycerine, a drug which I consider counter-indicated because of its vasi-dilator effect. She received three doses, after which salines were given repeatedly to maintain action.

For six days this patient had to be given nourishment every two hours (albumen water) sleeping or waking. Salines were given as pulse and heart action demanded. Her morning pulse was 48 for days, but she made a slow but permanent recovery.

Every flu case that was given large doses of aspirin repeatedly, after recovery had more or less myocarditis.

## Epidemic Boosted Osteopathy in Texas

By Lewis N. Pennock, D. O., Amarillo, Texas

**I** JUST returned from Mineral Wells, which I found to be one of the leading health and winter resorts of the south. There I spent a few days resting and enjoying the city and surrounding country. From all indications, judging from the osteopaths that I met en route, osteopathy is assuming a healthy and substantial growth in Texas. Every community is enthusiastic on the way the osteopaths handled the flu. Many citizens that never had called an osteopath before are now proud to say "our osteopath either had no losses or only one or two"—which is what no other doctor who was kept very busy during the epidemic can say.

If congress gives us another such knock and the flu another such boost it will take three times as many osteopaths to handle the osteopathic practice of this great state. The flames of adversity and criticism are only consuming our dross and refining our gold.

## Echo From Conklin's Public School Clinic

**T**HEY tell us friend Hugh of Battle Creek had an interesting experience just recently with an Irish clinic. It seems that Hugh was examining some school children and an Irish woman's son Micky was among the lot.

After the examination Micky ran home crying. His mother said, "You've been fighting."

"No, I ain't," said Micky, but there was a doctor at school this mornin' examined us, and said I had the ad'noids."

"Phwat's thim?" asked his mother.

"Thim's things in your head as has to be taken out," answered Micky.

"It's a dom lie," angrily spoke the fond mother. "I've germicidal soaped and finecombed y're head ivry Saturday night for a year and niver one ad'noid did I find. Just wait till I get hold of that Doctor man."

We suggest Hugh's friends to write him a few lines expressing their sympathy. He probably needs it by this time.

## China and Japan Get Chiropractic Reciprocity

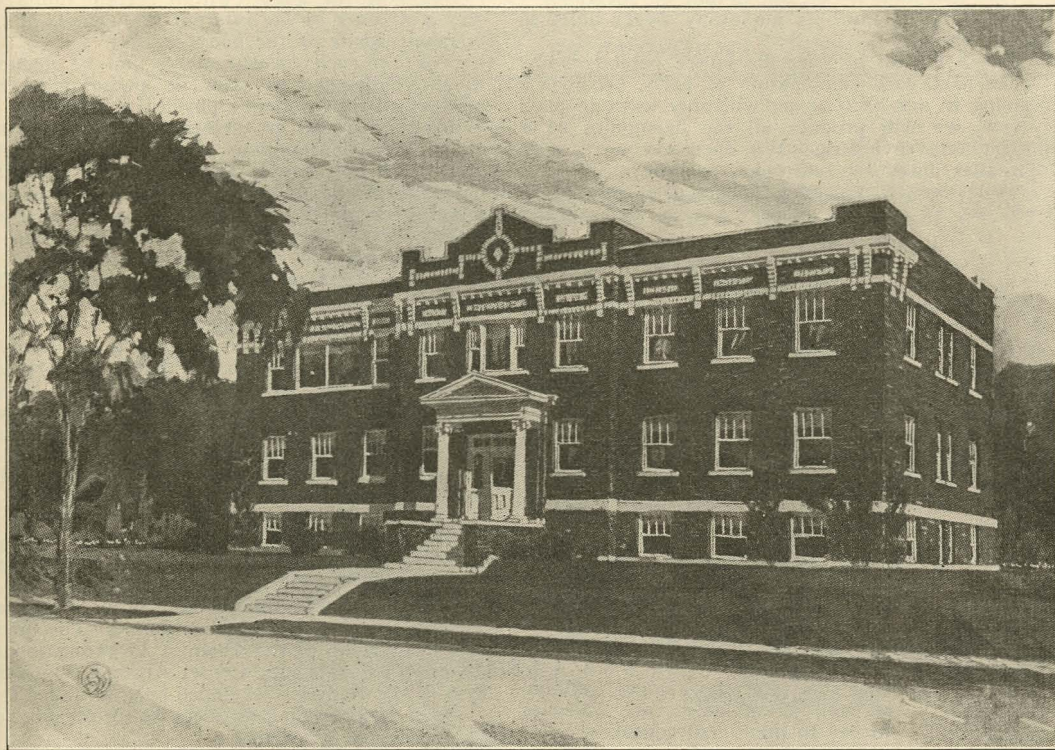
**A**S far as we know, there are no chiropractors in China, but for fear there might be, we understand Japan has established reciprocity with China. To date Japan boasts of two chiropractors, namely, Saburo Kawaguchi and Clara J. Kawaguchi.

According to *Fountain Head Speaks*, Dr. Saburo Kawaguchi, thru his social standing and intimacy with Governor of Kanagawa, Chuichi Ariyoshi, was able to get a real chiropractic law in Japan and also reciprocity for kirology with the Chinese Republic.



# The Laughlin Hospital, Kirksville, Mo.

Dedicated to Andrew Taylor Still.



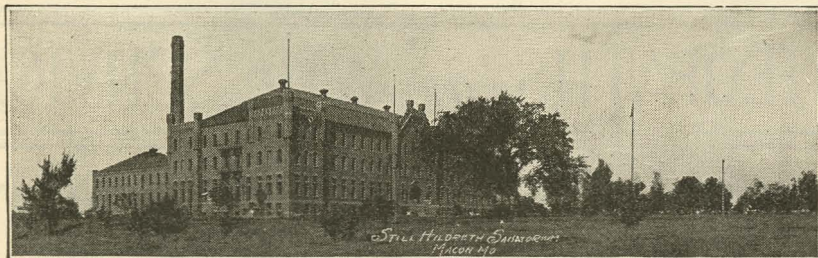
**T**HIS new modern forty-two room hospital is now ready to receive patients. The building, which is absolutely fire-proof, was built of the best material obtainable and contains many conveniences, such as electric automatic elevator, etc.

There are thirty-five rooms which contain beds for patients, and two operating rooms—one for general surgery and the other for orthopedics.

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A training school for nurses will also be maintained. A separate building for nurses' home has been secured. For further information address Dr. George M. Laughlin, Kirksville, Mo.



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Write for Information

## I Am a "Dud"

**I**HAVE spent years of my life practicing osteopathy. I have been living in a rut, something a little narrower, but longer, than a grave. My waking hours have been so full of my personal affairs that I have lost touch with my fellow practitioners. The night is tedious and long and restless with worry that I cannot shake off, for I have no thought but of myself. My fellow osteopaths around me seem nothing more to me than competitors.

I hear of them working and giving to build up osteopathy, but I see no immediate return in it for me. Yet many of them are more successful than I am. My profession, which Dr. Andrew Taylor Still gave me, has been my bread and butter, has made it possible for me to raise and educate my family, has given me everything that I have in life and yet, when I pass, I will not be missed, since I have been narrow and selfish with my heritage and toward the men who have helped me progress.

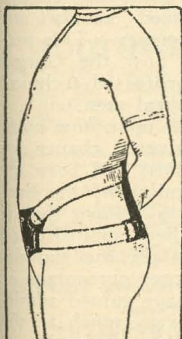
I have failed to realize that my profession could not be any more well thought of or any better than the individual men and women who are its representatives.

I have not been broad enough or farseeing enough to realize that osteopathy could not be what it is without a system of state and national associations.

I have been too selfish and too much engrossed in my own affairs to realize that other practitioners were facing the same problems as myself. Yet, because I do not know them I distrust them. How easy it would be to attend an association meeting and talk things over! How much more we could all do by co-operating! And by helping our profession as a whole, we could really help ourselves!

Verily, I Am a "Dud."

[Contributed by Dr. Leslie Scranton Keyes, Minneapolis, Minn.]



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SIDE VIEW

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

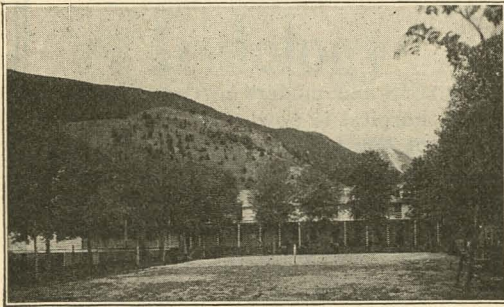
A brochure dealing with such ills as weak foot, flat foot, broken arches, bursitis of the shoulder, "glass arm", "rheumatic shoulder", brachial neuritis, hay fever, rose cold and catarrhal deafness. All these maladies are successfully handled under osteopathic attention.

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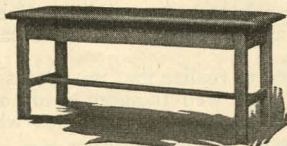
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## External Body Contours Measure Internal Conditions

By Herman F. Goetz, B. S., D. O., St. Louis, Mo.

**T**HE secret: Osteopathy is a harp of one string as the average player plays it.

This first string is the spinal column.

He tom-toms it—or, not to mix the metaphor—he thrums it, until its monotony wears holes in your brain.

As a matter of fact the entire osseous body, each part, each combination of parts, becomes a string to our harp, if we will only learn to play. Now, we will produce all the harmonies of a symphony orchestra. We open avenues for a broader diagnosis, treatment, prognosis.

E-G: The present-day osteopath looks upon a high upper dorsal curve as predisposing to, let us say, "lung weakness."

Has he thought of the development of the first ribs, the length of the first ribs or the clavicle or sternum or the angles the different parts of the sternum make with one another? Has he thought of or measured external contour of chest, and what ratio these measurements bear to lung development, and what knowledge such data would give him to aid his diagnosis or prognosis?

1. Dissection teaches that in the interior of the body there is no lost space, never wasted space.

2. As the child grows the cavities, the containers of the internal organs are made to conform to the growth of the internal organs.

E-G: (a) The brain forces the bones of the skull outward until the final development of brain is reached.

(b) The ribs, sternum, spinal column, sacrum, innominates are likewise forced to their final contours.

(c) The growth of the heart, lungs, large blood vessels, liver, spleen, intestines, diaphragm, pelvic organs, etc., have to do with the external con-

formation of chest, sternum, ribs, spinal column, innominates, etc.

3. *The Point: The measure of the external contours of the body (within certain limits) is also a measure of the internal proportions of the internal organs of the body cavities.*

4. From such measurements can be deduced a physiological as well as pathological coefficient of your patient's physical condition.

You must recall an elementary law in embryology, "The development of the vessels and viscera which they supply and drain—and the cavities of the bodies in which these viscera and vessels are contained are all proportional to one another"—that is, eventually, structure (that is, size of cavities) is of first importance.

Another elementary law from physiology, "The function of an organ depends upon and is proportionate to its development."

Here we have function depending on development. (We have just shown that "structure and development are proportionate," hence things equal to the same thing are equal to each other and we have "Function is dependent on Structure.") Granting this:

You have proven the great osteopathic fundamental.

"Function is dependent on Structure."

Why does the osteopath attach so much importance to the spinal column, to its curves, contours, morphological formation, etc.?

Because of its anatomical and physiological importance, because the spinal column is "The Foundation Element in the Plan of Organization of All High Animals—the Center Around Which the Rest of the Body is Developed and Arranged."

There is a normal or ideal conformation for all anatomical structures.

There is a normal or ideal of individual structure—normal as to form and function.

Health is normal (anatomical) structure plus physiological function.

## OSTEOPATHS in WAR SERVICE

### How an Osteopath Got Commissioned by the War Department

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

**T**HE hero of this little tale is a graduate from the College of Osteopathic Physicians and Surgeons of Los Angeles. He took and passed the examination for a Physician's and Surgeon's license. He was not accepted for a commission because he was graduated from an Osteopathic school. He was drafted and placed in a hospital corps. Because of his evident knowledge of the subject he was eventually sent to the venereal disease ward. Here he openly criticized some of the methods used and thus started inquiry by his superiors as to where he got his knowledge. He told them he was a surgeon, a graduate of the P. & S. of Los Angeles. He gave as the reason for not having gotten a commission the fact that he wears a minus two diopter lens on the left eye. This seemed to satisfy the officer, who gave him larger liberties and added responsibility.

Much difficulty was being experienced by those in charge of the administration of Salvarsan. For some reason that they could not find, the product was not right. This graduate of an Osteopathic school proceeded to tell his superior officers that he could help them out of their difficulties if he were given a chance. He was, and he did, with the result that he was put in

entire charge of from 1,200 to 1,500 of these venereal cases, and without his knowledge, was recommended by his superior officer for a commission.

Much to his surprise one morning he was handed his papers authorizing his commission as a First Lieutenant. This, you will note, was all done without his having to send any credentials to Washington, or to present any evidence of his having taken any course in a medical college. His commission was authorized wholly and solely upon evidence of his efficiency. This procedure throws some light on how the Gorgas machine lived up to its own professed technical requirements in appointing medical men.

This also leads me to speculate upon how many of our boys would have been given a chance for a commission if ability and fitness had been the tests instead of the arbitrary ruling of the Surgeon General. I am inclined to believe that if some real test of efficiency had been applied to all applicants for a commission in the medical department of the army that a larger percentage of Osteopathic Physicians would have gained admission than Medical Physicians, very much to the betterment of the service, and the satisfaction of the enlisted man.



# A Remarkable Case Report (Infected Wound)

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The Dionol Company:—

July 19th, 1919.

You asked me to give you a report of that case of the wounded soldier.

Mr. B., wounded in Argonne; wounded in both limbs; all wounds healed except Anterior Right Tibia. This limb was fractured by high explosive shell. Would not respond to any treatment administered by army surgeons, although he had the best, both in France and in the United States.

When the case came to me, the wound was suppurating badly. Laboratory examination of smear revealed pus cells in quantity; Streptococcus and Staphylococcus numerous,—no T. B. I cleaned the wound and applied Dionol and instructed it be changed every three or four hours. Patient has used one jar and started on the second, and I am glad to say, is doing far better than we expected. The inflammation was out in *two days*. Granulation is almost complete,—no discharge whatever. Believe he will be completely well in a few days.

(Signed) Dr. W.....  
(Name on request)

July 31st Dr. W. reports:—

“The wound is **completely healed** and the case discharged. Only one jar and part of another was used.”

**DOCTOR:**

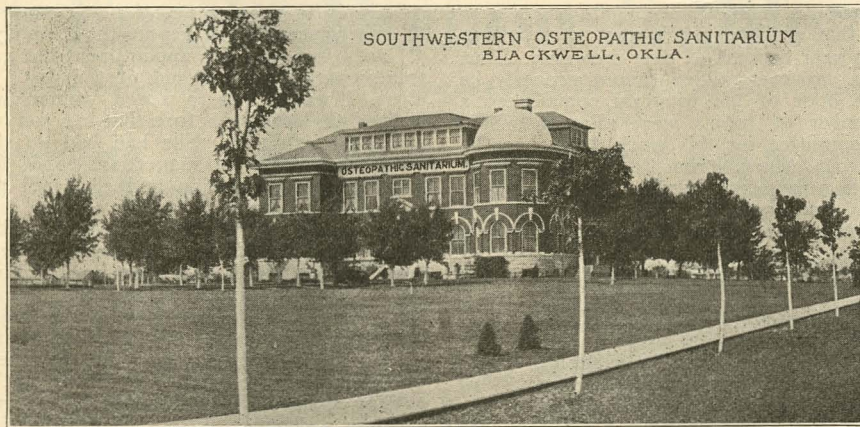
This is but one among great numbers of cases which have demonstrated that Dionol is an innovation in the treatment of local infections, ulcers, abscesses, sprains and burns; piles; throat, lung and pelvic congestions, and in practically all conditions in which there is LOCAL INFLAMMATION. Dionol results are attracting wide attention among progressive physicians throughout America. Are YOU a user, Doctor? If not, send for literature and samples today.

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## Whisky Reduces Body Resistance

[From Clinical Medicine]

A NUMBER of our friends insist that spiritus frumenti is, after all, the best, or one of the best, remedies we have for influenza. With this we can not agree, and we must continue in our protest. Whisky is not a stimulant; on the contrary, it is a depressant. This is the testimony of every advanced pharmacologist. Instead of increasing resistance of the body, it markedly reduces its resistance; and in such a disease as the influenza — where the individual has need for every atom of defensive force for repelling the attack of this terrible infection—to administer depressants, can only be folly.—February Issue, 1919.

## Alterations Made at Chicago Osteopathic Hospital

A N entire new floor is being opened up at the Chicago Osteopathic Hospital. This will include two surgical operating rooms with a sterilizing room between, arranged in the most modern manner possible with no expense saved to make it the best. They will be favorably compared to any in the city. Eleven additional private rooms will be used for surgical cases. Owing to the great increasing number of patients at the hospital, these have been needed for a long time.

The Chicago College of Osteopathy, connected with the hospital, is having some remodeling done too in order to accommodate the extra large class expected in the fall as well as the students already here. A larger freshmen room is being made. The laboratory space is being increased and greater facilities and more equipment are being added.

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## In Answer to Criticism of the 1919 Program

By Ex-Program Chairman, H. W. Conklin

**E**ARLY in the year it seems to be a comparatively easy matter for physicians to promise to go on the AOA program in June. The program committee gets a world of good material lined up, then about four weeks or three weeks or even two weeks before convention, this one and that one and the other one wires that he'll be unable to appear on the program, and those vacancies have to be filled as best they may. It's rather a delicate matter to ask a physician to carefully prepare himself to become a possible filler, and, on the other hand, it's a difficult matter to prepare one's self on short notice to so arrange his subject that he can give before the convention only the salient, interest awakening points which the necessarily limited time period permits of, leaving the elaboration of details for exposition before a sectional audience.

Which brings me to the criticism on the short periods of time allotted to speakers. At our conventions there is a large audience composed of physicians who, while they are all first and foremost osteopaths, yet have the main interest of their practice centered in some particular branch. In order to interest all these people in an AOA program, that program *must* be diversified. Consequently the short periods of time for each paper; because our so-called week of convention is a pitifully short week. This year there was a total of fifteen hours for the main program—and I've thought very often of late that instead of a week of *four* days we ought to have a week of *ten* days. Next year we'll have five days. But even that isn't going to permit of discussing each subject to the length which some of the audience would like.

