

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

OCTOBER, 1916

Number 3

Why I Am An Osteopath*

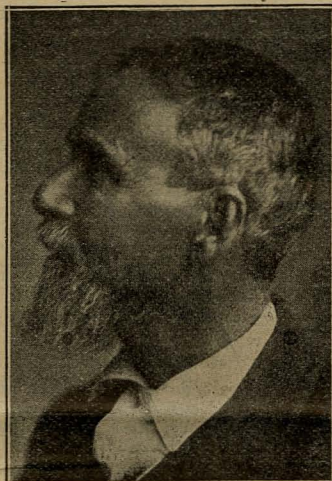
A. T. STILL

THE Medical Incubator has had an unbroken privilege in choice of places, the very best soil, the best thermometers, the best attention and also the prayers of the whole world for all ages. The box has been kept filled with eggs during all this time hoping that a chicken could be hatched to take the name that had long been waiting for him, the Medical Game Cock, whose spurs and force could successfully combat the Cock of Disease. The chicken hoped for has never been hatched. This incubator has had eggs put in it from all the hens that have laid nostrums and they have failed to hatch a single specific rooster for any disease. It is estimated that five hundred new eggs or nostrums are put under this hen or incubator every month, only to fail—they hatch, rot, burst and stink.

We have had pathologists, chemists, allopaths, homeopaths, electropaths, waterpaths, until it would make you tired to listen to the 'paths, and all have proven to be lamentable failures. We have listened to their request and advice for thousands of years and the promises they have made have been abortions. From them we have nothing to hope. Our road is straight through the woods. Old trees must fall, stumps must be taken out, trees of life and hope must be planted to declare the intelligence of the Architect of Life. The osteopaths are the army all ready to combat. Our captain is the God of Nature who has never failed in any of His plans or specifications, and His promise is be thou faithful unto the end and the reward shall be good health every day, and He says, hope thou and Me.

Allow me to say that I love the old doctors for their faithfulness; I pity them for their universal failure. I know their intentions were good. If any one of the

'pathies or the whole of them, had produced a single panacea for any disease it would be different, but I have spent a life in acquainting myself with what they say and do, and I think I would be dishonest to the youth, the middle-aged and to the coming generations to recommend that which I know is not true. I want to emphasize that my vote is now, first, last and all the time, and has been for the last thirty-five years, against the use of anything but Nature's remedies for treating the sick.



DR. ANDREW TAYLOR STILL

The special panacea, surgery, which has been a growing curse for many years is the desire for the unwarranted use of the knife, the excuse for which is the effort to seek a cure for this and that disease by mutilating the body and throwing away that which is useful and should be retained as a part of the human body for its longevity and comfort. The medical doctor reasons that the body has chemicals in it that have to be met with other chemicals or poisons. The drugs which are chemical products have been administered according to his direction and have failed to relieve a

suffering head, neck, chest, abdomen, pelvis, or any organ.

The symptomatologist comes forward and describes, classifies and names the disease and prescribes his remedies. We ask him why he did not give us those names a week sooner. His answer is "we have to wait long enough for the disease to develop before we are warranted in giving names." This is a fairly good acknowledgment that he did not know what the disease was. Does the doctor say he did not dope with the same blindness? No, he says "I dosed and dosed freely for a number of days until I found I had smallpox to content with. Had I known it was small-

* Reprint from *Osteopathy, Research and Practice*.

(Continued on page 32)

LIMITING OSTEOPATHY.

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

One would think from reading the article on "New York Ideals" by Dr. C. W. Young of St. Paul, Minn., in "The Osteopath No. 14" (the magazine published by Dr. R. H. Williams of Kansas City) that Osteopathy had reached its limit before it came to the treatment of diphtheria.

He writes "the writer has the profoundest admiration for the attitude taken by Dr. Williams and several other osteopathic physicians, whose children died of diphtheria after the 'osteopathic therapeutics' as the New York Association would limit them, proved unavailing. These physicians had been lulled to sleep by the teaching that the ten fingers alone were sufficient to handle serious cases. But when the ten fingers failed, they were awakened from their sleep, and unmindful of the lacerated feelings that would make less unselfish men keep quiet, they have done their utmost to arouse others from their sleep. Candid investigation followed, and then came conviction that there is merit in antitoxin, and that our profession and our schools are grossly recreant to humanity, if we continue to profess to be physicians and yet refuse to investigate as to the merits of the remedy for which such wonderful claims are made by those who are battling with the great majority of cases of diphtheria."

The statement that "after the osteopathic therapeutics proved unavailing" suggests the idea that there could be nothing further found out in osteopathy on this subject, because those particular osteopaths were not successful in those particular cases, and as though *all* cases of diphtheria treated with antitoxin recovered, when statistics show the contrary.

It was only a few years ago when the successful treatment of Hay Fever by osteopathy was not known by osteopaths, and what a few years more may develop in osteopathy regarding the treatment of diphtheria remains to be seen. Certainly nothing will develop if we all run after the serum treatment to the neglect of work along osteopathic lines.

A little study of the subject of antitoxin may give us some light as to what it is and its action good and bad in infectious diseases.

Sajous says "Antitoxin is blood-plasma containing adrenoxidase, nucleoprotein, digestive triads (trypsin, etc.), and thyriodase. It is produced in animals under the effects of injections of various toxins, as the result of the stimulating action of the latter upon the test-organ (pituitary body) and through it upon the adreno-thyroid center. The resulting excess of adrenoxidase excites, in turn, an over-production of pancreatic ferments and leucocytes, by increasing metabolic activity in the pancreas and leucocytogenic tissues. The thyriodase is due to direct excitation of the thyroid.

"Antitoxin is the homologue of auto-antitoxin found in the blood. Antitoxin is blood-plasma unusually rich in its normal immunizing constituents. Its beneficial effects are due to the large proportion of adrenoxidase that antitoxin contains.

"The various antitoxins when administered subcutaneously, in health or disease, increase the bacteriolytic and antitoxic properties of the blood by augmenting, in proportion with the quantity administered, its content in auto-antitoxin, the homologue of all antitoxins. As is the case when thyroid extract or adrenal extractives, adrenalin, epinephrin, etc., are used, metabolism is increased.

"The untoward effects that follow large therapeutic doses of diphtheria antitoxin are as follows: fever, due to increased metabolic activity, attended if metabolism becomes excessive, with diminution of the red corpuscles, sometimes to 3,000,000, and albuminuria. When metabolism is excessive, it causes, owing to involvement of the vascular walls, correspondingly marked vasoconstriction, and the arterioles of the pituitary body and the heart, among others, being almost closed, the functions of these organs are inhibited, giving rise to faintness, coldness with feeble and irregular cardiac action. In rare cases death occurs.

"When constriction of the peripheral arterioles persists there occurs, after a few days, accumulation of waste products of various kinds in the cutaneous tissues, and eruptions, especially urticaria and erythema, may appear, along with increased nitrogen and phosphoric acid secretion and albumin. This may last several days and be attended with cedema, bloody diarrhoea, acute joint pains, myalgias and neuralgia due to intense congestion of the various structures involved.

"The inordinate consumption of the chromatic elements in the nervous elements attending this excessive metabolism, may give rise to paresis or paralysis of the muscles in different regions, especially those of the palate.

"It is adrenoxidase (the specific immune body) which endows all ferments with their power as such. Adrenoxidase is the active agent in all antitoxins."

Since it is evident that the active agent of all antitoxins is adrenoxidase, the normal secretion of the adrenal glands combined with oxygen, may it not be possible for osteopathic measures to be so perfected as to enable the osteopath to increase the immunizing power of the body's own secretions by stimulating to greater activity the test-organ (the pituitary) and so increase the quantity of auto-antitoxin in the blood without the deleterious effects of the commercial antitoxin?

It seems to me that the difficulty of handling serious cases with osteopathy is due to the lack of knowledge on the part of the osteopath and not to the failure of osteopathy. And instead of trying to broaden osteopathy along old school lines by incorporating into it the serum treatment, which is so frequently unsuccessful, and making it a part of the osteopathic procedure, it would be wiser to devote our energies to developing osteopathy so to insure its success in the treatment of these cases.

In the meantime, for those osteopaths who have cases of diphtheria and are fearful of the results of their treatment alone and choose to have antitoxin used there are plenty of old school practitioners to be found who are expert in the use of the serum treatment and such osteopaths would hold the respect of

their patrons by calling in the aid of such a practitioner.

Dr. Young, in a statement made to me after the convention at Kansas City, said that he should feel humiliated to call in an old school physician to administer antitoxin. For my part I should feel humiliated to use a serum of my own initiative since I consider the method of treatment as outside my practice as performing a major surgical operation would be.

Certainly if the patient died of the serum treatment my conscience would be clear. Here I speak from experience. When I was in medical practice I had a family of three children who came down with diphtheria. The first child a girl, recovered under my ministrations. The second, a boy had recovered so far that his throat symptoms had all cleared up when the third child was taken. I noticed that she had a dusky blue look and asked if her throat was sore she said "no" and other than her color she did not seem sick. I examined her carefully and discovered that she was so profoundly infected that she did not suffer and told her parents that I did not think that she would recover. They wanted antitoxin used. I made no objection and sent at once for a physician who was skilful in its use. On examining the child he also said that he did not think that the child could live and although he administered the serum, she died.

He suggested that the boy, who was on the road to recovery, should have the serum used. I objected but was overruled and in twenty minutes after the serum was given the boy died.

It seems to me that it is our business as osteopaths to study the immunizing mechanism of the body and strive to develop a way to stimulate it to greater activity in the treatment of the infectious diseases instead of making light of the "ten finger" method, which is nothing more nor less than discrediting osteopathy which we all realize is still in the developmental stage but with great latent possibilities.

I am heartily in accord with the resolution of the New York Association, that "We, as osteopaths do not think it wise at present to enter into the merits and demerits of serum therapy as it tends to discourage dependence upon osteopathic therapeutics in serious cases."

