

# **Osteopathic Truth**

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# Osteopathic Truth

A MONTHLY MAGAZINE FOR THE OSTEOPATHIC PROFESSION

Pledged to the *truth* which Father Andrew saw,  
No favor sways us, and no fear shall awe.

Volume I

NOVEMBER, 1916

Number 4

## OSTEOPATHS, FIRST, LAST AND ALL THE TIME

LOUISE A. GRIFFIN, M. D., D. O.  
(Boulder, Colo.)

AS the result of a paper read before the New England Convention at Bridgeport, Conn. in May 1914, a part of which was published in the September number of *Osteopathic Truth*, I received a number of letters from the profession. Among them were two in particular that demonstrated to me how little real osteopathic knowledge many of the recent graduates have to start with in practice. It is no wonder that they readily find their limit in Osteopathy and think that a broader Osteopathy that would include drugs is necessary.

One letter was from a young man only a short time in practice. He asked me if I really believed what I said "that a medical degree was of no real value to an osteopath," and if I did not think that the unregistered osteopaths who did not have a medical degree were handicapped in not being allowed to use narcotics.

The other letter was from a young woman, a recent graduate, who had been successful in passing the State Medical Board examination and who had about made up her mind to study medicine for a medical degree, as she felt so inefficient in the presence of sickness, there seemed to her to be so little to depend on in Osteopathy. But after reading my paper she thought she would ask me if I would let her come to my office and study practical Osteopathy with me for a time as I seemed to find it so successful.

To the first I replied that I had no reason to state as true what I did not believe and live up to. That it was very evident to me that he had not grasped the true osteopathic idea, since he thought more of relieving the pain than he did of finding and removing the cause of the pain. That it was fortunate for the patients of the osteopaths who were so inclined that they were not allowed by law to use narcotics.

While there are rare times when a narcotic may be indicated, if such an occasion does occur a patient

is far safer in the hands of a medical man whose business it is to administer drugs than in the hands of an osteopath who might be too ready to administer a narcotic instead of relying on his own practice. Here I speak advisedly, I know that this is done. An osteopath said in my presence that after the Massachusetts bill was passed and she was registered she never troubled to treat a case at night where a narcotic could be used to relieve pain.

To the second I replied that she evidently had been encouraged to devote more time in preparing for the State Medical examination than for the practice of Osteopathy. That I did not see how a medical degree could make her a better osteopath. But if she really wanted to know the value of Osteopathy and was willing to give the time required to obtain a medical degree to work in a clinic of some osteopathic post-graduate school under good clinical instructors, I thought the successful experi-

ence she would gain would teach her the value of Osteopathy as nothing else would.

She replied that although my answer to her inquiry was rather drastic she thought my advice was good and she would take it. She also said that she had really been taught very little Osteopathy for she had spent a good deal of her time studying up for the State Medical examination by the advice of the school professors.

These two osteopaths seem to be fair samples of the recent graduates of our schools and it is no wonder that they have little knowledge of the osteopathic lesion, what relation it has to disease and how it can be adjusted. Osteopathy is left out of their education to such an extent that they do not know how to depend upon it as a working principle.

It is from the recent graduates that our ranks are being recruited and with a large proportion of these graduates having only a limited (Continued on page 46)



LOUISE A. GRIFFIN



**DR. E. FLORENCE GAIR'S CLINIC**

The work Dr. E. Florence Gair of Brooklyn, N. Y. is doing for humanity and for the osteopathic profession cannot be adequately expressed in words. You must know Dr. Gair, you must see her work and understand the spirit back of her ministrations, before you can form an accurate conception of what she is doing.

It would warm a heart of stone to witness her as she ministers day after day to the numerous little physical wrecks, many of them made so by the recent Infantile Paralysis epidemic, that come to her for healing. Especially is this the case when you contemplate the fact that were it not for this generous hearted charitable woman, practically all of the poor little invalids to whom she ministers would be deprived entirely of receiving osteopathic treatment. Many of them therefore would continue to suffer, and many of them would be obliged to go through life helpless, dependent cripples. Dr. Gair has been asked to write up her clinic for Osteopathic Truth. She feels her inability to do the task justice, yet she has given us a brief article which we print below.

As might be expected Dr. Gair is in love with her work. In a letter accompanying the article she says "I wish you could have seen the big clinic I had this morning (Nov. 4th). How can I write about it, we are just a big happy family working together—a cooperative big brother and sister league."

**Dr. Gair Tells of Her Clinic:**

I have been asked by several to send in some word regarding my clinic. As you all doubtless know, I am deeply interested in the clinical side of the work for babies and children, and any of my friends who have paid me a visit can readily see what a pleasure such a work is if one has the time and the leisure to devote to it.

I do not think there could be a more profitable thing started for the coming generation than a child's clinic in every city in the U. S. that has a practicing osteopath. Think what such prophylactic care would mean for the future welfare of the children! It would also mean the surest and quickest entree to the public school examination. What a revelation it would be to teachers and to parents and to all those associated with children, if osteopaths all over the country were caring for these children from infancy on—it would make a startling set of statistical records in our schools. I have such a deplorable condition to cope with in the average school child sent me. The M. D. in school attendance does so little real good and such an amount of harm. Once I get a child I generally run

through that family of children and in time get most of their playmates. In that way I get many before school age and so can get a good start.

There is no one practicing who couldn't devote an hour or more a week to a child's clinic. Dr. Herbert Bernard of Detroit goes one night a week to an east side settlement where the women on the Board conduct it and do all the extra work. He merely treats the cases. This is a very easy way. If thought best others might use their own office during an otherwise free hour. Others could work with churches or charity organizations. There are NUMBERS of ways of doing it, if one really wants to. There is little or no effort expended and great returns for your work. Ask anyone associated in such a work if it is not the pleasantest aspect of our practice.

If the states afflicted with the late Infantile Paralysis epidemic would start clinics for after-care of these children, and keep those records, at another such crisis we might be able to force an issue with the public. Enough reliable case reports printed in papers at the proper moment might avail us much in reaching public sentiment.

So many write and ask me how to start a clinic. I did nothing but tell people I was ready for work. The cases came and still keep coming, more than I could handle. One seems to bring another. You run through a family and then you run through all the children's friends of that family and then their friends' friends. The thing is too often you must weed out your cases. I have to be careful of taking the very poor Jewish type. They overrun your place. We could soon deplete the city clinics if we started that class. I have them beg and plead to be taken on but I don't care. I know that class of old—one would bring fifty or more in a few days.

My advice is just try it out for a while, and see if you are not repaid in more ways than one, and think what it will mean for the spread of Osteopathy. Most of my children are saving their pennies to study some day, both the girls and the boys. They are true blue little osteopaths and I hope many of them can study some day, for they will make the best sort of osteopaths.

Let us trust then in the near future there will spring up all over the U. S. child's clinics. It will reach the heart of the public as nothing else will, and it will do more good for the coming generation. I say God speed the movement!

Dr. Helen G. Sheehan of Boston says "Osteopathic Truth is a movement in the right direction. We need more Osteopathy."

**HYPHENITIS—ITS CAUSE AND REMEDY**

NETTIE HAIGHT-STINGLE, D. O.

(San Gabriel, Calif.)

A CRISIS is at hand in the life of Osteopathy. As our nation could not exist "half free and half slave," neither can our system of therapy exist half osteopathic and half drug. No man can hold as TRUE two systems diametrically opposed to one another IN PRINCIPLE. The truths of Osteopathy are the outgrowth of the fallacies of drugs. The success of the ONE was made possible because of the failure of the OTHER.

Believing that Dr. Still stated a FACT when he said that "Osteopathy is co-extensive with the field of disease itself, all the remedies necessary to health having been placed within the human body," it becomes incumbent upon the physicians who practice this system of therapy to uphold the philosophy and principles upon which the system rests. Any other course on the part of osteopaths desecrates the honor and good name of the Founder, deceives the public and menaces the strength and development of the Science whose name they take but the allegiance to whose principles they deny.