And sight seems to have been lost by this critic of the fact that there was opportunity for further discussion of Flat Feet and Spinal Curvature in sectional meeting, if so desired.

Granted that sectional work was not wholly a success this year because of over-crowding. That is a matter, however, which cannot properly be laid at the door of the program committee; a certain number of rooms were allotted to the program committee for this work, but when the time came to use them it was found that a number of these rooms had been rented for exhibits of one kind and another. The programs should be the *main feature* at a convention and it is scarcely fair to the program committee to hamper their work by allotting them insufficient space for work.

As regards "the conspicuous lack of technique." On the first draft of the program there were seven physicians listed for technique and but two of them appeared! Furthermore, it's impossible to satisfactorily demonstrate technique before the main body of the convention. There are too many people present, the room is too large, and the demonstrator invariably fails to make even his voice carry beyond a few forward rows, while only the first row can see what he's doing. It naturally follows that technique should be presented under sectional program; but, there are seven sections under which the AOA Convention work is presented, *but no section on technique*. Why is this? It is the privilege of twenty or more of the members to demand that the AOA institute a section for any given line. Why not technique? Who speaks up to make the twenty who call for it?

And one thing more. During last year, the program committee, through the columns of the *AOA Journal*, asked for suggestions for the 1919 program. These wished for suggestions were conspicuous largely by their absence. However, I take it that the recent criticisms were intended as constructive, and offered with a view to improving the 1920 program where the 1919 was defective. And I think it might be rather interesting to see how a plan of this sort would work out. Write to Dr. Carl Clapp of Utica, N. Y.,

chairman of program committee for 1920, and say, "Dr. Y and Dr. Z are especially skillful in technique. If you will put them on the AOA program for 1920, I *personally* will be responsible for their appearance at the time listed," or something to that effect. I imagine that Dr. Clapp might welcome some assistance of that sort, and it might insure the actual appearance of the physicians as listed.

## Uncle Mac Didn't Kick on Singing

**M**Y Dear Bunting:—For the love of Mike, is my penmanship so poor—or is your editor suffering from the terrible dry spell subsequent to July 1st? In the last *OP* I offered some criticisms on past AOA programs, particularly the lack of osteopathy; in these words:

"Osteopathy suffered from lack of attention. The convention was announced as an osteopathic one, but where was the evidence? *Surgery*, general and special, had the center of the stage \* \* \*"

And you made it "*singing*" had the center of the stage!

Well, now, there *was* some singing, I'll admit; especially that wonderfully inspiring song "How dry I am," when led by that clear, soulful voice of that master of the wand, H. S. Bunting. Yes, there was *some* singing, but I could not criticize that, which was above criticism.—Fraternally yours, M. F. Hulett, D. O., Columbus, Ohio.

## LETTERS from The OP FAMILY

### A Sunday With Dr. Young in Colorado

August 12, 1919.

**I**N reply to your request for a glimpse of field experience. I will report that Sunday before last I had only one appointment but gave nine treatments before the end of the day. At 2:30 a. m. I was called to see a woman who had learned the evening before that her son had been struck by lightning. She had had no sleep. A good treatment with suggestions to fit the occasion brought relaxation and sleep till morning.

At dawn I went into the country to see a woman with fever and a 12-day old baby. The fever had been 102° the day before. One treatment brought relief and there was no fever next day. Next came a case of tonsillitis. Temp. 101°. Both tonsils well coated with exudate. Next morning patient came to office feeling fine—only a little weak—and no fever. In the afternoon I saw a woman who couldn't open her jaw. It was paining greatly. She couldn't utter a word or swallow a drop of water. A crowd of excited relatives and friends were gathered around her. In a few minutes of treatment the jaw worked perfectly all right and she could talk all right. She told me that her next door neighbor had her legs paralyzed and she wanted to see me. I found her utterly unable to stand on her feet or walk. She told me she didn't see how I could make her walk by "rubbin'." I told her I didn't either. I said, "There is my automobile out there. I can't make it run by rubbing it, neither can I make it go by pouring dope into the gasoline tank, but when I get it adjusted, then it will go. Just so, I am going to fix you and you will walk." After a few minutes she could walk all around the room. That evening she swept the kitchen floor. Her friends present in the room said she had had a backache for seven years. I showed her how to move her back along the edge of a couch. She then stood up, and was free from backache.

I am becoming tremendously enthusiastic for osteopathy, and feel rewarded for twenty years' effort to find out just what should one do to cure sick folks.—Yours truly, C. W. Young, D. O., Grand Junction, Colorado.



# Naso-Oral Prophylaxis

The many sub-acute and chronic infections of the air-passages that have persisted since the recent influenza epidemic emphasize the hygienic importance of careful cleansing of the nose, mouth and throat as a routine hygienic procedure. Gradually, but none the less surely, it is being recognized that naso-oral prophylaxis constitutes one of the principal means of protecting the body against bacterial invasion.

Peroxide of hydrogen has long been used for cleansing and disinfecting the mouth and nose, but it is

# Dioxogen

that has demonstrated beyond all question the exceptional utility of peroxide for the routine hygienic care of the naso-oral mucous membrane.

More potent in bactericidal power than any solution of carbolic or bichloride that can be safely employed, Dioxogen has the additional advantage of being absolutely non-toxic and harmless. Moreover, since it owes its antiseptic potency to pure oxygen, which it liberates in greater volume than ordinary peroxide, Dioxogen is not only non-poisonous but remarkably bland and non-irritating.

In view of these properties, together with the wholesome, cleanly character of Dioxogen, it is not surprising that so many medical men use and recommend it as the ideal germicide for all needs of personal hygiene. As a safe and dependable means of maintaining naso-oral prophylaxis Dioxogen holds a place "distinctively its own."

#### Directions for Naso-Oral Disinfection

Dioxogen in the proportion of one part to seven parts warm normal salt solution has been found exceptionally satisfactory and can be used as freely as desired, no matter how sensitive or inflamed the nasal mucous membrane.

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Straightened!**



No. 23

The  
Osteopathic  
Catechism

(Part 2)



Everyday Questions  
and  
Answers that Pass  
Between Patient  
and Practitioner

Part II.

### Craig's All Purpose Osteopathic Card System

4x8 cards, same old price. 130 cards for \$1.  
200 for \$1.50. (Guide cards have advanced)

DR. A. STILL CRAIG

3030 Tracy Ave. Kansas City, Mo.

WHEN typewriting communications or news matter for "The Osteopathic Physician" please double space it to make possible editorial revision between lines without recopying.—Editor.



## 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. XXXVI SEPTEMBER, 1919 No. 3

#### FURTHER AOA REFORMS ASKED FOR

From Dr. J. A. Nowlin of Farmer City, Ill., we received the following comment which was sent as a sort of get-it-off-his-chest effort:

I certainly gained some good points at the AOA Convention and fully decided to use the word efficiency as my motto in the future. I was greatly amused to note how the AOA was run and controlled, as usual, by a very few, and every thing slated, as usual; and, of course, all members can pay dues and look on and listen at the public meetings (but not when secrets are discussed, behind closed doors).

While we appreciate that there was one certain idea lurking in Dr. Nowlin's mind which constituted the basis of a just criticism and is well worth presenting at this time, we think the general criticism of the AOA as it lined up at the Chicago convention this year is not well grounded. His last phrase is the one that we believe offers a good suggestion. There should really be no AOA work that is done behind closed doors. The meetings of our trustees, standing committees, house of delegates and all special commissions, if any, ought probably to be open to a respectful, but silent, gallery. There is really no official business that is anybody's private business and the men and women elected to do all kinds of work ought to feel that it is merely the business of the general membership that is being transacted.

From time immemorial (which in this case means a little over twenty years) the AOA trustees have followed the plan of meeting in private and so inviolate has this privacy seemed to the general membership that it has had the spell about it of actual star chamber secrecy. If a member were present in the room when the trustees were about to open their session he has usually felt (whether the trustees meant for him to feel so or not) that he was a rank intruder, even by his silent presence; and probably few or no persons were ever asked to sit down in a corner and listen to what was being transacted. This general policy was entered upon at the beginning and has been followed as a tradition ever since. Nobody has ever thought to vary it or ask for variance.

We submit that this latent idea in Dr. Nowlin's criticism is a good one and could be well adopted. Why not hold the trustees and other such official meetings in a larger room than is usually provided (which generally is just snug enough to accommodate the trustees and any person or persons they wish to interview), and permit interested members to sit in on the work and listen to the discussions of policy and the routine work transacted to their hearts' content? If such a room were used as housed the Constitutional Convention at this convention it would accommodate fifty or seventy-five on-lookers as well as the trustees, and certainly no more seats would ever be in demand. Probably six to a dozen visitors would be the limit on the average. This is

the way we do it in Congress and state legislatures. Not only are there guest balconies where the work of both chambers may be followed but those interested may attend the general sessions of the general and special committees. The courts all permit galleries, also. Of course, our trustees would still have the right of holding executive sessions when matters of exceeding delicacy were up for consideration, and as individuals they could hold informal private conferences to any extent necessary to exchange and mature views when not in formal session.

So far as *The OP* can foresee at this time, there would be no objection to holding open sessions of the trustees and other official bodies. This does not mean that visitors would have any more right to butt in on the session and take part in discussions than they have now when outside the chamber. The suggestion of holding open sessions does not carry with it any enlargement of privilege for the visiting member. Then as now he could ask, outside of meetings, for opportunity to be heard, if he so desired; and if it seemed worth while, the trustees could give appointments for hearings, just as they do now, no more and no less. Doesn't the idea recommend itself to you as a good one?

Certainly men and women like Dr. Nowlin, coming up from their home cities, full of pep and interest for one or another part of our organization work, would feel differently if they knew they could listen in on the work of the trustees, or of the educational committee, or of the publication committee, or of the house of delegates; and when they went home after attending such a convention they would feel as if they were much more a part of the organization for having been able to attend such sessions as they were interested in, and they could not feel that the Association was being run by a few, who had everything slated and acted behind closed doors and that all they really knew of what went on was what leaked out as gossip or was presented in formal reports.

Of course this open policy has already been adopted to a considerable extent by the AOA and it has proven successful and popular. At this convention the Constitutional Convention was open to visitors and, more than that, they were accorded the floor and vote on equal terms with the regularly accredited state delegates and members of the committee on revision. For nearly a decade, too, the AOA has held an advance business conference before the Sunday of convention week, to which all interested persons were invited, and in which all questions of policy might be introduced, discussed, and recommendations voted upon by all present, which recommendations went to the general convention or to trustees or to other committees as the case might be, as the will of the general membership in such matters.

So, you see, the AOA has really been liberalizing all these years, and has endeavored to give the fellow who pays dues a feeling of actual proprietorship and working interest in the affairs of the organization.

It seems to *The OP* that opening up the general sessions of the trustees and other bodies by extending invitation to the membership to sit in the game as far as they liked, and by having sitting room provided so that they could actually sit down when they came would finally popularize our form of government and satisfy everybody that there is not any vestige of ring rule left to it.

Now a word or two to Dr. Nowlin and to others who may have a lingering suspicion that the work of the AOA is still all cut and dried and is the sole interest and function of the few. Whatever may have been the justice of such a criticism in times past, it seems to *The OP* there is no real foundation for such a feeling under the modern democratic constitution and by-laws now in force, or for the work of the officers and committees as now constituted and carrying on their functions. Were the working sessions but thrown open as above suggested it would seem as if there were no chance to feel this way at all. And if that statement is only conceded it proves that there is no ring rule and no intentional exploita-

tion of the payer of dues except in so far as an archaic and unfortunate policy of exclusion in holding business sessions tends to make the situation seem different from what it is. Such blunders as used to emanate from the secretary's office so persistently we may now, of course, expect to see end, having changed our administrative officers.

It is really no just criticism against the AOA to say it is run and controlled by a very few. Pray tell us how else could it be run? Even the human body has its governing master-tissue. Can anyone imagine an organization of 3,000 persons coming together in primitive town meeting style and without differentiation of form and specialization of function running itself as an unorganized, undisciplined mob? Of course not. Nothing ever could be accomplished.

That one general session of about six hundred members at this convention, called to hear and act on the report of the committee on constitutional revision (which had been at work for a year on its report) and the recommendation of the Constitutional Convention (which had been at work two days and nights of the preceding week), offers a case in point. Don't you remember what happened? Before the work of the committees and Constitutional Convention could be presented and elucidated to this general body so they could understand it, they went off half-cocked, took the bit in their teeth and RAN AWAY and had no idea where they were going or what they were going for. It became necessary to adjourn that session before the stampedede could be stopped. It was found necessary to explain the facts to many leaders in personal conversation until they became informed on the merits of the proposition before the whole session could be given an understanding and rational view of the proposition. Then, at a later session, without wrangle, misunderstanding or fervid oratory, the report was heard and acted upon in a trice.

That shows how impossible it is to ever get all the facts and all the logic of any complex proposition before all the members of any organization of such size as our AOA has now become. So, the only way to get any business done is to delegate it to competent workmen with authority to go and do it. The members get their "look in" on representative, democratic government when they select their representatives to go and do it. That is the way we run our federal and state governments and the only way we could run them to express the will of the people.

As now organized on paper the AOA is a perfectly representative, democratic and responsive form of government, and it remains only for the Big Chief of Battle Creek and his working committees and the House of Delegates to complete the work of popularizing our form of government so well provided for in our constitution and code of laws by abolishing the traditional way of conducting our business wherever it is seen to be in conflict with the letter and spirit of our statutes. They are doing this just as fast as we could ask or expect it. They are laying the axe to the root of whatever is seen to be archaic, useless, wasteful and inexpedient. We believe they will give this suggestion to hold open business sessions of the officers and representatives the same earnest consideration that they give all worth-while suggestions. We know they will listen to any other worth-while suggestion or criticism that any payer of dues cares to make. In what way, then, are we justified in feeling that the old grip of ring rule still has us in its clutches or that the AOA is not a people's organization?

In the day when *The OP* thought the AOA was all wrong and needed reorganization and reformation from the ground up we said so freely—perhaps *too durned freely*. Now that we see the reformation made on paper and the work of readjusting and reforming going on in fact, just as fast as the officers know how to, we are content and are patient to await the complete transformation, and will hold up their hands in all their good work, whether they do all the things we recommend and think they ought to do or



not. We are content because we know that Ex-President Fryette and President Conklin are pulling together as one piece of mechanism to complete all that the last administration set out to do and we would be a peculiar people in osteopathy if we demanded very much swifter progress toward reformation and democratization of our great national brother- and sisterhood than we have been witnessing and getting and sharing.

Keep up the work, Big Chiefs—make it thorough—don't hesitate to be revolutionary—complete all you set out to do—and we fellows who pay the dues and elect delegates will stand back of you and hold up your hands to the finish. This includes Dr. Nowlin and all who like him once shared the old aversion to ring rule, and we know it.

[Great applause to this sentiment is heard in the region of Farmer City.]

Well, since we all agree, then, Dr. Nowlin, that makes it unanimous—doesn't it?

#### CLINICS SOLD OUT FOR EXHIBITORS

President Conklin in a communication this month accidentally makes a little disclosure on the commercial spirit of the AOA under the Chiles regime which is pregnant with meaning and justifies all the criticisms we have offered in the past on that score. In explaining the handicaps under which the chairman of the program committee labored in trying to present a good program at the Chicago meeting, President Conklin tells us that certain commodious rooms which at first had been assigned to the uses of the program committee for clinics, etc., were at the eleventh hour taken away from the general membership for their own proper purposes and sold for money to exhibitors.

This sort of Chiles business is equivalent to the farmer who would skin his soil by taking all he can wrest from it in crops, yet giving back nothing in return in the way of fertilizers.

The prime concern of the doctor-member of the AOA is his own private practice, and surely his first and foremost interest in the AOA is what that body can do for him personally in the way of supplying him with such things as clinics and case records—a great and necessary professional work that cannot well be furnished by private initiative.

Yet the old AOA—as it recently was administered from Orange—was willing to take the practitioner's dues, and even double them, but instead of handing him back the kernel of actual scientific and professional service in exchange, to substitute the husk of an ambitious and rapidly expanding commercial business whose main thought obviously was the increasing of its own revenues and trying to make money.

Nothing could illustrate better the blind and stupid mal-administration of our great co-operative scientific and professional enterprise than an incident like this of crowding out clinics to make more money from exhibitors. It proves what we have often said, that the Chiles management of our affairs had no wider vision than collecting dues, selling merchandise, running a subsidized publishing business in unfair competition with the private publishers of the profession, and making money by selling space in the *Journal* and to convention exhibitors.

We are not minimizing the natural importance and value of exhibits to the delegates or of exhibits and advertising revenues to our national society coffers. These revenues are necessary and are to be encouraged in all legitimate ways possible. But such interests ought to be subordinate to directing and advancing the proper scientific and professional work of the profession, all the year round, as well as at conventions. It is the wrong emphasis and preference that until now has been given to all these business matters at Orange that we criticize.

Of course the former secretary will be able in this instance to explain that he personally didn't do it at all—he will pin this thrift on to Mr. Black, his business assistant, or possibly upon the chairman of convention exhibits space. This would be Chilesque but it does not explain or

condone the offense. It was, perhaps, the one greatest fault of the former secretary that, having been put on the job and paid to manage, supervise and co-ordinate our complex activities, he never exercised his managerial powers in preventing mistakes of this kind in or out of his own office, but always threw his influence toward commercial expansion and glorification of business. He seemingly wanted to build up a big business of which he was the center.

Of course, the chairman of exhibits was selling all the space he could at this convention. That was what he was put on the job for. He had no concern about arranging for clinics. He left that to Chiles. If Chiles was willing to sell out the clinics to the exhibitors this chairman could well take for granted that the space was not needed for clinics or that other proper arrangements had been made for them by those responsible. Yet Chairman Conklin, who was most responsible for clinics, was not consulted. His space was taken away from him and sold willy-nilly. If Chiles did not bring this about he would be a dub for letting anybody else do it without making him realize the injustice being done to clinics.

