

Osteopathic Truth

March 1919

Vol. 3, No. 8

Reproduced with a gift from the Advocates for the American osteopathic Association (AAOA Special Projects Fund)

May not be reproduced in any format without the permission of the Museum of Osteopathic Medicine,SM

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 III

MARCH, 1919

Number 8

The Influenza Mask

Geo. W. Reid, D. O., Worcester, Mass.

The influenza mask has received a great deal of notoriety of late. I notice that it has received the approbation of some of the members of our profession. One Osteopathic journal for example gave pictures showing how it should be worn, etc., to obtain "best" results.

This espousal of the mask on the part of members of the Osteopathic profession has come as a surprise to me. We as a profession are not given to the masking business. Dr. Still renounced his affiliation with the profession that is noted for its masking in various forms. He gave us the compass of truth to guide us in our therapeutic explorations and so long as we properly use this compass just so long will we be able to avoid getting lost in the mire of orthodox medical preachments.

The medical profession has its good points, but this does not justify our keeping quiet when they come forward with something that does not jibe with truth. They are in the habit of masking symptoms with drugs and therefore it is little wonder that they come forward in their present dilemma and advocate masking influenza patients. In San Francisco the public mind became so panicky that under the direction of the medical advisers the mask was made a compulsory adornment for all who dared step their foot out of doors. Certainly the god of ignorance must have smiled when he beheld the spectacle created by this ordinance.

What reason have we to believe that the mask as usually constructed does any good? Surely there can be no scientific reason for relegating any virtue to it. The germs according to bacteriological reports are ultra-microscopic. Now if we will bear this in mind and then examine the meshes of the gauze under the microscope we will find that the mask would be about as much of a barrier to the influenza germ

as a wide open window is to the ordinary house fly. Even though the meshes of the gauze did prove a barrier, the way the mask fits about the face allows plenty of room for germs to come and go as they please.

According to our Osteopathic teaching which we have had confirmed not only in our own practice and in our own research laboratories, but by scientists, both here and abroad, germs are not the primary cause of disease, except perhaps in rare cases. They are secondary. There must be the devitalized condition and the thing that produces the devitalized condition is the first or primary cause. Germs are scavengers. They come to clean up, not to torment, and it is our duty to teach people the principles upon which health depends and in a measure counteract the germophobia that is being created by our medical critics.

We, as a profession should be independent in our thinking. We are not hidebound by tradition, our mental vision is not deflected by orthodox conceptions as such. Dr. Still always advised his students to use their brains, not to say a thing because he said so, or to do a thing because he did. He was an apostle of independent thinking and that is the reason why we have Osteopathy today. That is the reason why we are medical non-conformists. Of course, as scientific physicians it behooves us to adhere to what we conceive to be Truth no matter whence its source, whether of orthodox or heterodox parentage. The allopathic school, however, has given birth to so many fallacious doctrines that we are justified in looking askance at anything originating within their ranks.

We are all familiar with the writings of Woods Hutchinson and Leonard Keene Hirschberg, two of the most conspicuous medical propagandists before the American public today. Their

claims are so extravagant, their statements so absurd that no reliance whatever can be placed in what they say. They, especially Hutchinson, would make a greater success at writing comedy. It was Hutchinson who put the mask over in San Francisco, I understand, which afterwards was repudiated. Such false prophets and teachers should have some suitable check put on their tongue and pen. They simply confuse the minds of their own tribe as well as the public and promote chaos and fear, also obscure the truth. Men of the type of these propagandic droolers will reflect discredit on the medical fraternity so long as they go unbridled or unrepudiated. People are doing more thinking for themselves now than at any other period in the world's history and medical myths are gradually growing in disfavor as a result.

While possessing no virtue as a preventive of disease the influenza mask may be the source of harm. It may interfere to a certain extent with respiration and thus lead to trouble as a result. Some of the impurities exhaled from the lungs may catch on the gauze and be drawn back into the system during inspiration. Free respiration is essential if we are to forestall disease, and anything that interferes with this process is bound to work harm. It is quite possible that the gas masks used in fighting the Huns inspired our medical brethren to adopt the influenza mask. This comparison is not justified. In the fight against disease we are not fighting Huns. Disease, in fact, should not be regarded as a menace as in reality it is corrective in purpose. Disease comes in obedience to violated health laws. If everybody lived in accordance with Nature's laws there would be no disease. The human body would simply wear out.

It is not surprising that there should be no stability to medical practice, that it should change with the seasons as it

is not actuated to any great extent by definite principles. With Osteopathic practice it is different—our work is all guided by never failing, always constant principles. Osteopathy, therefore, will be fundamentally the same yesterday, today and forever. Our understanding of these principles may continue to grow and our efficiency in their application may continue to increase, but its principles are fundamental and unalterable, and so long as we keep them in mind there need be no fear lest we wander away after strange and fantastic therapeutic gods. Let the maskers continue to mask and obscure the truth. We will continue to follow the lead of Dr. Still who gave the world the key to therapeutic freedom.

SCHOOLS PUBLIC—NOT CHILDREN

Anant all this bunk and bull and flubdub about medical examinations in the public schools. We plant our feet firmly upon the platform that the schools in this land are public, not the children. Are the public schools in this country—supported by the taxpayers—established for the purpose of educating children or for the purpose of providing a clinical corral for a band of allopathic experimenters?

About once in so often through the American Medical Association horns of publicity blares forth the slogan, "School Children Must Be Examined." Why? So that they can be sent home with a long list of imaginary polysyllabic diseases whose phantom cures will suck more dollars into the fathomless pits of allopathic greed! Don't parents know if their children are ill? Can't they call their own physician, of their own selection, for their own children? Who constituted the medical sect of allopathy the exclusive guardians of the health of public school children? Have parents no control over their own offspring? Must their children be "examined" by a horde of "Medicine men" in whom they have no confidence? Not long since and not more than a thousand miles from Bismarck a child was sent home from school with a note to the effect that, "Johnny ought to have his tonsils removed." The mother replied that she "always believed Johnny was a smart boy, but now I know it because he must have grown a new pair of tonsils, the first pair having been removed several years ago!"

Why should allopathic examinations be forced upon children whose parents do not believe in allopathy but do believe in some other medical sect? If parents of children in the public schools

believe in Osteopathy or Christian Science or homeopathy or chiropractic ought they be compelled to submit to examination by allopathic sectarianism? Why should children attending public schools be driven into the corral of the medical sect of allopathy any more than into the religious sect of Presbyterianism, or Methodism or Catholicism?

What business has medical sectarianism in a public school anyway? What public schools need and need the most is a good sturdy dose of de-Prussianization. They need to have the arrogant and greedy claws of allopathic sectarianism taken from out their control. Why should a modest girl—or a modest boy either for that matter—be subjected to the inquisition of some medical tyro when their parents are opposed to the medical witchcrafts he practices? Such doings are but the first step in an attempted graft of medical and surgical compulsion which parents have a right to, and should, resent. They are an interference with the natural and legal rights of parents. They are nothing but an attempt of medical sectarianism to reach into parents' pockets and, under the guise of an authority which does not exist, require some chimerical treatment or some fool "operation" for a phantom complaint!