MENTAL ANATOMY.

F. P. MILLARD, D. O.
(Toronto, Ontario.)

Dr. Chas. Green of New York once asked an eminent bacteriologist what structures were beneath a certain point (indicated by his finger in the region of the 12th dorsal). The eminent M. D. had just returned from abroad, where he had been doing special work under celebrities, and was giving an elaborate dissertation on the diagnostic features essential to the physician's reaching prognostic conclusions. Outside the mentioning of the five layers of muscles, the kidneys, lower dorsal and lumbar nerves, the eminent physician seemed at a loss to proceed. He had agreed with Dr. Green that the kidneys were involved in this case, and they were discussing treatment as well as diagnostic

points. At Dr. Green's request, he palpated the region mentioned, but detected no malalignment, although a specific lesion existed.

In turn, Dr. Green was asked his diagnosis, and like a true Osteopath proceeded to picture from an applied anatomical standpoint the significance of this lesion and its bearings upon the kidney disturbance.

As Osteopathic physicians we have acquired an extra sense. One patient described it thus: "You seem to have big eyes in every one of your finger tips." We picture beneath our finger tips the various tissues, organs, nerves, vessels, etc. We see the great gangliated sympathetic chain, lying in its protected position ventral to the vertebral column, the rami, as they connect singly, in some regions, and doubly in others, with the nerves from the spinal cord. The vasomotor connections and distributions are clear to us. The innervation of muscles and the sympathetic organic nerve supply are mentally classified and detailed. The osteopathic vision is a clear one, and must be kept as such or else our reckonings will be wrong. The vision that was first necessarily acquired becomes a part of us, a new sense, so to speak.

We play upon the spinal keyboard intelligently, because we know the rudiments of the normal tone that is found in a normal body. The thirty-one pair of nerve cords must vibrate in sympathetic unison, or we find that lesion discord will produce disharmony. Some have finer pictures in their minds than others. This will depend upon the amount of study and research the individual has done.

Could a student in one of our Osteopathic colleges expect to have the minute details of a mental picture that the great McConnell, who has spent years in research work, has? Could his immature brain grasp the minutiae of the microscopical morphology of a Louisa Burns' mind?—the cerebral cortex that has the lineations of time imprinted in its convolutions and developed as the brain created nerve tracts innumerable and systematically classified.

The mental pictures we are able to form, then, are first roughly acquired through study, and then toned down by repeated mental visions. After the detailed basic principal acquirements, the mind becomes creative, and we evolve new lines of thought, and new experiments are made that help to weave the finer fabrics of mental pictures that, when thrown upon the screen of our psychic minds, make the intricacies of the human anatomy appear in detail as masterpieces.

After the developing of the normal tissue conception, we must then formulate the pathological, and with the great field of applied anatomy details properly classified, harmonize the picture tints to make defects appear properly upon what was once a normal screen.

We deal with the pathological almost entirely in our practices, and necessarily must tint, so to speak, our pictures with pathological colorings. No pathological phase can be pictured that does not involve the entire system to some extent. A simple case of nephritis has its secondary effects upon the cardiac tissues, and a vasomotor disturbance its sys-

temic effects. A thyroïd enlargement alters the metabolism of the entire body in proportion to its pathological significance. The presence of a corn may produce a degree of nervous instability, dependent upon the temperament and tone of the body. The simplest lesioned condition in the vertebral region may produce secondary symptoms as remote as the anatomy has actual nerve connections. No lesion ever existed that simply disturbed the adjacent tissues and organs. A secondary influence is felt over the nerve mechanism of the body in proportion to the severity of the primary lesion. We must consider the body in its entirety and not in its integral parts.

Let us picture for a moment the circulation of the spinal cord. Close your eyes and allow the osseous tissue in the spinal region to fade away. Bring out the high lights and see the delicate membranes surrounding the cord, vascularized with countless arterioles. See the dura-mater, with its larger blood vessels, as it stands out as a protective agent between an osseous wall and a delicate arachnoid membrane. See the pulsating vessels and the minute capillary walls, conveying blood cells to the membrane, called the pia mater. Follow the little vessels that pierce its coat, to circumscribe the cord and anastomose with delicacy upon its outer walls. Notice the penetrations into the cord of some of their branches, and listen to the pulsating of the longest slender arteries in the body—the spinal—as they gravitate downward the length of the spinal column. Picture a cord segment as it receives its blood supply in more or less triple divisioned arrangement. Note the accessory vessels in the foramina, sending in their supply to flush the cells in the protected shaft. With every systole, the cardiac muscle forcing the blood upward and downward through vessels, yet meeting again in their anastomotic arrangement to flush the cells and membranes of the highly sensitized area that harbors impulses that allow us to perform our various duties. These are the mental visions we should cultivate, encourage and enlarge upon, as they help to imprint anatomical facts upon our cerebrum.

THE SCIENCE OF OSTEOPATHY.

Progress is directed through the master minds of men who stand out in history as distinctly as a searchlight throws its gleam over darkened waters at midnight. It was one of these master minds that grasped the idea of osteopathy and in 1892 established the first college to teach the science. It has grown in public favor until the demand for osteopathic physicians is far greater than the supply.

There is no profession today that offers as many opportunities for scientific achievement to the ambitious young man or woman as does osteopathy. This science, representing an independent school of the healing art, has engaged the public's favor for the past two decades or more. Its growth and development have been rapid, and most important of all, the science as a complete system has reached a point that commands the respect of all thinking people. Marked progress is being made in its scientific evolution,

clearly showing that preciseness and efficiency are its cardinal features. Its relations to the biologic sciences are the closest, and absolutely compatible with modern thought and teaching. The field of usefulness is illimitable, and the opportunities for scientific development are probably without a parallel.

There is not a biologic science that the osteopathic principle does not permeate. In fact, the sciences of life are the ground-work upon which the practise of osteopathy is built. The properties of protoplasm, the combination of colloids, as expressed through biotic energy in the form of organisms, and the response of the individual to function, environment and adaptation, constitute the foundation of osteopathy. From these facts are derived the laws of adjustment and hygiene that form the superstructure of the healing art, as exemplified by the science of osteopathy.

OSTEOPATHY—BOTH COMPLETE AND DISTINCTIVE.

The essential distinctive qualities of osteopathy penetrate and dominate the entire field of medicine—the causes of disease, its processes, diagnostic features and treatment. Herein is the vital point as pertains to the school of osteopathy. It is not an appendage or side issue to other methods, but is a complete system and its very fabric is distinctive. It nevertheless utilizes certain features common to all schools, compatible with proven facts, but basic in all its characteristics, infinite and extensive as life itself and as definite and exact in its application.

Osteopathic therapeutics is only a means to an end. It is the application of the science of osteopathy, the method of preventing, palliating and curing disorders by characteristic measures. The essential feature of osteopathy is our understanding and interpretation of the cause of disease. In fact, etiology, the study of the cause of disease, is the basis of medical science.

The principal cause of disease in the large majority of cases is a disordered structure, whereby nutritional impoverishment is incepted. This is frequently supplemented by inharmonious environment, unhygienic conditions and insanitary surroundings. But the fundamental point is the dependence of the integrity of the body economy upon structural intactness.

Given a body mechanically perfect, it is a biologic axiom that the physiological functioning will be uninterrupted.

From the time the student enters college he is imbued with the idea that osteopathy represents something far different than obtaining facts pertaining to anatomy, physiology and chemistry; then applying certain data in the diagnostic field, to be followed by a few movements with the expectation that disease conditions are to be corrected. Instead every study in the curriculum is taught from the osteopathic concept. It is not the memorizing of facts that makes for efficiency, but the unification and correlation of the facts.

Much time is spent in thoroughly

grounding the principles of osteopathy, so that the student is well aware of the reason or argument of the science. This is followed by careful work in technique. The thorough education of the tactile sense is no small part of the success of the practicing physician. He must absolutely know the normal both anatomically and physiologically before he can appreciate the abnormal with any degree of certainty.

The last years are devoted to the application of various data to the whole field of diseased conditions. The student learns to diagnose correctly by tracing the relationship of the condition, which he observes in his patient, to the causative lesion. A lesion, be it understood, is any disturbance from normal in structure or environment which tends to prevent the function of any part of the organism.

ADJUSTMENT THE BASIC PRINCIPLE.

The principle upon which the science of osteopathy is based is "adjustment," in whatever field the maladjustment may occur, whether it be structural, environmental, mental or dietetic. It is the belief and teaching of osteopathy that disease has its basic origin in a variation from normal in one of these fields, and the application of the principle is to seek out the maladjustment and, if possible, correct it wherever found. In other words, to try to normalize structure, environment, mind or diet, and their relations one to another. Thus one may readily see the breadth of the application of this great principle.

It may be well to emphasize the osteopathic concept of disease a little further, in view of the fact that we utilize, more or less, the data found in the text books of the older schools. It is true that a fact is a fact wherever noted. But it is also true that either the interpretation or application of the facts may include a wide range. Then again it is true that a certain definite point may be only one link in a sequence of a correlated process.

Anatomy is anatomy to be sure, but there is a wide difference in the utilization of the anatomy in osteopathy, surgery and drugs. In the first instance, osteopathy, an understanding of anatomic structure and its mechanic application, is as fundamental to the osteopathic school as a thorough familiarity of the most complicated mechanism is to a scientific engineer, and the parallel is far more complicated, for the body is not only a mechanism, but in addition a self-reparative and self-curative mechanism. And right here rests the crux of the osteopathic divergence in the support of a truly scientific school, and in a realization (and application) that the bodily forces contain the means of self-cure. In fact, no other interpretation is scientifically permissible. The lack of this thorough appreciation has been the reason why drugs are a failure, for there is nothing curative in them. This emphasizes again the point that the basic view-point in the osteopathic school is not the art or the disease processes, but the cause of the disordered condition, and what is required in the vast majority of cases is

that we simply assist nature by removing the obstruction or blockage so that normalization may take place. The forces of nature and no other are the ones that do the healing. The osteopathic student is taught to recognize the signs and symptoms that express disease conditions, and accordingly to adjust the body constituents so that nature may continue along the lines of health requirements.