We have pointed out for years that the limit of vision of former Secretary Chiles and the little coterie who backed him up in his policies seemed to be that the first mission of the AOA was to go into business and make and sell commodities at a profit. That was the real germ at the bottom of the founding of the *Osteopathic Magazine* which from its very inception was launched as a subsidized competitor of the independent publishing houses of the profession who did not have dues coming in to pay their way, and the fact that this ill-advised commercial enterprise has cost the AOA thousands of dollars of money that belonged to its clinics and other scientific enterprises now calls for the rectification of his mistake. The *Osteopathic Magazine* should go out with the Orange regime that foisted it on our treasury. It was a part of the same commercial spirit that has printed and sold other books and pamphlet literature which the profession's publishing houses were willing and able to furnish. It was a part of the same business vision which several years ago tried to sell skeletons and treatment tables from Orange. All this misguided business interest and ambition was a sad and costly mistake and the last remaining vestige of such blundering under our rescued AOA now calls for obliteration. We must make the job of reformation complete. No more clinic space must be sold for a price. No more AOA energy and money must go into the sink holes of unfair competitive business. We are now on the highway of progress with a reorganized, recharted and revisionized national society, and the quicker the last tie is cut between the organization and the policies and methods of its former secretary the better. Having broken loose from the old order of things, it is up to our new officers to formulate new policies and methods for everything, for the old order was not abolished until it was abundantly proved to be a sheer waste of time.

#### DR. GREEN OF GOTHAM RAISES FEE TO \$10.00

Just as we got to press we receive the cards of Dr. Green containing the signing of the Osteopathic Magna Charta, viz.:

That the ability to serve my patients may be safeguarded for a longer period of usefulness a limited number of appointments will be given daily and the regular office fee will be ten dollars, effective September 15th, 1919.

This announcement is made should it be impossible to give an appointment when requested and to avoid controversies when bills are rendered.

CHARLES S. GREEN, D.O.

We congratulate Dr. Green on his vision and sense of the fitness of things and recommend his course to others.

#### GOOD WORK AT MACON

We acknowledge with much interest receipt of the Still-Hildreth Osteopathic Sanatorium's statistical report of the mental patients treated from March 1 to June, 1919, at Macon. There were

78 cases received at the institution during this period and 84 dismissed. There were discharged as cured 28 cases or 49 per cent. Those taken away before recovery was complete numbered 16 and the chronic cases, mainly not appreciably helped, numbered 14. Surely this is a proud record for osteopathy to make with cases including dementia præcox, manic depressive, presenile depression, dementia and the psychoses. We congratulate the institution on this good work and commend it to the profession for ability to look after institutional cases in the mental and nervous field with every resource for their betterment.

### General or Limited Practice?

By Harold Glascock, D. O., M. D. Raleigh, N. C.

READERS of the *OP* perhaps will remember my article, "Why Urge a Restricted Practice?" which appeared in the July, 1917, issue of *The OP*, and remember some answers to it in later issues. After reading one of these answers I mailed to the writer the following list of questions, asking him to send me his reply with answers as early as possible. I waited for weeks without hearing from the disputant. I wrote him a second letter, but in all this time I have not heard from him.

I was greatly in hopes that he could answer these questions in the affirmative and that he might be able to give me and many others of the profession his methods in order that we might be as successful as he, for osteopathy, to me, is the most wonderful thing known to the healing art, and I am deeply interested in its development. I sincerely hope yet, that this glorifier of a restricted osteopathic practice will be able to answer these questions and give me his technic for treating such ills as I list here, so that hereafter I may not have to resort in these extreme and dangerous cases to the use of any drugs.

1. Have you cured ten cases of pyorrhoea, osteopathically?
2. Have you cured ten cases of gonorrhoea, osteopathically, making a microscopic examination before and after treatment?
3. Have you cured two cases of syphilis, osteopathically, making a positive Wassermann reaction before treatment, and negative afterwards?
4. Have you cured ten burns of the second degree, osteopathically?
5. Have you cured five cases of worms, making a microscopic examination before and after treatment, proving your diagnosis, and cure?
6. Have you cured two cases of amebic dysentery, making a microscopic examination, finding ameba before treatment and not finding them after treatment?
7. Have you cured five cases of ring worm, osteopathically?
8. Have you cured two cases of actual tetanus, osteopathically?
9. Have you treated and cured five cases of smallpox, osteopathically?
10. Have you treated ten cases of acute toxæmia, osteopathically?

In answering the foregoing questions affirmatively osteopathic treatment by manipulation only will be understood to have been used.

If the doctor is treating by manipulation, solely, cases such as are included in the above list he could easily give answers which would be perfectly satisfactory and prove to the profession what many of us have long been wanting to know; and he would forever satisfy the unsettled mind of every osteopath in the profession.

If he is not treating such cases, then he has no claim to be a general practitioner but must classify himself as a limited osteopath.

It is my hope that he will finally discover the way of treating and successfully curing the diseases mentioned, osteopathically, but in the meantime are we to let such cases go untreated, suffer, and die until future generations shall discover an effective manipulative treatment, rather than to alleviate their suffering by medicinal treatment? Does it make me any less an osteopath to do the exceptional thing medicinally while I am seeking to develop the thing osteopathically?



## Dr. Farmer Slowly Recuperating

WE are glad to be able to print this newsy letter from Dr. Frank C. Farmer, obtained from a private source:

THE AMERICAN RED CROSS,  
U. S. General Hospital No. 1,  
Green Hill Road, The Bronx,  
New York City.

Your letter came to us during a rather trying time, bringing with it good encouragement and cheer. It was one truly, truly welcome letter and is fully appreciated.

From what I gather I all but took my final trip West but as I was unconscious for 14 days it is all a story related to me. But my dear wife had all of the suffering. Isn't it so frequently the case? The by-stander has the suffering and the 7 days in which each hour was expected by all present to see the finish of your Uncle Dudley must have been hours of anguish for her.

So far I have progressed very nicely and I eat and sleep like a real one but am still far below weight, unable to stand up and tire on the least exertion. Mrs. F. wheels me about and I vary my time between the bed and wheel chair on the spacious porch.

This pneumonia hit me quickly and hard and I recognized it at once. Had just returned from France on the Agememnon, with 1,000 more troops than should have been put aboard. Four of us were packed in a small stateroom and one of the men was convalescent from pneumonia. We had to spend nearly day and night in the room because the decks were jammed and no place to sit down, inside or out. I was hit a few days after landing, while visiting Mrs. Farmer's relatives in Brooklyn. I had an osteopath at once and he worked hard over me, before the army came to claim me. Of course I had to report, and my trip to the army hospital was, (to my expectation) but the first lap to the Poppy Field, but, to my surprise and due to Mrs. F's efforts, the hospital authorities wired for the best pneu-

monia man in Bellevue Hospital, who was away on furlough. Outside of osteopathy, I couldn't have had better treatment; but I know in pneumonia osteopathy has it all over the old school, and the 24 hours of early work I had, made a big difference.

On our staff of about 35 doctors here to which I belong, 6 of us have had pneumonia, and I am the only survivor, so I trust it is for some purpose and hope to be able to fulfill the mission.

Expect to be back to Chicago the latter part of September. I am cocked up in bed and I tire very easily, so trust you will excuse me and my effort now.

Aug. 10, 1919.

FRANK C. FARMER.

## Appalling Accident Befalls Dr. Clark F. Fletcher

HIS many freinds will be as shocked, as I was, to learn of the awful accident that befell Dr. Clarke F. Fletcher. I knew nothing of it until yesterday, when his secretary phoned me, and last night I went over to see him at his summer residence on Staten Island. On the 29th of July he had gone out to see how some workmen were getting along wrecking a large dwelling that he was tearing down. He was up on the building when they threw off a large girder, a nail at one end of which caught in the Doctor's trouser leg and jerked him off. He fell twenty feet. They hurried him to the hospital, and under the X-Ray it was found he had a Colles' fracture of the right wrist and a dislocation of the right shoulder, with a fracture at the head of the humerus; also a compound fracture of both bones of his left forearm. The setting of the compound fracture has not proven a success and early next week he is coming to one of the hospitals here in New York and have another operation performed. He is making a brave fight. He has suffered a great deal with his back, and on examination last night I found

a severely impacted and rotated condition of the lumbar area.

All will also be glad to know that Lieut. Frank Farmer is getting along very nicely. Last Wednesday I went out to see him at Base Hospital No. 1. He of course is still very weak, but I think from now on will improve rapidly.—  
*Letter from George W. Riley, D. O., New York, August 16.*

## WHERE PEGASSUS BROWSES

### OUR COUNTRY DOCTOR

A REQUIEM

[From Roycroft Magazine.]

You'll know him by his muddy shoes,  
His clothes of last year's style;  
The weary look about him,  
The sweetness of his smile.

You'll know him when the school's let out  
And see the children flock  
To catch a cheery word from him,  
And shout their "Hello, Doc!"

You'll know him, too, at midnight,  
When he rides through sleet and rain,  
And wades deep in a swollen stream,  
To reach your bed of pain.

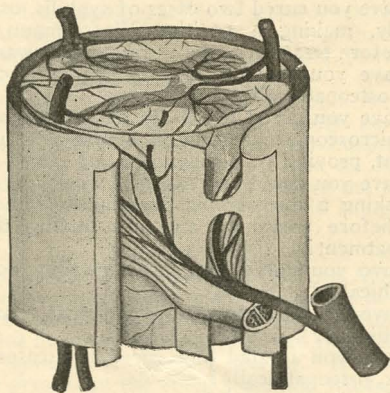
You'll know him in the dawning,  
Still sitting by your bed  
In damp clothes—Oh, so patient—  
His hand upon your head.

He was never in a hurry,  
When a kindly word could cheer;  
And the little jokes he saved for you  
Are memories most dear.

He didn't fall in Flanders Field,  
Where crimson poppies grew;  
He wore himself out, waiting  
On folks like me and you.

He had no cross in Flanders Field,  
'Mid poppies' crimson hue;  
The cross is in the aching hearts  
Of folks like me and you.

—Mary M. Hopkins.



Vascularization of a section of the spinal cord. Note accessory artery assisting the three spinal arteries.

## EVERY OSTEOPATHIC LIBRARY

SHOULD HAVE THIS BOOK

### *Poliomyelitis*

(*Infantile Paralysis*)

Edited by F. P. Millard, D. O.

THE Anatomy, Physiology and Pathology of this subject are stated briefly but clearly and sufficiently. Osteopathic treatment is definitely

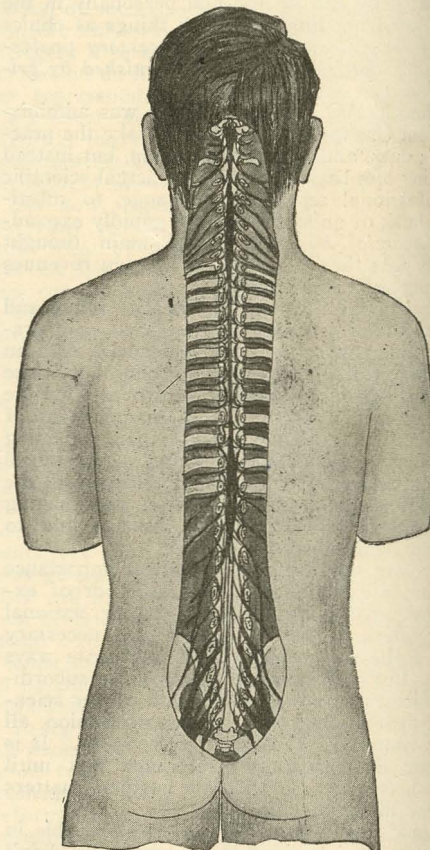
outlined and supported by many interesting case reports. There are a number of unique and beautiful original illustrations, the anatomical drawings by Dr. Millard being especially valuable. In a review of this book in February, 1919, issue of the *OP.*, Dr. Bunting said:

Dr. Millard has provided wonderful and beautiful original illustrations for this book. His anatomical drawings of a popularized sort illustrating the structure and relations of the spine and brain are ideal in every way. They are developed in a graphic manner which enables you to realize their significance at a glance.

The book has 162 pages, printed on heavy high grade stock; 97 illustrations, including 14 full page plates and 3-color frontispiece; table of contents, list of illustrations, and complete index; bound in cloth, stamped in gold. Price \$2.00, postpaid. An excellent book to loan to patients. You should have at least two copies, one for your reference library and one to circulate among your patients.

SEND YOUR ORDER TO

THE BUNTING PUBLICATIONS, Inc. Dept. B., 9 S. Clinton Street, Chicago



The spinal cord and nerves in situ. This illustration and the one above are typical of the unique and artistic anatomical drawings of Dr. Millard as displayed in this book.



### Special Summer Courses at Chicago College

As a special favor to those who have been in the service, summer courses are being given at the Chicago College of Osteopathy so that the boys who lately returned may make up as much work as possible during the warm weather. This great advantage is being used by thirty-eight of the students. They study with much comfort, even during the very warm days, as it is a common expression with the students that it is always cool within the institution, no matter how hot it is outside.

Lake Michigan is about fifteen minutes' walk from the College and many of the members make use of such easy and pleasant facilities for bathing in the late afternoons and evenings. They also find good exercise making use of the tennis courts in the vicinity. The conclusion is that the Chicago College of Osteopathy is an ideal school for summer work.

### Christian Scientists Plan New \$4,000,000 Building

NEW YORK, July 16.—The Fifth Church of Christ, Scientist, announced tonight the purchase for \$3,500,000 of property on Madison avenue, from Forty-third to Forty-fourth streets, on which it is proposed to erect a \$4,000,000 building twenty stories high containing an auditorium and rooms for the various activities of the church.

The AOA ought to have a building in Chicago.

### Dr. Gertrude Clements Makes Notable Success In Texas

TEXAS has never been a backward state as regards osteopathy but for some time conditions there have been and are now unusually favorable for those who wish to take up the practice of osteopathy.

The Texas osteopaths made such a fine showing in treating the flu last winter and received so much advertising in that way that it will be many years before there will be sufficient osteopaths to meet the demand.



Dr. Gertrude Clements of Fort Worth, Texas

Osteopaths over the state are so busy that it is hard to get a chance to talk with them. The situation in Ft. Worth is interesting. Dr. Gertrude Clements of that city advises us that it is very difficult to obtain offices there on account of the oil boom in that part of the state.

She waited many months before she was able to secure suitable offices and then in order to get what she wanted she had to rent an entire floor in a large business building. This she divided into several suites of office rooms, reserving five rooms for her own use. These she fitted up elegantly and in a most up-to-date manner. Her practice has increased until she has had to employ an assistant. They are both so busy that even all their evenings and Sundays are taken up.

Dr. Clements did not have her lease on the office floor more than a day when she was offered several hundred dollars profit on it. Office rooms are at a premium in Ft. Worth. She was able to sublet the rooms she did not need at a figure

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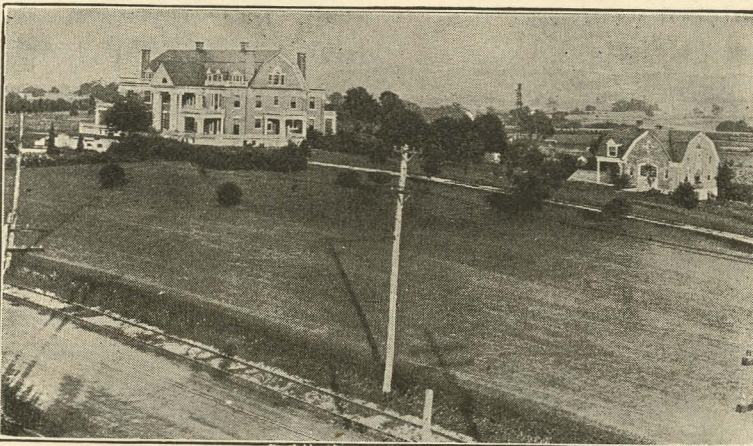
Prospective and nursing mothers find that HEMO increases the healthy flow of milk. When given to infants it safeguards against rickets, anemia and backward growth.

We will send a generous sample of HEMO to any physician or registered nurse.

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2. Cow's milk modified by Dennos becomes soft curdling and bland like mother's milk.
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Samples of Dennos together with formulas sent on request.

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that nets her a neat sum over and above her own rent.

The town of Ranger—the great oil center of Texas—is situated a short distance west of Ft. Worth and it is the oil boom than accounts for the unusual flood of people to that part of the state. Ranger two years ago had a population of about five thousand, and now has over fifty thousand.

Osteopaths looking for a good location will do well to investigate central Texas at this time. G. R. McManis, assistant postmaster at Ranger, Texas, advises that there is no osteopath in his city and says that he is sure one would do well there. Any one wishing information may write him and he will be pleased to tell them all the facts he has available.

Feeble Mindedness

Academy Serial No. 97.

Section's Serial No. 9.

Date, Sept. 9, 1918. Practitioner's Serial No. 44.

Section on pediatrics.

Examining physician, Ira W. Drew.

Consultants, \_\_\_\_\_

Town, Philadelphia. State, Pennsylvania.

Case Inspector, \_\_\_\_\_

Secretary of section, Ira W. Drew.

General Diagnosis Case Record

Name, R. A.. Address, Philadelphia. Age,

9. Sex, female.

Occupation \_\_\_\_\_

Married \_\_\_\_\_

History (1) Present Illness—An illegitimate and only child. Father deserted mother

two months before child was born. Full-time baby, normal birth. During pregnancy mother very nervous and hysterical. Mother of low intelligence.

Mother's Family History—Nothing known of parents. Sister a moral delinquent. Mother deserted child twice before she was three months old.

Father's history unknown.

She was ordered from school by school physician and recommendation was made that she be sent to an institution for feeble-minded.

(2) Past Sickness and Operations.

(3) Family History.

(4) Habits.

(5) Menstrual History.

(6) General Examination, made March 19, 1917: Weight, 40 pounds; height, 46 inches; posture, round shouldered; gait, hurried and nervous; habits suggestive of chorea; slight lateral spinal curvature; eyes defective; ears, defective; nose, adenoid type; throat, slight obstruction; tonsils, removed; teeth, poor and slightly pegged; genital organs, normal; reflexes, slightly increased; attention, flighty.