Schools are public, supported by taxpayers, for the purpose of educating their children and not for the purpose of sustaining any plundering medical propaganda. It is all summed up in the proposition that the schools are public, not the children.—January Jim Jam Jems.

THE THEORY OF OSTEOPATHY IN NEPHRITIC CASES

Arthur S. Bean, D. O., Brooklyn, N. Y.

In April, 1917, soon after the U. S. officially declared war against Germany, an old young patient of mine—Rodney B., 20 years old—a student at Amherst College, caught the spirit of the times, and came home from college to enlist in Co. K of Troop C, our Brooklyn Cavalry.

Rodney was about as fine a specimen physically as Amherst had in her Sophomore Class and had been complimented highly on his physical condition.

All went well after his enlistment until June 11, 1917, when he complained of a severe earache in his left ear.

I was called to see him and was able to give him some relief, but soon found that there was a decided middle-ear condition and advised his seeing a specialist as I was certain the drum of the ear would have to be sacrificed.

One Dr. S. was consulted and he pronounced it a furnucle of the external

auditory canal and prescribed irrigation and some mild applications.

Next, Dr. W. was called and he felt there was middle-ear infection, but he only advised warm irrigations and drops of something put in the ear, plus hot applications with hotwater bottle.

Although the case was then out of my hands. I insisted that the boy was being badly treated; for ten days or so, this irrigation treatment continued. I was informed, that in all probability, a specialist knew as much about middle-ear trouble as I did—an ordinary physician. I informed them that the evacuation of pus was one of the first principles of surgery, whether or no.

Finally, after two weeks of intense suffering (meantime abscess had ruptured ear drum), Dr. W. asked to have Dr. B. see the case.

Dr. B. said, "He must not wait 24 hours longer for fear the abscess would rupture into the cranial cavity."

On July 2, 1917, Rodney was operated on for Mastoiditis. The operation was entirely successful except while in bed, following his operation "he took on flesh" rather rapidly, in fact, his increased flesh covered entire anatomy from tips of his toes to the top of his head.

This ear specialist did not seem to give this much attention and dismissed him from hospital about July 15th. Urinalysis negative then so reported.

At 10 o'clock in the evening, July 30th, his father brought him to me for examination. I found him bloated from head to foot; flesh pale and pasty; legs easily pitted, and a blood pressure of over 200. I asked for a sample of urine and heated small amount in test tube and it turned to a solid gelatinous mass.

I told the father that I had no doubt that his son was suffering from acute parenchymatous nephritis. As I had my things all packed to go to Vermont for my vacation, the case was turned over to Dr. C., a kidney specialist.

Through August he was a very sick boy, but rest in bed and careful diet brought him out in very good shape except for the albumin in the urine.

He had no drug medication through this attack, though this Dr. C. was an Old School Graduate. Here, I stop to congratulate Dr. C. for not using drugs when he knew he had nothing of *real* value to use, and yet how sad after so many years of study the Allopathic School has found no drug of *real* value in these desperate type of cases.

Dr. C. considered this condition a streptococcus nephritis and I am sure his review of the case in a recent medical publication will be interesting as it

gives the history more in detail while the case was out of my hands. He writes as follows:

M. R. B.—Male, age 20, student at Amherst College. With a past history of minor illnesses; no scarlet fever, rheumatism, or quinsy, but tonsilitis for several years until six winters ago, since which time he has been free from any tonsillar disease, this patient on June 11, 1917, developed a left middle-ear abscess following and presumably due to swimming in the Brighton salt water tank. The abscess opened spontaneously after one week and was cared for by an ear specialist. The patient was in bed on and off.

Towards the end of June, stiffness and slight tenderness developed behind the involved ear, and on July 1st, Dr. B., now in charge, incised the membrana, recovering streptococcus on culture, and on July 2d, opened and cut-retted the mastoid. The patient remained in bed twelve days at the hospital and one week more after his transference home. On or about July 6th his face was a urinalysis at the hospital was reported negative and the suspicions allayed. Then developed irregular bowels, indigestion, vomiting on two occasions and swelling of the abdomen. There was no headache. Referred to my office on July 27th, his weight was 143½ pounds as against an average of 137 pounds, the skin pale and of an unhealthy appearance; he was edematous to the mid thigh. The heart was 11 c.m. to the left by palpation; at the apex was heard a faint systolic murmur, probably due to relative leak. The blood pressure was 190-120 mm. The urine Sp. gr. 1.013, was loaded with albumin, boiling almost solid: by Esbach 0.5%: casts in abundance. Under adequate treatment the edema disappeared. The blood pressure fell to 157-78 mm. and full circulatory compensation was established. After the 12th day feeding was liberal and the patient made steadfast improvement. Albumin continued in small amounts and casts were present on and off, and finally a fixed situation developed; the boy, pasty in complexion, tiring easily, the urinary changes persisting, the blood pressure 150-80 mm. On October 19th the tonsils were dissected out by Dr. B., who reported pockets of pus in one tonsil. On November 1st the blood pressure was 131-82 mm.; the heart 9:5 C.M. to the left by palpation; no murmurs present; urinalysis—faint trace of albumin, no casts.

Too well known are the effects of the toxin of diphtheria, and the poisons of pneumonia and typhoid infections to

the physicians of all schools to consider the streptococcus the *sole* cause of nephritis.

Granting that the streptococcus is a cause of nephritis what is its mode of assault? From reliable sources it is undoubtedly true that it works on the kidney in one of two ways, namely—its toxin circulates in the blood-stream or what is more probable it is a hematogenous infection, bacterial emboli being carried direct to the kidney and there establishing true glomerular-nephritis.

But why does this toxin or bacterial infection involve the kidney, why not the liver or stomach?

Some claim that certain toxins and bacteria have selective affinities for certain kidney structures, but to my mind the Osteopath can give a more reasonable explanation and this brings me to the real subject of this paper. The Osteopathic Theory of the Cause of Nephritis Disease.

In order to fully appreciate this case and its Osteopathic features, let me trace the case a little after it came back to me for treatment about November 1st.

I found the boy in good condition generally, but he was running albumin all the time as well as hyaline and granular casts, a specific gravity of 1025, indican in excess most of the time.

I begun Osteopathic treatments twice a week and continued them for some time.

During November I continued him on the same diet as Dr. C. had placed him, but about Dec. 1, 1917, I cut out his eggs and lowered the amount of meat, as the gain this November had not been as marked as I expected.

The urinalysis on December 12th showed a specific gravity of 1022, a trace of albumin, no excess of indican and no casts, so considerable improvement.

On January 9th, about one month later, the urinalysis showed the same Sp. Gr. 1022, no albumin, no excess of indican, no casts. His blood pressure now was down to 120 and he felt normal.

The February urinalysis showed a faint trace of albumin, but otherwise all right and practically the same as in January.

In September, 1917, he had received an honorable discharge from the army.

