

Osteopathic Truth

November 1919

Vol. 4, No. 4

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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 IV

NOVEMBER, 1919

Number 4

Osteopath Guilty, To Ask New Trial

Dr. Daily Convicted in Test Case of Illegal Practice in Administering Drugs
Quick Verdict by Jury

(Philadelphia Evening Bulletin, Oct. 29, 1919.)

Osteopaths lost today the test case, filed against one of them, to determine if they have the right to administer drugs.

In less than twenty-five minutes after retiring a jury in Quarter Sessions Court, Room 653, City Hall, returned a verdict of guilty against the defendant, Dr. Philip Sheridan Daily, of 102 North 62nd street.

He was charged by the State Bureau of Medical Education and Licensure with having practiced medicine in violation of the act of 1911.

Sentence was suspended by Judge Martin, pending the filing by William A. Gray, counsel for the Osteopath, of a motion for a new trial. Under the law, the defendant is liable to six months' imprisonment and a fine of \$500. Dr. Daily was permitted to sign his own bail bond for \$1,500.

It is predicted that Dr. Daily will never be compelled to serve a day or pay a dollar fine, as his prosecution was instituted solely to test the law. In the event of having their appeal for a new trial denied, the Osteopaths declared they would carry the case to higher courts.

Judge Martin, in his charge, instructed the jurors that the case was not a discussion as to which school of medicine is the best among the several they heard reviewed by John H. Maurer, assistant district attorney, who prosecuted the case, and counsel for the defense.

Neither was the case a contest between the allopathic and the Osteopathic schools.

It was a question whether or not the defendant committed an offense against the laws of the commonwealth, the Judge said, the charge being that he

practiced medicine by writing prescriptions and giving drugs, when he was not licensed as a physician in accordance with the terms and conditions of the Act of 1911.

Osteopathy, according to the accepted belief, pointed out Assistant District Attorney Maurer, is that an osteopath is "a manipulator and not a drug dispenser."

Dr. Arthur M. Flack, dean of the Philadelphia College of Osteopathy, declared the college curriculum in 1909 contained subjects of study that are found in curriculums of medical schools.

Gray asked him if the teachings of the professions were that a practitioner must necessarily treat a patient by mechanical means or by drugs, or both.

"By any and all means," replied the witness.

"We concede that an osteopath is no different from any other physician," said Gray, in response to an interruption by the prosecutor.

Dr. Cadwalader D. B. Balbirnie, a professor for the last seven years at the college, testified that it depended largely upon the individual practitioners whether scientific massage was combined with drugs to cure a patient.—
Last part of this article.

The judge reminded the jurors that the Act of 1890, under which the defendant held a license, related only to the practice of Osteopathy—not medicine, in the legal sense as explained by the district attorney. The later act provided that no one should practice

medicine unless the regular examination is passed and a diploma received from the proper authorities. This certificate or license or diploma, the commonwealth contended, the defendant did not have, but nevertheless administered drugs or medicine to his patients.

This Act of 1911, said the judge, "made it unlawful, after January 1, 1912, for any one to engage in the practice of medicine or hold himself out as a physician unless he got a certificate from the board.

"The defense does not claim the defendant has any such certificate," observed Judge Martin. "Did he practice medicine, or administer drugs, without this license from the board? That is the question of fact for you to determine. You need not concern yourself with any testimony or remarks or comments of counsel as to what is termed jealousy of the schools and rival boards.

"The single issue is the question of fact—did or did not the defendant practice medicine—not Osteopathy—in disregard of the provisions and restrictions of the law of 1911 as the legislature then passed the act to become effective January 1, 1912."

Judge Martin, before he charged the jury, declined to issue binding instructions to return a verdict that an Osteopath is invested with the legal right to administer drugs.

Gray argued that there was nothing in the act to restrict an Osteopath to "mere scientific manipulation of the human body."

But Judge Martin abruptly waived aside the lawyer's appeal.

Both Gray and Maurer rested their cases shortly before noon.

The question of the limitation of practice of an Osteopath has long been

debated in medical circles. And the trial, which began Monday, but was postponed yesterday on account of the absence from the city of Gray, drew many physicians of all schools to the court room.

Bewildering medical terms were hurled from the witness stand, as the lawyers quizzed doctor after doctor.

Gray, in his summing up, made the hint that petty jealousy "of two State examining boards" was responsible for the prosecution.

"The law requires that a graduate Osteopath must school himself in the same studies as a homeopath," declared Gray. "It throws the same restrictions about him as other physicians. He must make the same reports to the state authorities. He must maintain the same vigilance in the case of contagious diseases.

"But do you think that this law restrains an Osteopath from administering a drug when the life of a patient is at stake? It does not.

"This is an important case. Upon your determination depends the fate of thousands of men who have spent years of study to fit themselves to practice. Upon your verdict rests whether they may continue to practice or have to quit."

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DR. H. B. RAYMOND IN CHICAGO

Dr. H. B. Raymond of Albert Lea, Minn., has removed to Chicago and will be associated with Dr. J. B. Littlejohn at 17 N. State St. Dr. Raymond will specialize in Refraction and Diseases of the Eye.

Pure Therapeutics

Vane B. Sigler, D. O., M. D., Trenton, N. J.

Osteopathy as taught and practiced by Dr. A. T. Still is a complete system of therapeutics.

The sooner we as a profession come to the realization of this fact and purge the profession of those who do not know it and who are not willing to study and work until they reach the point of efficiency where they cannot but know it, the sooner we will really and truly reach the place where we may call ourselves a profession.

The fault, if there be one, lies not with the system but with the operator, because anyone who has the energy, spirit, and ability cannot but know the real value of our science.

The success of the early osteopathy was dependent on the fact that he knew osteopathy and osteopathy only and was imbued with the osteopathic spirit.

If the schools have become so scientific that they cannot or will not teach real osteopathy then the fault lies with them and the time has come when we must have real osteopaths as teachers in our schools. Better a course of anatomy, physiology and osteopathy, than to so befog the student with so much scientific knowledge that he loses sight of the real truths.

It is an affront to our profession to have as we have had in one of the Eastern States, an osteopath on trial for administering and prescribing drugs under an osteopathic law, and members of a teaching staff and faculty appearing in his defense.

During my student days and to my knowledge never has the American School upheld an osteopath in administering drugs.

The reason was that osteopathy was taught and practiced, medicine was not taught or practiced. The student came there and was studying osteopathy because he was convinced of its superiority over the old drugging method and did not care to know of those things which were obsolete and passé.

From a purely selfish standpoint let us look at the men in the profession who have really attained success and greatness. Are they mixers? No, they are not.

They have attained their prominence and success through their knowledge and only through their knowledge of osteopathy, with adjustment as the keynote to the cure of disease.

I have far more respect (and I think the public shares this sentiment) for the man who, if he feels himself incompetent to treat disease by adjustment,

goes to a medical college, gets himself a degree and a license and hangs up his shingle as an M. D.

Let that man who cares to practice medicine, practice medicine, but **NOT** as an osteopath.

Let those of us who are trying to practice osteopathy as taught by Dr. Still, cut loose from such and let him sink as he deserves to sink, because he has no right to administer drugs morally even if some joker in the law does seem to warrant his doing so—and if it does, then the law needs to be amended so he cannot.

To try to administer and prescribe drugs under an osteopathic law is an outrage and an injustice to those who do realize the value of adjustment and are making cures and becoming benefactors of the human race.

To mix, to dabble in something of which you know nothing or little, is only an admission that you have failed to get osteopathic concept, that you have missed the cardinal points of your training.

If you are convinced that osteopathy (and I think the real osteopath will find these times rarely if ever, if he has first consulted a fellow osteopath, or even turned the case over to him, for it is better to lose the case to another osteopath than to lose him to osteopathy) will not reach your case and he must have medicine or surgery, turn him over to a medical man or a surgeon, who knows much more of his end of the game than you possibly could, and I'm sure your patient will have far more respect for you and your profession than if you tried to scatter over into another school of therapeutics of which you know nothing.

This is an age of specialties—ours is adjustment of the human machine—leave the rest to the other fellow.

Osteopathy is not a lazy man's profession,—even with the new technique and back-saving devices, it is still harder to make an osteopathic adjustment than to scribble a few words in Latin or reach for the bottle on your desk,—so let us encourage energetic, honest, ambitious men and women to enter our schools, not those who wish to slide through with the least amount of work possible and having gotten by—will take "The Easiest Way." A man must work with both his brain and his hands—we want doers, not loafers in the work.