Binet test shows mental development of 4½ years. Cannot read or do any number work; cannot repeat short sentences; is silly.

(14) Diagnosis—Feeble-minded, high grade.

(15) Treatment Began March 19, 1917. Adjustment of occipito-atlantal articulation; third cervical, fifth dorsal and fifth lumbar. Three times weekly for two weeks; twice weekly for eight months. Then discontinued. She

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“Horlick’s” is a complete, safe, and convenient food upon which infants show normal gain.

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HORLICK'S MALTED MILK CO., Racine, Wis.

## NAEVOLA Removes Warts

Read what Dr. Mary Quisenbery has to say about it.

Lyons, Kansas, May 5.

Dr. T. C. Lucas:  
Please send one bottle of Naevola, for which a check for \$5 is enclosed. I saw it used at Denver while attending Dr. Reid's Efficiency Course in February. It worked well in the hands of Dr. H. Fenner. He removed 54 warts from one side of the face of a man who could no longer be shaved, or shave himself. It was quite wonderful to see how completely they were removed. The man was very happy.

Dr. M. Quisenbery,  
Lyons, Kansas.

Don't wait another minute, doctor. Write to DR. T. C. LUCAS, 1130 Lady Street, Columbia, S. C., for complete information about NAEVOLA.

Standardized Patented

## McManis Treatment Table De Luxe

A doctor, with broken down arches, paid \$1,400.00 for an automobile and cut out walking. Figuring thusly, each arch had a valuation of \$700.00 placed on it. The same Doctor, broken down from over work, hesitated to place \$350.00 in a McManis Table. His spine was out of shape and needed a rest. A McManis Table rests the Doctor's spine.

**QUESTION!** If one arch is worth \$700.00, what is a healthy spine worth? We hesitate to answer.

A weakened spine predisposes broken arches. Prophylactic treatment for such conditions is a McMANIS TABLE.

**McMANIS TABLE COMPANY, Kirksville, Mo., U. S. A.**

NOTE: We are agents for the Dr. J. Swart book on Strap Technique.

## Treating Tables

Catalogue showing several styles, also samples of covers, sent on request.

Best folding tables on market \$8.00. Our "S. S." tables, something NEW.

Price \$13.50. Write for circular.

**Dr. Geo. Hayman**  
Manufacturer  
Doylestown - - - - Pa.



was examined at intervals of about three months.

In two months she was returned to school. Teacher reported greater ability to learn and greater concentration. Made good progress, which continues. Binet test shows mental of age 5½ years. She now counts, repeats short sentences and is no longer silly. Nervous twitchings have disappeared. Reflexes normal, weight, 56 pounds; height, 48 inches; well nourished; is bright and active.

### Osteitis Deformans or Paget's Disease

Section on Bone Diseases.

Date.....Practitioner's Serial No.

Examining Physician, Wm. S. Nicholl.

Consultants,.....

Case Inspector,.....

Secretary of Section,.....

Town, Philadelphia; State, Pennsylvania.

Name, Mr. E. R. Y. Address, Philadelphia.

Age, 63. Sex, M. Occupation, merchant (formerly carpenter and builder). Married, yes.

History—

(1) Present Illness—Present condition began to manifest itself about nine years ago. Has gradually progressed. Patient complains of soreness in back, pelvis and knees. Walking progressively interfered with. Patient noticed deformity in right femur several years ago. Several physicians pronounced it "softening of the bones." Has had several attacks of asthma, apparently of true bronchial type.

(2) Past Sickness and Operations—During course of life as builder has had several falls and injuries. Ten years ago was operated for appendicitis. Abdominal hernia subsequently developed. No history of syphilitic or gonorrhoeal infection.

(3) Family History—Father died at age of 53 from valvular heart disease, at close of Civil War. Patient believes wounds and exposure during war hastened his death. Mother died at 63 from cerebral hemorrhage. One sister is 76 years of age and has been an invalid for life. From description, probably anterior poliomyelitis. Two brothers, one 68, other 60, are apparently normal.

(4) Habits—Habits exceptionally good.

Patient is religious, abstemious liver. Has always worked hard and long. Also rather inclined to worry.

(5) Menstrual History—

(6) General Examination—Examination reveals individual of fairly good nutritional condition, somewhat below the average height.

Heart is found to be slightly hypertrophied and a very pronounced systolic murmur is heard over aortic and mitral region. Aortic stenosis and mitral regurgitation.

Lungs, negative.

Most noticeable abnormality in right femur. Femur greatly bowed and slackened (extent shown under structural exam.).

Patient doesn't notice that he is any shorter than formerly, nor has he noticed any increase in size of cranium.

(8) Urine, negative.

(9) Blood—

(10) Blood Pressure—150 mm—systolic.

(11) Gastric Contents—Skiagraph: X-ray shows marked involvement of right femur in its entire extent, down to condyles. Pelvis and tibia apparently not involved. Shape of femur shown above. Thickening at condyles made anterior. Poster diameter of femur at least twice normal dimensions. No evidence of periostitis except that at one small area on post as pec. of middle of femur there was slight haziness of outlines.

(14) Diagnosis—Osteitis deformans (or Paget's disease).

The changes in the femur are typical of this condition and the absence of involvement of the cranial bones and clavicula in no way obscure the diagnosis.

Aortic stenosis and mitral regurgitation—(good compensation).

(15) Treatment—The treatment consists in gentle Osteopathic correction of the above lesions; gentle manipulation of soft tissues around pelvis, hip joint and knee joint to improve circulation to involved tissues.

Post nasal—Epiplarynx digital treatment cleaned up the tendency to asthma.

(16) Remarks—After about six weeks' treatment patient is very comfortable, in spite of unavoidable overwork. Backache practically gone and feeling much stronger generally. No change, of course, in condition of femur.

## Special Information for Osteopaths

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

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

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

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

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## No. 29



### The Day of Therapeutic Reckoning

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

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

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





## Osteopathy and Its Counterfeits

[From Roycroft Magazine, July]

IN your May issue I see you gave room to an article by Dr. Willard Carver entitled, "Chiropractic, Efficient Service." There is no doubt that Chiropractic does often give good service, far better service than drugs, in many cases, because the Chiropractic is working along good principles; principles that work, the principles of Osteopathy. Think how much better and more efficient his service would be, if it was backed up with one year of pre-medical work, and four years of medical work, including all of the allied sciences of medicine and comparative therapeutics. Here you would see him measuring up to Osteopathic standards, here he would justly become a physician. Until then he is taking a short cut to Osteopathy.

Dr. Andrew Taylor Still first proclaimed "The Theory of Natural Immunity," and the "Backbone Lesion Theory as the Main Causative Factor in Disease." These theories belong to Still. Backbone lesions may be corrected in many ways and by a variety of technique, if you desire to correct the backbone lesion by way of a thrust, rather than by leverage, you have not changed the theory, you have not discovered a new science, you have adjusted the backbone lesion, in other words, you have applied Osteopathy.

Elbert Hubbard was first interested in Osteopathy in 1902. At that time he visited Dr. Still, at Kirksville, Missouri. Ten years later he wrote an article entitled "The Success of Osteopathy," done into a book by the Roycrofters. Roycrofters and ROYCROFT readers would do well to read this booklet.

"Osteopathy, like all things of merit, has been counterfeited, various pretenders have purloined the fundamental principle of Osteopathy, that is adjustment, and have crudely, flagrantly and unscrupulously imitated it. In many cases they have claimed to improve upon it by substituting correspondence and short term courses for the four years of diligent and careful work required by the eight Osteopathic colleges. Of its counterfeits, the 'spinologists,' the 'neuropaths,' the 'chiropractors,' and the 'mechano-therapists' are the worst offenders. A word to the wise is sufficient."

NATHANIEL W. BOYD, D. O.  
Germantown, Philadelphia.

### Found Technique Weak

I HAD a most disheartening experience on my recent trip into the Mississippi Valley region trying to get a treatment. I traveled incog. and paid regular fees for my treatments and I have found that our profession is full of masseurs, "old timers" not excepted. From now on if I want a treatment I shall look up a recent graduate. The only hope for the osteopathic principle is via lesion correction.

It may be that the few treatments I have had at different places do not fully prove the situation, but it was surely discouraging to me.—Geo. M. McCole, D. O., Great Falls, Mont.

### HEART to HEART TALKS from the FIELD

Enclosed see check for \$2.00 for renewal subscription to *The OP*. I do not know when it is due, but I do not want for one moment to be without the paper.—Ellen H. Brooks, D. O., Eagle Grove, Iowa.

OP TEST

Here's your little old \$2 for *The OP*. Don't you ever dare stop sending it to me. Have been taking it ever since it has been published and expect to continue doing so as long as I am on earth.—Dr. F. G. Cluett, Sioux City, Iowa.

Allow me to frankly state my opinion regarding *The OP*. It is the best ever. It is indeed worthy of the name you have given it, "The Profession's Newspaper." Since I have returned to active practice again, I have been eagerly awaiting the July issue, from which my new subscription begins.—H. G. Edwin, D. O., Buffalo, Montana.

## "The Hypothetical Lesion"

By Henry Stanhope Bunting A. B., D. O., M.D.\*

MY thoughts are addressed to our practitioners, professors and experimental laboratory workers who are unable to hold the complacent press-the-button-and-get-results proposition as it is applied universally by some, and by others to the great majority of our obscure cases. What I shall say will be a plea for more rational thinking and a more exact nomenclature in our every-day professional life. My attitude in this is not to tear down but to build, however, it may seem otherwise at stating my theme. I am not now considering at all the well-defined, obvious lesion cases with which we are all so familiar. I shall discuss solely the diagnosis of obscure and partly obscure cases.

We all know sincere osteopaths and successful practitioners who are never at a loss for one moment for ready and positive diagnoses; who can run their hands over a spine and, without the shadow of a doubt in their own minds or even a pause, reel off the technical name, location and description of various and sundry deep, bony lesions; who discover with a pass of the hand and as by a flash of intuition an atlas "an eighth of an inch to the left" and rotated, a left first rib down, a fourth vertebra rotated to the right, a fifth anterior, a sixth lateral to the left, an eighth rib slipped off its articular facet at the transverse process, a posterior curve of the lumbar segment, a contracture of the ilio-lumbar ligaments, a slip of one ilium upward marked by inequality at the public arch, one shortened leg, etc., and, just as expeditiously, they feel able to assign to each such lesion its full and exact responsibility for disturbed functioning in the organism—all located with precision in fifteen minutes.

Now, understand me at the outset, please: I hold merely that our theories are often overdone—that we ride our willing lesion horse to death. It is not that the bony lesion is any less true than we once thought it, but that some of our admirable zealots quote it invariably as a ready-made formula for solving every pathological riddle, and they insist that they solve the riddle whether they get a look in on actual conditions as they exist or not. They make the mistake known in logic as universalizing the particular.

Now, I want to make one further declaration to the effect that I am not criticizing osteopaths of the zealot type who always find a lesion, or a whole string of them, for each ailment, and who can adjust them all to their own satisfaction at each sitting. I feel only the keenest interest and fascination in the work of such osteopaths and am glad to sit at their feet in a sincere endeavor to learn whatever they may be able to teach me, and I doubt not, they can often teach me much.

I believe, be it said in passing, this type of osteopath at the beginning was the outer bulwork of our profession and, regardless of whether he was 51 per cent right or 51 per cent wrong most of the time, he "made it stick" in practice, to use the language of the street, and we are here today, in consequence—osteopathy is on the map today in consequence. I honor these pioneer zealots who always feel they know just the right button to press to illuminate Physiological Hall.

But this candid tribute to their sincerity and worth does not blind me to a fact which twenty years of observation, study and reasoning have forced me to recognize, and which I affirm as true, without the least fear that it can be successfully challenged, and that is, the ready-made, lightning-diagnosis, never-perplexed find-

ings of this type of osteopaths are superficial and very many times erroneous. They get results; granted. Perhaps as often—perhaps more often—than the scientific practitioner who knows too well his limitations and is overwhelmed by them.

But so do mind-healers get results. So do faith-healers, among them Christian Scientists. So do a lot of others who hold widely divergent theories and base their hopes of cure upon as many different, conflicting and irreconcilable hypotheses. Therefore the teachings of all schools of healing and the tenets of all the religious sects are not proved to be true merely because their sick recover. People recover who don't have either therapeutic treatment or religious inspiration. As the statisticians tell us, 85 per cent of the sick get well in spite of everything.

I admit that I am not now, and never was one who could fall into the comfortable, easy-going way of the aforesaid zealot osteopath who finds his bony lesion "button" every time he looks for it, and just where and as he expects to find it. I have tried conscientiously by the hour to get over into his way of thinking, his way of believing and his way of doing. It won't work with my temperament, habits of thought and individual experience.

But I have my convictions, as well as he, and I speak them as a sincere seeker after truth, without fear or favor, and not even heeding whether I tread on someone's pet toes or not.

From my way of thinking, the real work of the representative osteopath of today and of the future begins right where the cock-sure zealot leaves off; and I should expect the representative osteopath to show an efficiency in proportion as his reasoning is more sound and his study more thoro.

Now for my criticism:

One trouble with osteopathy today is, and from the outset has been, that we think and talk with much too much *vagueness*. Our besetting sin is lack of "sharp definition," in the sense that photography uses the term. We don't always get into exact and logical *mental focus*. Thinking loosely, we are apt to talk and write vaguely. Uttered language is but the record of mental processes. We cannot be any more exact in our written words than in our mental operations. If we are content to adopt a few pet phrases and formulae that are pregnant with osteopathic truth and slap these as a shirt upon the anatomy of every patient with snug complacency as if they were a universal ready-made diagnosis, a "sure-fit" for every case, we would not climb much higher in the scientific scale ultimately than the dispenser of panaceas.

Too long have we held on to our pet and parrot phrases. We have loved them well but the time has come to give them a reevaluation in the light of the world's expanding knowledge. They are not our ideas. They are merely quotations. Too often they are not diagnosis at all but merely dogma.

Seldom will a meeting of our practitioners be held or a bulletin of our clinic reports issue but the osteopath with a scientific habit of thought and respect for the exact meaning of words will be exasperated, at times shocked, by the vague, loose, inexact, rambling and often illogical statements that go current. "Stomach trouble" and "work at the 6th and 7th dorsal" are too often the language of our diagnosticians and as near as a practitioner or clinician will get at his facts.

"I found bony lesions at the 12th, which fourteen treatments cured" is the substance of many of our clinic reports and lectures; and no doubt that is about as good a definition of what that doctor *found* and *did* as could be written, because all he did probably was hit upon the twelfth vertebra through some indication or inference, and "jiggle" it a few times, re-

\*This paper was read by the author at the 1911 meeting of the AOA at the La Salle Hotel, Chicago, but contrary to the usual custom of the association, (which is to print all papers on the program in the course of the year following in the pages of the Journal of the Association) this address was refused publication by the "powers" of that period without explanation or apology. We ran across the manuscript by chance the other day while cleaning our files and deem it good enough to publish eight years later.—Editor.



peated at fourteen different appointments. Perhaps that was all the case required, but, if so, we ought to have some way to determine this and let the facts appear.

How can we expect osteopathy to advance as a science while this kind of thing passes current as diagnosis, demonstration or case history?

When we are talking to lay people, general allusions, of course, are proper. They are perhaps all the average patient or reader can understand. But, among ourselves, we must ascertain definite, specific, verifiable, demonstrable facts; we must describe conditions in words that leave no doubt as to what we mean; we must record our ignorance or doubts just as well as our authentic findings; and when we can't establish our diagnoses as facts, *we must advance our guesses merely as hypotheses.*

The time has come, I repeat, for us as a profession to differentiate between fact and fancy. Too often we imperil the growth of our science by making no apparent distinction between what *we know* and what *we imagine*. I know many a doctor who refuses utterly to draw any such line of distinction. He appears frequently on programs. To this type the truest things in diagnosis are the troop of guesses about conditions that flit thru his fancy. It is easier to quote an osteopathic aphorism about "pinched nerve" or "obstructed blood flow" than to find and prove such conditions.

From the viewpoint of advancing our scientific accuracy, osteopathy as a profession has one very serious handicap: Our patients DO get well—whatever our theories, or hypotheses, our guesses or mistakes. There is that in our fundamental therapy of adjustment by which our patients do get well—much better, we are convinced, than is average with other systems of practice. So simple and so true are our fundamentals, and so in harmony with the laws of Nature, that our patients grow better and many of them get well by the aid of very superficial, and at times, even slovenly osteopathic workmanship. A lot of us build wiser than we know. We do something but we don't always know what. Our patients get well, but we don't always know how or why. We usually think we know, of course, but others among us believe very often that we don't. We may be mistaken on both sides. We may all be wrong 51 per cent of the time. If we are misguided as a profession in any considerable percentage of our theories, we yet may take comfort in this knowledge: *Somehow* osteopathy cures, and cures whether or not a whole list of bony lesions are found and treated, and whether or not the doctors called in to diagnose and verify the said lesions agree as to their causal relationship to disorder, or whether they disagree wholly.

For this happy situation we are indebted to the God who made us and to our revered Founder, A. T. Still, who revealed the laws of Nature and gave us the key to unlock the riches of Nature's therapeutic laboratories; but, as he himself so often reminded us, we have but one foot over the threshold as yet, and he exhorted us to explore the whole house of truth.

Yet our situation, while happy in one sense because clinically we can show results, is unfortunate in another sense—that is, as regards the scientific advancement of our system, because we have every temptation to be slipshod in our practice. We are apt to be rewarded with cures or improvement of our patients, whatever we do, or don't do, provided we only "jigger" a bit in the region of the involved centers. And that explains why Dr. Abrams in his so-called "Spondylotherapy" gets results such as he reports with a rubber hammer.

Shall we stop our development, then, right at this spot where our initial clinical success brings us?

Shall we theorize and dogmatise forever where we ought to be recording scientific facts and let them come in time to make their own theory?

No! On the contrary, while getting results, we have an immeasurably greater stake thru

demanding to know the ultimate truth. The fact that we are so near the source of disease as to touch it and change it into health should give the osteopathic physician an unquenchable thirst to know exact facts as to processes and to become able to put them into accurate words.