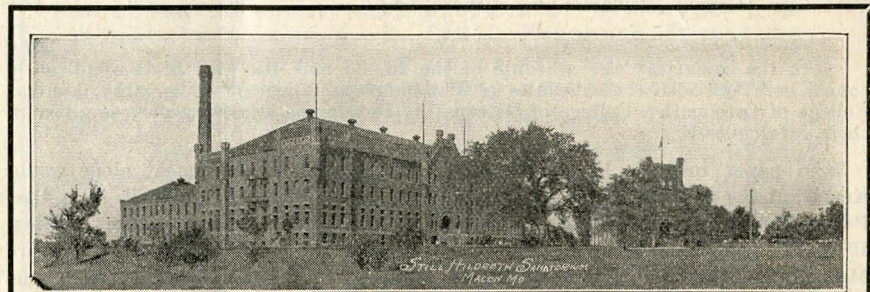
I continued to watch the case and treat him more or less regularly throughout the year until May or June.

In the latter part of June I was very happy to have him accepted in the Naval Reserves and passed a 100 per cent physical examination after a very rigid examination by four army physicians.

I want to call your attention that at no time during his illness did he have any drug medication and from November 1st until he was accepted in the Naval Reserves did he have anything but sensible diet, not very restricted and

(Continued on page 117)

**Don't Fail to Read
Justice Hodgkins Report on "Osteopathy"
THE BEST IS COMING**



Still-Hildreth Osteopathic Sanatorium

MACON, MISSOURI

DEDICATED TO THE CURE OF NERVOUS AND MENTAL DISEASES

Address All Communications
to the Above Institution.

A. G. HILDRETH, D. O.
Superintendent

Justice Hodgkins Report on "Osteopathy"

(This is the eighth part of the report made by Justice Hodgkins in reference to the Osteopathic Physician of Ontario. Read these reports carefully.—Editor.)

While Dr. Still disclaimed all connection with medicine as then practiced, and denounced drugs as poison, the modern Osteopath has advanced very far towards both of these things. It is curious to note the contrast of the curriculum in some of the more advanced Osteopathic schools with the statement that what should be known was how to use the bones as levers to relieve pressure on nerves, veins, and arteries, which was Osteopathy as Dr. Still viewed it. (See "Historical definition" in autobiography, preceding the preface.)

An interesting situation has arisen in the United States, as to which the following facts should be carefully studied. They relate both to the teaching in colleges of Osteopathy and to the status of Osteopathy itself. From them the general conclusions may be drawn that owing to State regulation the Osteopathic body has been forced to provide increased educational facilities and to

lengthen the course in its colleges, while at the same time its very advancement on those lines has almost obliterated the difference between it and modern medicine, while its adherents are drifting from its philosophy.

Its future thus hangs in the balance from an educational standpoint.

I append here some extracts from the year-books of five of the most up-to-date Osteopathic colleges in the United States, of which four are (with another at Cambridge, Mass.,) according to the statement of R. B. Henderson, D. O., to me, those mostly attended by students from Canada.

Chicago College of Osteopathy. (Year-book, 1915-16.)

"By the practical application of the ideals of the Chicago College of Osteopathy, the Osteopathic branch of practice in the healing art has become established among the professions that require the highest educational standard." (p. 1.)

The curriculum of the above college is now given:

PROPOSED SCHEDULE

	First Year.		Total
	Didactic	Laboratory	
First Semester			
Anatomy (Osteology, Myology, Arthology).....	180	---	
Histology	36	72	
Biology	36	36	
Embryology	36	18	
Chemistry (Inorganic)	90	72	
Physiological Physics	36	18	630
Second Semester			
Anatomy (Angiology and Neurology).....	96	90	Dissec.
Histology	36	36	
Embryology (Application to Anatomy).....	36	---	
Physiology (General, covering the Cell, constituents of body and body fluids)	90	---	
Chemistry (Inorganic and Organic).....	90	72	
Pathology (General, Didactic and Laboratory).....	36	72	654
			1,284

(In the same way the schedule of the 2d, 3d and 4th year of this college is copied here and also the schedules of Philadelphia College of Osteopathy, Central College of Osteopathy, College of Osteopathic Physicians and Surgeons, as given in their catalogues.)

In a paper read by Dr. A. F. McKenzie, at the meeting of the Huron and Perth Medical Association on July 15, 1914, and published in the Dominion Medical Monthly in November, 1914, this statement appears in reference to the Littlejohn College and Hospital, now part of the Chicago College of Osteopathy.

"I have here the 1912-13 announcement of the Littlejohn College and Hospital. In looking through the list of text-books recommended, I find many which we all recognize as authorities: 'Gray on Anatomy,' 'Foster on Physiology,' 'Osler on Medicine,' 'Rose and Careless Surgery,' and so on through the whole list. Anyone looking at this

part of the announcement alone would not be able to distinguish it from that of a regular, commonplace medical school. The only two subjects which are different are 'Osteopathic Technique' in connection with which no text-books are named and 'Principles of Osteopathy' in connection with which three text-books are named."

The above is an outline of recommended courses from which the students may choose. Other subjects are available.

The courses are extensions of the regular work as outlined in the first three years, and are given at the option of the student. Each student in the fourth

(Continued on page 118)

2nd Post Graduate Course

at the

Chicago College of Osteopathy

June 16th to 30th, 1919

Directly Preceding the

National Convention At CHICAGO

The recommendations of the 42 Osteopaths attending the first Course should be sufficient evidence of its **value to YOU.**

Details of the Course will appear in the next issue.

What Special Course do **YOU** want?

ADVISE P. G. DEPT.
5200, 5250 Ellis Ave.
CHICAGO, ILL.

**THE THEORY OF OSTEOPATHY
IN NEPHRITIC CASES**

Arthur S. Bean, D. O.

(Continued from page 115)

Osteopathic treatment plus rest. I am unable to say how great a factor the surgical work here was in the cure of this case and I am not inclined to belittle it, but I do feel that this case needed more than surgery to complete its cure. Granting that this was an infective nephritis and granting that the causative foci of infection were removed by the surgical work done there were still structural changes in the kidneys which needed some assistance for their correction.

The assistance that this case received was diet, some rest, and Osteopathic manipulation: and the results are a complete cure as attested by four of "Uncle Sam's" experts.

Now, in such a case what was there to do to effect a cure, and how was the cure affected?

While students in Flower Hospital, we were taught that when we found a patient suffering with dropsy, shortness of breath, weakness and urine with a Sp. Gr. of 1025-1030, smoky, albumin in large quantities, granular hyaline and perhaps bloody casts, and as a rule a high systolic blood pressure, we were justified in making a diagnosis of acute parenchymatous nephritis.

Also a person suffering from such a condition had three possibilities—death quite probable, recovery possible, or if not cleared up in three months—a chronic form.

This boy had gone well over three months, so he might be said to have chronic parenchymatous nephritis, and this, our same professor said, "Was never cured."

As causes he mentioned certain diseases or their toxins as: Scarlatina, diphtheria, etc.; certain poisons as Phosphorous, cantharides, turpentine; extensive burns, tonsillitis, traumatism. He also said, "That it was a fact that in some cases, colds and exposure surely did cause nephritis, but *how* he could not tell."

In this paper I hope to show how colds do cause such conditions Osteopathically.

In a few words let me recall what we have pathologically to deal with. The kidneys are inflamed, they are swollen, engorged, more red in color than usual. The tubules are engorged, filled with epithelia, blood corpuscles and fibrin. The capsules are not attacked and are more opaque than normally.