Osteopathy thus represents a definite and comprehensive principle that unifies the many facts as well as supplying etiologic, diagnostic, pathologic and therapeutic knowledge of the first importance. Osteopathy is a complete system that represents an eternal principle by maintaining that the bodily forces are all-sufficient, if only rightly directed; for nature alone can repair a tissue or heal a wound.

CHICAGO COLLEGE CATALOG.

We do not know who wrote the above, but it appears in the catalog of the Chicago College of Osteopathy, and it contains much that is worth reprinting. In fact, we are sure that every osteopath can find in it a new form of stating some familiar fact that will awaken thought along a new channel and thereby prove an inspiration.

There is a peculiar significance in one sentence "Every study in the curriculum is taught from the osteopathic concept."

If this is true of the Chicago College; if all of the branches are taught so as to coordinate and articulate with the true osteopathic concept, Osteopathic Truth rejoices with exceeding great joy. We do not doubt in the least the sincerity of the writer who made this statement. We hope it is a demonstrable fact.

We shall be equally glad to learn that the other colleges are correlating their teaching in the same manner, and shall take pleasure in announcing such teaching. It is our hope, indeed, to secure the cooperation of the colleges so that a system of thoro investigation may be carried out, conjointly with the A. O. A. inspection if possible, or independently if a joint inspection cannot be arranged.

As elsewhere stated in this number, there is not a disposition, so far as the editor is aware, on the part of anyone associated with this publication, to unjustly criticize the schools. Some of us are idealists, and we hope that all have high ideals. But while it is easy to talk about hitching your wagon to a star, we do not remember to have seen very many stars trailing convenient ropes to tie to, and the present development of aviation does not permit ascent sufficiently high in the blue ethereal vault to make very satisfactory permanent astral connections. For this reason and for others equally patent we must keep our feet on the ground in the discussion of our methods and how best to improve them.

We hope to make this journal a medium of helpful, constructive criticism, and to give our active, earnest support to the colleges that merit such support.

A STUDENT'S VIEW OF OUR PROBLEMS.

O. C. FOREMAN.
(Kirksville, Mo.)

At a meeting of the Board of Trustees of the A. O. A. and representatives of the Osteopathic schools, at Hotel Muelbach, in Kansas City, the argument was introduced by one of the speakers that the A. O. A. had no right to dictate the curriculum or interfere with the policy of the schools. The same speaker argued that should there be any objectionable features in the curriculum of a school or in its policy, it was the privilege of the student alone to enter objections and suggestions for the remedy. The writer begs leave to differ from these opinions. Certainly the man who has been active in the field is far more competent to judge of policy, and is more in a position to criticize wherein he might better have been taught, and if the student body alone has the right to criticize pray, tell me, by what logic did the speaker reason that the student might have become capable or competent to judge? Surely, it is within the office of the A. O. A. to inspect the schools and suggest changes in the curriculum and to insist upon them when necessary under the penalty of non-recognition of the school. This should be true not only in theory, but in practice.

The speaker continued, stating that should the A. O. A. interfere with the policy of a school, it would be unjustly modifying the rights of the stockholders of the school. Tell me please, are the schools of osteopathy to be operated for the benefit of the stockholders only or are they to develop osteopathic physicians of the first order? Had it not been for the opinion of the field men, in the spring of 1914, we would have had a medical school established and associated with the "Home of Osteopathy", where the students might receive credit for their three years' work at the A. S. O. and with an additional year at the medical school, receive the much desired—(?), by some, M. D. degree. It was the force brought to bear by the graduates that killed this animal nearly before it had time to breathe.

In the mind of those who wish to defend the poor stockholder, and modify Osteopathy, this action on the part of the alumni was wrong. I prefer to believe that it was right. Should the schools be permitted to teach whatever they wish, these stockholders would be offering courses in anything they might think would bring in the Almighty Dollar, and Osteopathy would be relegated to the background. I beg to call your attention to the 1916-17 catalogue of one of the larger schools, in fact, the largest school. I feel confident you will agree with me that surgery is given equal space with osteopathy, if not featured to a greater degree. Why? Probably because the stockholders believe it will bring in more money or additional money to what the student already has to spend for his tuition for the osteopathic education he hopes to receive.

I have listened many times to Dr. Charles E. Still tell the students that "we, the A. S. O., depend upon the students and alumni equally as much, if not more, than the students depend upon us." Truly, the A. O. A. and the

schools should work hand in hand together and the principle and policy should be true osteopathy to the core and to this end, the best possible way would be to endow the schools. This is being attempted by some of the schools and it is our hope it may be in all.

The spirit of the convention at Kansas City was to all intents and purposes purely osteopathic, and it permits one to believe we have successfully weathered the storm waged by the pro-medics and hyphenates and are well started on the campaign for true osteopathy and true osteopaths. With the A. O. A. manned by real osteopaths and the A. O. A., not dictating, but compelling the schools to eliminate the undesirable features and to teach osteopathy as it should be taught, osteopathy will be given its life plan and then Dr. Still will not have labored in vain.

If everyone who enlists in the osteopathic army could only know the Old Doctor and hear from him of the struggles, sacrifices, hardships and difficulties he experienced to follow the truth as he saw it, in a word if every one could catch his spirit all our problems would be easy to solve. He has given his life, and all the worldly goods he possessed for osteopathy, and when he passes to the new life after his life on this plane has been spent, he will leave, of earthly riches but little more than he had when he entered it. Have we the right to place dollars above principle when he has given so much that we may have osteopathy? I say "No". "Daddy" tells us he has given us only the start in osteopathy and it is our privilege to develop it to the best of our ability, and not to sell it for a "mess of pottage".

We are of the opinion that any suggestions offered or insisted upon by the A. O. A. to the schools will work no hardship upon them. What we need and must have are more real osteopaths given to the field and fewer pseudos and those longing for "broader osteopathy" and "medical degree."

Make Every Patient a Missionary

The Herald of Osteopathy is a monthly osteopathic missionary for the laity. Every new patient should be given at least a year's subscription to the Herald. It costs only 50 cents and brings in returns beyond computation.

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GEO. W. REID, D. O., Editor

TRAIN UP A CHILD IN THE WAY HE SHOULD GO.

Eighteen years as an osteopathic physician in Los Angeles in the obstetrical division of our work more than justifies the mention of an ideal for our profession.

In this period it has only been necessary to resort to instrumentation on five occasions. Twice only very partial help was rendered. The fifth time such a complete control of the nerve-force was had that no anæsthetic was required,—even the patient did not know when the instruments were placed. This was a dry birth of more than forty-eight hours' duration. The length of time required for the preparation of patient—the delivery of the child—the unwrapping of the cord and the rehabilitation of the child to breathing was only six minutes.

There is not a question of doubt in my mind that as the osteopathic obstetrician raises himself to higher and higher attainments the pains and pangs of childbirth will be practically reduced to a thin minimum, instrumentation will be exceedingly rare and anæsthesia uncalled for.

Certainly with such an eighteen years' experience I have a right to say to the osteopathic profession that we should minister at the birth of every child, take charge of the babe delivered, mould it and shape it, train it and culture it, fashion it after the only true laws of mental and physical development until it reaches its majority (barring accidents) a perfect specimen of manhood or womanhood.

Surely we have here a basic ideal for the osteopathic profession.

GEORGE F. BURTON, D. O.

THE SERUM NUTS.

THOMAS L. RAY, D. O.
(Fort Worth, Tex.)

[Editor's Note.—The following statement on the antitoxin discussion from ex-President Ray, was in response to a request from Secretary Chiles for an expression for the A. O. A. Journal; but same failed to appear in said Journal.

The writer has been somewhat amused at the contortions of those in the Osteopathic profession who have been championing antitoxin and other medical products. Indeed we have been surprised and somewhat alarmed at the apparent seriousness with which some of the profession have taken them. I am sure the practitioners have too little to say on these vital questions, and we are also sure that they have been harped upon too much by those who are "blest" (?) with theory instead of practice.

To say that antitoxin is essential in the successful treatment of diphtheria is but to discredit the work of the practitioners of osteopathy who have treated it in many instances with greater success than where the antitoxin has been administered.

It was Dr. Charles Still, I believe, who was the first osteopath reported to have coped successfully in an epidemic of diphtheria at Red Wing, Minn. Dr. Hook, of Cherokee, Ia., during this discussion, made a report in which he gave a number of cases treated successfully by osteopathy, and others treated by the serum and osteopathy where death en-

sued. Dr. A. D. Ray, of Cleburne, Tex., at a state convention, reported his work in this disease as being successful, except in some cases in which the antitoxin was used. The writer has treated twelve cases successfully, all but two without antitoxin. The two in question were the most seriously ill of the twelve.

During the past winter, a family who is otherwise osteopathic had a case of diphtheria and, feeling that it was not an osteopathic case, called another physician who administered antitoxin, after which the child's heart soon ceased to beat. The parents have since censured themselves for not having had osteopathy in this case. The antitoxin advocates will, of course, say that the antitoxin was not administered properly, which may be true. They will doubtless also say that the cases treated by the writer were not true cases of diphtheria. We feel sure that they were. We also know that most of the cases of follicular tonsillitis are pronounced diphtheria by the ordinary physician and the serum is administered, which, in a way, accounts for the reduced mortality.

Our osteopathic antitoxin advocates tell us that guinea pigs not only do not die, but are not made sick when it is administered. If people were guinea pigs, we would all then hail antitoxin as a panacea. These same advocates surely do not mean to convey the idea that the same is true on the human being.