Once again I repeat the fact that actual conditions and what we may think are conditions may be as opposite and contradictory as two situations can be. Again, whatsoever hypothesis we invoke to cure, and what actually cures, may be as far apart and as antagonistic as two things can be. This is true; we must all admit it. Therefore, bigotry of opinion is not becoming in any of us.

We osteopaths may cure a case because we find a slipped innominate. A surgeon may cure it by an operation. A Christian scientist might cure the same case by prayer. A psychologist might cure it by suggestion. A faddist might cure it by hygienic regimen. A masseur, a magnetic healer or a believer in electricity might cure it. The case might get well spontaneously. The case might even get well in the hands of an allopath who was prescribing poisons which the physiologist says mean tis-

sue destruction. Now, the point I make is that because a patient gets well under any treatment, that of itself does not prove that the formula, which embodies the therapeutic or religious belief of the physician or healer concerned, is thereby proven to be true. Not at all.

This fact gives us our caution and our cue. Just because our patients recover or because we cure them, if you please, we must not suppose that the first blanket-diagnosis we throw over our patients was proven to have been true and applicable. Even our fondest beliefs may one day be upset, as they have been again and again in all the sciences. Therefore, our minds must be and must continue open and receptive to new truth.

Instead of this camping about the smouldering fires of pet theorems and formulæ and repeating, parrot-like, sonorous words and hypnotic phrases to explain elusive body conditions, let us cultivate the most simple and precise language to define the actual state of the lesions found, endeavoring always to say what we mean and mean what we say; and meanwhile be bold to admit to ourselves and to each other freely when we don't know what to say or what to believe. One single

## Final Wind-Up Sale of Millard Charts

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

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

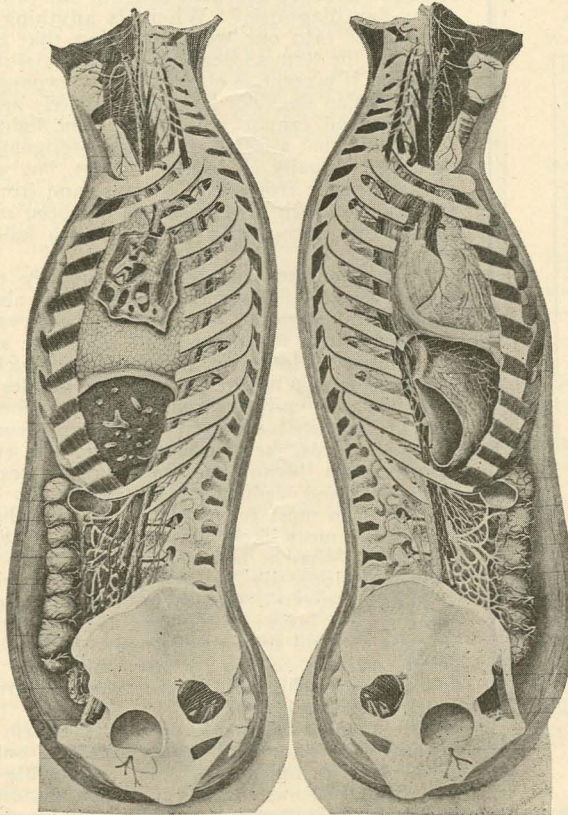
The Millard chart is a 3-color duo-anatomical chart showing spinal and sympathetic nerves. The size is 22 inches by 27 inches. There

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

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

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

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Address

**M. W. Bowen, Business Manager**

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## No. 22

### Facts and Fallacies Regarding Osteopathy



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

fact with respect to an osteopathic lesion that is existent is worth a volume of repeating mystic shibboleths such as we are all familiar with.

As a first step, we must distinguish, as I have argued, very clearly between our facts and our theories. What is a solemn anatomical fact and what we may attribute to result from that fact logically, must be distinguished.

But we cannot always know the exact anatomical facts, be we ever so clever in diagnostic skillfulness. As trained as our fingertips grow and as nimble as our minds become in reasoning from cause to effect and back again in the cycle of physiological and pathological action, it is not possible in many instances to do more than frame an intelligent guess at the fundamental, causal condition.

In such a case, clearly our diagnosis must be framed as an hypothesis and to designate this sort of diagnosis I have for ten years proposed and used the term "hypothetical lesion."

I recommend the term "hypothetical lesion" to the profession for adoption in definite and restricted usage for defining certain phases of our diagnosis which will make for scientific accuracy both in thought and expression. As I use the term, it defines only a supposed lesion which has been figured out by speculation to be most likely existent but which as yet one has not the means or ability to verify. Calling such a lesion "hypothetical," it keeps one reminded that the diagnosis is as yet a supposition, and this has its strong advantage. Further, the framing of such a definite hypothesis respecting the exact nature of the lesion has its advantage of requiring the most careful and repeated examinations, whether one realizes it or not this is probably just what goes on in every alert mind while diagnosis is under way, so why not dignify the process with a name and honor it with its legitimate function in diagnosis?

The entertainment of some clear-cut conception of just what the structural wrong must be insures that the treatment given to effect adjustment will be something more than a "jiggle" aimed to move structures, in the hope that when they settle back in place, normal relations somehow will have been established.

But, you may properly ask—so far as I have gone—wherein does formulating a hypothetical lesion in obscure cases differ from our ordinary every-day diagnosis? Where is anything new introduced into our work by using that term?

I offer the term as designating when tissue disturbance, if present, is obscure—the viewpoint that the physician does not know immediately and accurately, and cannot, with his present light, say for certain that a lesion of the type designated or described actually is existent or not, but which, reasoning back from effect to cause and from observation of such disturbance as has been set up, justify the diagnostician in assuming a lesion at this point.

If an accurate diagnosis is ultimately to be made, then the diagnostician must, in the absence of precise diagnosis, carry on his observations and deductions to the point of assuming as his hypothesis, "a lesion at the place to which his effect leads him"—that is, until he decides just what the *anatomical relations* of this lesion are, they of necessity must be hypothetical or assumed. In other words, the hypothetical lesion is an assumed lesion, because our past experiences, observations and deductions all justify it. The diagnostician must formulate as his "hypothetical lesion" the most likely type of lesion—all things considered—that he believes to be existent.

And he, logically, is then justified in giving a definite, specific treatment, aimed to overcome such a lesion and secure adjustment if it be existent, and then rest his case for the time being, waiting to see by the time of a later appointment whether the case shows improvement under that work.

This, then, is the *implication* of the term "the hypothetical lesion": the physician not only is justified in formulating the most plausible possible hypothesis as regards the basic anatomical wrong in an obscure case, but he is perfectly rational and likewise justified in giving a speci-

fic manipulation calculated to correct such a lesion if it be existent. And having done this, to rest his case, waiting to see what progress his case makes.

Now for an application of this principle to actual conditions. Suppose I locate the source of a patient's trouble as a subluxation of the head of the ninth rib simply because the adjacent soreness is there under finger pressure but from the observable position of the rib it is not apparent whether it is subluxated upward against the eighth vertebra, or downward upon the ninth vertebra. It is moved too slightly to be diagnosed. Now while there may be indications which cause the inference that the rib has worked upward, let us say in this case the diagnostician cannot feel sure.

According to the doctrine of the "hypothetical lesion" the practitioner is justified in treating his case as if the rib were actually subluxed upward at its articular facet—he would be justified in giving it the manipulation to replace it if it be up and stop his effort when he has done that, feeling clear in his conscience that he has done as much as any osteopathic physician ought to try to do at one operation. Let him then await developments in his patient several days and see if his hypothetical diagnosis does not prove to have been correct.

If it proves otherwise, then, at the next appointment he will be justified in treating his case on the theory that the head of that rib may have slipped downward and try to reduce this hypothetical lesion.

If in this way, instead of administering merely a "general treatment" or endeavoring to move the offending rib in four different ways all at once, or each in turn, hoping or believing firmly that somehow, during the operation, it may glide back into place, the physician will diagnose and treat his obscure case upon some such "hypothetical lesion" principle, it will make for more careful examination, more accurate reasoning, more specific treatment, and, I believe, more successful results. His case reports, too, would begin soon to reveal a mine of diagnostic and therapeutic riches which, unfortunately, much of our efforts in that line today do not. "I treated at the ninth rib and cured the case," as the style of our case reports too often runs, probably means just what the author says. He "treated" at a spot without knowing what was wrong or what relief he gave it. This is what I call "jiggering" the spine.

Hypothetical lesions and manipulations aimed to effect their adjustment have ancient and honorable precedents in medical and surgical science. They are akin to the "exploratory incision" which the surgeon makes to see what is the matter, operating, once inside, on whatever his hand finds need of doing; also they are akin to the so-called symptomatic treatment of drug physicians.

We are to realize from this comparison that omniscience is not demanded of us in diagnosing our cases, and we have a right to confess ignorance or entertain an honest doubt whenever we are perplexed; and it is more scientific to doubt, register the doubt and proceed cautiously on a rational hypothesis than fool ourselves with arbitrary dictums that cannot be actually determined.

Of course, in a sense, most of ordinary medical and surgical diagnosis are "hypothetical"—that is, deductions, mere guesswork, rather than confirmed observation and proven opinion—so here again we find professional precedents defending the right of the osteopathic physician to assume lesions in his really obscure cases; but I am sure from what has been said about the "hypothetical lesion," as a step in our diagnosis and treatment, that you will concede there is a wide gulf of difference between the practical work of the osteopath, dealing with hypotheses regarding tissue disturbances and the fine-spun theories of our medical competitors whose chief weakness is that they often speculate about everything else in the world more than about the tissues of the human body.

The term "hypothetical lesion" and all that



it implies as a habit of thought and as a principle of procedure has been a real help to me in my osteopathic studies, and I believe it will find real service in our daily work, speech and literature by aiding specific diagnosis and treatment.

I hope that this frank statement of the doctrine of the "hypothetical lesion" may call up some interesting opinions, pro and con. Why not get up a good live discussion on this sub-

ject? One doubtless will be the reply, "if you are not perfectly sure of your lesion you have no business to treat it at all." There is some sense in that. Yet in rebuttal I ask "do you hesitate to 'jigger' when you have nothing more definite needing to be done? And do you not find that you often cure your cases even then? If so, why forbid the treatment of obscure cases?"

## Survey of Osteopathy

Address of C. Burton Stevens, D. O., Before the Kewanis Club of Detroit

I HAIL with delight this opportunity of making you better acquainted with osteopathy. While I must of necessity be brief, and merely indicate many things which I would like to say more fully, yet I shall endeavor to so thoroly cover the ground that you may get an intelligent conception of the scope and fundamental principles of our system of healing. In this day when old systems—be they political, religious, social, industrial, or what not—are being scrutinized as never before and compelled to stand or fall on their respective merits, I wish to call your attention to this our latest development in the science of healing; I wish to place facts in your possession and let you decide for yourself whether the old methods of treating disease and caring for the health of the human family are adequate and all that might be desired. When I have finished my address, I want you to answer two questions: is this new way not a better way? is it not a safer way?

Perhaps it will be time well spent if I take just a moment here to tell you something concerning the development of the old systems to which we have long been accustomed. Modern medicine dates from 460 B. C., at which time Hippocrates correlated all that seemed best in medicine and gave to it something resembling scientific direction. In this system dietetics and purgation held large place. From this humble beginning there was gradually developed a system that has come to be known as Allopathy. The word Allopathy is taken from two Greek words and means "other suffering." It is regarded as a system of substitution and so treats disease as to excite a morbid process of another kind.

This system continued undisputed in the field of healing, but, of course, with modifications from time to time, until the latter part of the eighteenth century, at which time Samuel Hahnemann made certain discoveries that culminated in the development of a new therapy which has since been called Homeopathy. This word is derived from two Greek words and means "like suffering." Perhaps most important in this system is the doctrine that the potency of a drug is enormously increased thru dilution. In a final analysis the new method stood—and still stands—as a protest against the heroic method of drugging, that was an essential part of the older system.

In the latter part of the nineteenth century this new science of osteopathy, of which I am to speak to you, came into being. It will always stand as a monument to the patient labor of Dr. A. T. Still, born in Lee county, Virginia, Aug. 6, 1828. His father was a physician of the old school, and a Methodist minister, and the son followed his father in the study and practice of medicine. In the early days he served with Fremont as Scout Surgeon and still later he served in the Civil war as surgeon with the 21st Kansas militia. I haven't the time to go into all the angles of his life, however interesting this review of a truly great life might be. Suffice it to say that an ever increasing dissatisfaction with drug practice culminated in the year 1874, at which time he renounced medicine and gave himself wholly to the practice and development of osteopathy.

I believe that it will prove interesting and be fully within the scope of my present endeavors if I tell you something concerning the present status of this newest science.

We believe that we are justified in our feelings of pride at our present educational propaganda. The first school of osteopathy was established at Kirksville, Mo., in 1892 and since that time, some six or seven others; in the following cities: Boston, Philadelphia, Kansas City, Chicago, Des Moines and Los Angeles. To enter these colleges one must have a diploma from some reputable college or university or the equivalent. Our course of study is four years and is almost identical with that at the Ann Arbor school or any other first-class school of medicine, until it comes to the last year when in place of studying medicine we substitute the Principles of Osteopathy and the Mechanics of Healing. Our student body is made up of the very finest type of mature men—in our school at Kirksville alone we have some eight hundred yearly preparing themselves as osteopathic physicians.

There is at least one thing that is unique about the student body at Kirksville, and that one thing consists in the element of personal choice—a choice oftimes involving great sacrifice. At most medical schools one will find a fine body of young men engaged in the study of medicine, not because they have any particular belief in medicine, but because they wanted to train for some one of the professions and this one appealed to them as much as any. Oftimes not because they had made a choice; perhaps it was for the reason that a father had made the choice, and the young man was SENT.

At our Kirksville school you will be impressed with the fact that the student body is different. At first sight it is apparent that these men are older and for some reason beside their years they are more serious. After you have been in touch with the student body for a short time, you find this element of difference in each case. Either he or someone very near to him is a monument to osteopathy—after every other avenue to health seemed closed, osteopathy did the seemingly impossible thing, and this personal choice of osteopathy was the inevitable result.

I believe that our legal status is all that the most ambitious could desire in so brief a time. We are recognized and licensed to practice in forty-four of our forty-eight states.

Our growth in numbers has been highly satisfactory. In much less than one-half century we have trained and sent into the field more than seven thousand (7,000) osteopathic physicians.

But more important than anything else is the fact that you want to know something about the basic principles of osteopathy. What is it, and what will it do? The name is derived from two Greek words, "osteon," bone, and "pathos," suffering; meaning "bone-suffering"; but this does not carry much information with it—perhaps quite as much as in studying the descriptive terms of the older sciences—but that is all.

First of all I want to say to you that osteopathy is a system of universal therapy—be sure you get that term *UNIVERSAL*—depending for its main results on the mechanics of the body. We talk much about the "Mechanics of Health" and the "Mechanics of Disease," and we do so because we believe that mechanics is the chief factor here. Every school of medicine freely admits that correct mechanics make for health—this being true, it most certainly follows that faulty mechanics make against health or, in other words, is productive of disease. From such reasoning it of necessity follows that to overcome disease we

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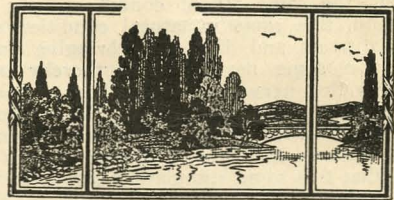


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## A. T. Still, Scientist and Reformer

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

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must remove the exciting and predisposing cause which is mechanical, and not chemical.

And right here I want you to observe that Dr. Still in his search for a basic truth on which to build his philosophy of healing, appropriated the law of cause and effect just as you or any other thinking man would do in his search for the cause and remedy for a defective typewriter, piano, automobile, or anything else in this world other than the human body. Listen to this bit of reasoning which is a quotation from Dr. Still, and tell me if it does not sound like good reasoning. Says he, "A disturbed artery marks the beginning to a minute when disease begins to sow the seeds of destruction in the human body." We believe in this axiom—we believe and have proven over and over again in the laboratory and in clinic as well, that a full and uninterrupted flow of blood from the heart thru the tissues to the most remote structure and back again, produces continued health, and we also believe that anything which for any reason or to any extent, interferes with this exchange of vital fluids, is productive of disease. This interference may be due to some bony displacement so slight that it defies detection by the usual means, but a displacement nevertheless sufficient to vitiate the normal free exchange of blood, thereby causing congestion and consequent sickness. Or it may be an interference caused by some over tight muscle or ligament producing the same set of conditions. On the other hand, this same unnatural condition may produce distress and disease by bringing undue pressure on some nerve center, thereby overstimulating that nerve with a resultant excessive activity of the organ it was designed to supply. To illustrate—sneezing is due to stimulation of the minute nerve endings of the nose. I need not tell you that this same stimulation can be accomplished in various mechanical ways until one finds himself spending all his time in sneezing and life has become a burden. The same thing may happen to any nerve of the body with the same perverted function of the organ it serves. We believe and have proven to our entire satisfaction that if the life wires are kept free from interference, the currents of life will flow thru; the organs will respond to proper stimulus and perform their respective functions; the body juices, including the blood, will be liberated in right proportions and will be promptly carried along the great channels of life.

Much has been said from time to time relative to the attitude of osteopathy toward the germ theory; some of these statements have been true, some partly true, and some false. I wish to make this statement which I believe all conservative osteopaths will admit to be a true statement of our position and a statement which I am sure will appeal to the intelligence of every unprejudiced layman. *Indeed*, we accept the germ theory of disease; we believe that the germ is responsible for more of human misery than even science has yet proven thru the agency of the microscope. One must needs be blind to the evidence that science brings, and deaf to the testimony that she offers, to discount the germ theory. To be sure, we believe that germs produce disease—perhaps all diseases will some day be found to be due to the ravages of some particular germ. But it may be science will by that time have learned another thing about germs in their relation to the human body, that has been ignored far too long. This, I believe, I can make evident in my next paragraph.