In thirteen years of practice (except for the two years I spent in the serv-

ice) I have had very few cases (and I have done a general practice) in which real osteopathy could not do the work, and then if a case does not seem to be progressing favorably I find by consultation with another osteopath that the fault is not with osteopathy but with my application of it.

Then, instead of trying to take in more territory let us perfect ourselves in the systems of which we do know something and should know more—sticking close to the teachings of Dr. Still—cut loose from and cast out, those who are neither good medical doctors nor good osteopaths.

OSTEOPATHS ARE WARNED

State Board to Revoke Licenses If Drugs Are Used

Osteopaths are warned that the use by them of drugs for curative effect will result in the revocation of their licenses, in a statement issued yesterday by Dr. O. J. Snyder, president of the State Board of Osteopathic Examiners. His statement follows:

“There is no occasion for Osteopaths employing drugs for hope of curative effect. Within our profession we have men who specialize in surgery, eye, ear, nose and throat work, in gynecology, genito-urinary affections, and others who pursue work of special character. These require the employment of anaesthetics, sedatives, purgatives and other special agencies in their operative work. The general practitioner of Osteopathy very rarely finds occasion to employ any drug of any character whatsoever, and never for curative purposes. When he does use these chemical agencies it is entirely for palliative effects.

“Much misapprehension anent this proposition has arisen in the public mind on account of the representations made in the ‘Daily’ case. Any Osteopath who is found employing drugs with the expectation of accomplishing reconstruction of diseased tissue or for the purpose of overcoming the process of disease and to the neglect of the application of the Osteopathic procedure, will have his license revoked by the State Board of Osteopathic Examiners.

“We have a profound fear of the effect of drugs upon human tissue. And, since we can by the Osteopathic procedure bring about the restoration of health from diseased conditions, we believe it; in fact, know it, to be a saner and sounder practice than to depend upon the uncertainty of drug action and the impossibility of reorganization of tissue through that means or agency.

“We give this notice to the Osteopathic profession, so that the profession, as well as the public, may be advised of our attitude toward this much-discussed proposition, i. e., do Osteopaths use drugs in the treatment of disease?”—Philadelphia Record, Nov. 2, 1919.

LESTER HOSKINS INJURED

Brother of Dr. Earl R. Hoskins

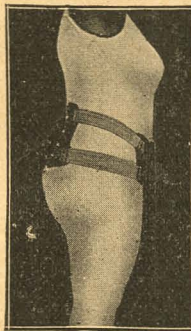
Lester Hoskins, a brother of Dr. Earl R. Hoskins, editor of our Department on Proof of the Pudding, was run down by a truck loaded with sand, on October 28th, here in Chicago.

Mr. Hoskins was riding a motorcycle at the time of the accident. He retained consciousness long enough to demand that the ambulance take him to the Osteopathic Hospital.

Mr. Hoskins, when brought to the hospital, was in a state of profound shock from the cerebral concussion. His scalp was lacerated, two or three costal cartilages were broken, and the femur was fractured. The body was a mass of contusions. Life was despaired of for some time, but although still in a serious condition there is little doubt as to his ultimate recovery.

We wish him a speedy return to normal.

Hundreds of the Foremost Osteopaths Are Using and Recommending Our EL-AR



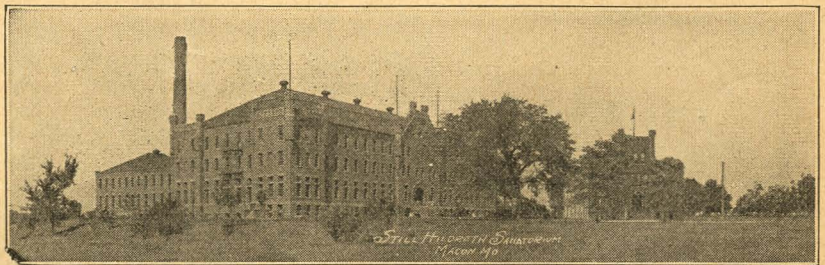
Sacro-Iliac Supporter, for the relief of Sacro-Iliac sprain, luxation and dislocation of the sacrum, for men and women.

Another important service performed by our supporter is, that it acts as an abdominal Supporter, preventing rupture and relieving all of those symptoms resulting from an unsupported heavy, pendulous abdomen.

This supporter is constructed along thoroughly scientific and practical lines and affords prompt and lasting relief for backache, pelvic aches and pains, lumbago and the long chain of aches, pains and weakness resulting from sacro-iliac strains, relaxation and dislocation.

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MACON, MISSOURI

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A. G. HILDRETH, D. O.
Superintendent

D. O., M. D., or Both?

H. Fledderman, D. O., M. D.

Out Of Our Failures Come Our Greatest Successes

(NOTE:—We publish the following article not as a criticism to Dr. Page's article, nor as advocating the promiscuous mixing herein explained, but because we asked Dr. Fledderman to explain in detail just wherein he thought himself not a physician when he started practice as a D. O., and particularly with reference to the failures of several D. O.'s to get results in the cases he mentions. We believe from this article many D. O.'s will perceive that they are neglecting to correct abnormalities in the pelvis by local treatment. We note that the D. O. does not appear on Dr. Fledderman's stationery, which makes one think he is ashamed to acknowledge it, altho he uses osteopathic adjustment in cases where he thinks it will be of benefit.—Editor.)

From an article in last month's O. T. from the pen of Dr. L. E. Page, of Newport, Vt., entitled "D. O., M. D., or Both?" I quote as follows:

"The prospective student seeking a profession which practices the art of healing is confronted with the question of what particular line of training he shall pursue. Shall he become a medical physician or an Osteopathic physician? Or, is there enough to each system of practice to make a course embracing both systems practical? . . ."

"The danger of this indecision lies in the possibility of selecting the second choice. The student who enters the medical college has made a clean-cut decision and will probably do little harm to Osteopathy, but the hybrid who tries to mingle the noncompatible medical and Osteopathic theories will weaken the faith in Osteopathy of all with whom he comes in contact.

"He will swell the ranks of those who plaintively whine that "Osteopathy is all right for some things, but we need medicine." An institution encouraging a combined course notifies the world that neither medicine nor Osteopathy can continue independently. Everyone knows that the theories are directly opposed; that one treats disease by chemical intake, the other by anatomic adjustment. Either one or the other is right or they are both wrong. No reasonable combination of the two ideas offers itself. . . ."

The efficiency of Osteopathy and medicine is 95 to 5.

For right down egotistic sectarianism this article caps the climax. But then we read stuff like that in medical journals about Osteopathy, too, and so the score is pretty well evened up.

When I graduated from the A. S. O., I looked at the situation about as follows: Osteopathy is a great discovery. It beats massage, or hydrotherapy, or electricity, and other mechanical therapeutic methods.

It is not generally applicable, but in many cases is of utmost importance. I had seen many remarkable cures performed. I had also seen cases where

the benefits were not all that could have been wished for. In still other cases it had failed entirely. But it did all anyone could reasonably expect of any therapeutic agent. Some of the great claims that had been made for it had not been verified. As an example, the "Old Doctor" had told us that Osteopathy would cure goiter in one treatment, and a D. O. who could not do it should have his license taken away. One of my class had a goiter and presented herself for treatment. The Old Doctor told us when he appeared for the stunt that this was a bad one, and would require two treatments. But after the second treatment the goiter was there just as it had been. The Old Doctor, indeed, told us that it was gone, and the only thing the class could do was to gasp and say nothing.

But was I a doctor? Why, such a thing never entered into my head. If I settled in any town, would the people call me in to cure baby's vomiting, or diarrhoea, or earache, or toothache? Would they call me in in case of acute gastritis, or in case some one had a crop of boils, or had gonorrhoea, or syphilis, or croup, or a bad cough or cold, or the hundred and one ailments that the physician meets every day? Was Osteopathy adapted for the small town or country? Was it the sensible thing to use in the great majority of cases even if the case could be cured by it? Why, of course not. So in course of time I graduated from a medical college. All this Dr. Page tells us is wrong. The two systems are incompatible. What a statement for one who knows no more than Dr. Page to make. If he will come down here I will enlighten him. In the morning we will make our round of visits, and at the end of this round he will admit that it would be senseless to think of Osteopathy in these cases, even if the people would submit to it. About 10:30 we get to the office, and there one, or two, or three are waiting for treatment. (I take no account now of those who come to the office for medicine.) The first patient has lumbago. Medicine will do no good. Osteopathy and slow

sinusoidal electricity will restore him in a few treatments. Next is a woman who is about 45 and very nervous and generally out of fix. Medicine will help her some, and we give it. But Osteopathy and D'Arsonval current will help her most, and she gets it. We go to lunch, and at 1:30 o'clock the regular afternoon seance commences. The first is a lady who had an acute inflammation of ovaries, uterus and adnexa a few days ago, with 103 temperature. Appropriate medical treatment was instituted until temperature became normal and inflammation had largely subsided. But medicine did not accomplish all that was necessary. So she comes to the office, and the uterus is washed out. A sinusoidal uterine massage given, and Osteopathy makes her say "Glory be!" A vaginal suppository at bed-time completes the treatment.