We do not doubt in the least that antitoxin is a great improvement over former methods of medical treatment for diphtheria. We feel, too, that it has sufficient men to champion it in the medical ranks. The osteopath has enough that is new and wonderful to present to the world and to champion and be enthusiastic about, without turning aside and losing his identity in forwarding the serum treatment.

(Continued on page 32)

**To have a thing is nothing,
If you have no chance to show it
To know a thing is nothing,
Unless others know you know it.**

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OCTOBER, 1916

YOUR CHARITY.

Editing a publication is no small task. It is more difficult during the first few issues. Your charity, therefore, is desired. We believe that the results of time will justify the wisdom of those responsible for *Osteopathic Truth*. . . The purpose and policy of the paper were outlined in the first edition. It is hardly necessary, therefore, to say anything more along this line, yet we wish to assure our readers that the spirit which prompted the birth of *Osteopathic Truth* is a virile one, one concerned only with the welfare of osteopathy and the osteopathic profession. No one connected with *Osteopathic Truth* is receiving any recompense for his services. On the other hand many of them have made costly sacrifices in money as well as time in order that the publication might be launched and made permanent. This being the case we feel no hesitancy in asking for

YOUR CO-OPERATION.

Osteopathic Truth is edited and published by osteopathic physicians of the osteopathic profession. We already have the assurance of sufficient support and co-operation to make of it a publication that will be indispensable to every member of the osteopathic profession. We propose to make it constructive and practical. To this end we are going to draw upon the experiences of our most successful practitioners. Not only will technique as it relates to structural adjustment be considered by some of our best technicians, but technique as it relates to other phases of osteopathic practice will be considered also. Particularly do we desire the co-operation of every member of the profession in furnishing us with personals, appropriate clippings and the news of all osteopathic societies. Then, of course, we would not have you overlook the matter of

YOUR SUBSCRIPTION.

We are glad to supply a few sample copies to give the profession ample opportunity to become familiar with the publication, its aims and purposes. There is a limit, however, to the number of sample copies we can supply. *Osteopathic Truth* must be self supporting and hence your subscription is necessary. Send in your dollar at once to any one of the subscription or business managers. It will be the best dollar investment you have ever made. Do this now as you cannot afford to miss a single copy of this latest addition to osteopathic journalism.

CHANGE OF EDITORSHIP.

Owing to the serious illness of the wife of the Editor of *Osteopathic Truth*, which illness has so unfortunately delayed this publication, Dr. E. M. Downing has tendered his resignation to the Advisory Board, and Dr. George Reid, of Worcester, Mass., has been selected to succeed him as Editor-in-chief.

Dr. Reid needs no introduction to the profession, for he has made himself most favorably known to us through his Editorship of the *Herald of Osteopathy*, a fine, high grade, field journal, which has stood for genuine, straightforward Osteopathy, and has preached the gospel of Osteopathic truth to the laity with dignified and convincing clearness and force. This little monthly visitor ought to find its way into the homes of all of our patients and representative citizens, for it is a valuable educator of the masses along Osteopathic lines. In securing Dr. Reid as Editor-in-chief of *Osteopathic Truth*, we believe we have acted wisely, and bespeak a fine future for it under his able leadership. Dr. Downing will continue as associate editor.

OSTEOPATHIC ATMOSPHERE.

There are many things that are essential in the preparation of recruits for the osteopathic profession. The teachers must be loyal as well as efficient, and, moreover, they must be actuated by motives that are above reproach. If all teachers in any college measure up to these requirements, there can be no question concerning the wholesomeness of the atmosphere about such an institution. It will be decidedly osteopathic and the students will be aware of this fact. Their thoughts and habits will be moulded accordingly. They will receive in the course of their training a proper conception of osteopathy, and, providing there are no misfits among them, they will all reflect honor on the cause they have espoused.

For the good of the students as well as that of the profession, the character of the atmosphere prevailing at our colleges must not be overlooked or ignored. We must see to it that it is distinctly osteopathic. If it is not osteopathic, the lesion should be discovered and properly adjusted. This is a matter that is of vital concern to the

future of Osteopathy. Every half-baked or hyphenated recruit that is turned out by our colleges, every one that has failed in obtaining a clear and unadulterated understanding of osteopathic principles and practice reflects discredit on the osteopathic profession. This being the case, the profession has a right to dictate definite standards of education, and insist that the college authorities make a determined effort to meet these standards. In case the authorities of any one of the colleges ignore the standard set by the profession, this fact should be given publicity through our periodicals and definite steps at redress should be taken.

If all of our institutions were under the control of the profession at large, matters of this sort might easily be adjusted. But, while our institutions are controlled by private capital and run with the view to deriving dividends for those who own the stock, the problem is not so simple. Our only means of redress in such cases is to make the facts known to the profession and encourage all prospective students to patronize the colleges where osteopathic principles and practice are given due emphasis.

We have no desire to deal harshly or be unfair with any of our institutions. They are essential to our very existence as a profession. We simply crave their steadfast loyalty to osteopathic fundamentals. We desire to have them so emphasize those things essentially osteopathic that no possible basis be left for confounding incidentals with fundamentals. We desire to have them turn physicians who are osteopathic and are glad to be known as such. The world is sadly in need of osteopaths—not the “physician first, osteopath second” kind—but genuine, dyed-in-the-wool osteopaths, osteopaths of the A. T. Still type, who know how to “find it, fix it, and leave it alone”.

We believe, with few exceptions,

our college authorities are sincere, that they have the best interests of osteopathy at heart, that if they err it is either accidental or incidental rather than intentional. No doubt, the desire of the vast majority of our instructors is to train up their students in the way they should go and if they fail in this it is not owing to lack of good intentions. There is good ground, however, for believing that the motives of some of our instructors are not above reproach. Osteopathy suffers because of their selfish motives. They are after the “loaves and fishes”, pure and simple. Such professors constitute one of the greatest menaces to osteopathy. They give rise to an unwholesome college atmosphere wherever they are found. The ambition and ideals of the students in such colleges are detrimentally influenced thereby, giving rise to an abnormally large percentage of inefficient graduates.

The one and only aim of Osteopathic Colleges is, or should be, to grind out Osteopathic physicians who are genuine and efficient. If they fail in this, then they forfeit their right to continued existence. Every instructor in our Osteopathic Colleges, therefore, should be, first of all, osteopathic in spirit. This alone will guarantee to the student an environment best adapted to his needs. The osteopathic student must be given to understand that the D. O. degree is sufficient, that the M. D. degree is not essential to his best usefulness and that it may be even detrimental to his success, that is, unless he desires to take up some special line of work as, for example, surgery.

Osteopaths are scarce and it will be many, many years before the demand (which is ever increasing) for genuine osteopathic physicians is supplied. On the other hand, there is an over-abundance of surgeons and far too many drug dispensers already. So let us hew to the line and see to it that a genuine

osteopathic atmosphere prevails at all the colleges to the end that the largest possible percentage of graduates be thoroughly efficient.

“THE SCIENCE OF OSTEOPATHY”

Under the above title is printed in this issue an article which is found in the catalog of the Chicago College of Osteopathy. While the entire paper is worth reading, there is one sentence that is an outstanding statement. It affords the reason, in fact, for reprinting the article. This is as follows:

“Every study in the curriculum is taught from the osteopathic concept.”

In a note following the paper, the writer of this editorial suggests that it would be a move right along the policies of *Osteopathic Truth* for an inspection to be undertaken under the direction of this publication. Such an inspection might be made, as there stated, either conjointly with the A. O. A., or independently.

INSPECT THE COLLEGES.

It is not fair to the colleges to criticize them on hearsay. There was probably never any institution which wholly pleased or satisfied every student and everyone else associated with it. That our colleges have merited a great deal of adverse criticism there can be no doubt or question, be the reasons what they may. That some of the criticisms directed against them have been unjust no fair-minded person can deny.

Because you knew of some conditions that existed when you were a student some years ago, you are not justified in assuming that these particular conditions have not been corrected now.

And further, if you are told by an alumnus of a distant school that conditions are intolerable in a certain college located in the city or state where this critic resides, you may find on investigation that his

view is prejudiced and not based upon personal knowledge.

HAVE A FAIR UNBIASED INSPECTION.

This is written with the hope that an inspection may be promptly arranged for which shall be absolutely fair and impartial, and that the reports of such inspection shall be made to the publishers of *Osteopathic Truth* for the sole purpose of enabling the profession to give its support to the schools which are measuring up to the standards embodied in the sentence quoted above. If we do this, if we follow the advice given by a writer whose letter was published in the last issue of this journal, and forget any sentimental allegiance or affiliation except that which we owe to the profession and to humanity, and if we give our active support to those colleges that are giving their students a square deal by teaching them straight osteopathy all along the line, withdrawing all support from any that may be found delinquent in this respect, then *Osteopathic Truth* will have achieved a big gain.

A NOT IMPOSSIBLE TASK.

To finance this inspection need not be a serious problem if there is the general response there should be. It would seem wise to choose for inspectors others than residents of the cities where the colleges are located, but we need not send a man across the continent. Fair, fearless, honest and capable men can be found in every state who will render this service to the profession. We suggest that three men or women make a study of the methods followed in each college, always provided that such inspection can be made with the consent and cooperation of the schools themselves.

Let all who consider this a wise plan send a contribution to cover the expense, and place in nomination any whom they believe will prove wise and impartial inspectors. Also, further suggestions are invited along this line.

The writer offers this proposition on his own individual responsibility. It was imperative for him to relinquish the editorship of *Osteopathic Truth*, much as he regrets the necessity for so doing. He placed the matter of this inspection before the new editor, but has not heard from him positively regarding it. However, since this is actually constructive work, and in accordance with the announced policy of the founders of *Osteopathic Truth*, he does it with the hope that it will prove to be one upbuilding act of his brief editorial career.