The mechanics of diagnosis naturally follows from what I have previously said and this is one of the most distinguishing features of osteopathy. Beyond every clinical symptom we look for the mechanical and predisposing "first cause." Mark you, I have said "first cause," and I have said "first cause" because there is almost invariably a *plurality* of causes and oftentimes *many* causes. I have said "first cause" because we believe that there is a "first cause," and because we believe that this *first cause* is the *cause of causes*. Typhoid fever is a germ disease, and a causative factor is the germ we have chosen to call typhoid bacillus; but hear me, beyond this immediate cause are certain mechanical causes—sometimes

we refer to them as "osteopathic lesions" for the obvious reason that our school of therapy is the only one that has never emphasized their importance—mechanical causes that so interfere with the blood supply that these germs are able to live and multiply, and in the end produce typhoid fever. Sciatica is an inflammation of the sciatic nerve, but beyond this inflammation is a definite mechanical cause in the great majority of cases. Headache—the simple headache that baffled every attempt at diagnosis I once found to be due to a tight collar, I have mentioned this last case because it so well illustrates therapeutic failure to get back to a simple first cause. Of course, we believe that germs are important factors in the production of disease, and we believe that every possible effort should be exercised to combat germs of every kind; but we believe quite as firmly, that the portals of entry and breeding places of the germ in the human body should be watched with equal care. There are people in the world who profess their ability to eat germ sandwiches with impunity. Granted to them a vigorous physical mechanism and perhaps they are not so far wrong as we have been inclined to believe.

I am sure that you want to know just what is our attitude toward drugs. Perhaps you already know that osteopathy arose and still stands as a protest against the indiscriminate giving of drugs, and I might remind you that this same protest is being heard in no uncertain tones from many directions—even medical men of world repute are joining in words of warning. Dr. Osler, who has no superior as an authority in the world of medicine is among the number. In his great masterpiece, "The Principles and Practice of Medicine," he cautions the young practitioner over and over again against the danger of drugs. Time and time again he insists that there is no specific for such self-limited diseases as pneumonia. Inasmuch as osteopathy is a protest against the indiscriminate giving of drugs, and that you may know that conservative medical men of highest repute occupy the same position, permit me to quote—first, from the address of Dr. E. L. Eggleston of Battle Creek, who read a paper at the A. M. A. and in this very hotel one year ago. He said in part: "The day is past when people are willing to lie in bed and take medicine." Listen to this statement made by Dr. Dienst before the Homeopathic convention held in Hotel La Salle, Chicago: "More people are killed every year in Chicago by drugs than by the saloon." If you want to be well, don't rush to drugs—they are only temporary relief—they don't build up." While we are quite free to admit that certain well-known drugs produce certain physiological reactions, we insist on addressing two questions to Nature: First of all, is the objective sought a worthy one? To illustrate—medicine is given to alleviate pain. But, sir, have you ever reflected on the function of pain? Pain is Nature's way of telling you that something is wrong, and I believe I may almost say that it comes near to being Nature's only way. Were it not for the possibilities of pain, you might have acute gastritis to the point of death, and not feel it. You might burn your hand to a crisp and not know that anything was wrong. You might go to the brink of the grave with certain forms of heart trouble and not awaken to the fact that anything of consequence was wrong with your body. Don't forget that PAIN is the RED LIGHT of warning which Nature is hanging out; for God's sake don't throw a blanket over it and drive on, but rather get out and look your machine over; or better still, drive into the human garage and have some expert look it over.

In the second place, is there not a better and safer way? Every drug taken into the body is to an extent, a poison, and leaves a mortgage for the system to pay. You do not need to take my word for it—I merely ask you to consider the expert medical testimony which I have already cited to you, and I could cite you multitudes of others. I am merely adding my protest to that of men who have spent a lifetime in observing the baneful effects of internal medication on the human system.

For the benefit of some, who may not know, I want to tell you how we work, and with what we

work. Our work is in a large measure mechanical. We spend a great deal of time on the spinal structures and for the obvious reason that here are the great nerve centers and nerve paths of the body, and so complicated is this structure that it is frequently the seat of trouble.

Oftimes this work is corrective in nature, some part of this most complicated mechanism being faulty in position. But perhaps quite as often this work upon the spinal structures is for the purpose of stimulation; what could be more logical than careful work upon this wonderful pathway that is everywhere studded with nerve cells, and traversed with nerve trunks? Sometimes I wonder if a perfect knowledge of this part of the human anatomy would not enable one to play upon the human system and elicit response even as the skilled pianist plays upon his less highly organized instrument. We work upon the spine for the purpose of stimulating certain nerve cells. Every function of the body is dominated by certain definite nerve centers in the central nervous system. We therefore work upon such nerve centers thereby stimulating them to perform their functions. We stimulate them mechanically rather than chemically thru drugs. By so doing we have left none of the bad after-effects behind. However, don't think for a moment that we confine our examinations and corrective work to the spine.

In a similar way we search out defects in other parts of the body, remote from the spine, and get results in a like manner. For the purpose of clearing up any misconceptions along another line, I want to tell you with what we work. First of all, as I have already said, we work mechanically and with our hands. But we hold ourselves quite within our traditional and legal right and fully within the scope of our osteopathic principles when we resort to the use of the purge, the emetic, the counter-irritant, or any external application, as the stomach pump or the surgeon's knife. Nothing contravenes our osteopathic principles short of internal medication.

I wish to mention particularly osteopathy in its relation to surgery. Do we believe in it? We not only believe in, but we practice it, and our state licenses us to practice it without any limitations. During the third of a century that has intervened since our system had its birth, we have developed some truly great men in this field of endeavors—men, such men as Dr. George Still of Kirksville, Mo., Dr. Otis F. Aiken of Portland, Ore. However, I must tell you that our attitude toward surgery is unique. We believe that where it is plainly indicated—as it most certainly is in cancer, appendicitis, with development of pus and similar conditions, surgery, to date, is the only thing that is indicated and the sooner it is employed the better; but we contend that surgery should be regarded largely as "the court of last appeal." Everybody conversant with surgery knows that countless thousands are being operated every year for no better reason than the liberal fee allowed. Protests are being raised even by some of our great surgeons against this craze for operating needless cases. Moreover, we contend that many cases become surgical that would not be so under osteopathic care—in other words, we contend that osteopathy employed in time, would save many people from the operating table.

This leads me to say that osteopathy lays its greatest emphasis on preventative medicine. Perhaps never before in the history of the world has the need of preventative therapeutics seemed so great as at the present time. This world war has revealed the startling fact that our manhood is deteriorating all too fast. Statistics show that our exemption boards in large cities like Buffalo, Denver and Chicago have turned back as physically unfit, some 89 per cent of our men who have appeared for examination, and of these 11 per cent first passed, some 20 per cent were finally returned from the camps as unfit. Think of it—in this great new country, less than eleven percent are fit for soldiery, or, indeed, fully fit for aught else.

And right here, let me say, that some four



thousand osteopathic physicians have offered to serve the cause of democracy—on the firing line as first aid—in the regular hospital corps or in independent osteopathic units after the surgeon has done all that the knife can do, and God knows there will be need. But to date our services have been rejected. Not because we are not needed—a hue and cry has gone up from one end of the world to the other for more physicians; not because we are not willing to qualify—we have insisted that we are quite willing to qualify in any way that may be indicated—we have asked for no special favors of any kind. We have a bill pending in Congress at this very moment, praying that we may be allowed the privilege given to every man—the privilege of “doing his bit” in the cause of democracy, but to no purpose. And why? Because the medical society has spoken. The old school has insisted that this privilege be denied us, and that too in the face of this appalling shortage of trained men. At your plate you

will find a copy of the North American under date of June 29, 1918, containing a most convincing editorial relative to the need of osteopathic physicians in the army.

What field does osteopathy cover? What field does medicine cover? When you have answered this question you will have answered your own as well. Osteopathy is not a specialty, good for a few things, including a lame back. It is rather a system of universal therapy, treating whatever may be amenable to treatment. We treat the acute diseases such as typhoid fever, pneumonia, erysipilas and tonsilitis; we treat the chronic diseases such as those incidental to the stomach and valvular diseases of the heart. We care for the woman in her confinement and we feel that if anyone has a right to bid for this work we have by virtue of the mechanical principles involved. And last of all, we bid for surgical cases for we resort to surgery when other less drastic measures have proven inadequate.

depends wholly upon the nutriment delivered by the artery, the drainage by the venous system, and the unobstructed nerve force necessary to normal uterine health.” Now, let us proceed to hunt for the causes that would interfere with the harmony of the blood, and nerve system of the womb. Let us force the cæcum, which is two or three inches in diameter, into the pelvis, down to the level of the perineum, and drag the uterus down by the side of the rectum in a position between the rectum and the cæcum. Pile the small intestine and mesentery on top of the uterus when wedged down into the pelvis in this position; then from the left side bring the sigmoid colon, with its contents, on top of the heap; then, having a dropping toward the pelvis of the transverse of the colon, you have a heavy strain on the mesentery of the descending colon and transverse, and cæcum, all pointing and settling down with contents, upon the uterus. We at once see a system of ligation of all the uterine blood vessels and nerves, excepting the uterine arteries, which continue to pump arterial blood into the muscles and membranes of the uterus. Thus we have a cause for unlimited growths, and we can expect tumors, and would be very much disappointed if we did not find them. If we wish to reduce the tumor we must proceed to remove the obstructing causes, with the expectation of relieving and reducing the abnormal growth, through natural channels of drainage. One would ask, “How large a tumor can be reduced by the natural drainage?” I cannot answer that question. I have reduced, without the use of the surgeon's knife, a number of tumors, whose diameter was from four to six inches. I am satisfied that some tumors are not reducible, from the fact that they have passed the point of vital response before applying for osteopathic treatment.

Case 1. A young girl, 17 years of age, was brought for examination on Saturday, when on the way to the hospital for operation for appendicitis, which condition had been diagnosed by two physicians of the allopathic school, one of whom was with her, as it was not considered safe to trust her with her parents alone, without some experienced attendant. She had the classic symptoms of pain, which pain finally had localized in the right iliac fossa, a temperature, abdominal rigidity, rather large tumor extending along up the region of the ascending colon from iliac fossa; right limb flexed.

The parents had insisted upon my making examination before the operation, in order to confirm the necessity for it. The examination revealed a lesion of the right innominate lesions of the lumbar vertebrae, and a packed pelvis, with uterus much congested and anterior.

The history was then taken and consisted of a description of having done a week's washing the Thursday forenoon before, and hurrying to get through in order to help in getting dinner for company. She had lifted a tub of water instead of more slowly emptying it, twisted around to set it down, and had then eaten a large dinner, before the evening on which the attack began. This was the last day of the menstruation which had been normal.

Against the advice of the physicians accompanying her, the patient was turned over to me for osteopathic treatment. The adjustments were made both of the bony and softer structures, and in two hours the patient was free from pain, only soreness remaining.

In order to find the cause of this prolapsus and other abnormal conditions of the pelvic region, we must search the bony framework, and muscular and ligamentous support of the entire body, but most often we find abnormalities in the region between tenth dorsal and ribs to the ileo-sacral joint, since the most important nerves from these organs are given off toward the extremities of this region.

As yet we do not know how many and

## Osteopathic Treatment Associated With Orificial Methods In Pelvic Conditions

Herbert S. Beckler, D. O., Staunton, Va.

[From the Journal of the American Association of Orificial Surgeons.]

It is seldom that one has occasion to felicitate himself more than once in his life as regards his privileges for learning from more than one original mind; a mind that can actually pick up the crumbs from God's table and hand them down to common mortals.

This privilege of learning from such teachers has twice been mine, and I hereby acknowledge my everlasting gratitude to Dr. E. H. Pratt and to Dr. A. T. Still, the greatest minds for original thought in the medical world of their time; and today I am more particularly happy in the privilege of speaking before such a broad-minded assemblage as pupils of either of these men MUST be, and to present testimony of the practicality of their teachings when applied singly or in conjunction, by one of their most unpromising pupils.

As we are more inquiring, perhaps, than the average members of scientific bodies of this class, no doubt each one has more or less definite individual ideas about certain terms I may use. Therefore, in order that the shade of meaning which I have in mind may be comprehended by all, I shall define a term or two which I shall use. The first term is “Osteopathy” for what is it, perhaps, difficult to find a better definition than this one: “Osteopathy is the application of the laws and principles of physiology to the structures of the body in the diseased state. Anything that is physiological is osteopathic.”—Dr. J. B. Littlejohn.

As I use the term structure it refers to the body framework, its organs and other parts, and in thinking of structures we naturally associate their use or function with them. Then we recognize that specialized structure is developed for a special function and conversely, a special function requires special structures or organs.

“In order that any tissue or organ may perform its normal function, it must itself be normal in its development, its growth, its cellular composition and its structural relations with other organs. The last of these requirements is probably the most essential because if the structural relations are right, normal development, growth, etc., will follow.”—Deason.

Then there is another consideration for normal functioning, and that is the degree of activity of dependent and interdependent organs and tissues. For example, we readily think of the inability of the entire organism to functionate properly if only one organ, as the heart, or the brain, or lungs, or any other part is not normal in every particular.

We all know that in practice we always find some other part of the body showing the effects of abnormal action of a structure or organ, many times far distant from the part, and it is with these relations of the various parts of the body as a living mechanism, that the osteopathic physician is particularly concerned.

Therefore, when osteopathy views a diseased condition, the word “lesion” takes a shade of meaning not comprised in the definition found in the standard dictionary, which is, “Any derangement or morbid change in function or structure of an organ or tissue,” while Dr. J. M. Littlejohn fits the word better from the osteopathic point of view, “A lesion is any change from the normal and structural relations, activity, correlations or environing conditions that react upon the organism or its functionings sufficiently to produce vital unhealth.”

With these elementary conceptions of the terms “Osteopathy,” “Structure” and “Lesion,” we, as orificialists from the various schools of medicine can properly proceed with the subject as outlined in the program.

As orificialists, we never lose sight of the primary facts of anatomy and physiology, but knowledge of the minute anatomy and physiology is fundamental, and the training of the sense of touch in order to detect the slightest from the normal must be developed until it is faultless.

When one is able to sense the normal and then the abnormal he must have mechanical sense enough to make the correction, and all who have tried to develop that skill agree that it is no small attainment; but as I understand my subject, I am not to describe or demonstrate the way to get results in the treatment of pelvic conditions. I am only to say something about the effects of osteopathic treatment associated with orificial methods, in pelvic conditions.

There are many causes of pelvic disorders, but for the present we are interested in none but those of a mechanical nature and to this end I can find nothing better to use in describing some mechanical concepts of the cause of disease of the pelvic organs than to quote from osteopathic and other authorities, perhaps, and give a few case reports from my own records, covering the point brought out.

Dr. Andrew Taylor Still, the venerable founder of osteopathy, states in his “Philosophy and Principles of Osteopathy”: “A successful healing of the uterus and its appendages



various may be the effects of a lesion of one of the bones of this region, as only one with an extensive practice and an especial turn of mind for tabulating his observations and proving them, or gathering the concensus of opinion of several competent observers either in clinics or research institutions can obtain this data, and up to this time this work has not been extensive. However, after a prodigious amount of work and sacrifice on the part of some of this school, the osteopathic profession has recently established the A. T. Still Research Institute in this city, whose workers are devoted to this kind of scientific investigation, and while as yet the work is in its infancy, scarcely beyond the embryo, still considerable has been learned to stimulate further work, and some of the findings agree with the clinical observations carried on for several years by individuals and groups of individuals, most of whom are of the osteopathic profession.

A recent series of experiments preliminary to carry on tests with large groups of mammals soon to be begun, is interesting, to say the least. Lumbar lesions were produced and maintained for eight months in female rats. One was pregnant at time of first lesion; one had what may have been an ectopic gestation; no others became pregnant during the time, though control rats became pregnant with usual frequency.

Controls and test rats were of the same families and were kept under identical conditions except for lesions. The males with whom the lesioned females were mated were normal. These tests were merely preliminary on about a dozen rats and are really of little significance except as an indicator.

Dr. M. E. Clark, in his "Applied Anatomy," in dealing with one lumbar vertebra, states, "The disorders most commonly caused by a lesion at the 4th lumbar are flux, diarrhea, constipation, fibroid tumors of the uterus, congestions and inflammations of the uterus, sexual disorders, impotence, nocturnal emissions, satyriasis; disturbances of the lower limbs and their articulations, such as pain, atrophy, varicose veins and inflammation, and I may add that disorders due to an innominate lesion are almost legion, since the foundation of the structures above it is composed of the pelvic bones. Referring to this lesion, Clark states, "The lesion may stimulate the nerve to the external sphincter muscle, hence the resistance offered to the expulsion of the feces would be increased in proportion to the degree of contraction. Constipation from obstruction, is the result. In such cases the fecal contents are normal as to shape and consistency, but the stool is small and is expelled only after great straining. To cure such cases, correct the lesion; that is, remove the irritation. The muscular condition is the effect. To relieve, dilate the rectum, thus overcoming or removing temporarily the resistance offered by it," and that describes the effects of such a lesion on the veins, arteries and nerves of this region and its organs. The second, third and fourth sacral send fine medullated branches directly to the pelvic plexus and indirectly (possibly directly) through the plexus to the bladder. Quain says that they are the chief motor nerves to the bladder and probably are distributed to the longitudinal muscle fibers, and innominate lesions may thus affect the bladder from injury to these nerves. Any sort of motor disorder of the bladder may be the result. If the lesion is irritative there will be frequent micturition and tenesmus; if the lesion inhibits the passing of the motor impulses designed for the bladder there will be difficult and imperfect micturition, or motor paralysis of bladder with dribbling of urine."

Case 2. Boy, three and a half years of age, troubled with incontinence of urine, day and night dribbling. Perfectly healthy otherwise. Found a small meatus, and circumcision badly needed. I corrected these defects, with the result that he gained control at once. After

about a month he was brought back, with the same trouble. I found tightness of all the sacro-iliac ligaments and some of the muscles. I was not able to distinguish any bony lesions, though there were probably some, as I treated him in such a way as to help Nature make an adjustment of any slight subluxation, and relax ligamentous and muscular tension. He has had no more diurnal incontinence, though there is once in a while nocturnal incontinence, as with other children, after watermelon eating, etc., in the evening.

Case 3. Lady about sixty years of age, in normal health, was rather suddenly taken with frequent and painful micturition, which lasted several days and the usual medical measures gave no relief. Examination revealed a twisted pelvis, which being corrected, the trouble ceased in a few hours. This was the second time she had gone to an osteopath for relief. The one who had previously treated her lived in a distant state.