Next is a lady who has taken twelve months' treatment from two Osteopaths. The first does her no good. The second helped her considerably. But she still has continuous backache and a prolapsed uterus. As she has had plenty of Osteopathic treatment, none is given. She now takes her fourth treatment, consisting of surging sinusoidal treatment to back and vagina with suppository at bed-time. Pain of back now gone and uterus much improved. She says she got more good from the four treatments than from the twelve months' former treatment.

The phone rings, and we are called to make a call. The patient is a lady of about 50. Her heart is very bad—looks like she is going to die. Had twenty-one Osteopathic treatments, but getting steadily worse, the D. O. telling her every time this is the reaction and just what he wants—she soon will be better. A hypodermic of strychnine gives her relief. A heart tonic is then prescribed and she gets better slowly. It will take a good while, and she never will be entirely well.

Back to the office and more cases are treated as outlined above.

Several months ago a woman came to me for chronic rheumatism. She said

she had spent a thousand dollars on Osteopathic and other treatment. It never occurred to me to give her medicine, as I did not think that would do her any good. I gave her some more Osteopathic treatment and high frequency. For a time it seemed to help her. But finally she was bad as ever. I treated her for two months without success. In desperation I gave her Homeopathic medicine, and a miracle has been performed.

If Osteopaths confined themselves to a sensible presentation of their therapy they would not be so antagonized by the medical profession, but would recognize the merits of Osteopathy more readily. In a town north of here an M. D., a D. O. and a surgeon are in partnership. That makes a dandy team. Osteopathy and medicine go well together, because Osteopathy steps in where medicine fails. Of course few would care to spend the time and money to study both, and in that case let them do the best they can with whatever system they practice, but let them cease writing about that which they are in absolute ignorance.

SINGULTUS FOR 206 HOURS

Cured by Dr. W. B. Goff

Mr. N. B. Sutton of Tacoma, Wash., had singultus for 206 hours. The condition appeared after he had twisted his neck while carrying a board.

He had many doctors work upon him and at the end of the 206 hours he was so weak that he thought he was going to die.

Mr. Sutton finally applied at the court of last resort, Osteopathy, with Dr. W. B. Goff as the judge.

Dr. Goff found a fourth cervical vertebrae in subluxation as the irritation to the phrenic nerve and in its adjustment naturally came the cure. Fifteen minutes after the adjustment had been made the singultus subsided.

That is Osteopathy.

The above we have taken from the Bulletin of the Washington Osteopathic Association for November.

DR. O. L. DANIEL AT GREENFIELD, IOWA

Dr. O. L. Daniel of Millicent, Alberta, has removed to Greenfield, Iowa.

NEW YORK CITY OSTEOPATHIC SOCIETY

They Meet Every Two Weeks—Working for an Osteopathic Hospital

The Osteopathic Society of the City of New York meets every two weeks and they are alive to opportunities and prestige in an Osteopathic institution. They have a committee working upon the plans for a hospital.

Dr. Curtis Hamilton Muncie addressed the meeting of October 25th upon the "Special Technique for Prevention and Cure of 'Head Colds.'"

Dr. J. H. Drakeford spoke upon the subject of "Modern Optometry." This is Dr. Drakeford's first appearance before the society, although consulted by many for eye conditions.

On November 15th Dr. O. J. Snyder spoke upon Arthridies, Differential Study, Pathology and Treatment.

Dr. A. M. Flaek spoke at the same meeting upon the subject of "Applied Anatomy of Colonic Disease."

It is a good plan to meet often.

DR. L. A. RAUSCH AT SOUTH BEND, IND.

Dr. Geo. V. Nienstedt Retires

Dr. L. A. Rausch has taken over the practice of Dr. George V. Nienstedt in South Bend, Ind., who retires from practice.

Dr. Rausch has just completed an internship at A. S. O. Hospital which had been interrupted when the U. S. went to war. He spent many months across the pond.

DR. L. V. CRADIT WITH DR. L. S. LARIMORE

Specializing in Eye, Ear, Nose and Throat

Dr. L. V. Cradit is now associated with Dr. L. S. Larimore at the Southwestern Osteopathic Sanitarium and at his city office in Blackwell, Okla. Dr. Cradit will specialize in diseases of the eye, ear, nose and throat.

OTTARI

AN INSTITUTION FOR THE OSTEOPATHIC CARE OF NON-COMMUNICABLE DISEASES

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Dear Doctor:

A mild climate, rest, diet, baths and ideal surroundings combined with Osteopathic care is what your post-influenza and chronic cases need.

Our profession needs equipment and endowment for research work. All profits of OTTARI go ultimately to the A. T. Still Research Institute. No dividends nor salary go to the management, and our books are open to any accredited representative of the Trustees of the R. I.

Any patient can be well cared for at OTTARI for forty dollars per week—including all professional services, board and room—but we have suites and choice rooms at higher rates. Private and semi-private nurses cost extra, but nurses are provided at no extra cost to carry out all orders of the physician.

Help your patients—who will thank you, help your profession—that has already helped you, by recommending OTTARI.

Descriptive literature on application to OTTARI,

R. F. D. No. 1,
W. Banks Meacham, D. O., Asheville, N. C.
Physician-in-Charge.

Massachusetts "Goes After" Compulsory Vaccination Act.

**Dr. Geo. W. Reid Elected President of Medical Liberty League in Worcester
Compulsory Vaccination Attacked at Meeting of Medical Liberty League**

Dodge Hall was nearly filled last night at the public meeting of the Medical Liberty League by those interested in protesting against compulsory vaccination, and a branch league was formed at the close of the meeting, with Dr. George W. Reid, president; Dr. Richard Jenkin, vice-president; Herbert E. Cather, C. S., secretary and treasurer. Membership books were taken out by five, who agreed to get twenty-five new members to the league.

The meeting opened at 8 o'clock, Dr. George W. Reid presiding, who opened the discussion by remarks concerning the object of the meeting. The first speaker introduced was Dr. F. M. Padelford, Fall River, president of the Medical Liberty League, Inc., who spoke on the negative side of vaccination, and was willing to grant that it might be a necessary operation if it could be done without risk, but that the impossibility

of keeping the production of vaccine virus free from contaminating germs made the operation a dangerous one.

Dr. C. F. Bliven made a plea for every one to help in repealing the compulsory vaccination act. "The financial side of medicine appeals to many physicians," said Dr. Bliven, "and it is wrong to trust the welfare of children to a class of bigoted and prejudiced physicians who believe they are right and will not be told anything."

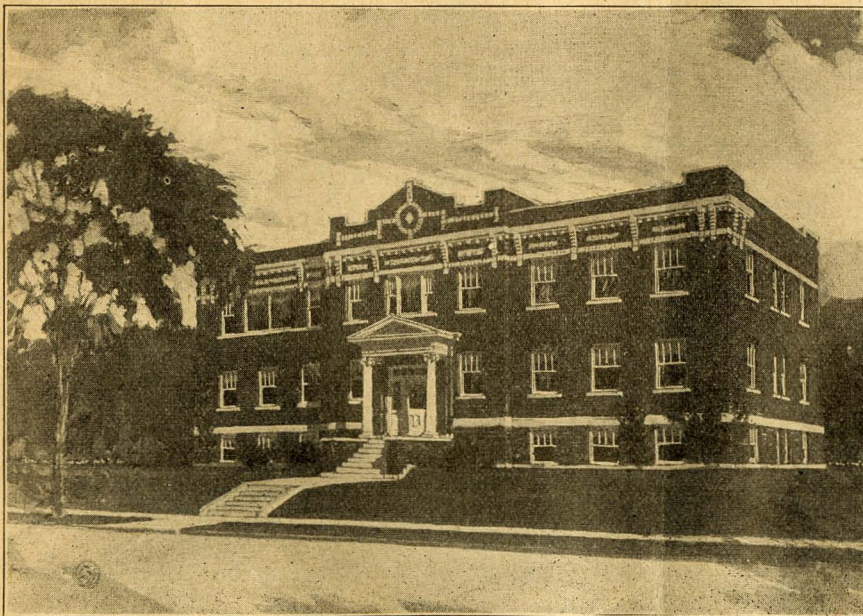
"Vaccination," he said, "is like throwing garbage at an innocent child. Sanitation is responsible for fewer small pox cases than there was one hundred years ago, but vaccination is wrongfully given the credit for it."