The present osteopathic situation is the direct EFFECT of sufficient CAUSES. To my mind these causes are:

First, a lack of conversion on the part of the students to the truths of Osteopathy, either because of insufficient teaching of the FUNDAMENTAL PRINCIPLES on the part of the schools, or of inability of the students to comprehend these truths.

Second, the lack of a UNIFORM CURRICULUM for all osteopathic colleges. This has placed the schools in a trying position,—no BASIC PRINCIPLE in unison with the profession upon which to rest, hence easily exploited by mercenary men having little or no interest in Osteopathy. THIS school teaching one philosophy, THAT an entirely different one, every teacher left free to impose his own personal fad or ism upon the students in the name of OSTEOPATHY,—every fellow for himself with NO COMMON MAGNET OF INSPIRATION OR AMBITION.

Third, the primary error on the part of the A. O. A. of having NO STATEMENT OF A. T. STILL OSTEOPATHIC PRINCIPLES IN THE NATIONAL CONSTITUTION,—of failure to set down those FUNDAMENTAL AND IMMUTABLE LAWS AND CONCEPTS UPON WHICH OUR SYSTEM RESTS,—in short, of FAILURE TO DEFINE OSTEOPATHY. We have, therefore, as a Science, taken the position of NEGATION rather than that of a POSITIVE SCIENCE with definite, tangible, demonstrable truths as our foundation. This situation has invited professional



discord, individual and oftentimes conflicting interpretations of osteopathic principles, and untold embarrassment to the profession at the hands of medical proselyters both in and out of our ranks.

Fourth, unjust legislation. Having no fundamental concept of Osteopathy in common with the profession, representatives (rather, mis-representatives) have gone before the State Legislatures, presenting in the name of Osteopathy laws so unosteopathic, so inconsistent and so unjust as in some cases, to practically debar from entrance into the state every other osteopathic physician in the world.

Fifth, the spending of much time, effort and means in quest of legislative respectability, to quote one of our leading men, rather than the carrying out of a consistent, definite program for the DEVELOPMENT OF OSTEOPATHIC EFFICIENCY.

The above causes, acting in conjunction, have developed within our professional body a grave malady—HYPHENITIS. Those of us who are "grounded in the faith" viewed with alarm the first few cases of individual attacks; now that our colleges are becoming diseased it is imperative that the remedy be sought and applied without delay. The Old Doctor has said that "the profession has the necessary wisdom and backbone." The new journal—OSTEOPATHIC TRUTH was established for the purpose of assisting the profession in finding the remedy.

REMEDY: First, (a) Text-books that correctly represent the osteopathic fundamentals, in daily use in the class rooms. Osteopathic teachers, inspired by the truths of the science who can and WILL present Osteopathy in a POSITIVE AND WHOLE-HEARTED MANNER.

(b) Refusal upon the part of the colleges to graduate any student who cannot write a creditable THESIS upon OSTEOPATHIC PRINCIPLES. Personal interest in each graduating class on the part of the physicians at large could be stimulated by the publication in the A. O. A. Journal over the writer's signature, of the BEST thesis from every class. This yearly or semi-yearly index to the quality of osteopathic instruction given in each and every college would be a factor of great importance in bringing the colleges and the profession into closer sympathy and interest,—a condition absolutely essential if our schools are to live and thrive.

Second, the adoption of a UNIFORM CURRICULUM.

Third, the amending of the National Constitution so that it shall contain a statement of the FUNDAMENTAL PRINCIPLES OF THE OSTEOPATHIC SCHOOL OF HEALING, THAT THE A. O. A. MAY BECOME A REPRESENTATIVE BODY and not a conglomerate, heterogeneous mass of ideas pulling at cross-purposes, holding

one principle to be "osteopathic" one year and reversing that opinion the next year, and so failing to unify the strength of the profession for any real progressive work for Osteopathy. Such an amendment would protect the practitioner in the field, protect the states from haphazard, unjust legislation, protect the schools from being exploited for mercenary purposes and protect the profession from the humiliation and degradation of internal schisms, dissension and strife.

Fourth, a united legislative program, looking toward uniform legislation through out the United States.

Fifth, an awakening of enthusiasm for the Research Institute, the property of the A. O. A., with the definite understanding that the Research Institute is paid for the work of collating and tabulating scientific data gathered from the college clinics and the field, which data are to be used as the basis for osteopathic text-books, and scientific publications for the benefit of the practitioners at large.

These thoughts are offered in the hope and with the sincere desire to assist in some small way the GREAT MOVEMENT now safely launched to "HOLD UP THE PURE AND UNADULTERATED FLAG OF OSTEOPATHY." Time is short in which to bring full assurance to our VENERABLE FOUNDER. This is, indeed, a labor of love.

### STALWARTS

JOSEPH HENRY SULLIVAN, D. O.  
(Chicago, Ill.)

Twenty years ago the advance guard of osteopaths went forth to do battle for the truth, to ease pain, to prolong human life. Were they successful? Remarkably so. Are they still successful? Remarkably so.

But the old stalwart, it is now claimed, does not know anything but Dr. Still Osteopathy or anything else for that matter, hence confines his work accordingly.

Why not honor those who have done well! Why not have a decent respect for accomplishment? No osteopath of later day is better equipped than the old stalwart is. In fact, may we say they are not so proficient? Why? Because the old stalwart practices pure Osteopathy with confidence due to accomplishment.

Much criticism is heard of the so-called strictly office practitioner. It is claimed he should do acute work. Bless your soul he graduated in acute work, else he would not have enough work to sustain him. Moreover is it not logical to think that success in chronic disorder should mean like success in acute condition? Assuredly so, as all office men and women will testify.

Again: Broadening of Osteopathy is called for. Agreed. Broadening is called

for in our colleges, but broaden Osteopathy by teaching more Osteopathy, not false theories. The old stalwart imbibed Dr. Still Osteopathy. The atmosphere was osteopathic. Theories medical, by medical authors, were taken at their true worth. They did not obscure the osteopathic concept as is the present tendency in osteopathic institutions.

It would seem that the last few years show in the attitude of those entering the osteopathic field a woeful lack of confidence in Osteopathy or confidence in themselves.

A physician without full confidence in himself is doomed to failure. If you are trying to practice the healing art, or practicing law, your success lies in self confidence. If you are an osteopath and talk Osteopathy to your patient and treat said patient without self confidence, you convey to the patient your own state of mind. Disguise it as you will, you will fall short in your results.

Of late years it has grown a very common happening to have a patient state, they had some treatments from so and so but he also suggested a drug of some kind. The result was a patient lost to the first party, because the patient had more faith in pure Osteopathy than the so-called osteopath had.

Your average candidate has consumed more drugs than a bucketful, and thanks to the early stalwarts who trumpeted Osteopathy a drugless system, the candidate for Osteopathy will state his aversion to drugs and desire for drugless treatment. He has decided to try something opposed to drugging, so when your osteopath (minus confidence) suggests drugs as an aid to Osteopathy the party happily looks for the unadulterated brand.

The early stalwart has had to bear the stigma of being ignorant of Hygiene, Dietetics, etc. It has been foolishly said of him he set bones for everything; had no other equipment. The falsehood of this is apparent today, as most of those who blazed the way are still in the work. Look them up, ascertain their equipment. Are they as successful today as twenty years ago? Assuredly so. Do they recognize diet, habit, general hygiene as proper with Osteopathy? Certainly; they are rational beings. But listen: Osteopathic adjustment is their first practice, all other things follow. They never loosen up the muscles and call it Osteopathy. They relax and reset the vertebral column and "presto" the muscles immediately, spontaneously relax. They do not recognize a general treatment; this presupposes general disorder. They dwell upon certain pressure causing certain disorder. This is the original osteopathic concept which now is a subject being debated by osteopathic luminaries while successfully put into effect by cults other



than osteopathic, cults which have appropriated the osteopathic spine as their own original thought; which begets the thought that perhaps their practice of adjustment pure and simple may win for them a place superior to that of the Hybrid cult which unfortunately the sign points to.