I have gone over this history as briefly as I could, reviewed even more briefly

the symptomatology, etiology and pathology, and now will attempt to show how Osteopathically lesions do cause nephritic conditions.

In the first place, let me define the word *lesion*.

Lesion in the strict medical conception is "an injury or hurt to a part," while the pathological concept is any local or circumscribed area of tissue undergoing abnormal functional changes, but these must be carefully distinguished from the Osteopathic concept, which may be defined as "any structural perversion which by pressure produces or maintains functional disorder."

Such Osteopathic lesions may be either bony, muscular or ligamentous. Please note that a structure may be perverted in a sense of being unusual and not be a cause for a change of function.

For example, we may find a spine which is exaggerated in its curves or the curves completely obliterated and no functional conditions result.

(Concluded next month)

OSTEOPATH'S COATS

Sold on a GUARANTEE of Perfect Satisfaction or your Money Refunded.

Our guarantee covers everything; quality, workmanship, fit and style. You take no risk.

All materials are thoroughly shrunk and all colors fast.



STYLE 18

We Make 25 Different Styles

Of over 40 selected patterns. Express charges prepaid to all points.

Samples and instructions for measuring sent FREE.

M. WEISSFELD MFG. CO.

335 BROADWAY

NEW YORK CITY

NOTICE—We have no branches and are not connected with any other firm. Patrons who give orders to our agents should see that the order goes to us.

OTTARI

AN INSTITUTION FOR THE OSTEOPATHIC CARE
OF NON-COMMUNICABLE DISEASES

ASHEVILLE, N. C.

Dear Doctor:

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

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

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

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

Descriptive literature on application to
OTTARI,

R. F. D. No. 1,

W. Banks Meacham, D. O., Asheville, N. C.
Physician-in-Charge.

Osteopathy

(Continued from page 116)

year is required to elect at least twenty hours per week of lectures in clinical branches besides laboratory work. The course extends five months, making a total of 560 hours in addition to the laboratory work. Original work must be presented on some subject assigned by the Faculty, the results to be embodied in a thesis.

In the latter year book is inserted an interesting comparative table of what is taught in the "old school" and the osteopathic schools.

I give it in full, with some comments from the same source upon it.

"Instead, as in the old school medical colleges, of studies relating to drugs and their administration, the Osteopathic student has Principles and Practice of Osteopathy and Osteopathic Diagnosis.

"Beyond this, the subjects handled are the same, and a glance at the table of subjects below will show that the instruction given the students in this school is as comprehensive as that received by the students in the best of the old school medical colleges. The essential difference lies in the different presentations:"

Subjects Recommended By the Association of American Medical Colleges:

Histology.
Embryology.
Osteology.
Anatomy.
Physiology.
Chemistry and Toxicology.
Materia Medica.
Pharmacology.
Therapeutics.
Bacteriology.
Pathology.
Medical Zoology.
Clinical Microscopy.
Physical Diagnosis.
Practice of Medicine.
Surgery.
Obstetrics.
Gynaecology.
Pediatrics.
Eye and Ear.
Nose and throat.
Mental and Nervous Diseases.
Electro-therapeutics.
Genito-Urinary Diseases.
Dermatology and Syphilis.
Hygiene and Public Health.
Dietetics.
Medical Jurisprudence.

Subjects Taught in the American School of Osteopathy:

Histology.
Embryology.
Osteology.

Anatomy.
Physiology.
Chemistry and Toxicology.
Principles of Osteopathy.
Osteopathic Mechanics.
Comparative Therapeutics.
Bacteriology.
Pathology.
Medical Biology.
Clinical Microscopy.
Physical Diagnosis.
Osteopathic Diagnosis.
Practice of Osteopathy.
Surgery.
Applied Anatomy.
Obstetrics.
Gynaecology.
Pediatrics.
Eye and Ear.
Nose and Throat.
Mental and Nervous Diseases.
Electro-therapeutics.
Genito-Urinary Diseases.
Dermatology and Syphilis.
Hygiene and Public Health.
Dietetics.
Medical Jurisprudence.
X-Radiance.

In dealing with this table the year-book says:

"Osteopathy is based upon the belief that health depends upon the structural integrity of the body, and that disease is caused by bony or muscular lesions.

"Medicine is based upon empiricism, except in the cases where disease is caused by germs. The Osteopathist believes that health can be restored by correcting the anatomical lesions. The medical man has learned by experiment that certain nerves can be affected by certain drugs, so, to cure disease, he introduces these into the stomach, the blood becomes impregnated with the drug, it is carried to the affected nerve, as well as to every other nerve in the body. This is why the Osteopathist is so strongly opposed to drugs—they may stimulate or inhibit the desired nerve, but what do they do to all the rest?"

Of course, the anatomy studied is the same in the different schools, but it is taught much more thoroughly and minutely in the Osteopathic schools. The Osteopathist must see his anatomy every day, while the medical man forgets most of his as soon as he has passed his last examination. The study of symptomatology, of course, is entirely different, as the two theories of disease are radically different. The medical student has to study *materia medica*, the nature and effect of the drugs used in his practice. This the Osteopathic student does not have to learn, but he has instead the Principles and Practice of Osteopathy. This is a much more subtle and intri-

cate subject, and requires the most careful teaching. The technique of an Osteopathist is quite as complex and infinitely more important than that of the most highly trained pianist.

"Beyond this, the subjects treated are the same, but the basic difference in principle gives an entirely different viewpoint, even with the same subjects taught from the same text books, so that an Osteopathist could not possibly get adequate training in a medical school."

This statement is, as are almost all the Osteopathic pronouncements, based upon the idea that medicine as generally understood is bounded by the use of drugs, and that it sees nothing else and ignores the fact that at present Osteopaths are being taught the uses and effects of drugs.

The Kansas City College of Osteopathy year-book says:

"While it is true that most of the subjects taught in an Osteopathic college are identical with those taught in a medical college, in the latter the whole thought is flavored with the deep-seated, centuries-old prejudice for the superstition of drug therapy."

The Chicago College of Osteopathy year-book says:

"Anatomy, of course, is fundamental or should be to a thorough understanding of disease, or better still disordered anatomy. But the simple fact that the drug schools do not fully recognize this truth, and place their faith in a blind belief in drugs, has been the primary cause of the public's lack of faith in the medical schools, and this fact is also the reason why the demand of prevention, palliation and cure has not been met by the older schools.

"Likewise, in physiology, pathology and chemistry the Osteopathic school thoroughly appreciates the many facts gleaned by the other schools, but again it is the interpretation, correlation and application of these facts that is frequently different."

I do not think that the statements I have noted can be fairly said of modern medicine. Sir William Osler has, I think, given very clearly the attitude of medical men at the present time, and his remarks about diagnosis might, with propriety, be pondered by Osteopaths as well as others.

Diagnosis, not Drugging.

He says (p. 190) "In the fight which we have to wage incessantly against ignorance and quackery among the masses, and follies of all sorts among the classes, diagnosis, not drugging, is our chief weapon of defense. Lack of systematic personal training in the methods of the recognition of disease

leads to the misapplication of remedies, to long courses of treatment when treatment is useless, and so directly to that lack of confidence in our methods which is apt to place us in the eyes of the public on a level with empirics and quacks."