Dr. Richard Jenkin, who next spoke, said that the liberty of the American people demanded that they have the freedom of their own bodies and those of their children.

Mrs. Jessica Henderson, of Boston, secretary of the league, gave an account of the forming of the league in May, 1918, and said that over 1000 members had been added to the league during the year of its existence. She quoted many sad instances in connection with the death of children from vaccination, and said that it is not necessary to have children vaccinated if the parents object. A certificate of exemption framed by legal counsel, and signed by a registered physician, will pass any child into school by the board of health.—Worcester Daily Telegram, Tuesday, Oct. 21, 1919.

DR. DOLE IN KENILWORTH

Dr. Almeda Goodspeed Dole will now be addressed at Kenilworth, Ill., instead of Winnetka.



NOW OPEN The Laughlin HOSPITAL

Kirkville, Missouri

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

Dr. Laughlin has secured competent

Dr. Laughlin and his associates will do an osteopathic and general surgical practice. assistants to help him in the various departments, of which there are the following:

- | | | | |
|----------------|---------------------|--------------------|-----------------------------------|
| 1. Osteopathic | 3. General Surgical | 5. Gynecology | 7. Proctology and Urology |
| 2. Orthopedic | 4. Obstetrics | 6. Nose and Throat | 8. X-Ray and Laboratory Diagnosis |

A Training School for Nurses will also be maintained, with a separate building for the nurses' home

For further information address

DR. GEORGE M. LAUGHLIN

Kirkville, Missouri

Why Not Get Back to First Principles?

By Andrew A. Gour, D. O., Chicago, Ill.

As a profession it sometimes seems as if we possessed a wishbone instead of a backbone, although we are working on backbones all the time and ought to know thoroughly well how to keep our own backbone keyed up. Yet, some of us resemble the shoemaker's children who go barefooted for lack of shoes.

Frequently we meet members of our profession who don't seem to realize what a great truth and power Dr. Still endowed us with. Dr. Louisa Burns, in our own ranks, as well as some of the real scientists of the old school, have shown that inoculation, vaccination and serum therapy are still unproven experiments. Our common sense, backed by Dr. Still's teachings, ought to satisfy us that the body possesses its own means of healing and restoration, and yet we find Osteopaths who are uncertain as to the uses of vaccines and serums. The claims for the efficacy of diphtheretic serum were established upon the use of from three to five thousand units per case, and this low injection prevailed for years. Now, according to no less an authority than Dr. Osler, we find that up to seventy-eight thousand units are required to affect a case. Contradictory statements of this kind, and bitter disagreements among members of the medical profession are so common that even the thinkers of their own ranks are losing faith. Still, we sometimes hear an Osteopath say: "Well, since the health board expects it, and I am not sure whether serum is good or not, I give it to my patients."

Is it not about time for us to stand pat on our own truth? I am not a narrow, prejudiced advocate of "ten finger Osteopathy." I believe in the employment of useful adjuncts such as exercise, diet, hydro-therapy and other physiological agents; but, unless such adjuncts are applied with the Osteopathic concept as a paramount guide, the Osteopath employing them is not helping his profession as such.

Dr. Still was acting in the brightest light of science and logic when he taught that the artery rules supreme; and, to enable the artery to supply its life stream unhampered one must establish and preserve normal motion of every joint and part. Structure and function are the two active and reactive agents of Osteopathic healing. While structure is most basic and most important, yet, usually, function is its essential for complete cure.

I have in mind the more than serious blunder frequently committed by some of our Osteopaths in attempting to correct certain conditions by immobilization only. While it is frequently necessary to immobilize extreme cases, yet there never was a case that should be immobilized for three months and then the cast changed for another to remain on for three months more. The fact has been driven home so forcibly lately that I feel as if there ought to be a meeting called where the use of plaster cast might be standardized from an Osteopathic standpoint. Several scoliosis cases have been referred to me that had been "corrected" by the Abbott cast and came out, after a year or two, no better, and in two cases, worse than before undergoing treatment.

It seems inexcusable that any Osteopath should adopt the Abbott cast idea as the best method for correcting spinal curvature. Most of the leading medical orthopedists, after testing the Abbott idea for years, have given it up and are now at a loss what to use and advocate as the most effective way of treating scoliosis. The true Osteopath ought not to have to hesitate a moment to decide upon the question. Unless one employs the three-fold method of osteopathic adjustment and exercise along with removable forcible correction, failure, or, at least, not roaring success will result.

It is not sufficient for the Osteopathic orthopedist to feel that he can do as well as any M. D. in the treatment of scoliosis. The M. D.s admit that they are not satisfied with their results, yet, we Osteopaths, who are supposed to be of a school that is going to revolutionize the art of healing, seem to be merely rummaging on the M. D.'s junk pile.

I would not advocate the burning up of all medical textbooks, but I would certainly like to see a forward movement launched to rewrite all textbooks that we use in our schools from the Osteopathic standpoint. In obstetrics and surgery we can benefit from the old school. In these two departments they are successful because they are dealing with facts, not theory and superstition, and they have by experience and force of circumstances acquired a splendid technique. But, in all other fields, there is room for improvement, and it is our school that must do it.

We are all of us ready to belittle the chiro. But, we should never forget

that the chiro, though limited, are keeping their faith and rewriting their own textbooks. The chiro have the same lesson to teach us that the old Scotch woman had. She was always inclined to be charitable and look for good in everything. One day her preacher, out of patience with her, said, "I believe you could find good even in the devil." "Well, she replied, "it would harm none of us in our faith if we possessed the devil's persistency."

If we sometimes meet with a case that puzzles us, or does not seem to yield and improve under treatment, we should not look up old "Physician in the Home," or any other medical guide for help, but go back to first principles, and there will surely be added rays to our light. Our record in the "flu" epidemic has put us on the map. But we must not drop our oars and sleep on our laurels, for there is danger of floating backward.

THE WAYNE-LEONARD OSTEO-PATHIC SANITARIUM

Announcements are just being sent to the members of the profession telling of the opening of the Wayne-Leonard Osteopathic Sanitarium at 130 South Maryland Ave., near the beach, Atlantic City, N. J.

Drs. Leonard H. English, T. Wayne Ammerman, and Margaret Ammerman-Hill are the doctors who will administer to the sick and suffering.

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Advertising rates will be submitted upon application to the Business Office in Chicago.

NOVEMBER, 1919

I am not bound to win, but I am bound to be true—I am not bound to succeed, but I am bound to live up to what light I have—I must stand with anybody that stands right; stand with him while he is right and part with him when he goes wrong.

—Abraham Lincoln.

Get Together

The Big Fight Is Coming Within the Next Five or Ten Years
Fearless Action Is Demanded

Does the action by the medics in Philadelphia mean anything?

There is an agent for fifteen of the large office buildings here in Chicago who states that osteopathic physicians are barred from those buildings, but that the chiros and other hangnails are welcome. What does it mean?

The Handwriting

The handwriting on the wall would seem to point to the fact that the drug doctor is afraid of the D. O. and that he is now fully set upon getting us.

Their fear of us is the reason for our being barred from those big buildings in Chicago. Osteopathy gets more and better results than drugs ever thought of getting, and the drug doctor who is losing his hold upon the people will naturally strike to kill his enemy.

The drug doctor is going to fight harder to eradicate the osteopathic doctor within the next five years, because last year they were shown up in a way that they had never been shown up to the public—re the "Flu." The newspapers of the country are more favorable to a square deal than they ever were before and every day our position grows stronger.

Get Right With Yourself

In the great religious revivals we see the motto, "Get Right With God." God is the Great Architect, the maker of Man. Man is made in the image of God—perfect.

Osteopathy is for the purpose of treating the ills of man, and therefore, means that we must practice according to the Laws of God.

We will be plain blunt:

Do you know what a lesion is?

Can you recognize the demonstration of a lesion?

Would you recognize it if you saw it?

Can you adjust IT, after you find IT?

GET RIGHT WITH YOURSELF.

That is just what we mean. When we begin to recognize what we do not know then we begin to advance.

Do you just relax muscles?

Do you ever attempt adjustment?

Don't you know how?

Why don't you?

Whose fault is it—the schools or yours?