E. M. D.

The Serum Nuts

(Continued from page 29)

Our attitude in this matter is that we should instruct our patrons that osteopathy can and does handle diphtheria successfully, but owing to the prevalence of the opinion that antitoxin is effective, we will submit to its being used if they so desire. We feel sure that the results under antitoxin are greatly superior if supplemented by osteopathic instead of medical treatment.

Our treatment in diphtheria consists of osteopathic treatment to give freedom to the motive power of the kidneys, liver, lungs and heart, or to the vital forces in general; a complete fast until the body is thoroughly cleansed. They should also ingest sufficient water to keep the specific gravity of the urine as low as ten-fifteen, administered rectally if it cannot be taken naturally.

To discard a rational treatment on account of two or three known deaths is the height of folly. If this had been done with antitoxin it would have been discarded years ago. It is especially unreasonable to set osteopathy aside for antitoxin on account of a case that has been treated by osteopathy and lobelia. The lobelia treatment is a relic of the physiomedical school which is now a defunct system, as we understand that their last college has disbanded.

Why I Am An Osteopath.

(Continued from page 25)

pox in the beginning my treatment would have been different." The osteopath has his own symptomatology. He seeks the cause, removes the obstruction and lets Nature's remedy—arterial blood—be the doctor; and when his patient is cured, he has in his system no blindly administered medicine with which he must contend. He who treats symptoms is the man who fights disease with specifics, and if intelligent and honest he will say "No specific has ever been found for any disease." This is the claim of the sages of all schools, and I ask myself the question, why should I follow such practice?

HAY FEVER PATIENTS DEFY GOLDENROD AND RAGWEED.

Dr. John H. Bailey, of Philadelphia, has demonstrated that osteopathy can take the sneeze out of Hay Fever. A year ago he opened a free clinic for the treatment of Hay Fever and the reports of this clinic have been published in our various periodicals, so that the profession is conversant with the results obtained at this time.

Dr. Bailey has made an effort to keep in touch with the patients he treated at his first clinic with a view to determining whether the results were lasting. On Sept. 16th, he sent letters to these patients asking that they give him a report of their condition. In every case, with the exception of perhaps one or two, the report was of a favorable character, indicating that the results were of a permanent nature. Many of the cases had slight recurrences of their trouble, but nothing to compare with former years, and those who took additional treatment this year were speedily relieved of all recurring symptoms.

Encouraged by the results achieved last year, Dr. Bailey decided to establish a similar clinic this year. Accordingly, his second annual Hay Fever clinic was opened on August the fifteenth. It lasted until Sept. 29th, during which time thirteen clinic sessions were held, fifty-eight patients reported, and a total of two hundred seventy-four treatments given. There were forty-two males and sixteen females who applied for treatment.

The number of annual attacks were divided as follows:

15 patients with at least 5 annual attacks.

12 patients with between 5 and 10 annual attacks.

18 patients with between 10 and 20 annual attacks.

7 patients with between 20 and 30 annual attacks.

5 patients with between 30 and 40 annual attacks.

One patient with more than 50 annual attacks.

Of these, two claim to have had Hay Fever all the year round, any slight dust bringing on an attack. One of them suffered for four years and the other for three years.

Ages of patients:

6 patients 10 to 20 years.

10 patients 20 to 30 years.

18 patients 30 to 40 years.

9 patients 40 to 50 years.

8 patients 50 to 60 years.

6 patients 60 to 70 years.

1 patient over 70 years.

Of the fifty-eight patients who reported for treatment, seventeen of these received less than three treatments each, and these are not included in making up the percentages of results obtained. The percentages, therefore, are based on the remaining forty-one cases. Of this number, thirty-nine report "attack arrested", two "only fair results." Thus, attacks were arrested in ninety-five percent of the cases treated, and this despite the fact that not one of these patients received more than ten treatments. Some of them only received three treatments.

Last year, Dr. Bailey stated in his report, "A great number of Hay Fever cases are followed by asthma." This

year he tabulated his cases more accurately and in going over his records he found to his great surprise that eighty percent of the patients presenting themselves for treatment gave a history of finishing the hay fever season with asthma. These asthmatic symptoms, he found, continue up to October or November and in a great percentage of cases even to January, and, in some instances, they last the whole winter.

The patients were submitted to the same test this year as last. That is, taken in automobiles through fields of goldenrod and ragweed. Thirty patients went on the test trip, and not one of them sneezed. All of the patients were examined the evening following the trip and no ill effects were discovered.

The Philadelphia papers gave a good deal of publicity to the clinic as well as the trip, and osteopathy, thereby, was brought to public attention in a very desirable and beneficial manner.

The Philadelphia *North American*, of Sept. 22nd, contained a very interesting write-up of the test trip. A very impressive feature of the write-up was a photograph showing the patients standing in a field of golden rod up to their necks. This write-up is so interesting that we reproduce it herewith in full.

Thirty men and women who a year ago were being tortured and troubled by hay fever walked and rode thru acres of ragweed and goldenrod yesterday without so much as a single sneeze.

The ragweed test, supposed to be the supreme test for hay fever, was applied by Dr. John H. Bailey to patients who have taken treatment since August 15 at the second annual hay fever clinic at the Philadelphia Osteopathic Hospital, 832 Pine street.

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 goldenrod to them was as a red rag to a bull.

Yesterday they waded thru the weeds up to their shoulders. They plucked goldenrod, wore it in their hats and coat lapels, buried their faces in it, defied it.

Unaffected by Dust.

In ten automobiles they toured suburban roads which lay two inches in dust. The atmosphere was thick enough to bring tears to the eyes of an Egyptian mummy. They passed meadows where the pollen-polluted winds swept the poison dust into their eyes, noses and mouths. Yet the sneeze average for the entire thirty patients for the day was *nil*.

The tour led from the Philadelphia College of Osteopathy, 822 Pine street, thru West Philadelphia to Sixty-seventh street and Elmwood avenue, the extreme southwestern corner of the city. Here is a field of weeds that could not be better for a hay fever test if it had been planted for the purpose.

The thirty patients, ten women and twenty men, stood on the edge of the field at first like a boy hesitating on the bank of a swimming pool when the water is cold. Their hay fever had disappeared so far as they could tell, but this seemed like tempting fate. Would they ever be able to sniff ragweed and golden rod without sneezing?

Elmer L. Miller, a 19-year-old patient of 2433 Oxford street, who had hay fever since he was 9 years old up to this fall, waded in at one edge, kicked a clump of golden rod contemptuously with his foot and ran his fingers thru the blossoms. He didn't sneeze.

David Reid, 2913 North Ringgold street, a tall, broad-shouldered fellow, cured after three years of hay fever, followed young Miller and plunged into ragweed up to his knees. He didn't sneeze.

Another man skipped across the field, scattering the weeds as he ran, and planted himself daringly in the middle of the infested plot. A woman stepped in cautiously and began loading her arms with a bouquet of golden rod. In two minutes all thirty patients had scattered themselves over the field. And nobody sneezed!

It was uncanny at first. If there had been one sneeze; if a former sufferer had taken out his handkerchief to wipe away a stray tear or two; if there had been even a faint snuffle, everybody would have considered it as an exception which proves the rule. But there wasn't.

With the patients were about a dozen doctors and nurses to whom the patients began telling their experiences. The field of weeds became an adjourned session of a clinic.

Had Fever Thirty Years.

There was Mrs. W. H. Willoughby, 6146 Chancellor street, who said she had hay fever each autumn for thirty years. John Earnshaw of Bridgeport, Pa., had it for twenty-five or thirty years, until a year ago, when he attended the first of Doctor Bailey's clinics. His visit yesterday was to see if his cure was permanent. He could still look a ragweed in the face without a tremor.

Other patients gathered in groups here and there, weeds up to their waists, and, like appendicitis patients, enjoyed telling their experiences.

"Fifteen years ago," said Fred Thumm, 3422 North Hope street, "I got hay fever, and I've had it every fall since then, except this year. I read about the osteopathic clinic in *The North American*, took seven treatments, and goldenrod, ragweed and all the other weeds are as harmless as buttercups."

"For nineteen years I had hay fever every fall," said Thomas Montgomery, 1759 North Marshall street.

"That's nothing," said Frank Morris, 5227 Sanson street. "I had it the year round for eight years. It made no difference whether it was January or August. It wasn't only ragweed—"

"Ragweed!" interrupted Adam Richmond, 1201 Butler street. "Why, I never knew what ragweed was until I saw it here this afternoon. Yet I had hay fever for two years."

So the symposium continued. One of the testimonies came from a preacher, the Rev. Edmund Lepinsky, 3254 Cedar street, who is pastor of the First Polish Baptist Church, who suffered with hay fever for two years.

Test a Severe One.

Anybody who has had hay fever or who has seen persons tortured by it will better appreciate what the test meant. After the session among the ragweed the ten automobiles took up the trail once more out Island road, in Tinicum avenue to Penrose Perry bridge, thru clouds of dust, past meadows and lowlands.

They skirted the edges of fields yellow with goldenrod and others covered with tall ragweed, and still others flourishing with low ragweed, which Assistant Prof. C. J. Zufall, of the Philadelphia College of Pharmacy, who was with the party, called "ambrosia artemisiaefolia."

Seven physicians who assisted Doctor Bailey in the clinics this year accompanied the patients. They were Drs. A. F. Arthur, Tomaso Creatoro, R. I. Eldridge, H. Ballion, Charles Gruber, William Furey and Francis Smith.

Dr. R. H. Williams, who came all the way from Kansas City to witness the test, pronounced it wonderful. But no physician in the party was half so happy as any one of the thirty patients. They had passed the supreme test and they hadn't sneezed.

THREE TO ONE.

The One Being a Regular, His Word Went Without Question.