Osler, and most lesser lights publicly decry the use of drugs. They deny their being of any value in disease. Surgeons of world wide renown (retired) claim eighty per cent of surgery is preventable.

In the face of all this a budding school of therapeutics perfectly equipped for the fight for human life and comfort, successful beyond question in its first years of existence, apparently shows signs of weariness, signs of some untoward influence. Is it money? (banish the thought.) But the fact remains, some jinx is at work, call it what you will.

Our schools determine our future as a distinct school of practice, if our schools do not make better osteopaths at once then maybe the not unexpected will happen, the great Medical institutions will put in chairs of Osteopathy under any other name but Osteopathy and so declare themselves with the natural sequence; the pertinent question before the prospective student, why go to an osteopathic college when John so and so college will fully equip me?

Our hope lies in more STALWARTISM.

### POLIOMYELITIS

DR. T. L. RAY,  
(Ft. Worth, Tex.)

On being asked to write something for Osteopathic Truth, my mind immediately turned to Poliomyelitis. I do not call it Infantile Paralysis for the reason that it is not necessarily a disease of childhood.

I write on this subject for two reasons: that it is absorbing the mind of the public today, and that Osteopathy is without question the scientific remedy for the disease.

We should discuss those questions that are foremost in the minds of the people and they should be discussed by physicians who have had experience instead of theory. In the discussion of some other diseases—diphtheria for instance—we have had too much said by those who are informed as to theory only and very little discussion by those who have had practical experience.

Our range of experience with Poliomyelitis has covered some eighteen years and we have found it in individuals from infancy to thirty-three years of age.

It is without question caused by a specific germ or poison, and it is hardly likely that falls have any very direct part in its cause. Many have stated that a certain per cent. of cases that had come under

their supervision had had a history of a fall prior to the onset. It is our opinion that the same can be said of most any condition or disease, in that there are very few children or young adults who have any special vim about them but that they can point to a fall, strain or accident of some character. Of course the result of injury plays the same part in this disease that it would in any other condition that was brought about by germs or specific poisons, that is it would reduce nature's resistive powers. The same might be said of typhoid fever. Many take the germs into the system but comparatively few contract the disease. Some of these few may have had their resistive powers reduced by injury. We can say with others who have written on this subject, that in many of the cases a history of accident of some character was given. We can further say that a large majority of cases have been in individuals that were otherwise very robust.

It is up to us as physicians representing an exact science to be distinct and positive in our technique. If we are lacking in courage and confidence in our ability to cope with the condition, the people will not grasp Osteopathy as a remedy for this disease.

It is therefore unwise for those who have not had actual experience to go into print telling the public of the merits or demerits of Osteopathy in this condition. This is especially true in writing for a journal to be distributed among the laymen. There isn't any need of being other than positive in our method of handling this disease.

The acute stage of this disease is of itself self-limited, but its limits often extend to the point of complete destruction of the nerve tracts between the motor area of the brain and the paralyzed part.

I wish to say, knowing exactly what I am talking about through practical experience, that this self-limited acute stage can be very materially limited in its effects and duration by osteopathic treatment properly applied. We have had some fifty odd cases and in practically every case where Osteopathy was resorted to at first the results were phenomenal, while in those treated after the acute stage, the results gradually diminished in proportion to the length of time that elapsed between the onset of the disease and the time that Osteopathy was employed; so much so that we have made it a rule to give very little encouragement for any decided results after six months duration of the disease before they come to us.

A case in point: A medical practitioner of our city called the writer to see a case that was puzzling him. His first opinion was that he had a case of typhoid fever, but the restless condition of the child and its apparent inability to move caused him

to call in the writer. After a careful examination we retired to an adjoining room for consultation. When we came out he stated to the family "We have decided that it is a case of infantile paralysis." On leaving the home he was doubtful if we could eliminate the paralysis enough that the child might walk. The paralysis was in both legs and in the right arm, profound in the right leg. We told him that we had hopes of complete restoration of all the parts except a toe-drop in the right foot. When the patient was restored to the point of dragging himself around with crutches, the physician again offered his opinion that the child would have to use crutches all his life. We again called his mind to our first statement of our hopes in the case. When the child laid aside the crutches the doctor in question was so enthused that he took the child to several other offices of medical practitioners and told them of the results of Osteopathy.

In this case during the acute stage we treated the child daily, knowing that the spinal cord was congested and parts of it inflamed and that it was up to us to meet the condition in a scientific way. There was extreme soreness in the spinal muscles with resultant contractures which necessarily produced compression of all the avenues through which the impure blood must pass out of the infected area. This being the case, it was self evident that it was up to the physician to use every means possible to get a freer drainage for the impure blood, that nature's germicide or the life of the body,—pure blood—might take its place to fight nature's battles. Viewing it in this manner, the writer would feel that he were a fool if he left the child at the time that the disease was doing its devilment without, to the best of his ability, removing the obstructions to nature's forces. Mind you, we do not mean by this that the physician should endeavor to correct any bony lesions that he might find in the patient during the acute interval of the disease. Our whole work during this stage, aside from the instructions as to diet and nursing, is to reduce the contraction and soreness as much as possible by scientific osteopathic manipulation in the affected parts. We have repeatedly found patients suffering from this disease rolling their head from side to side, unable to sleep, extremely nervous and not expected to live. We have gotten decided results in the way of making them more comfortable and less nervous after the first osteopathic treatment. As a palliative treatment and something to keep the nurse busy, we advise the use of antiphlogistine or hot packs along the spine. If antiphlogistine is used it should be put on immediately after treatment and removed in time for



the next treatment. The patient must be kept in a well aerated room and at the same time kept warm by plenty of light covering, eiderdown or wool preferably. They should be fed about as typhoid fever patients, and they should ingest enough good, pure water to keep the specific gravity of the urine below ten-twenty.

In no case have we witnessed deleterious results from osteopathic treatment during the acute or any other stage. We have lost no cases and furthermore all of those that were secured during the acute stage have very little if any deformity left from their experience with this disease, while practically all those cases secured as long as four or five months after the onset are left with considerable deformity.

If what I have said in the foregoing shall stimulate courage in any one who has not had experience with this disease, or if it will stiffen the spines of any who are weak in the faith, it will not have been written in vain. Let us stand by our guns and deliver the goods.

Ft. Worth Natl. Bk. Bldg.

## SOME HISTORY, ITS REACTION AND A MORAL

### The History

In 1905 the Massachusetts Osteopathic Society, by a majority vote, introduced a bill into the Legislature asking for a SEPARATE BOARD OF OSTEOPATHIC EXAMINERS, to license osteopathic practitioners WITH NO RESTRICTIONS AS TO PRACTICE. The President of the Massachusetts College of Osteopathy appeared before the committee on Public Health in an open opposition to this bill, on the ground that it would place osteopaths in an inferior position before the public. The student body at the College and some of the Faculty likewise organized themselves against the bill introduced by the State Society and same was defeated. (Perhaps it would have met defeat anyhow, but that has nothing to do with the present story and its moral.)

### The Reaction

Early in the present year (1916) the Massachusetts College of Osteopathy, through its Secretary, addressed a letter to the profession, reading in part as follows:

"Twenty years ago when the first osteopathic physician settled in Massachusetts, the allopathic physicians assumed an attitude of doubt and contempt which rapidly changed to open hostility when the new profession established a college and asked the legislature all the rights and privileges enjoyed by other sects in medicine.

"When after great endeavors the rights

of College charter, of dissection, of conducting clinics and hospitals, of granting degrees, of securing full registration before the Board of Medicine, of legal recognition that Osteopathy is the equal of allopathy in the Practice of Medicine, of the privilege of osteopathic representation on the State Medical Board, then and only then did the open allopathic hostility cease.