"In innominate lesions these visceral branches supplying the uterus are more frequently affected in the female than any other of the visceral nerves."—Clark. Dysmenorrhoea and dystocia amenorrhoea, menorrhagia, leucorrhoea, vaginismus, and the various displacements are all traceable to innominate, lumbar and lower dorsal lesions, the correction of which is followed by a disappearance of these conditions.

Case 4. Young lady, age nineteen years, came five years ago, complaining of dysmenorrhoea since menstruation began. Was always in bed two or three days; headaches etc. Had more or less discomfort in right iliac region and sacrum. Was apparently healthy and strong, though at times the face was unduly flushed and much of the time she was constipated.

A right innominate and some lower lumbar lesions were found and corrected, and she became, as she expressed it, "About like most other women, I guess," which was, without much inconvenience except the first day. This condition remained about the same for a year or so, and then she was given a careful examination by my wife, Dr. Jennie K. Beckler, when an adherent, hooded clitoris was found. This was taken care of by circumcision of and breaking up of the adhesions. The first menstrual flow came unawares. Since then, in attending to her duties as teacher and farmer's daughter, she has had the innominate in lesion several times with immediate menstrual trouble following, which continues to grow worse each month until the lesion is corrected, when the trouble ceases.

Case 5. Lady, thirty-four years of age, single, three years ago presented herself for treatment for prolapsus of uterus, with so much weakness that she could not walk up or down stairs so that when attempting to ascend a pair of stairs she did so in a "sidling" manner, partly on knees, at times; and in descending, just "slipped down." Was worse at menstrual times. She had had this trouble for over seven years and was gradually growing worse. During last two years had attacks of jerking of all the muscles of body. Sometimes she seemed unconscious, but after the attacks said she knew everything, but could not control her breath or actions. She was a very quiet, unexcitable nature.

Examination disclosed a very rigid spine and lower dorsal and lumbar subluxations with a marked displacement of the fifth lumbar on the sacrum, which was tilted forward, particularly on the right side; an adherent hood of the clitoris. Treatment was given for six months to correct these abnormalities, but with only partial success as to the sacral tilting and lower lumbar lesion, though the stiffness had largely disappeared. Since the first six months she has had an occasional month's treatment. She can now walk almost as much as she wishes, anywhere. The nervous attacks ceased soon after the first six months' treatment were over, and sometimes she does not

have to be quiet the first day of menstruation. I expect her to ultimately become normal when the fifth lumbar lesion is corrected.

Case 6. Lady, 32 years old, married, no children. For several years had complained of prolapsus of uterus, with much weakness, etc.

Upon examination, lower dorsal and lumbar lesions were found, a relaxed vagina, with uterus almost outside, although she wore a rubber pessary; she also had a bad leucorrhoea.

A few treatments restored the spinal column to normal and then the uterus remained in its normal position when replaced the second time. The leucorrhoea ceased after a few douches of very hot water. This was over two years ago and she has remained well and sent others for similar troubles.

The sensory effects of a lesion of the innominate disturbing the great sciatic nerve are most common and pronounced, and other nerves of sensation may also become involved. Lest I weary you, I will give only one more case history to call attention to this phase of an innominate lesion.

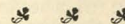
Case 7. Mr. Y., plumber, 38 years of age, came to me in February, 1915, suffering from sciatica which had continued since November previous. He had taken all kinds of medical treatment including incision and stretching of the sciatic nerve, in one of the prominent medical university hospitals, with no apparent results; in fact, he felt worse.

Examination revealed an innominate and lower lumbar lesion which was fortunately corrected on the first visit, with the result that the patient was nearly distracted the evening of the day following.

After finding the lesions, questioning brought out the fact that he had slipped down a railroad embankment in hastening to a train while carrying a box of tools on one shoulder and some piping on that hip, about two weeks before the trouble began, and had sustained a great jar in the fall resulting from the loss of balance in slipping.

## Sleep Lasting Three Months Fatal to Staten Island Girl

NEW YORK, June 27 (AP).—After an almost unbroken sleep lasting three months and eight days, Hilda Karl, of New Dorp, Staten Island, died at a hospital here last night of encephalitis lethargica (sleeping sickness). Physicians were able to rouse her only at intervals lasting a few minutes. The young woman came to this country from Finland eight years ago.



Query: Is not the medical staff of this institution guilty of manslaughter to let this poor girl die on their hands thus when osteopathy has a record of 100 per cent cures for these cases?

Surely they are.

## Shoemaker Who Ran a Chiropractic Shop

THE Pittsburgh Dispatch recently ran an interesting little story of what happened to a detective sent to investigate a shoemaker "practicing chiropractic without a license." The shoemaker evidently got wise to the fact that the detective was not a regular patient, because when said patient mounted to the table, which was a folding affair, the shoemaker-chiro gave the center legs an accidental push and the detective's gluteus max. hit the floor. Said detective states he will never forget his first chiropractic treatment. Needless to add the combination cobbler-chiropractor went to jail. And thereby, we imagine, the trade was deprived of a perfectly good shoemaker—and, more's the pity, for labor is scarce.



## PUBLISHER'S DEPARTMENT

### Something Superfine for October

"A WELL-BALANCED ration" is what you will call the October issue of *Osteopathic Health*, because of the fine balance of theoretic and practical osteopathy packed between its covers. It is the sort of mixed collation of reading that the average person will like because it tells, first, in brief summaries, something of the scientific and historic aspects of osteopathy; and straightway, after that, gives more than a dozen illustrations of typical osteopathic cases that were cured, many of them after materia medica and surgery were in default, all of which illustrate the osteopathic principles of adjustment and coordination beautifully.

The first article is that brief gem by John Comstock, D. O., scientific director of the Southwest Museum, Los Angeles, called "Osteopathy as a Science." We printed the text of this in full on page 26 of the August *OP*. As a lucid and popular scientific estimate and explanation of osteopathy Professor Comstock's little article is a polished gem. It states osteopathy in terms of biology, and anybody who reads it will find his understanding and respect for our science increased.

Then come those beautiful little recitals of what these osteopathic and biologic principles have wrought for health when applied to human diseases.

"Gastralgia Caused by a Fall" points the moral of osteopathic diagnosis and its adjustment cure as any mere statement of theory cannot.

"Mercy for Appendicitis Cases" will appeal to the human heart and understanding both. There are four appendicitis rescues recorded.

A case of Inflammation of the Bladder is reported—and how many of our present patients will be surprised and glad to learn that osteopathy is available to treat such things? This case had baffled some noted M. D.'s who would not take any interest in the man's painful back-bone lesions.

Pains in the Back—another case—sounds osteopathic enough, doesn't it?

Facial Paralysis—two cases reported, that were cured.

Mitral Insufficiency and Hypertrophied Heart—you will have some cases, we think that you would like to have read this, and it will be an eye-opener to all your present and past patients.

Deafness Following Influenza—timely, we say—what do you think about it?

Piano Player's Cramp—this old familiar neurosis speaks for the many occupation diseases based upon functional nerve exhaustion after lesion weakness has developed. Case cured—a well known Canadian woman.

Acidosis—a permanent cure in four months.

What more could you ask for in one issue?

Have you a single patient, or ex-patient, who would not become a better asset to your practice for having the diversified knowledge about osteopathy presented in this October installment of our service?

Say, good friends, what do you hesitate about, anyhow? Are you afraid to send in a *real* order expressive of the value you place upon such service? Get the habit of using this monthly *OH* service by the hundreds of copies and you will see results for yourself and the science equally.

Fraternally,  
H. S. BUNTING, D. O., Editor.

### The OP Want Ads Pay

THE *Osteopathic Physician* just recently ran a column offering free want ads to the students at the various colleges who cared to work during the summer as assistants. We received a letter from James H. Carss of Des Moines, Iowa, stating that he was simply swamped with offers. This indicates the pulling power of the *Osteopathic Physician*.

Dr. H. M. Grise, of Wausau, Wis., also recently had an ad. in the *Osteopathic Physician*. He writes us as follows: "The *OP* is surely the best advertising medium in the profession."

## Hand-Borne Infections

[From the AMA Journal.]

IT is easy for the absent-minded, as well as for the ignorant person, to transfer germs from contaminated hands to the mouth. Objects touched by fingers just moistened with saliva are a part of the everyday environment of many persons in modern life. Telephone directories consulted with freshly dampened thumbs, saliva-moistened street-car transfers, and hands offered for the ceremonial shaking after being used for smothering the droplets of a cough are but a few of the multitude of opportunities for acquiring germs fresh from the respiratory tracts of friends, acquaintances and strangers. Others will be recalled by every observant city dweller. Opportunities, indeed, for handsoiling of even more unpleasant character are not far to seek.

The chances for hand contamination during an active day are extraordinarily numerous. Palmer has recently enumerated his chances for acquiring infection of this sort; they amounted to 119 points of contact. The majority of them were instances of hand contact with doorknobs and similar objects that were or might have been touched by others immediately before. Many active men would probably go far beyond such numbers in counting over their own possible daily chances for hand contamination. It is safe to say that the average professional man or office worker in the

"down town" or "business" district of a city takes advantage in the course of a day of several hundred opportunities for picking up germs of various kinds recently deposited by the hands of others. Under special conditions, this form of indirect contact has been thought to be a potent factor in definite epidemics of diseases. Lynch and Cumming have advanced evidence which is interesting, if not altogether convincing, in support of the view that contaminated hands were an important agency in spreading influenza in certain army organizations during the great 1918 pandemic. The hands of typhoid carriers have for a long time been regarded with well merited suspicion.

There are two aspects of hand-borne infection that deserve special recognition. One is the fact that early education of the reflexes can protect the individual to a large extent against the grosser forms of this mode of infection. It is glaringly obvious that the biting of finger-nails, the moistening of fingers in turning the pages of a book, and similar half unconscious acts greatly enhance the opportunities for planting undesirable germs where they can multiply. On the fingers they may be harmless; transferred to the mouth they have a wide field for development. It is plain, too, that hand washing before meals con-

stitutes a safeguard against infection. The soiling of the hands is impossible to avoid altogether, but the swallowing of germs from one's own soiled hands is largely under individual control. A reasonable degree of education in such matters in the home and in the school will go a long way toward minimizing the dangers of hand-borne infection.

Another aspect is the evident absence of any ground for extreme apprehension or for the building up of a phobia. Every normal, active person must receive on his hands hundreds of times a day germs derived from other human beings, and yet apparently infection from this source is relatively uncommon. In proportion to the chances for hand contamination, adult infection is certainly a rare occurrence. Undoubtedly in children of school age and younger this route of infection is more commonly followed; but two additional factors are at work in the latter case; the greater susceptibility of children to the common infections whose portal is the mouth or the nose, and the more unconventional habits of children with respect to cleanliness of hands and familiarity of intercourse between fingers and mouth. Even with children, however, it is difficult to apportion the relative responsibility of hand-borne infection and droplet infection.

So far as adults are concerned, the proportion of cases of hand-borne infection to the opportunities for such infection seem almost surprisingly small. It may be fairly assumed that the most useful safeguards against this form of disease transmission are to be found in such practices as hand-washing and in refraining from using the tongue or the lips as a moistening-pad, rather than in hysterical attempts at avoidance of all hand contamination. Children are best protected thru the inculcation of similar desirable habits at an early age. In a word, some degree of hand contamination is unavoidable; but the transference of the contaminating germs to the mouth is largely under individual control and is subject to the powerful influence of early formed habit.

### A Grand New Serum

Heralded After the Fashion of Allopathic Journalism

By F. L. R. Roberts, D. O., Spirit Lake, Iowa

THE laboratories of Dark, Rabies & Co. have just perfected a group of new sera to be used for the correction of fractures and dislocations. These sera are specific, but in cases in which the physician is unable to diagnose a fracture or dislocation or in which he is unable to determine what bones are affected, their polyvalent serum is advised. The usual dosage is 1,000 kilowatts, but in some cases as much as 5,000 calories are required. The Flexnow institute is said to endorse highly this new addition to our armamentarium.

A great number of tests have proven the great efficacy of these invaluable sera. So far as we can learn it has never been used on humans, but no less than three cases of fractures in animals were treated with great success. Though the guinea pigs all died, one of them passed a gold coin to the doctor in charge and a similar coin was found in the intestines of the second at autopsy.

The sera are equally valuable as a prophylactic, as has been abundantly proven. Two dogs were used for this test in a control experiment: one of them was inoculated, the other was not. They were then turned loose on a busy city street. One of them was run over by a truck and several bones were broken. The other remained unharmed. It could not be definitely determined that the dog that escaped was the one treated. This, to the skeptical lay mind, would seem to detract somewhat from the value of the results obtained, but to the medical practitioner the proof is not only convincing but a new and interesting field of investigation is opened up. Read the important announcement of Dark, Rabies & Co. on page 77 of this issue. Congress should appropriate \$70,000,000 to put this sera within reach of all poor families.



## You Can Get Obstetrical Experience at Liberty Hospital

FOR a couple of years past I have felt the need of being better fitted to handle obstetrical work, but I could not find a place where it could be gotten. I talked with osteopaths regarding such work and corresponded with some of the clinics where previously osteopaths had been admitted, but I could not get in. Then early this summer Dr. Crenshaw offered the opportunity for which I had been looking and I was especially pleased to enroll at Liberty Hospital, 4267 Delmar Ave., St. Louis, Mo., because I could here get the benefit of twenty years of osteopathic experience along this line. Further, the newer method of painless childbirth is being successfully used here, and I was doubly interested.

I have now been here practically the full time allotted for the course and I feel there is such a wonderful opportunity here that the profession ought to know about it. In talking with many different practitioners I have found the feeling generally of a lack of sufficient clinical material of this sort while at school and as a result many are timid about handling this important branch of work. I am glad to say it can be gotten here, and altho this marks the beginning of Dr. John H. Crenshaw's effort to bring together clinical material of this sort, the results are gratifying and warrant my belief that a large clinic can be established. In the course of a few months, five or six, possibly more, doctors would be needed to handle the cases.

There is now a splendid chance here for an interne, covering possibly a period of six months, and from my conversations with Dr. Crenshaw I believe very satisfactory arrangements could be made. Valuable experience could be gotten in a few months which in an ordinary general practice one would not get in several years. Confidence to handle any obstetrical case, as well as the ability to do obstetrical and gynecological surgery, would be gained. In my own case, I feel that such an opportunity at the time I came out of school would have doubled my earning capacity at the start.

In the four weeks that I have been here I have seen cases delivered with chloroform, with nitrous oxide and oxygen, as well as without any anesthetic. I have administered the anesthetic in some cases, attended to the delivery in others, and done the repair work in half a dozen cases. This experience has given me the full confidence to handle any of these cases and I feel that my ability to give a patient the proper care at the right time will be due to the work that I have had under Mr. Crenshaw.

I have written as fully as I have because there is an opportunity here that we, as a profession, should use. I feel that there are many practitioners, as well as recent graduates, who would grasp such a chance, providing they were assured they would get such work. As I said before, this is a new venture on Dr. Crenshaw's part, and altho he will derive some benefit from the advertising it will give him in the community, it is largely an enterprise to be carried on for the profession. Sixty or seventy deliveries a month would be a conservative estimate of the clinical material that could be brought together; but unless the profession takes advantage of the opportunity, there is no reason why Dr. Crenshaw would care to go on with the undertaking. An interne and enough doctors would soon develop these possibilities; a lack of such training in our schools could be made up here; and an ideal clinic established.

Liberty Hospital was a very pleasant surprise to me. I found a place of twenty-eight rooms, seven bath rooms, with lavatories in most of the rooms, situated in one of the good residential sections of the city. The community is quiet and only a block and a half and two blocks from two car lines. There are accommodations for thirty-five patients, and even during this month, supposedly the dull season, there is a constant call

for more room. I would be pleased to answer any inquiries regarding the work that one can expect to get here.—Arthur L. Hughes, D. O., 27 Park Place, Bloomfield, N. J.

## Turns Philanthropy Into Romance

WHEN I was in Chicago attending the A. O. S. O. & D., I met Miss Grace Stevens of Bellefonte, Pennsylvania, at the Harvard Hotel, 5714 Blackstone Ave. Miss Stevens was head of the Commercial Department of the Bellefonte High School. I set an innominate bone for her. That interested her in osteopathy and I persuaded her to study osteopathy in the Chicago College of Osteopathy. She told me that that innominate was liable to give her trouble again and she would like to be associated with an osteopath who could set it for her when she graduated from osteopathy. I told her that if she would consent to having a doctor's bill poked in her face the rest of her life, I would keep that innominate in place. We were married in Chicago, July 1, 1919. Instead of sending *The OP* to me in Little Rock, please change the address to my wife, Mrs. Grace S. Dodson, Room 46 Monroe Building, 5519 Kenwood Ave., Chicago, Illinois. Mrs. Dodson will mail *The OP* to me after she reads it. She comes first now, you know.—C. A. Dodson, D. O., Little Rock, Arkansas.

## Iowa Wants It in 1920

As a Trustee with Iowa and interested in the AOA coming to Iowa in 1920, I assure you I am in hearty accord with it remaining in Chicago for three or five years as may be thought for the best. It suits me all right. I also favor some plan by which Chicago DO's may be relieved of any expense in connection with the meeting. Hoping for a great year in osteopathy—I am fraternally, S. B. MILLER, D.O., Cedar Rapids, Iowa.

## Galli Curci Benefit Still Advertising Us

The Western North Carolina Times, published at Hendersonville, in its issue of July 18th, copied in full the Galli-Curci Benefit as reported in the June *Osteopathic Physician*. This was a good piece of publicity for Dr. George Wright, the local osteopath, to put over. It was a very excellent story to use for this purpose and we hope that hundreds of similarly enterprising osteopaths arose to the occasion. Either the story in "Osteopathic Health," which is shorter, or the story in *The OP* which this North Carolina paper reprinted, are excellent for the purpose of local newspaper publicity for the osteopath profession. We keep making the suggestion anew that our practitioners ought to be alert for such opportunities and wherever possible, get the local newspapers to reprint matter about osteopathy in this manner.