New School of Medicine:

"The Nineteenth century has witnessed a revolution in the treatment of disease, and a growth of a new school of medicine. The old schools—regular and homeopathic—put their trust in drugs, to give which was the alpha and omega of their practice. For every symptom there were a score or more of medicines—vile, nauseous compounds in one case; bland, harmless dilutions on the other. The characteristic of the new school is faith in a few good, well tried drugs, little or none in the great mass of medicines still in general use.

"Imperative drugging—the ordering of medicine in any and every malady—is no longer regarded as the chief function of the doctor.

"The battle against polypharmacy, or the use of a large number of drugs (of the action of which we know little, yet we put them into bodies of the action

(Continued on page 123)

THE OSTEOPATH—NATURE'S MASTER MECHANIC

(Foreword—Everything and everybody needs adjusting, at one time or another, for nothing has yet been perfected, except in the mind. Material representations of the ideal have been defective to a greater or lesser degree since time began, and what the skilled workman is to your impaired watch, what the expert tuner is to the discordant wires of your harp or piano, the Osteopath is to your misplaced vertebrae, nerve, or ligament, that causes hours of pain and suffering until it is adjusted. And then, when medicine, surgery and all else fails, you go to the Osteopath and ask him if he can fix you up. Why not go at first?)

The Shoemaker plans a perfect shoe.

(The stitcher may some part undo.)

The Architect draws a flawless bridge.

(The workman may omit a wedge.)

The Composer writes a finished theme.

(Some note by player is unseen.)

The Minister pictures a lesson true.

(His thought some hearer may misconstrue.)

The Florist conceives a perfect flower.

(The buds destroyed by heavy shower.)

The Sea Captain has his course mapped out.

(Strong winds may turn his ship about.)
The Inventor designs a strange machine.
(The mechanic may fail to work a spring.)

So God creates a perfect man,
To carry out His noblest plan.
Men drop a stitch, their spines misplace,
It may take years to fix the place;
Unless they go at once and see
A Doctor of Osteopathy.
His practiced hand and well trained mind

Each part disturbed doth quickly find;
And by his treatment makes secure
A normal spine, of that I'm sure.
He pulls your leg, he twists your back,
Ah! well indeed he knows the knack!
Perhaps your spine's been "on a spree."
'Tis cured by Osteopathy.

And so the Osteopath each day
Pushes and snaps your pains away.
The rheumatiz that's in your knee
Through his caress will cease to be.
Now if you're sick, do not delay,
But see an Osteopath to-day;
Then spread the news among your friends,

Till over all the world extends
The knowledge of this Science Grand,
Which some day, *first of all*, shall stand!

—Jennie Glover Brown.

Attention Osteopaths!

Are You Doing Refraction?

We Are Headquarters for Refractive Instruments of
All Kinds

SEND YOUR ORDER TO THE NEAREST HOUSE



MERRY OPTICAL COMPANY

MANUFACTURERS JOBBERS & IMPORTERS

KANSAS CITY
MEMPHIS
DES MOINES

ST. LOUIS
WICHITA
SAN ANTONIO

DALLAS
LOUISVILLE
HOUSTON

INDIANAPOLIS
BIRMINGHAM
OKLAHOMA CITY

Osteopathic Truth

A MONTHLY JOURNAL OF
OSTEOPATHIC PROGRESS

EDITED AND PUBLISHED BY

PRACTICING OSTEOPATHIC PHYSICIANS
FOR THE OSTEOPATHIC PROFESSION

President

H. M. Vastine, D. O. Harrisburg, Pa.
102 Locust St.

Vice-President

Richard Wanless, D. O. N. Y., N. Y.
347 Fifth Ave.

Secretary-Treasurer

Oliver C. Foreman, D. O. Chicago, Ill.
27 E. Monroe St.

Address all correspondence to
THE OSTEOPATHIC TRUTH PUBLISHING CO.

1421 Morse Ave., Chicago, Ill.

Editor

Earl J. Drinkall, D. O. Chicago, Ill.
1421 Morse Ave.

Business Manager

George W. Goode, D. O. Boston, Mass.
687 Boylston St.

Circulation Manager

H. W. Shain, D. O. Chicago, Ill.
1421 Morse Ave.

CONTRIBUTING EDITORS

George W. Reid, D. O. Worcester, Mass.
Carl P. McConnell, D. O. Chicago, Ill.
Francis A. Cave, D. O. Boston, Mass.
Geo. F. Burton, D. O. Los Angeles, Cal.
Louise A. Griffin, D. O. Boulder, Colo.
Nettie O. H. Stingle, D. O.
San Gabriel, Cal.
W. Banks Meacham, D. O.
Asheville, N. C.
Herbert E. Bernard, D. O. Detroit, Mich.
E. Florence Gair, D. O. Brooklyn, N. Y.
Joseph H. Sullivan, D. O. Chicago, Ill.
E. R. Booth, D. O. Cincinnati, O.
Walter J. Novinger, D. O. Trenton, N. J.
Asa Walmsley, D. O. Peterborough, Ont.
F. J. Feidler, D. O. Seattle, Wash.
Ada Achorn, D. O. Boston, Mass.
A. L. Evans, D. O. Miami, Fla.
Asa Willard, D. O. Missoula, Mont.
Josephine L. Pierce, D. O. Lima, O.

SUBSCRIPTION PRICE \$1.00 a year,
in advance. Single copies 10 cents.
Back numbers not over three months
old, 25 cents each; over three months
old, 50 cents each.

Instructions for RENEWAL, DISCON-
TINUANCE, or CHANGE OF AD-
DRESS should be sent in two weeks
before they are to go into effect.

PRESENTATION COPIES. When mak-
ing a subscription for a friend and
you desire the magazine to stop at the
end of the year, please make a state-
ment to that effect when addressing
us.

ADVERTISING RATES

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

MARCH, 1919

**THE GOSPEL ACCORDING
TO YOU**

"You are writing a Gospel,
A chapter each day,
By deeds that you do,
By words that you say.
Men read what you write
Whether faithless or true.
Say! What is the Gospel
According to YOU?"

WHICH DO YOU WANT?

Is It Just an M. D. degree,

or

The Added Knowledge

A desire always precedes an act to
accomplish that which is desired, at
least Psychologists would tell us so.

If that is so, what was the desire
that actuated the act of securing an M.
D. degree.

We have noted that since the War
Department ruled against the D. O.
degree as an entrance to the Medical
Corps, many of our people have en-
tered other than First Grade Medical
Schools.

Two things stand out clearly by such
action—either those people have not the
"gumption" to fight for Osteopathy, and
in such a fight to take what persecu-
tion might be meted out to them, or
they are seeking a title to aid them in
taking the path of least resistance and
also to secure an extra dollar or two
by patients calling under the ruse of
Medical Doctor.

Which Do You Want?

Of course, the public do not, as a
rule, care a snap of their fingers about
the school from which you were grad-
uated, and therefore, a nineteenth rate
medical school M. D. degree is just as
good for all practical purposes as one
from a really good school.