"For a time the ablest graduates of the Harvard Medical School esteemed it an honor to consult with osteopathic physicians. Osteopaths were enrolled in the Medical School of Harvard University, and their attention at the classes and clinics of the post-graduate school and large hospitals solicited.

"In the year 1914, perhaps with the help of the National Society, the allopaths secured the passage of a bill requiring an M. D. degree or its equivalent as an essential to taking the registration examination, BUT WITHOUT ANY QUALIFYING CLAUSE AS TO WHAT CONSTITUTES THE EQUIVALENT OF THE REGULAR DEGREE.

"With the passage of the above bill a subtle change became manifest. THE OUTWARD FRIENDLINESS DISAPPEARED. The thirty-seven osteopaths doing clinical and research work were quietly, slowly, surely elbowed out of the laboratories and hospitals. The courses of the Harvard Post-graduate Medical School are no longer open to osteopaths, and at the present writing THE POWERFUL HAND OF THE AMERICAN MEDICAL ASSOCIATION MAY BE DISCERNED in the bill recently introduced giving the State Board of Medicine the POWER TO DECIDE THE STATUS OF THOSE COLLEGES WHOSE GRADUATES MAY BE DENIED THE RIGHT TO BE EXAMINED FOR REGISTRATION AS PHYSICIANS IN THIS COMMONWEALTH.

"Although there is at present an osteopathic representative on the Board, YET THERE IS NO LEGAL OR LEGISLATIVE ASSURANCE THAT THIS WILL CONTINUE. SHOULD THE ABOVE BILL BECOME A LAW, AND THE MANDATE GO FORTH FROM THE NATIONAL SOCIETY AND THE FLEXNER COMMITTEE IT WILL BE READILY UNDERSTOOD THAT MASSACHUSETTS COULD BE CLOSED TO THE GRADUATES OF ALL OSTEOPATHIC COLLEGES.

"Many years ago the Homeopaths recognized the enmity of the allopathic trust and organized their colleges, developed their hospitals and laboratories, etc. etc. \* \* \* That the allopaths have endeavored to absorb and control the homeopathic institution is well known, and that the latter recognize the danger may be seen by the news item in the Boston Post of February 9, 1916, in which occurs the following: "The American Institute of Homeopathy today declared itself independent of the American Medical

Association and determined to conduct its affairs as a separate organization.

"In view of the fact that the National and State Allopathic Medical Societies are determined to obstruct the progress of Osteopathy as a profession, and the advancement of osteopaths in postgraduate studies and clinics, does it not become the bounden duty of every osteopath to actively support the osteopathic colleges, laboratories and hospitals so that adequate opportunity may be provided for the development of Osteopathy, for the care of osteopathic patients, and for undergraduate and postgraduate instruction?"

### The Moral

(From the BULLETIN OF THE UNIVERSAL CHIROPRACTORS ASSN. FOR SEPTEMBER, 1916.)

"Do not compromise—in vital matters. The best illustration of the result of compromise in legislative matters is seen in our friend, the enemy, THE OSTEOPATH. In some states the secretary of the state medical board has openly boasted to us that the medical board has practically legislated the osteopath out of business. THIS IS DONE BY COMPELLING AN EXAMINATION BEFORE MEDICAL BOARDS, INSTEAD OF OSTEOPATHIC BOARDS. A composite board, with only one member osteopathic, the balance medical, has proved as bad, as the medical men dominate the Board."

## RESOLUTIONS OF THE MASSACHUSETTS OSTEOPATHIC SOCIETY

WHEREAS, It has pleased our Heavenly Father to remove from us Dr. Wilfred E. Harris,

RESOLVED, That by his death this society as well as the osteopathic profession has lost a valuable member;

RESOLVED, That we will ever cherish his virtues in our hearts;

RESOLVED, That we will extend to the family of the deceased our sincere sympathy in their sorrow;

RESOLVED, That we cannot but feel that God in His infinite wisdom doeth all things well,

RESOLVED, That we send a copy of these resolutions to the family and also be spread upon the records.

GEORGE W. GOODE,  
MABEL A. LANGLEY,  
HARRY R. BOLAN,  
Committee.

Dr. William M. Smiley of Albany, N. Y., says "Anything that I can do I am willing to do. I wish you all success. I have enjoyed the first two numbers of Osteopathic Truth immensely."



### NATIONAL LEAGUE FOR THE PREVENTION OF SPINAL CURVATURE

A new osteopathic organization known as The National League for the Prevention of Spinal Curvature, with Dr F. P. Millard of Toronto, Canada, managing director and Dr. George W. Reid of Worcester, Massachusetts secretary, has been launched. It has been incorporated in Canada already and is soon to be incorporated in the United States also.

The League has a very definite purpose, as indicated by the name. The need of such a move is more obvious to osteopathic physicians perhaps than to any other class of individuals.

Spinal curvature exists to an amazing degree in adult life, and is the cause of untold sufferings, inefficiency, etc. Spinal curvature nearly always has its origin in childhood. It begins in a very small way and if detected in time it can easily be overcome, or prevented.

This organization has a great work before it, a field that has scarcely been touched. Not only will it emphasize the prevalence, and far reaching effects of spinal curvature, but it will help bring Osteopathy to the favorable consideration of the public. It is a movement in the right direction.

The greater the membership of this League, the greater its possibilities for doing good. Hence, every osteopathic physician who is in sympathy with the move, should enroll as soon as possible.

Bulletins will be issued from time to time to members of the League. The material in these bulletins can be used for publicity purposes, and may be given to newspaper editors, etc., for publication. The first few numbers of the bulletin will be sent to any osteopathic physician on request, but later they will be confined to members of the League only. The first bulletin is already in process of preparation. It will contain articles from W. B. Meacham, George M. Laughlin, F. A. Cave and others.

Dr. F. P. Millard, managing director, announces the following officers:

Most Hon. Member, Dr. A. T. Still; Hon. Orthopedic Surgeon, Geo. M. Laughlin, Kirksville.

Honorable Members: W. B. Meacham, Asheville; E. R. Booth, Cincinnati; A. G. Hildreth, Macon, Mo.; C. B. Atzen, Omaha; A. L. Evans, Miami, Fla.; D. L. Tasker, Los Angeles; C. C. Reid, Denver; P. H. Woodall, Birmingham; C. P. McConnell, Chicago.

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Advisory Directors: C. M. Bancroft, Canandaigua, N. Y.; R. W. Ford, Seattle; E. H. Shackelford, Richmond; H. C. Wallace, Blackwell, Okla.; Julia Fogarty, Michigan City, Indiana.

All desiring to enroll can do so by sending \$1 to the secretary, George W. Reid, 411-415 Slater Bldg., Worcester, Mass.

### TAKING YOUR OWN MEDICINE

It is a generally admitted fact that medical men are not inclined to take their own medicine. This is not to be wondered at especially when we note what is recommended for the treatment of Sciatica by E. L. Paulding, M. D., in the November edition of the Medical Council.

Read what he has to say on this subject as follows:

"The hypodermic injection of morphine at the seat of pain will give relief, if care is taken of the limb, for several days, afterwards using chloroform and ether, though they are somewhat difficult to handle in a hypodermic syringe. Anders recommends one or two parts of guaiacol in ten parts of chloroform. Carbon bisulphide, after its initial irritation, gives instant relief if discreetly applied; but the pain soon returns, though less severe.

"Galvanism is a valuable remedy, the negative electrode over the painful area. Streptococcic vaccines aid many cases—those of rheumatic origin.

"In a recent severe case under my care, five minims of the guaiacol and chloroform mixture noted above gave remarkably good results until after the patient disobeyed orders and suffered a relapse, which was relieved by vaccine in three ascending doses. A later attack was quickly terminated by injecting at the sciatic notch a hypodermic syringe of a solution of 10 grains potassium iodide in an ounce of distilled water."