Three doctors, two osteopaths and one homeopath, recently examined a case and pronounced it infantile paralysis. It was a mild case, to be sure, but all the classical symptoms were present, including slight paralysis of the right foot and ankle. The case was quarantined in order that the public might be duly protected. At this juncture, the family called in an allopathic physician, one who is noted for his antipathy for osteopathy, having within a year or so delivered some lectures before various clubs and societies on "Medical brauds", in which he paid his respects to the osteopathic school.

This doctor, on his second visit, maintained that the other doctors had made a wrong diagnosis, notified the board of health, and immediately the quarantine was lifted. Not one of the other three doctors who had examined the case was consulted. Even the one who reported the case was completely ignored and the report was heralded in the paper the

next day that the case was improperly diagnosed. This doctor went to the city hall to confer with the secretary of the board of health, but failed to find him in. He then wrote out the following statement, which appeared in the Worcester Evening *Gazette*, Sept. 14th.

"In order that the public may not be misled by the reversal of the diagnosis in the case of Richard Midgley, 5 Buckingham Street, suffering from infantile paralysis, I request that the following statement of facts regarding the case may be made public in your columns.

"When first seen last Tuesday by the undersigned, the patient presented those symptoms which the best medical authorities describe as accompanying the abortive type of infantile paralysis. After waiting for a period of 36 hours, the character of the symptoms not having changed, a consultant of long experience was called, who agreed with the original diagnosis. The case was then reported to the health authorities. Notwithstanding the conclusions arrived at, in order that the child might enjoy the benefit of any doubt, a second physician of another school was called, who emphatically sustained the diagnosis of the first two. On Friday a fourth physician was called, who disagreed, and, upon his recommendation to the board of health and without further medical advice, the quarantine was removed on Saturday.

"Boards of health are insistent in urging physicians to give the public the benefit of the doubt, 'safety first' being the slogan. Now here is a case where three physicians of standing concurred in the diagnosis of infantile paralysis. Yet, the local health board, which claims to have the public's interests at heart, on the recommendation of one doctor, removed the quarantine which three other doctors had agreed was the proper measure.

"In support of my contentions regarding those cases in which paralysis does not occur, allow me to quote from no less an authority than Philip A. E. Sheppard, M. D., medical investigator of the Massachusetts State Board of Health, who makes the following statements relative to abortive poliomyelitis:

ABORTIVE POLIOMYELITIS.

"At the outset it is safe to say that abortive poliomyelitis is a form of acute epidemic poliomyelitis in which the paralysis does not occur.

"In my experience as special medical investigator of the Massachusetts State Board of Health, I have estimated that for every reported paralytic case there was at least two or three cases of the abortive type, and I found, further, that the manifestations of this non-paralytic form varied anywhere from a slight illness, with no motor disturbances, to a quite alarming illness in which motor disturbances seemed to threaten but did not develop. We are safe to assume that it is possible, even probable, that acute epidemic poliomyelitis is an acute infectious process which may or may not be characterized by definite motor disturbances sometimes resulting in paralysis.

"A further aid to diagnosis is vouchsafed to the observant practitioner if in his cases any of the following prodromal symptoms present: (1) Irritability, (2)

restlessness, (3) pain along the spine or in the extremities, and (4) apathy.

"It would be of great benefit, in the solution of all our difficulties, if this form of poliomyelitis were taken more seriously. I firmly believe that it furnishes us with the missing link, so to speak, in the chain of evidence of the transmissibility of this disease.

"The only safe precautionary measures are: (1) To place the case under strict quarantine and careful observation, and (2) to confirm the diagnosis, wherever possible, by laboratory tests.

"In conclusion, I feel justified in saying that, with the wealth of evidence on hand, it is possible to make a positive diagnosis in abortive cases of acute epidemic poliomyelitis."

In view of the facts in the case, my interest does not center about the diagnosis of any one physician so much as the apparent willingness of the Board of Health to over-rule the opinion of the majority and at the expense of the public health and safety.

(Signed) C. VERNON PATERSON, D. O.

NO LIFE SAVING MACHINES COMPARABLE TO THE HANDS.

Not only are the hands the best remedial agents known in treating both acute and chronic diseases, as has been demonstrated by osteopathic practitioners, but, according to the investigations of Professor Yandell Henderson of the Yale Medical School, they are the best agents to be had in emergency cases. His investigations have convinced him that "no pulmotor or other mechanical device for resuscitation from drowning, electric shock, or asphyxiation by gas is as effective as skilled manipulation by the human hands".

The *Literary Digest* for Sept. 2nd, 1916, devotes almost an entire page to the consideration of this topic. Prof. Henderson has made a careful study of the many types of mechanical devices for resuscitation, and his conclusions are that while each has certain advantages, they are not nearly so effective as the skillful use of the human hands. None of these mechanical devices, he observed, will restore the heart beat or counteract paralysis of the brain or nerve centers. They only furnish means of supplying artificial respiration. His investigations have convinced him that the value of these mechanical devices has been greatly over-estimated. Speaking of one of them, he says:

"There has probably never been invented an apparatus which of its own accord aroused such extravagant and unfounded expectations among the general public. It was, indeed, impressive to see the apparatus working automatically. Coupled with the ignorance of most persons as to the distinction between mere unconsciousness and respiratory failure, and as to what part treatment can play in resuscitation, the interest which the pulmotor excited caused it for a time to receive such an amount of free advertisement through the newspapers as would undoubtedly have resulted in its being purchased almost universally within a few years. Public opinion in numerous cities compelled the gas, electric light, and telephone companies, and the fire and police departments to purchase pulmotors. From the newspaper accounts of cases in which the pulmotor was employed, one would have supposed, and many persons, including even physicians, evidently did believe, that the pulmotor was practically capable of restoring the dead to life."

Note also the following quotations:

"Even in respect to a simple pump, evidence is accumulating that physicians, as well as laymen, are prone to overestimate what can be ac-

complished with apparatus. In consequence, the immediate application of manual artificial respiration is neglected, and thereby life is lost while the apparatus is being sent for and brought.

"The most important scientific point in this connection, however, is the fact that from the moment when spontaneous respiration ceases, whether by drowning, electric shock, excess of anesthesia, gas-poisoning, or any other form of asphyxia, the probability of restoration by any method grows rapidly less as the minutes pass.

Probably ten minutes is the extreme limit of time beyond which restoration is practically impossible. It is true that there are occasional popular reports of persons who are supposed to have been in the water or buried in a cave-in for a longer time than this, and who have been restored; but in such cases it is highly improbable that there was complete submergence or that the reports in other respects represent the actual facts.

"In the large majority of the reports of alleged restorations effected with apparatus, the statement that the apparatus was telephoned for and was rushed to the spot is a significant item. A telephone lineman touches a wire which has been crossed with a power-line, and falls to the ground unconscious and apneic. A man who went to bed drunk in a cheap hotel is found in the morning with the gas turned on. A man in a trench in the street over a leaking gas-pipe is overcome. A longshoreman falls into the harbor and is hauled out and laid limp on a wharf. Suppose that in such cases the rescuer runs to the nearest telephone. Apparatus is 'rushed to the spot.' If it arrives after the tenth minute (and it will seldom arrive so soon) the man is dead, and the vigorous working of the apparatus for the next hour succeeds at most in producing an emphysema in the corpse. Even in the unusual case in which the apparatus arrives and is applied in six or eight minutes, the chances of resuscitation are not nearly so good as they would be if the prone-pressure manual method had been begun within thirty seconds after the accident.

"In those cases in which apparatus was not applied until twenty or thirty minutes after the accident or after the patient was found—and such cases form the large majority of alleged cures—it is practically certain that the patient never ceased to breathe spontaneously, and that the apparatus contributed nothing material to his recovery."

What are we to conclude from the foregoing? Not that the possibilities of the human hands have been exhausted. Modern research, both in and out of the osteopathic profession, seems to emphasize more and more the importance of these instruments. It is not too much to expect that in the years to come more and more reliance will be placed in the trained hands, and, in case of sickness of any kind, the employment of skillful manipulation, instead of drugs and medicines, will become the routine practice.

EDUCATING PEOPLE TO VIEW DISEASE FROM THE OSTEOPATHIC STANDPOINT.

FRANK H. SMITH, D. O.
(Kokomo, Ind.)

"Your cured patient is your best advertisement"—Yes, and no—If your cured patient has been educated to view his disease and its treatment from the standpoint of Osteopathic etiology—yes—But if he has come into your office because John Jones told him he could be cured, and you have given him no explanation of the principles which underly the treatment of his condition, then he goes from you with little if any more knowledge of the osteopathic viewpoint than one who has not come in contact with you. But you say they will not understand my explanation, and it will come back to me all garbled up in its telling, so that I have come to tell my patients as little about their condition as possible.

Does that sound like the early days of

Osteopathy when you and I had our first introduction to Osteopathy? No—not only were the graduates educators, Osteopathically, but so were the patients, and it was through them that the gospel of health as preached by A. T. Still was spread. Now, we have the additional advantages of literature which trains our patients to view all diseases from our standpoint, and we are amiss in our duty, if we do not use this method as well as the word of mouth method. But the thing which sticks in the patient's mind is your explanation of HIS case. That is the most interesting case in the world to HIM. Let's not neglect to spread the gospel of good health by these means.

If you believe in the Osteopathic etiology, your explanation will be convincing, but if you are half hearted yourself, it begets doubt in others. If you do not believe in Osteopathic principles, you have no right to obtain money under false pretences—by practicing Osteopathy.

NEW YORK OSTEOPATHS HOLD 18TH ANNUAL CONVENTION AT HOTEL UTICA, UTICA, N. Y., OCTOBER 27-28, 1916.

The Osteopaths of New York State had a veritable feast at their 18th annual meeting. The program committee is to be congratulated on getting together such an attractive program. One special feature was the opportunity given every one in attendance to take part. Here is the program as published.