## Official Surgeons to Be in Chicago in September

The 32d Annual Convention and Clinics of the American Association of Official Surgeons will be held at Chicago, September 15th, 16th and 17th. The location will be the Congress Hotel and Fort Dearborn Hospital.

## Kibby and Stork Pull Together

On July 28th I took care of a case of childbirth. Instead of one I am happy to say there were two—a boy and girl. I get a number of labor cases here.—Kibby J. Clements, D. O., Plainview, Texas.

## Dr. A. M. Breed Has a Stroke

Dr. Breed is at present in the Osteopathic Hospital of Philadelphia, suffering from cerebro hemorrhage. Left arm and leg paralyzed and at times his mind is cloudy. His condition was brought on by overwork and no vacations. Dr. Breed's one cry now is "Tell the young fellows to take a vacation before they get where I am." His case is apparently hopeless, but we are fighting every inch of the way for him.—Mrs. A. M. Breed, Philadelphia, Pa.

## New Officers for Washington State Association

The Washington State Osteopathic association elected the following officers for the coming year: President, Dr. W. E. Abegglen, Tekoa, Washington; first vice-president, Dr. W. H. Arnold, Vancouver, Washington; second vice-president, Dr. R. C. Mayo, Walla Walla, Washington; treasurer, Dr. Edward Howley, Mt. Vernon, Washington; secretary, Dr. H. E. Morse, Wenatchee, Washington; re-elected; trustees re-elected, Dr. Roberta Wimer-Ford, Seattle, and Dr. W. T. Thomas, Tacoma; delegates and alternates to the American Osteopathic Association, Dr. W. E. Waldo, Seattle; Dr. H. E. Caster, Spokane; Dr. E. A. Archer, Pullman; the resolution committee, Dr. Carrie Benefiel, Spokane; Dr. J. E. Heath, Walla Walla; Dr. W. H. Arnold, Vancouver.

## It Will Take Thousands of Copies

Is it possible at this late date to obtain about 30 copies more of "Osteopathy and Its Imitators?" I have used 75 copies but even today, in this enlightened city and age, it came to my ears that a woman in our town declared in the presence of two enlightened ladies that chiropractic was greater than osteopathy, that chiropractic took years of study and osteopathy only months. I must keep on educating these ill-informed if I can get the propaganda.—Elizabeth Todd, D. O., Topeka, Kansas, August 20.

## Regards OH as a Necessity

Enclosed please find \$75 to apply on my account for *Osteopathic Health*. I am sorry that I cannot pay in full at this time, but vacation season is on and no money. Lots of work and no money. I feel with OH as the fellow did with his wife. He told the Judge that "he couldn't get along with her and he couldn't do without her," that's the way we are; so keep the good work up. OH is the greatest educator in the land.—E. Clair Jones, D.O., Lancaster, Pennsylvania.

## Results of Washington State Examination

Our first examination under Board of Osteopathic Examiners of the State of Washington was good. Twelve out of ten passed the whole thing, Osteopathy and Surgery and twenty-eight took Surgery only. Those now holding osteopathic certificates in Washington all passed.

We hope for a still larger class in January. We need them in Washington. I will gladly give such information as is desired.—W. T. Thomas, D.O., Sec'y-Treas., 301-2 Bankers Trust Building, Tacoma, Washington.

## License Is Granted by Washington State Board

The following licenses were granted by the Board of Examiners of the State of Washington at the examination held in Tacoma August 5th, 6th and 7th. The following were passed and given licenses to practice in the state of Washington: E. R. Lyda, J. C. Hendrick, Everett D. Clark, C. H. Vance, K. D. St. Pierre, Estella Boree Ditman, Melissa A. Boddy, J. Wesley Taylor, H. P. Bloxham, Louis M. Fear, C. Landis Toeichler, and Amy McQuary Toeichler.

## Women's Association Gives Lunch

The Women's Osteopathic Association of King County (Seattle) Washington, gave a luncheon at the Butler Hotel recently for the visiting women physicians during the state meeting. Among those present from out of town were: Dr. Katherine Stott Myers, Portland, Oregon; Dr. Clara McFarland Miller, Sacramento, California; Dr. Carrie Benefiel, Spokane, Washington; Dr. Rosetta Shortridge, Walla Walla, Washington; Dr. Mary Perrett, Summer, Washington; Dr. Minnie Pugh, Everett, Washington; Dr. Andersen, Tacoma, Washington. Dr. Andersen, Tacoma, ashington.

## Letter From Dr. Spencer of Los Angeles

I was indeed sorry to miss the Convention and the pleasure of greeting my friends, but the year's work in the California Association had just about finished me, so I took a trip to the mountains where for more than two weeks I had the time of my life. The largest fish I landed weighed six pounds and fear of the game warden prevents me from reporting the number of four and five pound trout I landed in one day. I would tell of one that broke my pole, but I am sure you would say "old stuff" so I refrain.—Chas. H. Spencer, D. O., Los Angeles, Calif.

## Osteopaths Wanted in Oklahoma

I can place an osteopath in an Oklahoma town of about 4,500 people where he can start out with as much as \$100 to \$150 per month if he locates by the first of September. The reason for the hurry is that the parties who are interested in having an osteopath locate in the town want to move to Oklahoma City to take treatments if they can not get an osteopath to locate in their present home town. There are two other good locations in Oklahoma where an osteopath could do well and I should be very glad if you could put me in touch with some good ones.—F. A. Englehart, D.O., Oklahoma City, Oklahoma.

## Washington State Meeting

The Washington Osteopathic Association had an interesting convention at Hotel Frye, Seattle, August 8th and 9th. A very instructive program was held as follows: Dr. H. F. Leonard of Portland, Oregon, conducted clinics in throat surgery and gave a valuable, practical talk on diagnosis of cases where surgery is indicated. Dr. Katherine Stott Myers, of Portland, gave a talk on "Osteopathy in Acute Practice," in a most admirable manner. An entire morning was given over to "Osteopathic Mechanics and Diagnosis," by Dr. E. R. Lyda. The work proved so fascinating and popular that the session continued until 2:30 p. m. Fifteen new members were voted into the state association at this meeting.

## Meeting of the Denver Osteopathic Association

The Denver Osteopathic Association met in the hall of the Denver Polyclinic and Post Graduate College on Thursday evening, August 14, and was addressed by Dr. T. J. Ruddy of Los Angeles, California, on the subject of "Goitre." There were about thirty doctors present and all enjoyed the evening very much in listening to the very able address of Dr. Ruddy. Dr. Ruddy is one of the leaders of the profession and has made himself famous by his travels over the country lecturing to the various associations and doing surgical work on eye, ear, nose and throat among the doctors in various states. Dr. Ruddy's ability is coming to be more and more appreciated by the profession.

## North Carolina Osteopathic Board News

The North Carolina Board of Osteopathic Examination and Registration met in Raleigh on July 25th and 26th and elected as officer for the coming year, Dr. George A. Griffiths, of Wilmington, president, and Dr. W. E. Crutchfield, of Greensboro, secretary-treasurer. To accommodate those but lately discharged from the army, the Board has



decided to hold a special meeting for examination in January next. There are a number of exceptionally good locations in the state and the Board will gladly assist those wanting openings. The North Carolina law allows reciprocity with states having equal requirements. Address all inquiries to Dr. W. E. Crutchfield, Secretary, McAdoo Building, Greensboro, North Carolina.

**PERSONAL**

Dr. T. A. Rieger will spend August at his home, Erie, Pa.

Miss Cora Gottreu, superintendent of ASO Hospital, spent the early part of August at Lake Minnetonka.

Miss Jeanette Carley, assistant superintendent of the SAO Hospital, spent the month of July in the Ozarks.

Dr. George M. Laughlin, of Kirksville, Missouri, has just returned from Colorado where he spent his vacation.

Dr. B. D. Turman, of the ASO Hospital staff, spent July fishing in the mountains of Tennessee.

Dr. H. S. Hain and wife, ASO, spent their vacation at Cassopolis, Michigan.

Dr. Reginald Platt and Dr. Virgil Halladay of ASO took in the Rocky Mountain Convention the early part of August.

Dr. J. W. Murphy, of Bremerton, Washington, is taking a vacation from practice for a year to do post graduate work at Los Angeles, California.

Miss Lydia Mast, assistant superintendent of ASO Hospital, is spending the month of August at her home in Northern Iowa.

Dr. C. R. Schmidt spent his vacation with his wife's parents in Indiana, arriving in Kirksville the last of July.

Dr. E. S. Merrill, of Los Angeles, Calif., spent a few days at the ASO Hospital visiting on his way back to his practice.

Dr. James T. Slaughter has resumed his practice in Seattle, Washington, after many months spent in service in Europe.

Dr. George H. Carpenter, of Chicago, was recently called to Naperville, Illinois, by Dr. Moser, to consult with him in regard to a heart case under his care.

Miss Mary Ramsay, superintendent of the Woman's Hospital, Kirksville, who is spending the month of August in Colorado, took in the Rocky Mountain Convention.

Dr. Charles C. Cook, of Saginaw, Michigan, is now back in practice after a year's absence. He was in the army during this time, nine months of the year being spent over seas. He received his discharge June 10th.

Dr. W. J. Conner, of Kansas City, Missouri, wrote us recently that he was spending his vacation in a cottage in Bear Creek Canyon, in a place called Joylan, California, twenty miles from Denver.

After attending the National Convention of the American Osteopathic Association at Chicago, Dr. Pauline R. Mantle, of Springfield, Illinois, went on an extended vacation trip through Colorado. She returned to her practice the middle of August.

Dr. John W. Wallace, of Philadelphia, had the misfortune to lose his father by death the early part of July. His home was in southern Illinois and Dr. Wallace was in attendance on him for some time. Dr. Wallace has changed his Philadelphia address from 1703 North 17th street, to 2420 North Broad street.

Dr. Evelyn R. Bush, of Louisville, Kentucky, is holding her head very high these days. She has become a grandmother. Her little granddaughter, Evelyn Louise, arrived July 26th and through the osteopathic skill of Dr. Marion E. Clark of Indianapolis, the arrival occurred in a perfectly normal way. Both mother and child are in splendid condition.

Dr. Burr M. Rogers, ASO, June 1916, has been discharged just recently from the U. S. army, after having served a year in A. E. F., including England, France and Germany. He was a member of Evacuation Hospital No. 30, being surgical assistant. He has now resumed his practice at his former location at New Castle, Pennsylvania.

Dr. W. C. Dawes, of Bozeman, Montana, after attending the National Convention at Chicago, visited Des Moines and made arrangements to take postgraduate work at the Des Moines Still College of Osteopathy. He reported that he obtained some excellent obstetrical work. He returned to his practice in Bozeman about September 1st.

Dr. Guy E. Loudon, of Burlington, Vermont, who has been indisposed for some time past and taking a rest from practice, is now beginning to feel in good physical condition again and is devoting some time to his regular professional duties. He expects within a short time to be devoting his attention to practice as steadily as ever before.

Dr. Charles S. Bandel, of Brooklyn, New York, has been spending his vacation at The Balsams, Dixville Notch, New Hampshire. He states that he expects to remain there until about the 25th of September.

Dr. Mary Kelly Sullivan, wife of Dr. Harry B. Sullivan, of Detroit, Michigan, died August 4th as the result of complications arising from injuries received several months ago in an automobile accident. At the time Dr. Kelly Sullivan married Dr. Harry B. Sullivan, of Detroit, she had been associated in practice for five years with Dr. Joseph Henry Sullivan of Chicago. She was considered one of the most successful women in osteopathic practice. Her death renders motherless four fine children, three boys and one girl. The sympathies of the profession, we are sure, will go out to Dr. Harry B. Sullivan in his bereavement.

The merry month of June was selected by many bachelors in the osteopathic profession as a suitable time to change their social status. Among the bachelors who became benedicts was Dr. James H. Bell, of Newark, Ohio, who on June 7th, as he says, jumped off the dock at Newark, Ohio, and took with him Miss Ferne Van Atta of San Francisco, California. Dr. Bell has disposed of his practice in Newark to a class-mate, Dr. Lester Mylander, and will take a temporary vacation, spending his time in travel, partly for the benefit of his wife's health, which is a little little delicate. It is hoped that change of scene and climate will be beneficial to her.

**LOCATIONS and REMOVALS**

Dr. Lester Mylander, of Newark, Ohio, succeeding to the practice of Dr. James H. Bell.

**MARRIED**

Dr. James H. Bell, of Newark, Ohio, to Miss Ferne Van Atta, of San Francisco, California, June 7th.

**BORN**

To Dr. and Mrs. W. E. Abegglen, of Tekoa, Washington, a nine pound son, Glen Charles, August 4th, 1919.

To Dr. and Mrs. Orval L. Kelley, of Prescott, Arizona, on August 23rd, a son, Howard Lindon.

To Mr. and Mrs. Ray G. Hulbert, of Kirksville, Mo., on August 30th, at the American School of Osteopathy hospital, an eight-pound boy, Dayton David.

**DIED**

Dr. Mary Kelly Sullivan, wife of Dr. Harry B. Sullivan, of Detroit, Michigan, August 4th, as result of injuries arising from automobile accident several months ago.

**EXCHANGE and MARKET**

Advertisements in this column 5c per word, address free. Terms strictly cash in advance.

For Sale—Branch practice in Ohio town of 3,500. Woman preferred. Two larger connecting towns—good introductions. Address No. 173, c/o The OP, 9 S. Clinton St., Chicago.

For Sale—Practice and furniture in New Jersey suburb of Philadelphia; population 7,000. Address No. 174 c/o The OP, 9 South Clinton St., Chicago.

For Sale—A good practice in a Virginia city of 25,000 population. Well established. Only osteopath. Collected in past 12 months \$5,000.00. Good reasons for selling. Sell on commission to right party. Mixed board. Reciprocity with some states. Good location for man and wife. Fine climate. Must be reliable. Address No. 175, c/o The OP, 9 So. Clinton St., Chicago. Ill.

For Sale—Established practice in Virginia town of sixty thousand population; two osteopaths. Reason for selling given to purchaser. Address Box 263, Roanoke, Va.

For Sale—Office fixtures and good will. Best town in California. Full particulars in reply to letters of inquiry. Address No. 180, c/o The OP, 9 So. Clinton St., Chicago, Ills.

For Sale—Old established practice; one of most desirable locations in Pennsylvania; city of 40,000; high grade clientele, mostly women. Connection could easily be developed into big practice suitable for husband and wife. Good reasons for selling. Write stating references and full particulars would be sent at once. Address No. 176, c/o The OP, 9 South Clinton St., Chicago.

Wanted—Opportunity to work as partner, assistant or take charge of practice. Have practiced two years in Michigan. Just received honorable discharge from army. No. 177, c/o The OP, 9 South Clinton St., Chicago, Ill.

Wanted—Male assistant of good presence and character, licensed to practice in Wisconsin. Salary and commission or interest in practice. Address No. 179, c/o The OP, 9 So. Clinton St., Chicago, Ills.

Wanted—To buy a practice in the Middle West. Must be in a city from 10,000 to 75,000 and reasonable price. Address No. 178, c/o The OP, 9 So. Clinton St., Chicago, Ills.

**PROFESSIONAL CARDS**

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

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

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

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

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

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

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

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

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

**Osteopathy in the Inflammatory Diseases**

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

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

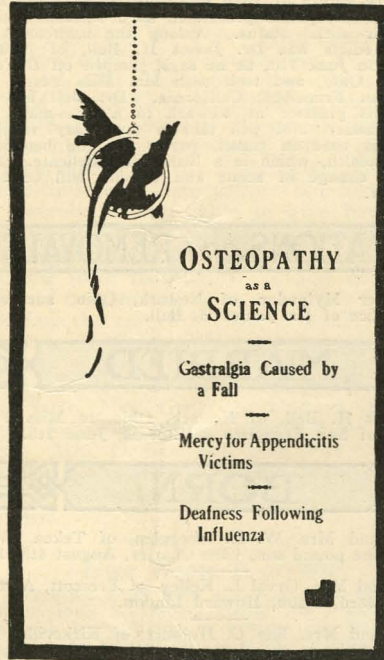
DO justice to the people of your home community by telling them about Osteopathy and how it helps promote health.

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

**"Osteopathic Health"  
for October, 1919**



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

**No. 33**



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

**Why Osteopathy Cures Numberless Ills Where Medicine and Surgery Fail**

Modern Medicine Has Scored Only Eleven Victories Against a Thousand Failures

3,000 Drugs More Hurtful Than Healing

Drug Abuses Far Outrun Drug Uses

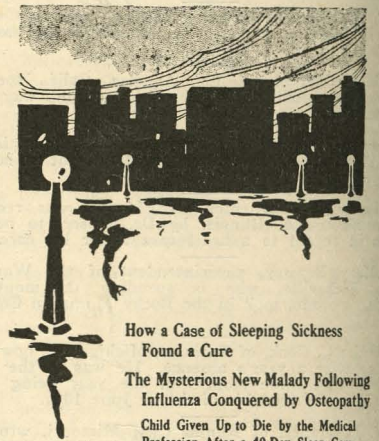
Heart Stimulants In the Infections Are Gross Malpractice

Osteopaths Willing to Concede Medics 5 Per Cent of the Field of Disease and Can Prove Their Own Superiority In the Remaining 95 Per Cent

The Osteopathic Dominion Includes All Curable Diseases



**No. 34**



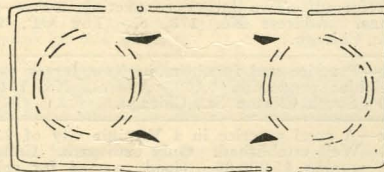
**How a Case of Sleeping Sickness Found a Cure**

**The Mysterious New Malady Following Influenza Conquered by Osteopathy**  
Child Given Up to Die by the Medical Profession After a 40-Day Sleep Completely Restored by Osteopathy

**The Lesson of a Cured Lumbago**  
Ills that Lie Between Acute and Purely Surgical Practice

**A New and Rational Hope for Patients Who Have Not Been Relieved**

**No. 36**



**MOST DISEASES  
ARE OF  
SPINAL ORIGIN**

A popular exposition of Osteopathy proving its validity from the known facts of anatomy, physiology and pathology, and showing it to be a complete scientific system of therapy applying well recognized principles in a new way.

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

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