It really makes but little difference what you were taught in school for the Lord gave you a brain to use to study Osteopathy after you left the classroom. Osteopathy is judged by what you give your patients. As we recall the situa-

tion Dr. Still himself taught adjustment and not muscle relaxation, and all the early graduates did nothing but adjust. Someone who evidently thought they were improving the "Old Doctors" methods must have started the muscle rubbing idea.

Do you realize that our hangnails are telling the world brazenly that we only treat the muscles, and that they are even going so far as to ask State Legislatures to make laws giving them the right to practice upon the spine and to confine the osteopath to muscles?

Who has created such an impression? You perhaps. We know of a number who never adjust a lesion, who only relax muscles, and at the most attempt a little articulating motion at a few of the joints. They do not know how to adjust.

We are not the only ones. We have a letter from a man that would burn the magazine if it were printed. Righteous indignation is no name for it, and every word is true.

This doctor is practicing in Michigan, although he would like to practice in Indiana. He has had one year in a literary college, four years at A. S. O.; yet he is barred from Indiana while the hangnails are as thick as spatter, and they howl adjustment and fairly scream that the osteopath only treats muscles.

This same man, and we have had the same experience, states that patients have told him that they went to an osteopath to have their muscles rubbed and to the kiro for the adjustments which were so sorely needed. Now, who is to blame for the impressions the public get about osteopathy?

No wonder the drug dispensers want to flood the country with the damnable hangnails. They realized better than we, that the hangnails would knife us in the back while we were chasing the M. D. rainbow—imitating them, and then they could easily kill the hangnail on the cross of no education.

What Is to Be Done?

Well, if an osteopathic college cannot teach you adjustment, then we guess you had better add a few weeks at a hangnail establishment.

The first thing we should do is to Get Right With Ourself. In other words, we mean that every person who claims to be an osteopathic graduate from a legitimate school, should get together and work upon a definite standard. Public opinion can never be won

in favor of our school of practice as long as we chase in every direction. Dr. Still gave us that standard and we should adhere to it.

Do not "kid" yourself into believing that the Platform given us by Dr. Still is narrow. It is nothing of the kind. Study that Platform carefully, read between the lines, and then bring your practice up to it.

Dignify Osteopathy, do not drag it into the mud as one man did. This man was practicing in a certain town, an order was issued that all school children were to be vaccinated, the drug doctors got together and decided that the price was to be \$1, but this osteopathic doctor, not having stamina to fight such an edict and teach the people that such a proceeding was entirely unnecessary, falls for the bunk and then goes one step further—he advertises that he will do the job for fifty cents. What a fine impression he created for Osteopathy.

We must get together on a single standard and no better standard can be written than the one given us by the man who discovered the science. Dr. Still ought to know what he desired to be included in the Science of Osteopathy.

With all of us fighting along the same line with no deviation, how long would it take to again pick ourselves up where we were left by the early graduates—the pioneers. We are still pioneers and will be for years to come.

If there had been more adherence to the Platform, there would have been no occasion for the black eyes received recently through the action of our own members.

The public will always help us as long as we stick to our knitting.

Adjust

Adjustment is the fundamental principle underlying the practice of Osteopathy. GET RIGHT WITH YOURSELF is the first essential, and then it will naturally follow that every other practitioner will be in step with you.

If you don't know how to adjust lesions, write to us and perhaps we can work out a way whereby you may have the opportunity of learning how to adjust and not merely relax. If there is no other way we will attempt the conduction of a post-graduate course on the one subject of the diagnosis and adjustment of lesions.

Shall We Gather the Grain Together?

The fields are ripe and only await the gathering, but we must do it together. We must set our own pace together. We must adjust lesions together. We must create the right kind of public opinion together. We must secure the

right kind of laws together, that will advance Osteopathy and not throttle it.

Are we going to sit around and whittle a stick while the drug doctor thinks up ways and means to kill us directly and indirectly? Are we going to fall into his traps and so incriminate ourselves that they can put our schools out of business—you know our future depends upon our schools, which is all the more reason they should be amalgamated under one central head.

Are we still to chase the rainbow and let the hangnail run off with the bacon? Are we going to be square with ourselves?

Shall we gather the grain together?

Let's Get Together!

A Single Standard!

Dr. Still's Platform.

GETTING HOT UNDER THE COLLAR

Do We or Do We Not?

One of our subscribers tells us that we make him hot under the collar every time he reads the magazine. He states that our viewpoint of Osteopathy is narrow.

Do we make you hot under the collar?

We want to. We want to awaken you to the great potential possibilities of Osteopathy that are being pushed aside every day in the false chasing of strange gods. We would like to get you mad enough to fight for Osteopathy as Dr. Still did. Dr. Still gave his all-in-all for Osteopathy. Will you?

We want to get you warm under the collar against those members of our own profession who think only of themselves. They are so selfish that the true interests of Osteopathy are naught to those who wish to mix drugs and still call it Osteopathy. Dr. Still said not; so do we.

We want to get you so warm under the collar that it will be impossible to get anything but a real adjustive treatment from anyone who calls himself an osteopathic physician. It is the public opinion of the profession that guides our own schools. Schools do not belong to the profession until their charter and property is vested in the trustees of the A. O. A.

We have a plan. The charter for the Massachusetts College of Osteopathy is owned by an M. D., but who has stated to some of the D. O.'s in Boston that he will dispose of it to us for \$20,000. Let us buy it and present it to the Department of Education of the A. O. A. to be truly owned and run by the profession. I, Earl J. Drinkall, will

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hereby start the ball rolling by giving \$100 toward a fund to purchase this charter. Only 199 more needed. Who will be next? Hurry!

We want to get you warm under the collar against the many injustices done against Osteopathy, some of them brought on by ourselves inadvertently, others not. If laws are not going to protect us from the aggression by the hangnail, why then should we adhere to law, either? Why should we follow what some one else dictates to us? We are surely big enough and know enough to direct our own footsteps. We do not need an M. D. to tell us what we should do.

If we have made you warm under the collar to give and do for Osteopathy as Dr. Still did, then we have accomplished one of our purposes.

SOUTHWESTERN OSTEOPATHIC SANITARIUM

The Southwestern Osteopathic Sanitarium of Blackwell, Okla., have just issued a very handsome Bulletin containing several scientific articles and some items relative to the work of the sanitarium.

They have put in the Bulletin a questionnaire about a Post-Graduate Course as to time of attendance upon your part, what you would like to have taught and the length of time you can arrange to stay. Here is hoping they will treble the number in attendance at the last course.

The Proof of the Pudding

In this department it is intended to prove scientifically by X-Ray and other up-to-the minute laboratory methods that the Osteopathic Conception of Disease is correct

Edited by Earl R. Hoskins, D. O., of the A. T. Still Research Institute Staff
Address him at 4347 Greenwood Ave., Chicago, Ill.

COSTO-CHONDAI CALCIFICATION IN PULMONARY TUBERCULOSIS

A practically constant finding in radiographs of tubercular chests is an extreme calcification of the costal cartilages—far beyond the degree to be expected as the result of the age of the patient. This is usually more pronounced on the side and somewhat in the region of the tubercular involvement. This finding may be sufficient to obscure the desired projection of lung tissue under or in line with these cartilages in single plates, making stereoscopic pairs even more essential for these cases.

In trying to analyze this finding one is often at a loss to know whether he is dealing with a result or a cause. Very probably it is usually both.

All of us have seen cases in which a tubercular process has begun in the lung

as a sequel of persistent rib lesions,—the lesion preparing the “culture media” by direct pressure on the pleura and lung by disturbed innervation and drainage of the chest wall or the sensory influence which keeps down the normal limits of motion of that part of the chest wall, lessening the ventilation of the underlying portions of the lungs. Clark's Applied Anatomy gives the mechanism in detail under the discussion on rib lesions. It is easy to forget that it is just as essential for the lungs themselves to be ventilated as it is for the rest of the body that an opportunity for oxygenization of blood take place in the lungs.

The effects of the rib lesion upon the distribution of its own arterial supply and venous drainage leads to a congestion of its own blood supply giving opportunity for an abnormal deposit of calcareous material. The fixation of the rib removes the quality of elasticity re-

quired of the costal cartilages during normal respiration and again calcification is encouraged. Abnormal sensation often leads to abnormal metabolism in other parts of the body and often does so here.

If the dosage of bacteria is too great for the lung tissue to throw off, the nerve impulses which “splint up” the chest pass through the pleura to the chest wall limiting the motion of the rib, and by muscle contraction reflexly producing rib lesions which may persist after the causative agent has been subdued. As a further attempt at stiffening the “splint,” the cartilages tend to ossify.