- Oct. 27th.
- 9:00 A. M.—Reflexotherapy.
Francis A. Cave, D. O., Boston, Mass.
- 9:45 A. M.—Discussion.
10:00 A. M.—Securing the Patient.
Ralph H. Williams, D. O., Rochester, N. Y.
- 10:45 A. M.—Keeping the Patient.
George W. Riley, D. O., New York City
- 11:30 A. M.—The Tonsil and its Relation to the Diseases of Children.
Ira W. Draw, D. O., Philadelphia, Pa.
- 1:30 P. M.—Goitre.
Carl P. McConnell, M. D., D. O., Chicago, Ill.
- 2:15 P. M.—Discussion.
2:30 P. M.—Business Session.
- 3:45 P. M.—"Seeing Utica" by Automobile.
Courtesy of the Rotary Club of Utica.
- 6:00 P. M.—Dinner.
- Table No. 1—Starvation and Diet
George W. Riley, D. O., New York City
- Table No. 2—Orthopedics.
R. Kendrick Smith, D. O., Boston, Mass.
- Table No. 3—Acidosis.
George V. Webster, D. O., Carthage, N. Y.
- Table No. 4—Will the Allies Reach Berlin?
Charles C. Teall, D. O., Weedsport, N. Y.
- Table No. 5—Obesity and its Treatment.
Charles S. Green, D. O., New York City
- Table No. 6—The Function of the A. O. A.
Harry L. Chiles, D. O., Orange, N. J.
- Table No. 7—Gynecology.
Emma W. Thompson, D. O., Schenectady, N. Y.
- Table No. 8—Results in Treatment of Catarrhal Deafness.
Grant E. Phillips, D. O., Schenectady, N. Y.
- Table No. 9—Infantile Paralysis.
E. Florence Gair, D. O., Brooklyn, N. Y.
- Table No. 10—Just eat.
8:00 P. M.—Meet Your Neighbor.
- October 28th.
- 9:00 A. M.—Infantile Paralysis.
(10 Minutes Each)
- Grant E. Phillips, D. O., Schenectady, N. Y.
Ferdinand W. Miller, D. O., Oneida, N. Y.
John A. DeTienne, D. O., Brooklyn, N. Y.
Herbert V. Hillman, D. O., New York City
- 9:45 A. M.—Discussion
10:00 A. M.—Business Session—Election of Officers.
- 11:30 A. M.—The Institutional Osteopathic Treatment of the Insane
Arthur G. Hildreth, D. O., Macon, Mo.
- 1:30 P. M.—A Greater Osteopathy.
Jennie A. Ryel, D. O., Hasbrouck Heights, N. J.
- 2:00 P. M.—Osteopathic Health, or the Needs of the Osteopathic Physician.
Evelyn R. Bush, D. O., Louisville, Ky.

2:45 P. M.—Official Tyranny in Epidemics.
(Without Notes, Without Gloves.)
Charles C. Teall, D. O., Weedsport, N. Y.
3:30 P. M.—Scientific Honesty.
W. Banks Meacham, D. O., Asheville, N. C.
4:00 P. M.—Adjournment.

One item of interest that was considered in the business session was the question of adopting a "Declaration of Osteopathic Rights and Principles" similar to that adopted by the Illinois State Society at their meeting in Bloomington, June 15, 1916. For the information of those who may not have seen a copy of the declaration adopted by the Illinois society we append the main points herewith. This declaration of principles is copyrighted by the Illinois Osteopathic Association, and all rights are reserved:

Declaration of Principles.

"Osteopathy is the name of a new school of medicine, discovered by Doctor Andrew Taylor Still, which is based on certain fixed and definite principles, the development and application of which has been the study of the practitioners of Osteopathy.

"The fundamental principles of Osteopathy are based on a new conception of the physical body of man. This conception is the result of the practical study of the anatomy and physiology of the body itself, and postulates that since the body is essentially mechanical in its anatomical aspects and vital in its physiological processes, it should be regarded as a vital-mechanical organism in the etiologic diagnosis and treatment of its disorders.

"Osteopathy is a school of the healing art which teaches:

"First—That the human body is a self-reparative and self-recuperative vital organism.

"Secondly—That by virtue of these attributes the organism contains actively and potentially, the essential means or measures for growth, development, repair and cure.

"Thirdly—That normal circulation, nervous equilibrium and chemical co-ordination are the essentials of health.

"Fourthly—That ill-health is most frequently initiated by some active or predisposing mal-adjustment of structure, such as bone, muscle, ligaments, or other soft tissue of the organism, by trauma, environment, infection, improper diet, or other abnormal factors, so that vascular tissue, nervous structure or chemical force is impaired. Osteopathy recognizes the facts and importance of surgery and toxicology.

"Osteopathic physicians give prime attention and consideration to the diagnosis and mechanical adjustments by manipulation of vertebral abnormalities (mal-adjustments), on account of the direct anatomical and physiological relationship of the spinal nerves to the vascular, chemical and organic control of the vital mechanism. Adjusting and maintaining the adjustment (mechanically) of all anatomical tissues of the human structure in their distinct normal relationship of part to part, and the part to the whole, is the characteristic field of osteopathic endeavor.

"From this point of view it is evident that the normal functioning of the body depends on the principle that the correct adjustment of the mechanics and the vital processes to each other and to the body as a whole, is necessary in order that the functions of self-repair may continue along normal lines.

"Osteopathy recognizes that form may disturb function and it also recognizes that function may disturb form. Form, or structure, and function are inseparable.

"Osteopathy recognizes the following causes which may affect either form or function: trauma, deformities, incorrect postures (which result in marked or slight disturbances in the relation of the anatomic parts of the body), environment, nutrition, habit, thought, sanitation, occupation, economic circumstances, infection, immunity, heredity, and such other factors as may influence or disturb our physical well-being.

"Osteopathic treatment being based on these facts and principles, is directed to the adjusting of the anatomy and physiology of the body to their normal relations and with due regard to sanitation, hygiene and environment.

The Contribution of Osteopathy.

"The distinctive contribution of Osteopathy to medical science consists in the discovery of the far-reaching and manifold effects of slight disturbances of anatomic relations on body health. In treatment this discovery is utilized for the ad-

justment of the various parts of the body to each other. These disturbed relations may occur in any of the structures of the body, so that we may have lesions of bones, muscles, ligaments, nerves, organs, or even of cells. The effort of the Osteopathic physician is to locate the cause of the disturbance and to adjust this cause to the normal.

"In the development of the application of these facts, Osteopathy has drawn on all the scientific knowledge of the past and of the present, and it freely acknowledges its obligation to the rich inheritance. It has been found necessary for Osteopathic physicians to study all the various fundamental sciences which go to make up a medical education, for each one has its field, interpretation and application in Osteopathic Science.

"Osteopathy teaches that there is nothing higher than Truth. It teaches that there can be no conflict between Osteopathy and the proven facts of science. And it stands ready to modify any details of its position, whenever it can be shown that they are in conflict with the proven facts of science.

"In order to establish its standing as a school of medicine, distinct and separate from any other school, the Osteopathic profession has established a minimum course of study for those who wish to qualify as Osteopathic physicians. This course requires that the candidate shall have at least a standard high school education on an accredited basis, and that he or she shall attend a college recognized by the American Osteopathic Association for a period of four years of not less than eight months in the year in four separate calendar years. It requires that the candidate shall be thoroughly trained in class-room, laboratories, clinics, and at the bed-side, in all the fundamental medical sciences, including anatomy, physiology, chemistry, histology, pathology, bacteriology, diagnosis, physics, biology, embryology, obstetrics, gynecology, dietetics, major and minor surgery, emergency treatment, hygienics and public health, medical jurisprudence, hydrotherapy, psychotherapy, pediatrics, toxicology, antisepsis and asepsis, anesthetics, the treatment of eye, ear, nose and throat diseases, skin and venereal diseases, and such other specialties as are taught in scientific colleges of medicine. In addition to all this, the candidate must be thoroughly trained in the Theory, Principles and Technique of Osteopathic Therapeutics.

"All these subjects are interpreted, correlated, and taught in their relation to the fundamental principles of Osteopathy, thereby making the entire course of study a unit directed toward the development and training of competent osteopathic physicians and surgeons.

"In view of these facts, whose truth can be verified, we hold that we have an incontrovertible and constitutional claim to the rights and privileges of physicians and surgeons in the application of our system of therapeutics and surgery in the treatment of those who desire our services as such, and we call upon courts, legislators, executives and officials generally to recognize us in the exercise of the same."

At the business session the following officers were elected: President, Dr. H. D. Sweet of Glen Falls; vice-president, Dr. Ethel Traver of New York; secretary, Dr. C. L. Bancroft of Canadaigua; treasurer, Dr. Cecil Rogers of New York; sergeant-at-arms, Dr. R. C. Wallace of Rockport; directors, Drs. W. A. Markeley of Brooklyn, L. J. Bingham of Ithaca, and H. W. Learner of Buffalo. The retiring president is Dr. W. A. Markeley of Brooklyn; the vice-president, secretary and treasurer being re-elected.

INDIANA STATE MEETING.

Dr. R. C. McCaughan, chairman of the Program Committee, sends to *Osteopathic Truth* the program of the eighteenth annual session of the Indiana Osteopathic Association, which will be held at the Severin Hotel, Indianapolis, November 1st and 2nd.

Timely topics are down for discussion and a banquet will be held on Wednesday evening, November 1st, with Dr. M. E. Clark, of Indianapolis, presiding.

The leading features are given herewith:

President's Annual Address, Dr. S. V. Fulham, Frankfort.

Report State Board of Medical Examiners, Dr. J. E. Spaunhurst, Indianapolis.

"Acute Abdominal Infections," Dr. George J. Conley, Kansas City.

"School Hygiene and Physical Examination," Dr. Kate Williams, Indianapolis.