Is it any wonder that medical men shrink from having such treatment used on them? Who would not shrink from such unscientific experimentation? It is a terrible commentary on the present status of medical education. It is a shame a large majority of the laity are still obliged by reason of ignorance or other cause to rely on such treatment.

Osteopaths have no occasion for shrinking from their own medicine. Most osteopaths in fact, make it a habit to take a treatment at frequent intervals to keep themselves fit. This practice should be adopted generally. If situated where at all possible, every osteopath should make generous use of the skill of a fellow practitioner.

TO THE EDITORS OF TRUTH:

I regret that every osteopath in the United Kingdom could not have attended the New York Osteopathic Society's convention held in Utica, N. Y., October 27th and 28th. For two days we had the good old fashioned ten-finger Osteopathy, the brand that the Old Doctor has always handled. There was no wavering or stumbling about trying to find something better, just simply the good old LESION OSTEOPATHY and it would have done you good to see those who are trying to make themselves believe in anti-toxins (glad to say that there were not many of this sort) sit close and never say a word.

We are certainly getting back to the old stride and it is about time, and until those who want something different are very sure of their ground, I believe it is a wise procedure to STICK TIGHT TO THE GRAND OLD MAN who had the brains and stick-to-it-tive-ness to bring forth this wonderful system of healing. We are just beginning to appreciate this wonderful man and let us try to more and more realize the great sacrifices he made and one good way to do this will be to stick to the GOOD OLD-FASHIONED OSTEOPATHY and turn a deaf ear to the "Child who thinks he is smarter than his dad."

As to Osteopathic Truth I am very glad to be one of its sponsors. It has the right sort of ring to it and if every "Wab-ler" would give it the "once over" each month, he would soon become convinced that the safe place for him would be back to the fold.

(Signed) C. D. BERRY, D. O.,  
Rochester, N. Y.

### CUTTING OUR ANTI-TOXIN

(FROM THE A. O. A. JOURNAL,  
NOVEMBER.)

The head of the Health Board of Tacoma, Washington, announces in a letter through the press of that city "that in no instance will a prophylactic or preventive dose of anti-toxin be given to well children or adults in homes where cases of diphtheria are present. Modern medical practice contends that such a custom as inoculating a healthy individual who has already for some time been subject to diphtheritic infection and has not taken it, is a needless and most harmful procedure." He points out that if small prophylactic doses are given and the child later contracts the disease they would not then dare to give the anti-toxin in therapeutic doses "for fear of the dire consequences of anaphylaxis." Perhaps sometime it will be recognized that attention to the health, based upon structural intactness, personal hygiene and diet of cases exposed to contagion and infection is about the best prophylaxis after all.



### MESSAGE FROM THE OLD DOCTOR TO OSTEOPATHIC TRUTH

(NOTE:—Though the Old Doctor is well advanced in years, he is greatly concerned about the destiny of the osteopathic profession. Any deflection on the part of his followers causes him grief. We feel highly honored in being able to present to the profession this brief communication which was dictated by him especially for Osteopathic Truth. We have the assurance of other messages from him from time to time.)

M. D.—medical doctor—is the term or name originally given to persons who administered drugs. The osteopath is one who has a mechanical knowledge of the human body, when normal and when abnormal; and he should know how to adjust all variations from the normal. The more mechanical knowledge you have of the physical body construction, the better your work will be. If you know your business, you will prove it by your work. Osteopathy means, 'all your bones in their places;' then the two forces, attraction and appropriation are consummated; the body attracts the necessary substances under the magnetic law, and appropriates them under the motor law, and the body is permitted to exercise its normal functioning. And life can use its attributes or intelligence, and continue with its construction. Surely, life is trustworthy in its own ability to do perfect work. We know that life is that substance set forth to vitalize all nature, and the osteopath must know enough to adjust the whole skeletal system, and when that is accomplished, his work is done. Bring your patient to normality, then go home. Plenty of good food and rest, and nature will affect the cure. Keep your knife in your pocket, and leave your drugs in the drug-store; give God credit for perfection in all things, as a Mechanic, Builder and Engineer.

Nature is unlimited in its perfection of all its work; as a machine, the normal human body is the proof of perfection, and as far as it is concerned, it always works.

"Life proves its perfection by its work."

M. D. means More Drugs.

(Signed) A. T. STILL.

Oct. 15, 1916, Kirksville, Mo.

### OUR PLATFORM

DR. A. T. STILL

(Osteopathy—Research and Practice)

It should be known where Osteopathy stands and what it stands for. A political party has a platform that all may know its position in regard to matters of public importance, what it stands for and what principles it advocates. The osteopath should make his position just as clear to the public. He should let the public know, in his platform, what he advocates in his campaign against disease. Our position can be tersely stated in the following planks:

First: We believe in sanitation and hygiene.

Second: We are opposed to the use of drugs as remedial agencies.

Third: We are opposed to vaccination.

Fourth: We are opposed to the use of serums in the treatment of disease. Nature furnishes its own serum if we know how to deliver them.

Fifth: We realize that many cases require surgical treatment and therefore advocate it as a last resort. We believe many operations are unnecessarily performed and that many operations can be avoided by osteopathic treatment.

Sixth: The osteopath does not depend on electricity, X-radiance, hydrotherapy or other adjuncts, but relies on osteopathic measures in the treatment of disease.

Seventh: We have a friendly feeling for other non-drug, natural methods of healing, but we do not incorporate any other methods into our system. We are all opposed to drugs; in that respect at least, all natural, unharmed methods occupy the same ground. The fundamental principles of Osteopathy are dif-

ferent from those of any other system and the cause of disease is considered from one standpoint, viz.: disease is the result of anatomical abnormalities followed by physiological discord. To cure disease the abnormal parts must be adjusted to the normal; therefore other methods that are entirely different in principle have no place in the osteopathic system.

Eighth: Osteopathy is an independent system and can be applied to all conditions of disease, including purely surgical cases, and in these cases surgery is but a branch of Osteopathy.

Ninth: We believe that our therapeutic house is just large enough for Osteopathy and that when other methods are brought in just that much Osteopathy must move out.

### TOO MANY OPERATIONS

Dr. John J. Bowman, director of the American College of Surgeons, is out against operations. According to the newspaper reports, he stated at the annual meeting of the American Hospital Association that "frequent operations are performed without cause."

I found that too many operations were unnecessary, but in determining the causes, I found that they were performed because the doctors and hospitals were afraid that if they didn't perform the operations somebody else would, and that they would lose the fees.

It must be pretty bad when the surgeons themselves are beginning to admit it.—(LIFE.)

### OSTEOPATHY vs. HAY FEVER.

A year ago, if you had as much as mentioned ragweed to one of these thirty men and women you would have started a paroxysm of sneezing, while a bouquet of golden-rod to them was as a red rag to a bull.—PHILADELPHIA NORTH AMERICAN.

Yet these thirty men and women, some of them having suffered with hay fever for fifteen and twenty years, have all been cured by osteopathy. After having been under treatment and recovered, they were taken out in automobiles and subjected to every known test. "They plucked golden-rod, . . . passed meadows where the pollen-polluted winds swept the poison dust in their eyes, noses and mouths. Anybody who has had hay fever or who has seen persons tortured by it will better appreciate what the test meant."

These patients were all treated by Dr. John Bailey at the Philadelphia College of Osteopathy. This is the second year that Dr. Bailey has given his demonstration.—Life, Nov. 9, 1916.



## Osteopathic Truth

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NOVEMBER, 1916

### THE OSTEOPATHIC VIEW- POINT

The Osteopathic Viewpoint of health and disease is very definite, logical and fruitful. This stands out in marked contrast to the medical viewpoint, which generally speaking is anything but definite, logical and fruitful in its best sense. The osteopath when confronted with a patient always asks himself what is the cause of the symptom and reasons back from effect to cause or from cause to effect, as the case may be, considering the various factors that may be operative in the particular case under consideration.