It is well established that one of the factors in the causation of the anemia of the tuberculous is the disturbance in blood supply and drainage of the rib marrow due to fixation or limitation of motion of the ribs themselves. If this vital metabolism, which produces erythrocytes, is interfered with by this circulatory change, other metabolic processes under the same influences would also be expected to suffer. The burden borne by the costal cartilages under these conditions is premature calcification.

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BANCROFT PRESIDENT OF N. Y. SOCIETY; LARTER SECRETARY

The twenty-first annual meeting of the New York Osteopathic Society, held in Rochester, October 17 and 18, was a winner. The attendance was excellent and the program better. The annual banquet was the swiftest in exciting features that the N. Y. D. O.'s have had an opportunity of seeing for many a day. Doctors Berry, Williams and Bancroft were given the credit for the success of the meeting.

But then you know, that is the way Rochester always does.

Bancroft Rewarded

Dr. Claude M. Bancroft of Canandaigua, who had been the faithful secretary, and most efficient, for a number of years, has been rewarded for his labors by being elected to the office of President. We wish him success and know that during his regime the New York organization will advance.

Dr. Ethel K. Travers of New York City is vice-president.

Dr. Edwin R. Larter of Niagara Falls is the new secretary.

Drs. L. Mason Beeman, Geo. V. Webster and William Craig are the new directors.

All Eyes On New York.

LOS ANGELES COUNTY SOCIETY IS ALIVE

Dr. W. V. Goodfellow, President
Dr. T. J. Ruddy, Publicity Chief

The second meeting of the season (October) was a hummer with 137 present. One hundred had attended the first meeting in September.

They are getting out a one-sheet bulletin called "Team Work" and you may have it for the asking. Ask Dr. D. Turney, 300 San Fernando Bldg., Los Angeles. This is edited by Dr. Ruddy.

The October meeting was in charge of the Public Health Committee, with Dr. E. S. Merrill as chairman. Their principal speaker was Mr. Clinton Miller, president of the Realty Board; vice-president of the Stock Show; member Board of Directors, Chamber of Commerce; Past District Governor International Rotary, etc. He spoke on the "Duty of a Physician."

Mr. Miller filled his audience with enthusiasm for harder work.

Dr. L. C. Chandler, called a coming president of the State Board of Health, spoke on "State Aid for Sick and Indigent." He was warmly applauded.

Dr. Merrill, taking the place of one member who could not appear, told the

society of 30 institutions where D. O.'s were welcome for the asking.

All in attendance were labeled with a large button, upon which their name appeared in bold type. An excellent method to aid acquaintanceship. Then those who had paid their State dues in advance were decorated with a Gold Ribbon.

An osteopathic male quartette and the "old" mixed quartette furnished music for the meeting.

The November Meeting

A Reception to the Returned Service Men

Two hundred fifty-four loyal men and women of the profession turned out to welcome the returned service men. The program opened at 6:19 p. m. with an informal reception to the 62 doughboys who are now preparing to be real D. O.'s. Following this every three minutes until 8:00 something of unusual interest took place, beginning with the command to "Fall In" and then "Over the Top" with "America" led by Hugo Kerchoffer, who is in charge of the community singing in Los Angeles County, and who had charge of the singing at Camp Lewis. "Mess" was served at 6:34.

At 8:00 the business session began with Dr. W. W. Vanderburgh, president of the State Association, as the chief speaker. He outlined the program for the coming year. The new constitution of the A. O. A. and the State were compared. Final action was not taken, but it was practically unanimous that nothing should disturb the harmony and strength of the California or the Western Association.

Dr. George Whitehouse, organizer for the association, asked for more speedy responses to the request of the State officers.

Dr. Emery announced a committee to investigate the boycotting of osteopaths by the local hospitals and to recommend the necessary remedy by the courts or otherwise.

Announcements of a paper to be published by the Freshman class of the college, and the coming Field Day at Redondo, November 21st, closed the meeting.

Friday, November 11th, is College Day, which will be celebrated by a theatre party at the Orpheum.

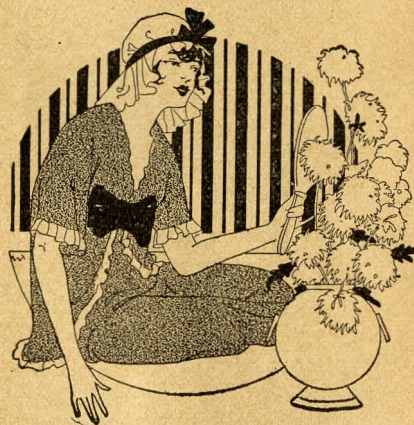
"Osteopaths are leaders because they have the "backbone" and because they use that part of the body above the ears."—Clinton Miller.

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or

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G. V. WEBSTER, D. O.
Carthage, N. Y.

NORTH CAROLINA OSTEOPATHIC SOCIETY HOLD SIXTEENTH ANNUAL MEETING

The sixteenth annual meeting of the North Carolina Osteopathic Society was held at the O. Henry Hotel, Greensboro, Saturday, October 25th. The program included papers on:

"Gastric Ulcer," by Dr. A. H. Zealy, of Goldsboro.

"X-ray Examinations," by Dr. O. D. Baxter of Raleigh.

"Ways in Which Older Practitioners Can Aid Younger Ones," by Chauncey Lawrance of Asheville.

"Gall Bladder Affections," by Dr. Harold Glascock of Raleigh.

"Army Hospital Experiences," by Drs. S. W. Hoffman of Statesville and E. J. Carson of Winston-Salem.

"Focal Infections," by J. H. Wheeler, D. D. S., of Greensboro.

The Society voted to become a division society of the A. O. A.

As an appreciation of the interest taken in Osteopathy by Mme. Galli-Curci, the members voted to extend to her the courtesy of the profession during her visit in the state this winter.

A \$50 per capita assessment was made for legislative purposes.

New Officers elected:

President—Dr. E. J. Carson, Winston-Salem.

Vice-President—Dr. S. W. Hoffman, Statesville.

Secretary—Dr. Frank R. Heine, Greensboro.

DR. PERCY WOODALL ON WITNESS STAND

Testifies in the Obear-Fealy Case

According to the Birmingham News, Birmingham, Ala., of October 14th, there is an interesting case being tried in Judge Hugh Locke's court, which is based around a Dr. Lawrence Augustus Fealy, Bishop of the Altrurians.

"He disclaims being a hypnotist and in the same breath declares that he works on the mind to effect his cures. The power, he maintains, as his disciples do, comes from the Almighty."

"He talks about healing diseases that science says cannot be healed; he tells of his power to cast out devils and accomplish other miracles in the same conversational tone that you would order a cup of coffee or inform your wife that important business was calling you down-town for the evening."

Major Obear is suing for an injunction to prevent Mrs. Obear from squandering her estate upon Dr. Fealy and the Altrurian Society.

The following paragraph appears in black face type near the end of the article:

"Dr. Percy Woodall, an Osteopathic physician, and his wife testified that the latter had been greatly benefited by the treatments of Dr. Fealy, and O. P. Brooks, an optician and a disciple of Fealy, testified that the so-called cures were effected by 'blanking the mind' by means of a concentration card with a black spot on it."

The newspaper evidently desired to besmirch Osteopathy by the prominent display of Dr. and Mrs. Woodall in connection with the Altrurian Society and Dr. Fealy's cures.

ARE WE DRIFTING?

Geo. W. Goode, D. O., Boston, Mass

We have very much to learn from our imitators, or hangnails, so-called. They are not drifting away from the spine as the prime factor in drugless healing, and going out into the highways and byways of therapeutics, but like the shoemaker, are sticking to their lasts.

We might well heed the warnings of Father Teall and drift back like lost sheep to the Backbone.

We have strayed, many of us, into devious paths and sought for this or that to relieve suffering humanity, forgetting largely what our ten fingers might do if we used them with that skill we should possess as osteopaths.

If we dabble a little bit with electrotherapy, serums, drugs, and what not, the Lord knows that we have gotten away from Osteopathy just so far that our minds are a mass of jumbled facts and none of them with sufficient power of concentration to bring into action results, but slipshod methods of treatment.

Why wander away from what we went to our colleges to learn?

The medical men are laughing at us. Well, they might call us their imitators.

We are copying their curriculums and want to be known as full-fledged doctors without the training, they say.

The Spine! The Spine! The Spine! The spine is the slogan. Let us go to it.

Let us learn to work on the body's keyboard like artisans, not as engine wipers, as Dr. Still used to say.

How many of us know the normal spine?