Which did you want, just the degree,
or the knowledge to be gained by study
in a well equipped institution?

If you really want the knowledge,
why not comply with the entrance re-
quirements and attend the very best
school in the country. When you studied
Osteopathy you tried to find the very
best school. You wanted the knowledge
to be gained from a school having a
well informed and experienced faculty
and good equipment.

You did not want just any old D. O.
degree, or else one from Murray's dip-
loma mill would have done the trick.

You wanted the knowledge.

Reason

Knowledge is power, and we would
not decry anyone seeking all the knowl-
edge it is possible to get along healing
lines. What we do fight against is the
money grasping methods of some people
in using certain titles to gain a few
paltry dollars at the expense of Osteop-
athy. If Osteopathy had been established
on this earth for a century or two, it
would make but little difference, but
it is in its infancy, and above all, we
need men and women of courage to
fight for the principles of Osteopathy
as given to the world by Dr. Still.

Just reason a little.

What sort of an idea do people get

of Osteopathy when in the course of a
few weeks or year they call upon an
Osteopathic physician for treatment.
He gives them a specific corrective treat-
ment, adjusting the deviated structures
—then they secure the services of
another physician and he gives them a
specific corrective treatment but also
tells them to take Castor Oil, Citrate
of Magnesia—then, occasion makes it
necessary that they come under the
jurisdiction of another physician and he
just musses over the spine correcting
nothing. The patient going through
such an experience certainly comes out
with a jumbled idea of Osteopathy.

Do you need an M. D. degree to
bolster up the weak spots in order to
get patients upon whom you may prac-
tice, or do you need knowledge?

What Kind of Knowledge?

No Osteopathic physician needs the
knowledge to be gained either in a first
class medical school or a nineteenth
class school, but he does need the knowl-
edge as to how Dr. A. T. Still would
have handled the cases that came to
him. Any man or woman who knows
Osteopathy as Dr. Still gave it to the
world need never wish for the other
man's cornfield which is choked with
weeds, the stocks covered with smut and
the ears incapable of producing good
corn.

It is the real knowledge of Osteopathy
that will carry us to the ends of the
earth.

We congratulate the M. D. who was
big enough to see the marvelous worth
of Osteopathy and in the realization
gives up his drug practice and becomes
a real Osteopathic physician. Osteo-
pathic practice is hard, hard work as
compared to prescription writing, and
the man who is red blooded enough
to give up an easy job for a hard one
is entitled to credit—to him we give
that credit.

We further congratulate those who
are still bigger, and as far as their
patients are concerned, and the world at
large the former M. D. degree is no-
where visible.

Dr. Andrew Taylor Still never signed
his name, in recent years, with the
M. D. behind it. Will we follow in
his footsteps?

We men and women who stand for the
principles as given to the world by Dr.
Still, let us put our combined strength
to the wheel, and in the raising of
Osteopathy to where it should be, we
will at the same time make it impos-
sible for the mixer to belong to any of
our organizations—national, state or
local.

Where there is a will there is a way.

THE THINKER

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

The Osteopath's first and last duty is to look well to a healthy blood and nerve supply. He should let his eye rest day and night on the spinal column to know if the bones articulate truly in all facets and other bearings, and never rest day or night until he knows the spine is true and in line from atlas to sacrum, with all the ribs in perfect union with the processes of the spine. (M. 121.)

Osteopathy proclaims and proves that success in cures comes when all joints in the body move as Nature ordered.

An Osteopath in his search for the cause of diseases starts out to find the mechanical cause. He feels that the people expect more than guessing of an Osteopath. He feels that he must put his hand on the cause and prove what he says by what he does; that he will not get off by the feeble-minded trash of stale habits that go with the doctors of medicine. By his mind he must show his ability to go beyond the musty bread of symptomatology.

The rule of the artery is absolute, universal and it must be unobstructed, or disease will result.

There is no such disease as fever, flux, diphtheria, typhus, typhoid, lung fever or any other fever classed under the common head of fever, or rheumatism, sciatica, gout, colic, liver disease, nettle rash or croup, on to the end of the list, they do not exist as diseases. All these separate and combined are only effects. The cause can be found and does exist in the limited or excited action of the nerves which control the fluids of part or the whole of the body.

You should know the cause of a disease and be able to remove it. You know the course of an artery, nerve and vein and before you take your hands off your patient, you should know that you have removed every obstruction to the nerve, vein or artery which give force and nourishment to the depleted locality.

If we observe any variation from the normal center, our work is never complete, nor the reward due us until by adjustment, we have reached the normal.

The word treat has but one meaning; that is, to know that you are right and do your work accordingly.

Treat that neck by putting each bone of the neck in place, from the atlas to the first dorsal, and go away. You have done the work and all the good you can do. Begin at the head and start at the first bone of the neck and don't guess but know that it fits to the skull properly above. Then see and

know that it sits squarely on the second bone. Then go to the third, fourth, fifth, sixth and seventh bone. Now go up that neck with your finger and push all the muscles of the neck into their places. Blood and nerves will do the rest of the work. Follow this course once or twice a week, and don't fool away any time fumbling, to stimulate or inhibit.

There is no need for an operator to unnecessarily tire himself and his patient when no good is to be derived from the effort. (M 40.)

Use force enough to remove all obstructions; be careful that you do not bruise any of the delicate parts such as glands and membranes, because an ignorant head and a heavy hand could bruise a kidney, spleen, gall duct, omentum or some of the lymphatics. An intelligent head will soon learn that a soft hand and a gentle move is the head and the hand that gets the result.

Basic Principles

A. (1) Every articular surface roughly approximates to the arc of a circle.

(2) All force applied toward the reduction of a bony lesion must be applied along the arc of a circle.

(3) All force applied to the reduction of a bony lesion must be applied in the same arc as, or in an arc parallel to that of the articular surface.

B. (4) All related voluntary muscles must be relaxed.

(5) The articulation under consideration for adjustment must be moved to the full extent possible without force, and in the direction along which the force is to be applied.

(6) When the full extent of motion has been achieved, force may be applied with a continuation of the motion to adjust.

(7) This force may be applied suddenly or gradually according to the desire of the operator.

(8) If applied gradually there will be no shock appreciable nor noise audible, but there is a greater tendency for the muscles to contract, thus requiring several attempts at adjustment.

(9) If applied suddenly the patient may experience a shock, or a noise may be audible, but adhesions are thus readily removed, and the contraction of the muscles is forestalled.

GOSSIP

New Washington Board of Examiners

Acting Governor Hart of the State of Washington has just appointed the following doctors to membership on the State Board of Osteopathic Examiners:

Dr. E. A. Archer, Pullman; Dr. F. J. Feidler, Seattle; Dr. Frank Holmes, Spokane; Dr. Caryll Smith, Aberdeen; Dr. W. T. Thomas, Tacoma.

The first meeting of the board will be held August 5th, and thereafter on the first Tuesday in January and July.

Dr. Coffey Moves

Dr. Eva Kate Coffey announces the removal of her office and residence to the Wilhelm Apartments, 639 South Grand Avenue, Los Angeles, Calif.