"A Lantern Slide Demonstration of Roentgen Ray in Medical and Surgical Diagnosis," Dr. Albert M. Cole, Indianapolis, assisted by Dr. Raymond C. Beeler.

"Differential Diagnosis between Malignant and Benign Growths," Dr. George J. Conley, Kansas City.

"Demonstration of Technique," Dr. F. A. Turfler, Rensselaer.

"Hydrotherapeutics," Dr. Otto Gripe, Goshen.

OCTOBER MEETING OF THE NEW YORK CITY SOCIETY.

The Osteopathic Society of the City of New York held a meeting at the Murray Hill Hotel on Saturday evening, October 21st, which was devoted wholly to the discussion of acute and chronic anterior poliomyelitis.

Various phases of the question were taken up by Dr. W. A. Merkle, Dr. Geo. W. Riley, Dr. J. H. Maxwell, Dr. H. W. Burnard, Dr. J. A. De Tienne, Dr. W. L. Buster and Dr. H. W. Forbes.

Members were invited to ask any patients or friends who might be interested in the program to attend this meeting.

ONTARIO ANNUAL CONVENTION.

The sixteenth annual convention of the Ontario Association of Osteopathy will meet at Hotel Carls-Rite, Toronto, Friday, Oct. 27th, according to announcement sent by Dr. Edgar D. Heist. The program includes the following:

Address by the President, Dr. H. B. Henderson.

"The Need of Professional Vision", Dr. W. Banks Meacham, President of the American Osteopathic Association (International) and Physician-in-Charge "Ottari" Sanitarium, Asheville, N. C.

Address, "Osteopathic Health, or the Needs of the Osteopathic Physician".

Clinics, Training of Paralyzed Muscles, Especially in Cases of Infantile Paralysis, Dr. Evelyn R. Bush, Physician-in-Charge of the Bush Sanitarium, Louisville, Kentucky.

Demonstration, "Osteopathy as it Broadens and Grows", Dr. A. G. Hildreth, President and Superintendent of the Still-Hildreth Osteopathic Sanitarium, Macon, Missouri.

Round Table Discussion, Legislation, Optics, Infantile Paralysis, Efficiency, Returned Soldiers, etc.

NEW JERSEY STATE MEETING.

We have not seen the program, but we are confident that the New Jersey Osteopathic Society has an interesting and entertaining series of features for its annual convention which will be held at Newark on Tuesday, October 31st.

CONFERENCE ON INFANTILE PARALYSIS.

Invitations to participate in a conference on the live topic of Infantile Paralysis have been sent to many prominent members of the Osteopathic profession. The facts relative to this conference,

which is highly commendable, are contained in the letter sent out by the committee in charge:

A conference to discuss osteopathic treatment in infantile paralysis will be held in Philadelphia Saturday, November 11th.

In view of the widespread epidemic this year and the strong possibility of a repetition of the scourge on a larger scale next year it seems wise that an effort should be made by the osteopathic school to correlate the facts established in clinics and private practice.

This conference will be held under the auspices of a commission, appointed by Dr. Jane Scott, President of the Philadelphia County Osteopathic Society, which has made a study of the disease in Philadelphia.

The program of speakers has not yet been arranged but there will be addresses by men and women who have had wide experience with the disease.

The conference will be open for free discussion and everyone in attendance will be given full opportunity to express his or her views and to ask unlimited questions.

Will you make an effort to attend? Please notify the chairman of the Commission if you intend to be present.

Fraternally yours,

IRA W. DREW, Professor of Children's Diseases,

J. IVAN DUFUR, Professor of Nervous Diseases,

ARTHUR M. FLACK, Professor of Pathology,

D. S. B. PENNOCK, Professor of Surgery,

C. D. B. BALBIRNIE, Professor of Bacteriology,

Members of Commission.

OSTEOPATHS VOLUNTEER.

Staff of Physicians for Free Treatment of Paralysis Cases—Mayor Puts Question Before Hospital Trustees.

From Boston Transcript of Oct. 23.

Services of a staff of Osteopathic physicians for the free treatment of children crippled by infantile paralysis, have been offered to Mayor Curley by the Boston Osteopathic Society, and the matter is in the hands of the trustees of the Boston City Hospital.

"The necessity for this offer arises from the fact that there is no public institution in the City of Boston where charity cases can receive osteopathic treatment, the letter says:

"Osteopathic clinics established in various other cities for the treatment of this condition have proved of great value, and we feel sure that you will co-operate to the best of your ability in our efforts to give poor children in the city of Boston the same effective treatment which is available in private practice.

"Inasmuch as infantile paralysis is specifically a disturbance of the spinal cord, it is obvious that the school of practice whose basic principle is spinal adjustment is the logical one for the successful handling of such cases.

"We would be glad to confer with you regarding the institution in which you may find it most desirable to establish clinical facilities. As it is a well-recognized fact that the sooner treatment is begun in these pitiful cases the greater the possibility of benefit, we respectfully urge the utmost expedition in making your decision."

Enclosed in the communication to the mayor was a report of the meeting of the Osteopathic Society of the City of New York in the Murray Hill Hotel, Saturday night, when instances of numerous cases of paralysis cures were cited by osteopaths.

OSTEOPATHIC SURGERY IN PHILADELPHIA.

Dr. O. O. Bashlin of the Philadelphia College of Osteopathy sends out a letter to the osteopathic profession of the east, worded in part as follows:

"I will again resume my surgical practice at the Osteopathic Hospital of Philadelphia. Some of the operations I performed last year were congenital dislocation of the hip, one traumatic dislocation of the left hip (thirteen and one-half years standing), Pott's disease, all varieties of talipes, appendicitis, carcinoma of the breast, ovariectomies, suspension and fixation of the uterus, perineorrhaphy, trachelorrhaphy, hydrocele, varicocele, cystocele, tonsillectomies, adenoids, hemorrhoids, hernia, fistula-in-ano, fracture of the patella (open operation).

* * * * *

"I trust I can have your support. Your cases will be handled absolutely osteopathically as I have no medical degree and they will be returned to you osteopathic boosters. It will advertise osteopathy. We must depend upon the osteopaths for our support. The medical practitioner sends his cases to the medical hospital. Send your cases to me and keep them within the profession.

"For any further information that may be desired, address me in care of the Osteopathic Hospital of Philadelphia or the Philadelphia College of Osteopathy."

It is to be hoped that osteopaths having surgical cases will correspond with Dr. Bashlin.

PERSONAL AND SOCIETY ITEMS.

Dr. Carl D. Clapp, of Utica, N. Y., will spend the first week in November hunting deer.

Dr. Stanley M. Hunter, of Los Angeles, Cal., says: "I subscribe to the Declaration of Independence." (*Osteopathic Truth*).

At the regular monthly meeting of the Boston Osteopathic Society Oct. 21, the whole evening was devoted to the discussion of Infantile Paralysis. The fact is that other schools of practice are helpless in this disease. The question of establishing an Osteopathic Clinic was considered. Among those who took part in the discussion were Drs. Smith, Dennette, Lane, Rogers, Emery, Cave and Goode.

An organization of women has been formed in Massachusetts to be known as the Militia of Mercy. Its purpose is to check the ravages of infantile paralysis.

The chief aim is to prevent the malady from becoming a perennial menace and the co-operation of the women of the State is sought. The osteopaths of Massachusetts should be invited to be a part of this project.

Dr. Thomas H. Spence and Dr. Alice M. Spence, of New York City, announce that their son, Dr. Philip Sumner

Spence, will have charge of the office this year at 16 Central Park West, after October 16. From experience in Orthopedic hospitals and dispensaries he is prepared to make special appointments for cases needing medical exercises, and corrective treatment. Dr. Thomas H. Spence and Dr. Alice M. Spence will be available for consultation and special work by appointment later in the season.

Dr. L. J. Bingham, of Ithaca, N. Y., writes: The paper looks good to me and I shall be glad to contribute my mite toward making it a success.

Dr. Grover C. Proctor, formerly of Los Angeles, is located at Wellesley Hills, Mass., and intends to open an office in Boston shortly.

Dr. Proctor formerly practised in Boston before going West several years ago.

Dr. George E. Smith of 93 School St., Belmont, while driving his coupe, figured in an accident recently. His machine was struck by another car and knocked off the roadway into a vacant lot. The car barely escaped turning over. Dr. Smith was uninjured.

Dr. W. Curtis Brigham of Los Angeles, was the principal speaker at a special meeting of the Massachusetts Osteopathic Society October 31st. His subject was "The Osteopathic Principles of Surgery."

The Program Committee, consisting of Drs. George W. Goode, Chairman, F. A. Cave, Frank M. Vaughan, Sidney A. Ellis and E. Laura Meader, are preparing a good program for the national meeting of the Society in January.

Dr. James D. Edwards of St. Louis writes: "Some Journal. I enjoyed it immensely."

PATIENT DIES IN DOCTOR'S OFFICE.

James R. Hathaway, chief prosecuting agent for the Massachusetts Society for the Prevention of Cruelty to Animals died in the office of Dr. Burton H. Proctor, 15 Beacon St., Oct. 20th, while his knee was being examined. The Medical Examiner attributed death to natural causes.

AN OVERSIGHT.

An apology is due Dr. Ralph G. Page, whose name was accidentally omitted from the published list of sponsors for *Osteopathic Truth*. Dr. Page has furnished financial, as well as moral support to this movement, and we regret this oversight.

MOVING IN THE RIGHT DIRECTION.

Osteopathic Truth to hand. Thank goodness we are making a move in the right direction at last. From the drift of stuff in our periodicals, and the happenings at some of our schools, one cannot but wonder where we are all going. It is easy to point out the main sources of trouble; too low standard of admission to our schools, too much inefficient teaching of the vital principles of Osteopathy. However *Osteopathic Truth* covers the situation very thoroughly and I am completely and emphatically in sympathy with this "Rally round the Flag" effort.

R. E. TUTTLE.