How many of us know that a lesion of the fifteenth vertebrae of the spine will cause headache?

How many of us know that the correction of that vertebrae will relieve the headache and Nature will do the rest?

Think it over.

"Oski, Wow Wow,
Skinny, Wow Wow.
Osteopaths!
Ribs raised; Bones set;
We cure, you bet——Osteopaths."

Osteopathic Educator

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He Opposes Vaccination

Dr. G. W. Reid Says That It Should Be Abolished

Dr. George W. Reid, Slater building, president of the New England Osteopathic Association, is firmly convinced that compulsory vaccination should be abolished.

He says: "Now that the great war has been settled and the forces of right have triumphed, it is time that the public mind turn itself to the attention of some of the lesser tyrannies with which mankind is afflicted. In this category belongs the matter of compulsory vaccination of school children.

"Why do doctors believe in the efficacy of vaccination? The chief answer consists in the fact that they have been taught to believe in it. Why do other people believe in vaccination? The chief reason likewise is because they have been taught to believe in it.

"In neither case, with but perhaps few exceptions, has there been any careful, conscientious investigation into the matter. Smallpox has declined. Vaccination has been heralded and lauded as the cause for this decline, but what are the facts?

"Let people speak who are quite capable of doing so from their vast experience, and do not be too ready to accept the opinion of people who are **actuated by selfishness**

and who have given practically no thought to the subject itself.

"Among the doctors who have offered irrefutable facts in opposition to compulsory vaccination, Dr. Charles Creighton probably leads the list, like his medical brethren, he was brought up to believe in the practice.

"He was selected to write the article on compulsory vaccination for the Encyclopaedia Britannica, and this entailed a careful study on his part on the subject of vaccination. The result was that this investigation revolutionized his faith and forced him to write against the cause he was supposed to champion.

"He afterward wrote a book on 'Jenner and Vaccination.' On page 354 of this book are these significant words: 'It is difficult to conceive what will be the excuse made for a century of cowpoxing, but it cannot be doubted that the practice will appear in as absurd a light to the common sense of the twentieth century as blood-letting now does to us.'

"Sir Alfred Russell Wallace, an English scientist

of international note, made a comprehensive study of vaccination in the light of statistics. The re-

sults of his studies are contained in a large volume entitled 'The wonderful century.'

"Referring to his treatise on vaccination in this volume, he comments as follows on page 333 of 'My Life': 'I know that in no work that I have written have I presented so clearly or conclusively the demonstration of the fallacy of the popular belief as is given in this work, which was entitled 'Vaccination a Delusion; Its Penal Enforcement a Crime,' proved by the official evidence in the reports of the royal commission.'

"This was included in the second part of my 'Wonderful Century,' published in June, 1898, and also published separately in pamphlet form, as it continues to be, and I feel sure that the time is not far distant when this will be held to be one of the most important and most truly scientific of my works.

"Prof. Edgar M. Crookshank probably made a more exhaustive study into the subject of vaccination from a historical and pathological standpoint **than any other person**

living or dead. On this subject he has contributed two large volumes.

"On page 465 of volume 1, he says: 'There can be no doubt that ere long a system of compulsory notification and isolation will replace vaccination. Indeed, I maintain that where isolation and vaccination have been carried out in the face of an epidemic, it is isolation that has been instrumental in staying the outbreak, though vaccination received the credit.'

"Unfortunately a belief in the efficacy of vaccination has been so enforced in the education of the medical practitioner that it is hardly probable that the futility of the practice will be generally acknowledged in our generation, though nothing would more redound to the credit of our profession and give evidence of the advance made in pathology and sanitary science. It is more probable that when, by means of notification and isolation, smallpox is kept under control, vaccination will disappear from practice and will retain only a historical interest.

"Here we have evidence presented by

three world renowned authorities in their own lines. First, Dr. Charles Creighton, a physician; second, Sir Alfred Russell Wallace, a scientist, and third, Prof. Edward Crook-

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shank, a pathologist. It is a significant fact also that the land that gave them birth is the land in which vaccination was first promulgated.

"The work of these noted men was largely responsible for the passage in England of what is known as the conscience clause, which in reality makes vaccination optional in that country.

"These authorities in the quotations quoted above, reveal the answer to several important questions relative to vaccination, and smallpox.

"First, belief in the efficacy of vaccination as stated by Prof. Crookshank has been so enforced in the education of the medical practitioner that it is hardly probable that the futility of the practice will be acknowledged in our generation. In other words, the average medical man believes in it, because he is taught to believe in it, which also is true of the average layman who upholds the practice.

"Second, sanitation and isolation are the factors responsible for the **decrease of smallpox** that has taken place of late years.

"Third, the practice of vaccination has been given the credit for this decrease, which rightfully belongs to sanitation and isolation.

"Fourth, vaccination is a delusion, which fact is perfectly obvious when the practice is considered from the standpoint of the unvarnished truth.

"We are not compelled to prove mathematics or any other science by legislative enactment. They prove themselves if they are true. The same applies to vaccination. It has already had over one hundred years to prove itself, but has failed to do so.

"If every individual born was preordained to have smallpox, and if vaccination guaranteed absolute immunity, do you suppose it would be necessary to corral people and force vaccination at the point of the law?

"Not likely. The force would be on the other side. The people would be

pleading for vaccination, as they have their best interests at heart, and need only to be shown the wisdom of any procedure. Coercion is the weapon of the tyrant."—Worcester Sunday Telegram, October 26, 1919.

VACCINE USELESS AGAINST INFLUENZA

Health Authorities Say There Is No Evidence Grippe Epidemic Ever Has Been Controlled or Ended "With Present Means"

Special to The Christian Science Monitor from its Southern News Office

RALEIGH, N. C.—A thickly padded bulletin prepared jointly by the health authorities of the States of Virginia, North Carolina and South Carolina, and containing a discussion of various theories relating to so-called influenza, is being widely distributed at public expense, in the State of North Carolina by the State Board of Health. One notable point made by the compilers of the bulletin is that reputable health officials believe vaccination is utterly worthless as a preventive against influenza, at least.

The bulletin says: "Artificial means, such as quarantine and vaccination, may be effectively applied in the control of some epidemics . . . but there is no evidence to show, and there are no health officers of dependable reputation who believe, that any epidemic of influenza has ever been or can be controlled or stopped with our present means," referring obviously to medical means.

As authority for its statement, the bulletin cites the view of Dr. G. W. McCoy, director of the United States Laboratory of Hygiene, and reputed to be the leading authority on the subject of vaccines. Dr. McCoy, discussing vaccination against influenza, is quoted as saying: "In every case in which vaccines have been tried under perfectly controlled conditions, they have failed to influence in a definite manner either the morbidity or the mortality.

The statement of the State Board of Health is issued at a moment when health boards are conducting an aggressive campaign of vaccination among the public school children of North Carolina, parents' protests against medical treatment of this character being of little or no avail, it is stated.—Christian Science, Monitor, October 20, 1919.

LITTLE MARJORIE SULLIVAN HAS SECOND HIP "SET"—REAL NEWSPAPER TRIBUTE TO OSTEOPATHY

Osteopathic Surgeon Performs "Bloodless Surgery" Operation

Little Marjorie, daughter of Mr. and Mrs. Timothy Sullivan, Georgeville Road, near London, was lame. She had always been lame. She did not know why. Neither did her parents. Some doctors told her she would be all right after a while—that she would "out-grow" the trouble. But she didn't, and the lameness and deformity increased. Finally Dr. Effie Koontz, Osteopathic physician, found the hips out of joint, which was later confirmed by X-ray. So, instead of getting better, every time little Marjorie walked her body was forced downward until the thigh bones pushed at least two inches up under the muscles behind the hip socket.

There remained but one thing to do—set the hips and hold them in place until the shallow sockets were made sufficiently deep and secure to hold them as nature intended.

Up to about fifteen years ago little girls like Marjorie were doomed to a life of deformity, but at that time the famous Austrian surgeon, Doctor Lorenz, demonstrated the "bloodless surgery" method of curing that trouble. He came to America and operated upon the daughter of the millionaire packer, J. Ogden Armour, who had the same kind of a dislocation—except in only one hip. That was the first operation of the kind in this country. It is reported that the surgeon received, and he deserves it if he did, a magnificent fee for his skill and trouble. However that may be, Miss Lolita Armour today walks naturally. She is now a young woman, and during the world war did valiant service for the Red Cross. Doctor Lorenz is the surgeon who first demonstrated that a joint would develop if its parts were properly placed and held for a sufficient time.