Jean Claverie Coming to Convention

Jean Claverie has received his discharge from the French army and hopes to be here for the A. O. A. convention.

Great rejoicing took place in the Claverie home upon the return of Jean's brother who has been a German captive since October, 1912.

Mrs. Oliver Foreman is the recipient of a kerchief embroidered with four German bullet holes. This kerchief received its baptism as Jean went "over the top." It had been given to him October 24, 1914, at Pau. His first aid kit was shot to pieces at the time when he needed it most.

We welcome him to U. S. A., and Osteopathy.

His address is, 20 bis, rue Darn, Paris.

OUR NEW ADVERTISERS

Weissfeld Manufacturing Company

Most of the profession are acquainted with the veteran coat makers, M. Weissfeld Mfg. Co., of New York, whose advertisement appeared for the first time last month.

Since we wear their coats and have found them satisfactory, we can cheerfully recommend them to you.

Merry Optical Company

The Merry Optical Company is also well known to our profession and needs no introduction.

Those who are doing refraction work will want to patronize this reliable firm, either through their general office in Kansas City or one of the branches.

Bernard, Hewitt Company

Clothes, of course, do not make the man, but they do enhance his personal appearance and make his patients and friends seek his company.

We have been assured that this company will do their best to please you with their suits and accessories.

**Subscribe for
"TRUTH" Now**

THE MASKED BAWL

Millions of people in this land, by force, by threats and by persuasions of Medical Asininity—we almost wrote it Assasinity—were induced to go about wearing a filthy disease-generator in the shape of a gauze mask during the onslaught of the influenza epidemic.

Look at this matter sanely. The lungs with every exhalation throw off carbon-dioxide and other poisonous gases from the body. The lungs are one of nature's routes of poison elimination. Constantly re-breathed air is a method of suicide by poison. That is a fact so rudimentary that even a race of putty-pated medicos could grasp it. Also the dampness formed upon the gauze by the breath makes it mucilaginous, whereby not only the poisons exhaled by the breath, but any poisons in the outer air adhere to it. No finer culture bed of poison could have been devised than the masked bawl of germ catchers. It insured re-inhalation of poison from the lungs reinforced by any other wandering germs.

Or be impaled on the other horn of the dilemma. It has been pounded into the public that literally millions of these influenza germs could rest on the point of a cambric needle so infinitesimal were they. And if so, couldn't billions of them find entrance through the holes in the gauze mask? The whole proposition is too "gauzy" to befool any one gifted with the reasoning faculties of a first grade kindergartner!

If there were any bacteria in the air you could get billions of them through the meshes in the gauze mask and in any event you would be certainly poi-

soned by constantly rebreathing carbon-dioxide from your own lungs. Great scheme, wasn't it—for the doctors? If there was any poison in the air you could suck it in through the meshes and if there wasn't any you could rebreathe your own poison! And incidentally we didn't notice any doctors wearing masks!

Screened windows in a sick room are always thrown open to obtain pure air and why screen and muzzle well people? Such stuff is nothing but witchcraft or disease-producing medical graft! It is neither sense, sanitation nor science.

In the presence of this influenza scourge the Allopathic owl of omniscience has practically folded its wings, dropped its head with its blinded eyes on its moulting breast and gone into a trance, except for the extended claw grasping for fees!

At this writing the reported deaths from all causes in a body of upwards of two millions of men engaged in the most merciless war of all history, number but about sixty thousand, and in but a few brief months influenza has carried off over three hundred thousand in this land, with many returns not yet in. The medical authorities knew that this scourge was coming but they stood before it as helpless as if it were a bolt from heaven. We spend hundreds of millions succoring the sick and wounded overseas and then let it into our own ports—with no quarantine whatever against it—one of the deadliest scourges which ever devastated the earth. Cases of influenza coming from abroad were taken off ship and placed in open wards of hospitals whence the disease was most methodically spread! Mild cases of in-

fluenza left ships and mingled with the general public. Is quarantining against disease a lost art? The scourge has devastated Europe and we threw wide open our gates to welcome it!

Influenza has taken five times more death tolls in America of Americans than the world war has taken of Americans, and the only barrier set up was a gauze mask to catch the outside germs and imprison and force the wearer to rebreathe his own poisonous exhalation! If this isn't medical witchcraft carried to the height of inane idiocy, what is it?—January Jim Jam Jems.

ON TO CHICAGO
JUNE 30th-JULY 3rd



Looking in the Glass

or

Looking in a Book

If "Concerning Osteopathy" was at her hand—she would be reading it while waiting for treatment.

It has a convincing appeal.

It is just what you want in the hand of every patient.

It is just what your patient wants, too.

"Better convince one than to talk to many."

Order a hundred now.

PRICE LIST

(Prepaid in U. S. and Canada)

Copies	Leather	Cloth	Paper
100...	\$150.00	\$100.00	\$ 50.00
50...	77.50	52.50	30.00
25...	40.00	27.50	16.25
10...	16.50	11.50	7.00
1...	1.75	1.25	.75

Terms.—Check or draft to accompany the order or post-dated checks received with the order accepted on all orders amounting to more than Ten Dollars.

\$10.00 with the order and the balance in 30 days post-dated checks for \$10.00 each or less if the balance is less than \$10.00.

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

Do You Know All About Osteopathy?

Then you should Read **OSTEOPATHIC BOOKS**

Read **CLINICAL OSTEOPATHY** if you need help in treating patients. Edited by C. P. McConnell, D. O. Price.....\$4.00

Read **BULLETIN No. 4** if you want to know more about bony lesions. Fully illustrated. Price.....\$2.00

Read **BULLETIN No. 5** if you want to know what lumbar lesions may do. Fully illustrated. Price.....\$2.00

Read **PUBLIC SANITATION AND OTHER PAPERS** by Clement A. Whiting, D. Sc., D. O., if you need a wider understanding of Osteopathic Principles, or if you wish to know the reasons for sanitary requirements, or if you wish to become acquainted with one of the most thoroughly scientific of osteopathic teachers. Price.....\$3.00

For any of these books, address, enclosing price,

The A. T. Still Research Institute
27 Monroe Street **Chicago, Ill.**

This Space Donated by "Osteopathic Truth"

The Proof of the Pudding

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

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

FOURTH LUMBAR LESIONS AND COLOPTOSIS

There is an intimate relation between many cases of "auto-intoxication" and lesions of the fourth lumbar segment. Of all the lesions shown at the Institute Laboratory more than half are between the fourth and fifth lumbar. There are several modifying circumstances, the technique so far is much better developed for the lumbar spine than it is for cervical or dorsal regions. Abdominal contents can be cleaned out or pushed to one side but the ribs, heart, and aorta cannot be gotten rid of so easily in the dorsal region. The discs are much thinner and there is more bone overlapping in the cervical region. Osteopathic lesions can be shown in these regions but it is only fair to admit that probably more have not been shown on plates in these regions than have in the lumbar. The run of cases, however, were not selected to show lumbar lesions, as the work was done on all sorts of cases that could obtain any aid from radiography. There are no greater difficulties in showing the other lumbar segments than the fourth, yet of the recorded, 356 Osteopathic lesion cases, 226 were in the lumbar and 197 were between the fourth and fifth segments.