We often see in our literature such expressions as these: "The osteopath removes the obstruction, nature cures"; "The osteopath works in harmony with nature." "The osteopath does not usurp or supplant nature's processes, but co-operates with her."

Dr. Still realized the futility of attempting to meddle with nature or trying to do the work that rightly

belongs to her. He realized as did Carlyle that "Nature is conquered by obedience, and all her many powers can be used at our bidding when once we understand the law to work with it and not against it."

The medical profession, judging from most of their efforts to cure, are still unacquainted with nature. Medical practitioners for the most part continue to ignore the mandates of nature in many respects, at least. They have been trying to supplant nature's processes. They even accuse nature of being a "big bungler." There is a book, in fact, written by a prominent M. D. which has one chapter devoted to the subject "Where Nature Bungles." This viewpoint so universally held by medical doctors accounts for a large percentage of the blunders they are continually making.

In this connection contemplate this quotation from the greatest of all osteopaths:—"When you have adjusted the human body to the degree of absolute perfection, all parts in place, none excepted, then perfect health is your answer. Nature has no apology to offer; it does the work if you know how to line up the parts. Then food and rest are all that is required. I have not only worked to relieve and cure the sick, but I have had both eyes open all the time to find a defect in nature's work, its object, its plan, its specifications, its ability and its engineering; so far, I have failed to find a variation from perfection."

You cannot reconcile two such widely divergent viewpoints. You must either look at the body from the osteopathic viewpoint or from the medical viewpoint. You cannot straddle the chasm between. It will get you into trouble; it will hamper your work, detract from your efficiency and deplete your resources in every sense of the word.

Here is an interesting case which serves to illustrate very forcibly the difference between the osteopathic and medical viewpoint and the widely diversified results fol-

lowing. We will let the patient tell his own story. He says:

"Sometime during the early part of June I was loading heavy cases when the horse started and in some way my hip was wrenched or hurt. It pained me quite a little, but I kept on working. It continued to grow worse, the pain increased and streamed down into my heel. I thought I must have taken cold and had got rheumatism to working.

"I went to a prominent physician in—, as my family doctor was ill at the time, and he at once pronounced it sciatic rheumatism. He gave me some pills, but they failed to relieve the pain. I still kept on working and suffering.

"Then I went to my old family physician who said "Yes, it is that old sciatic nerve." More pills and dope were given. These too failed. Then I tried another doctor and after repeated doses of pills and quantities of other medicines that were never known to fail to cure rheumatism in its worst form, he advised the injection of rheumatism serum. I eagerly grasped at anything that would relieve my suffering, and submitted to having three bottles of the serum injected. Even this wonderful remedy failed and I began to find fault with the doctors in general.

"It was then the middle of September. I went back to my old doctor and he said have an X-ray taken. So I immediately had this done. After looking at the picture the doctor pronounced it a strain, and said there was nothing to do but rest, a year any way, and I must make up my mind that it would always trouble me.

"This didn't sound good. I was getting desperate. I went to get my horse shod one day and the blacksmith said, "Haven't you got over that lameness yet? Why don't you try Dr.—, the osteopath? If he can't help you he will tell you so. He won't take your money if he can't cure you." Of course I had no faith in Osteopathy, but as a "last resort" I went. He



examined me, found my hip out of joint, treated me for not quite six weeks, and to-day I am as well as ever, and working at my old job. Osteopathy did it."

The medical viewpoint in this case was indefinite, uncertain and the treatment likewise was indefinite, unscientific, even absurd. As might be expected the results were unsatisfactory, even injurious and worse than if no treatment had been given at all. On the other hand the osteopathic viewpoint was definite, positive, scientific, and so was the treatment; and the results following were highly satisfactory to both patient and physician. If the viewpoint of the osteopath whom this patient consulted had not been well defined, in other words, had it not been decidedly osteopathic, this patient might not have been able to pen such a story.

This case portrays the layman's viewpoint of disease as well as the medical viewpoint. You will note that he said "I thought I must have taken cold and had got rheumatism to working." Observe how closely related the layman's viewpoint is to the medical viewpoint. It is almost identical. This is simply because the laity throughout the entire past have been coached by physicians of the Orthodox school. They have the medical viewpoint, and use medical logic in making their deductions and conclusions. This state of affairs must be overcome; the laity must be taught to reason logically, which is osteopathically, and this places upon the osteopathic profession a tremendous responsibility.

Here is another case that shows another phase of the medical viewpoint and how it contrasts with the osteopathic viewpoint.

I was called out to see an infant who was being treated by a medical doctor, a prominent one, too. The baby had a fever ranging from 103 to 105 degrees. Examination revealed the fact that the chief source of the trouble was with the stomach,—the abdomen was distended,

tight, and the epigastrium was very sensitive to pressure; the bowels also were constipated.

The medical treatment consisted of drugs and a diet principally of malted milk. The family was given to understand that feeding was necessary in order to keep up the strength of the baby. The fever ran high for nearly two weeks and finally subsided. The infant managed to get by with its life but it is still a wreck.

It is hardly necessary perhaps to call attention to the fundamental medical blunder in this case. Of course the drugs were superfluous and perhaps harmful, but the chances are that they were not nearly as harmful as the diet prescribed. Malted milk for a healthy infant six months old is objectionable. It is all right for an adult, but poor food for an infant, and especially a sick infant. The wonder is, under such treatment, that this child lived at all. A complete fast with plenty of water, by mouth and rectum, together with the indicated osteopathic treatment of the spine, would have been a Godsend in this case.

The lay viewpoint here was in harmony with the medical viewpoint, and so food was given for fear the child would die of weakness or starvation. Thus the fever and agony were prolonged, and the chances of recovery and future health jeopardized.

The success of every osteopath, every physician of whatever school, is dependent very largely, if not entirely, upon his viewpoint. Hence if we aspire to the greatest possible success in practice, it is absolutely essential that we become thoroughly conversant with the osteopathic viewpoint, that it may be clear and well defined in our minds, and that we do not get into the habit of thinking from the medical viewpoint to the extent at least of obscuring the former.

There can be no question about the success of the practitioner who really and truly comprehends the

osteopathic viewpoint and governs himself accordingly.

#### AN ALARMING SITUATION

The editors of OSTEOPATHIC TRUTH have been advised, upon what appears to be entirely trustworthy authority, that the FRESHMAN CLASS in one of our colleges which is now appealing for the support of the profession has been repeatedly exhorted in their classroom regarding the advantages of the M. D. degree and the value of drugs to osteopathic physicians, and that this exhorting was done BY AN ALLOPATHIC PHYSICIAN whose name has never been mentioned in their college catalogue.

It further appears that this Allopath is connected with a neighboring medical college (not Class A, by any means) which has been holding out special inducements to members of the osteopathic profession to enable them to tack on the M. D. degree on their signs and stationery.

Such a situation seems almost unbelievable in an osteopathic college which looks for any support whatever from the osteopathic profession, and yet it is vouched for by credible witnesses.

We are all hearing much to-day of the medical tendencies of osteopathic practitioners. How can the graduates become anything but medical if, in their very Freshman year, our students become the victims of such insidious undermining as indicated in these reports. Is it not about time to clean house, get rid of allopathic preachers in our osteopathic colleges and keep the minds of our students open to the basic and sufficient truths of Osteopathy unadulterated?

Does the A. O. A. approve of such a situation? Do the Associated Colleges approve of it? Does the profession at large approve of it? OSTEOPATHIC TRUTH would be glad to hear from the field at large regarding its opinion of the expediency of permitting Allopathic



doctors to talk to Freshman students (or any other grade) regarding the beauties (?) of the M. D. degree and the utility of drugs. OSTEOPATHIC TRUTH has its own opinion in the matter, but the type might become molten while printing it, consequently it is withheld for the present. Let us know what you think, Doctor. Let us know what you think, A. O. A. Let us know what you think, Associated Colleges. Don't be afraid to call a spade a shovel.—F. A. C.