When Doctor Koontz discovered why little Marjorie was lame, Doctor Hulett, Osteopathic orthopedic surgeon, of Columbus, was consulted. And a few weeks ago, with the Assistance of Doctors Koontz and Manchester of London, and Doctors J. H. Scott and Ione Hulett, of Columbus, the surgeon, through a skillful application of the Lorenz method, as modified and improved by Osteopathic specialists, set one of the hips, and on Sunday last the other. On account of the severity of the operation,

it was thought best to set only one at a time. After the operation, the legs were placed at right angles to the bottom of the sockets and enclosed in a plaster cast. This cast will hold them immovable for a few months until nature can build secure joints, where now exists only slight depressions, in which the heads of the bones will not stay without support.

The operation was done while the patient was under an anaesthetic. Dr. M. L. Naughton, of London, performed this service the first time, and Dr. F. W. Cox, of Springfield, at the last operation.

Congenitally dislocated hips are very rare—double cases extremely so. The condition results, it is believed, from pressure, acting as a lever, upon the leg as it lies before birth along the abdomen. The softer tissues of the joint stretch and the head of the thigh bone is drawn away from its socket. When the child begins to walk, the bone is forced upward and backward, and the lameness results. In addition to the lameness, the hips bulge outward and backward, and at maturity crutches would be necessary.

The Osteopathic physicians trained thoroughly in manipulative surgery, are especially qualified for this "bloodless" operation, which is so closely allied to their methods, and they have so perfected the technique that in children under eight few relapses occur. Success has been known in a few cases as old as 15. Dr. George M. Laughlin for years dean of the American School of Osteopathy at Kirksville, Mo., has had perhaps a larger experience with this condition than any other American surgeon, demonstrating the effectiveness of the treatment in hundreds of cases.

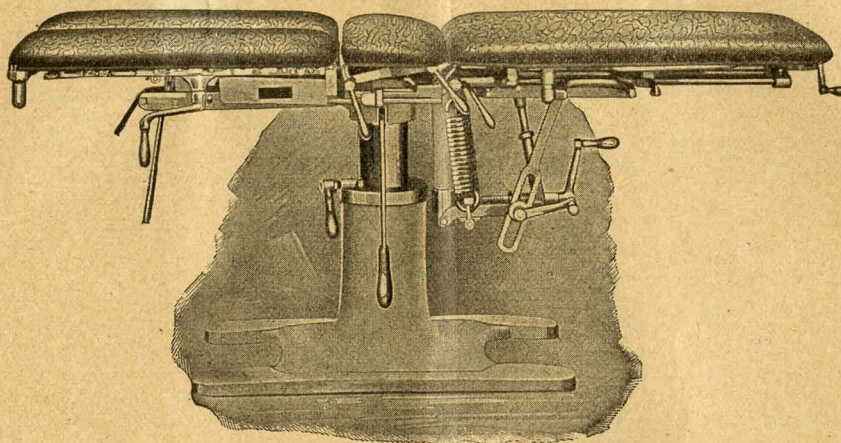
While the operation is not particularly a severe one, anaesthetics are necessary, as the tissues around the joint must be stretched until the hip can be forced into place. No knife is needed. In a few days after the operation all soreness disappears and, aside from the inconvenience of wearing the clumsy cast, extending from around the hips down to the feet, the child has little discomfort.

In a few months, the surgeon declares, little Marjorie can run and jump like other girls, and therefore can be just as happy as any child, instead of growing up deformed, and being the object of pity and humiliations.—London (O.) Enterprise, October 21, 1919.

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Milestones in Osteopathic History

Walter J. Novinger, D. O., Trenton, N. J.

Now that we have emerged from pro-medicalism and are again going back to A. T. Still adjustment, just as we did after we got over the distemper produced by the vibrator craze which was so blatantly rampant some fifteen years ago, because vibrators did not get results, and just why any of us should have taken up with such rubbish seems strange, but not any more unreasonable than when we almost fell for mixing drugs and Osteopathy.

The surgical craze will follow vibrators and drugs to the Osteopathic dump pile, so that Osteopathic adjustment of circulation to ovaries, appendix, tonsils and other glands and organs will restore to normal function instead of cutting them out.

Dr. Still, by long, hard years of patient study and demonstration, gave us a complete system. He taught us that system which he perfected, he had full knowledge of drugs and did not use them and advised us to waste no time on them, for he knew that what he was able to do by adjustment alone brought him the great success which his cures merited, so that in a period of ten years (from 1890 to 1900) his work spread from a local discovery to a world-known science, from a few dozen followers to several thousand Osteopaths and many thousand believers.

Perhaps the growth was too rapid, too many underdone practitioners, teachers and schools were turned out. Many wanted an early start and became sooners, did not toe the mark at the starting point; many of these blatantly claimed (a few still do) to be more proficient than the founder or those of his sturdy followers who practiced what he had to teach. We had those get-there-quick fellows with us

early. I remember that in 1896 Dr. Patterson, then dean of A. S. O., told me that the future of Osteopathy was in danger from within the profession more than from without, and that unless I seriously wanted to come there to study what Dr. Still had to teach, he advised me to go to an A class medical college. Few if any of Dr. Still's early followers were more capable or more sincerely interested in the growth and future of Osteopathy than Henry Patterson, and what he then foresaw has been proven over and over again.

In spite of all the care used in admitting students and in weeding out the incompetent teachers, we soon had enough in our ranks who in their mad frenzy to ape the medical people, forced our unendowed colleges to a three and then to a four-year course (years before we were ready for the advance); also this same idea carried us headlong into the medical trap, where nearly half the states are Osteopathically ruled by the medical boards of examiners. We have the four-year course and cannot go back to the three-year plan if we wanted to do so, and we have the medical board domination, which is strangling the life out of Osteopathy. Will we be men and throw off this yoke?

To get results as Dr. Still did we must study anatomy and apply it. To turn out an adequately equipped graduate, our schools must teach what Dr. Still taught. To get the support of the profession in filling the colleges with students, the colleges must teach pure Osteopathy, to get and hold our patients, we must cure them through adjustment. If we keep busy at our own business of fixing backs, we will not need to bother about getting patients, they will find us; and our imitators and

opponents, the chiro and the M. D., by their activities in our affairs, will boost us going and coming.

Do I send or refer patients to another Osteopath if patients tell me he gives nothing but a general treatment—muscle rubbing, wing swinging, meaningless movements? Well, I do not; and not many patients who know what Osteopathy is and does will go to that sort long.

Do I feel like boosting a school whose graduates want to use drugs, surgery, etc., and talk knowingly about medical and other matters foreign to Osteopathy, but have nothing but contempt for Dr. Still's discovery and the ten-fingered crew who have helped to make the word Osteopathy a catchy trade name for these same advanced method chaps? Well, I do not boost that kind of a school, and there are many like me, and in the next few years those schools that accentuate on A. T. Still Osteopathy are going to take the lead in growth and in the output of those who must carry on the work as the roster of the old guard dwindles. It will still be the old guard, but it will be new names and younger men and women who will carry the banner forward and make new records for Osteopathy.

In the past month I have had the good fortune to attend meetings of the New York, also New Jersey State Osteopathic Societies, where the attendance, programs and interest would have gladdened the heart of Dr. Still.

Let us all attend and get our fellow practitioners to get the habit of attending all local and state meetings, and then all go to Chicago next year and enjoy the greatest history-making gathering our profession has ever had.

IDOLS NOT IDEALS

Dear Truth:

Just received the latest number, and at the desk reading it—8:55 a. m.

Phone rings.

Doctor, this is Mrs. —. Henry (?) has been coughing all night. Shall I give him a little Bromo-quinine? Your treatment day before yesterday has not stopped the cold.

Answer—No L. B. Q. Flush out those bowels, give him hot lemonade, bundle up his body, give him some fresh air, cut off his coffee and salt entirely.

But doctor, he likes lots of salt, and

he is so itchy when he sweats, and, can't I give him any quinine—Ma says it's the only thing.

Inasmuch as this is a clinic case, I fight harder for **NO DRUGS**, plenty of sweating and other elimination.

I wish I could make every fellow see how the poor people cling to IDOLS, not so much to IDEALS, though they do look for the light in the clearing.

Yours from Cloverland,

F. E. DAYTON, D. O.,

Escanaba, Mich.

P. S.—Saturday's clinic pretty good. Fifteen children, 4 helpers, 2 mothers and 1 grandmother.

DR. JESSIE WAKEHAM RESUMES PRACTICE

Dr. Jessie Wakeham has returned to Chicago after a year away from practice and will have her office in Suite 1105 Stevens Bldg., 17 N. State St.

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