### **Osteopaths, First, Last and All the Time**

*(Continued from page 37)*

knowledge of Osteopathy is it any wonder that there are mixers among us? It is not so much their fault as their misfortune that they are not strong in the faith. They have not been made to see Osteopathy as it really is.

When I studied Osteopathy it was with the INTENTION of being a mixer and when I graduated I had up to that time seen no reason for changing my intention. Fortunately for me I fell in with some osteopaths who knew and practiced Osteopathy straight, and as I was open to conviction because of the results I had seen from osteopathic treatment before I thought of studying the system, through them I came to know the true theory of Osteopathy. And when, almost at the beginning of my osteopathic practice, with my own hands, unaided, I carried through a severe case of rheumatic fever and saw with delight the osteopathic treatment I was able to give, relieve the pain, quiet the delirium, reduce the fever and to my astonishment get the patient well in a shorter time than I had reason to expect from former experiences with medicine, I was convinced that there was no occasion for mixing. My further experiences have confirmed the conviction.

Now then what does this desire on the part of the younger osteopaths to combine medicine with

Osteopathy mean to Osteopathy in the future?

Also what does it mean to Osteopathy for the students who go to an osteopathic college expecting to learn the theory and practice of Osteopathy to find themselves graduated with a mongrel education? Fortunately for the practice there will be here and there one who will, because of previous knowledge of what Osteopathy has done, work out into a true osteopath but where one will be able to do that many will not.

The "old guard" will as time passes be dropping out one by one and if there are not "true blue" osteopaths to take their places where will be the Osteopathy of the future? It looks very much as though it would be largely medical with a little Osteopathy and from that state it is only a step to a chair of Osteopathy in a medical school.

It seems to me in order to preserve Osteopathy for the future in its simplicity and wholeness it is incumbent on its practitioners to use every means in their power to advance its truths.

First, we have the A. T. Still Research Institute that is demonstrating scientifically the truth of the osteopathic lesion as the cause of disease. We can give this institution our whole hearted support.

Next we have the opportunity of having published by the A. O. A. Journal reports of those cases that we have been successful in treating, which when compiled will be helpful to the profession as a whole and to the younger members especially.

Then we can use our influence to induce prospective students to attend only those colleges that are known to teach osteopathic theory and principles as the center around which revolves all the other branches of the healing art.

Again we can make it our business to attend the state and other osteopathic society meetings and lend our influence to the side of unadulterated Osteopathy.

While we stand for the truths of Osteopathy we need not and should not neglect any of the methods of promoting a most careful diagnosis of our cases. There are besides the osteopathic examination, which is paramount, various methods of physical examination including the chemical and microscopic examination of the urine, the sputum, the blood. Also the physical examination of the eyes, nose and throat. We cannot be too thorough or too careful in our examinations for diagnosis.

While an expert diagnosis does not effect the osteopathic treatment of the lesions found it does make a good deal of difference in our understanding of the conditions presenting.

We can, with it all, be osteopaths first, last and all the time.

### **ACIDOSIS**

This is the subject of an article by Dr. G. V. Webster of Carthage, New York, in the November edition of the A. O. A. Journal. It should be read by every member of the osteopathic profession, not only once, but several times, as the important facts therein contained deserve most careful consideration.

Dr. Webster has done a great work for Osteopathy in making such a thorough investigation into the subject of Acidosis and presenting in such a clear, comprehensive and practical manner the results of his findings.

Acidosis, it appears, is almost as common as the osteopathic lesion. The two undoubtedly go together and work hand in hand to the detriment of their possessor. No doubt in numerous cases the osteopathic lesion is the primary factor, so depleting the organs of the body as to make acidosis possible. The importance, however, of diet must not be ignored.

Proper food is an absolute essential to health, and it is necessary also for the best good of the patient that the food be properly combined. Many popular food combinations are incompatible. There is an amazing degree of ignorance on the subject of diet both in and out of the profession. Let us do our share in giving the world the much needed light on this important subject.

Dr. J. Stewart, president of the Kansas City Osteopathic Association says, "I wish to express my appreciation and good will for your publication."



**BEWARE OF DRUGS**

Do you "dope up" on drugs for the slightest ailment? Do you rush to the medicine chest to knock out a cold? Do you place your faith in powders and preparations to relieve headache? Then beware! Some day long before your time, you may drop over dead from "dope poisoning." Dr. G. E. Dienst of Aurora, Ill., made this statement shortly before opening the annual meeting of the Society of Homeopathic physicians in Hotel La Salle, October 20, 1915. The doctor went even further and said:

"More persons are killed every year in Chicago by drugs than by the saloon."

**Gives Advice for Health**

Chicago has much to learn in right living, according to Dr. Dienst, and the men who gathered today to discuss advances in homeopathy. Dr. Dienst took occasion to say that there would be considerable less illness in the city if Chicagoans would eschew pastry of all kinds, cut out red pepper dishes and condiments generally; cut down their use of salt and learn to eat some of that "good old Milwaukee rye bread," which, according to the doctor, is a life saver.

"When a woman has a headache she rushes to phenacetin and similar drugs and 'dopes up,'" said Dr. Dienst. "She could do nothing worse. A man feels the result of overeating, or eating highly spiced food, or drinking too much, and he rushes to the drug counter. One good day he is down on his back. Then he dies of heart failure, maybe. Of course, it is heart failure. The poor old heart couldn't stand the drugs any longer. The poor old stomach was ruined—the victim of the drug habit.

**Drug Taking is Deplored**

"If you want to be well don't rush to drugs. They are only temporary relief. They don't build up. Change your diet. Eat lots of wholesome rye bread. Cut out all pastries. Eat very little salt, pepper and spices. Let alone the quick lunch habit—it kills.—CHICAGO DAILY NEWS.

**AN ENCOURAGING SIGN**

The SACRED HEART REVIEW is our authority for the following:

College drinking songs are on the decline. The University of Pennsylvania has taken action prohibiting the further use of songs that are fit only for drinking-bouts. Ohio State University is taking similar steps. Sooner or later all the colleges will be compelled to yield to the rising tide of sentiment against social drinking.

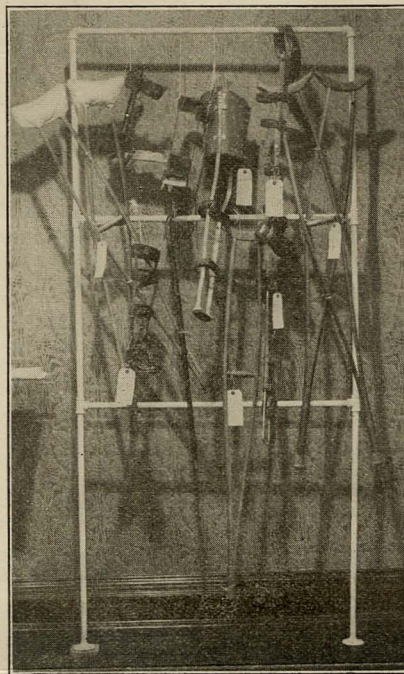
Wine and song have long gone together. The former often seems a harmless indulgence in the presence of the merry spirit of the latter.

**MOVIE FILM TO PROMOTE OSTEO-PATHIC PUBLICITY**

Dr. Percy H. Woodall of Birmingham, Alabama, has appealed to the rotary contingent of the osteopathic profession for subscriptions to buy a movie film to promote osteopathic publicity.

The film will show the circulation of the blood in the vessels, the phagocytic action of the white blood cells, as well as their amoeboid movements, cell division and the bacteriocidal action of the blood serum.

The film will be used by rotary osteopaths as a basis for a talk on Osteopathy before their respective clubs. After being so used by various rotary members of the profession, it is proposed then to turn it over to the Research Institute to be rented to any other member of the profession who may wish to use it.



**OBJECT LESSON OF THE UTILITY OF OSTEO-PATHY**

Here is a picture sent us by Dr. F. P. Millard of Toronto, showing some of the orthopedic paraphernalia he has been instrumental in liberating patients from during the past year. It is an object lesson which speaks for itself.

Dr. Millard has arranged them as they appear in the picture on an enameled steel frame at the end of the hallway from which his treating rooms lead. They are in plain view of every person who frequents his office, and bear convincing testimony to the utility of Osteopathy and the doctor's personal skill. Each appliance, it will be seen is labelled for the benefit of every person whose curiosity impels him to make a close inspection of the exhibition.

This is a clever idea which may be utiliz-

ed with profit by other members of the profession.

**COMMENDABLE PUBLICITY**

Without in the least desiring to detract from the good work done by our Publicity Bureau, we wish to call attention to the splendid work that has been done by Dr. F. P. Millard and others along this line. Dr. Millard's illustrated articles on Infantile Paralysis have been printed in many of the best dailies throughout the United States and Canada and have directed attention to Osteopathy in a most commendable and impressive manner.

Considerable publicity has been secured in Boston recently. The Boston Osteopathic Society at their October meeting offered their services to help restore the many victims of Infantile Paralysis in the Boston City Hospital. The offer of the Society was turned down by the Hospital authorities, as might be expected yet much publicity of a commendable nature was secured for Osteopathy and now a move is on foot to establish an osteopathic clinic, independent of any medical affiliation.

Dr. Francis A. Cave led the movement to secure admission to the City Hospital. He had but recently returned from Brooklyn where he saw the clinic of Dr. E. Florence Gair, which fired him with enthusiasm for the establishment of a clinic in Boston. Associated with Dr. Cave on the committee were Doctors A. M. Lane, Earle Scammon, George W. Goode, Mary Emery Alfred W. Rogers, Frank M. Vaughan, A. F. McWilliams, R. K. Smith and John A. MacDonald.

The Boston Transcript, one of the best papers in New England, in its edition of Nov. 4th gave fully one quarter page write-up to this movement. Dr. R. K. Smith, chairman of the A. O. A. Publicity Bureau pronounced it the best piece of publicity ever secured in New England. We regret that space forbids our publishing the entire write-up as it appeared in the Transcript.

Every member of the osteopathic profession should be alive to every opportunity presenting itself for pressing forward the claims of Osteopathy for public consideration. This need not interfere with our organized work. The public must be made familiar with the osteopathic view point, not simply for the good of the osteopathic profession but for the physical well-being of the public. Individual as well as collective effort on our part is necessary in order that this task be prosecuted as rapidly and as expeditiously as its importance warrants.

Dr. Mary E. Hale, Merced, Calif., says, "I like the stand taken by you."



## PERSONAL AND SOCIETY ITEMS

"Bones" was the subject preached on by G. L. Morrill recently in People's Church, Minneapolis.

By a French law no doctor may inherit property left to him by a deceased patient.—BOSTON TRANSCRIPT.

Helen S. Gray, in *The Forum*, May, 1915, says "When nostrums fail, their advocates offer ingenious excuses."

William A. Seeley, M. D., Tipton, Ia., says, "The real cause of disease is impinged nerves." The light appears to be dawning.

Francis X. Adelbert, Kalispell, Montana, says, "I wish to see the profession travel in an osteopathic path, and sincerely believe that you can do good with Osteopathic Truth."

Harriet A. Whitehead, D. O., Warsaw, Wisconsin, says, "Osteopathic Truth looks so good to me I feel I must add it to my list of subscriptions. All good wishes for its success."

Dr. Asa B. Smith of Fairmount, W. Va., writes, "Just received the September number of Osteopathic Truth and am greatly pleased with the articles therein contained, and feel the need of your paper in my office."

The New York Osteopathic Society will hold a big jubilee meeting in New York City May 11th and 12th, 1917. It will be the 10th anniversary of the signing of the Medical Practice Act in New York by Gov. Charles E. Hughes.

The Alumni Association of the Massachusetts College of Osteopathy tendered a banquet to the Rev. Francis L. Beal the new college president at the Hotel Vendome, Boston, Thursday, Nov. 2. Among the speakers who felicitated Dr. Beal were Drs. R. Kendrick Smith, L. Curtis Turner, George W. Goode, Dale E. Brown, and Lincoln R. Bolan and Dr. Clarence H. Wall of Providence, R. I.

"The decision taken by pseudo medical osteopaths has always been rather puzzling to me" says Dr. L. C. Kingsbury of Hartford, Conn. "In a way they are like a good many business men who think they can succeed much better in the other fellow's line than their own try it and make a failure of both. I am afraid that drug giving can only be stopped by making our osteopathic laws prohibiting the same."

H. E. Hastings, D. O., Winnipeg, Canada, says: "Inclosed find blank form filled out and my P. O. order for 50c (subscription price is now \$1). This is a mighty small subscription price for such inspiration given in Osteopathic Truth. The fountain is full of treasures, which we as osteopaths have not begun to realize."

Dr. George T. Leeds, M. D., D. O., of Yonkers, N. Y., writes, "Glad to receive Vol. 1, No. 1 of Osteopathic Truth. It looks well and reads with a good ring. After seven years practice of medicine and surgery, with an average of 5,000 treatments annually, the records of which I am not in the least ashamed, and, after ten years practice, dispensing Osteopathy, no mixing, I am firmly convinced, and affirm with all sincerity, no quibble or equivocation, that for results, in either acute or chronic work, of the two, OSTEOPATHY is much more dependable and reliable."

Dr. J. A. DeTienne, Brooklyn, N. Y., writes "The most disappointing thing to me in connection with the practice of Osteopathy is to find so many practitioners not willing to trust the old-fashioned Osteopathy in most cases."

"We have had a few cases of Infantile Paralysis and have been asked what we do. When we say 'Give your cases Osteopathy,' the next question in great surprise is 'Don't you do anything else?'"

"It is disappointing, when we know that Osteopathy is such a complete system, and when we are aware of medical inefficiency, to discover weak-kneed practitioners in our ranks."

"There is no question fellow osteopaths that if we do not get back to the first principles and stick, some other school will claim our heritage. Personally, I should feel inclined to be absorbed by them if we forsake our principles. We hear of them every day. Now, somebody in our ranks is not giving Osteopathy and people are inquiring into it."

"This is no dream. It is a real and serious situation. Long live Osteopathic Truth! I am with you for pure, unadulterated Osteopathy."

## NO MIXERS WANTED

Montana Osteopaths are jealous of the brand of Osteopathy that is dispensed in their state. Mixers receive a cold reception, if indeed it can be called a reception. They are frankly told that they are not wanted.

Dr. Asa Willard of Missoula, sends the following information:

"Whenever an osteopath makes inquiry as to locating in Montana, his name is given to the Secretary of the Montana

Association and the following form letter, which was unanimously indorsed by the Montana osteopaths, is mailed to him immediately. This is the attitude of the Montana osteopaths, and we do not care who knows it. On the contrary, we want it known."

The form letter reads as follows:

"To all Osteopathic Brethren:—

Who contemplate locating in our state.

"We want you and we will welcome you and give you every help we can in getting started,—IF—you are a true non-mixing osteopath who believes that the bony parts of the body, particularly the vertebrae, often get out of their right relation with each other and produce disease, and that the correction of such constitutes a fundamental part of osteopathic practice.

"If you are a mixer, if you think that drugs along with Osteopathy are the best combination, and you give them we don't want you.

"We have the cold shoulder all ready for you.

"You are NOT welcome at our gatherings and can be assured that we will refer no patients to you. We want the public in this state to have a definite idea of what osteopathic practice is and they cannot if our practitioners themselves are hybrids.

"THE MONTANA OSTEOPATHIC ASSOCIATION."

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