Sixty-nine digestive tract cases showed fourth lumbar lesions, and extreme coloptosis. All of these had clinically and radiographically other lesions as well as the fourth. Fifty-seven showed an immense dilatation of the sigmoid. Of the remaining twelve cases, seven had small sigmoids, and five apparently normal in size.

It would seem that irritation to the muscles of the wall of the sigmoid thru interference with the fourth lumbar segment, at first leads to contraction of the lumen of this particular part of the colon. In keeping with the vicious cycle habit, disturbance of the viscera leads to contraction of the muscles of the spinal segments involved. This is shown by Dr. Burns' work in Bulletin 4, of the Institute, and holds true for electrical, mechanical, or chemical irritation of the viscera. Probably both mechanical and chemical factors are at work in the sigmoid.

The narrowing of lumen would make it more difficult for material to pass on, tending to increase sluggishness of

the current in the whole colon. This would tend to stasis, and if usual intake of food is maintained, enlargement of the colon becomes necessary. This takes place partly in increase in diameter, but more readily in length. As the colon increases in length the least resistance, in fact invitation, often, is downward. The constant lesion effects would interfere with uncton of the sigmoid and eventually the constriction gives way to relaxation of the sigmoid or dilatation. General dilatation of the colon would be accompanied by chronic fatigue effects of the lesion on the sigmoid, leading to still further loss of tone in this organ.

Alvarez causes symptoms of so-called auto-intoxication by the distention of the colon or sigmoid with air. If as inert a substance as air can cause these symptoms, certainly the varying consistencies of fecal matter, plus varying gas formation to an equal or greater amount of distention is an equally potent factor.

Thorough cleansing of this part of the colon gives relief, diet may aid in postponing the recurrence of the condition but correction of the Osteopathic lesion is an important factor in obtaining a return toward normal.

The seven small sigmoids all had recently acquired lesions, extremely tender to palpation, clinically and radiographically acute irritative lesions. In one of these cases the process was repeated under as nearly identical conditions and technique as possible one week after the first examination and six days after correction of a fourth lumbar lesion. A slight improvement in colon position was noted, and a much better functioning sigmoid.

The five seemingly unaffected sigmoids may have had irritation and relaxation impulses, balances or else have been some of those fortunate individuals who can adapt themselves to abnormalities without losing their equilibrium of function.

These cases are too few in number for anything more than a suggestion as to why some cases of distended dropped colons with huge sigmoids do not get well with proper hygiene when Osteopathic treatment is applied only to the higher segments usually associated with colonic disturbances.

Next month's article will be illustrated with several X-ray pictures.

OSTEOPATHY

(Continued from page 119)

of which we know less) has not been brought to a finish.

"One of the most striking characteristics of the modern treatment of disease is the return to what used to be called the natural methods—diet, exercise, bathing, and massage. There probably never has been a period in the history of the profession when the value of diet in the prevention and the cure of disease was more fully recognized."

But I do not think the matter rests entirely upon theory. In practice, the more advanced Osteopaths have, as I have shown, laid down courses of study which differ hardly at all from those of our present medical schools. What is called the fundamental difference in viewpoint hardly exists in fact, or if it does, there seems to be no harm in a person possessing knowledge of both. But Osteopathy has so modernized its system that the difference has almost disappeared.

"Osteopathy as a school of practice takes no stand for or against vaccination or serum therapy." (Kirksville College year-book, p. 47.)

"In every case surgery is the complement of Osteopathy. * * * Hence the comparatively thorough course in the subject given by the American School of Osteopathy." (ibid. pp. 59, 60.)

The Los Angeles College has a course of Pharmacology and Materia Medica, to which 196 hours are devoted, described in its year-book thus:

"This is a didactic course, covering the physiological and pathological action of drugs." (p. 29.)

But the most important fact of all is that the best Osteopathic colleges have in fact recognized that they must provide the usual medical education and be recognized by State Medical Boards as doing so.

The American College of Osteopathy in Kirksville, Mo., has now a course on the action of drugs and on comparative methods. (p. 1184.)

The Philadelphia College of Osteopathy thus refers to its action:

"In order that the graduates of an Osteopathic college may be admitted to the examinations for license to practice Osteopathy in New York State, it is necessary that the college be 'registered' under the rules and regulations of the New York State Education Department, and in order to qualify for 'registration' it is necessary to have an entrance requirement in accordance with the rules of the Board of Regents of the State of New York, to maintain a four-

(Continued on page 124)

Oh! You Banquet At Chicago

Everything from soup to the Printer's name.

Did you ever hear this story?

Pat and Mike were attending a banquet one evening and, as is natural, they carefully scrutinized the menu card beginning with soup, etc.

Pat says Mike, "Faith an' pwhat is thois—Demi Tasse."

"Oh!" says Pat, "that, why that is the printer's noime."

We're There

The coming banquet at the annual convention is going to be held on Wednesday evening, July 2nd, and it is going to be "some" banquet.

Bring your "glad rags" with you, but don't let the possession of a spike tail or a low cut dress deter you from attending the banquet. Bust a trace or two this year and eat with the gang. Everybody is going.

Big Speakers

The speakers at this banquet will be men of note. It was refreshing to sit and listen to the men who addressed the banquet at Boston. But we will excel that banquet with better speakers, and when you leave the room you will feel as refreshed as a daisy in the morning dew.

Some men of national note are being invited, but at this moment we can not tell you just who will be on the program. The Immortal J. N. and General Coxie will not be invited this year and not

even Billy Sunday. The remainder of the program promises to be the best ever.

Reserve Now

We are expecting about two thousand at that banquet so it might be well to address Dr. Alex. Walker, 27 E. Monroe St., chairman of the Banquet Committee and have him reserve you a place for your family and yourself. The price, well no one cares what the price will be, we are all going anyway for it comes but once a year.

Bathing

No we don't mean that you are to go bathing in the finger bowls, for you might run the water over the edge, but we are just changing the subject.

If you like bathing be sure you put your bathing suit in with the other traps. Our censor is real liberal, so bring any old thing. A dip in the waters of Lake Michigan is great. The municipal bathing beaches are free to the public, and your whole family and yourself can enjoy a dip or two every day. It is the greatest sport for the children to romp and play in the sand. At Lincoln Park they have a beach especially for the kiddies where the water is very shallow. Splash! Splash!

Don't Forget

Remember the dates for the convention are from June 30th to and through July 3rd. The place is Chicago.

Oh! You Banquet.

**SAVE THE "SHEKELS"
FOR
C-H-I-C-A-G-O**

OSTEOPATHY

(Continued from page 123)

year course of study, to have six full time instructors, and to have at least fifty thousand dollars invested in the institution. When this college was registered six years ago it was unable to comply with the above requirements in respect to six full-time instructors and the financial requirement of \$50,000.

"With the closing of the term of 1914-15 registration was withdrawn as these requirements had not been met, and as a result the college was not registered in New York State during the past year. The college expects to meet the requirements in every respect before the beginning of our next term in September, and it is conducting its campaign for students on this basis."

The Chicago College of Osteopathy was registered as providing a course valued as a four-year course by the Board of Regents of the University of New York on the second of December, 1915.

The importance of this step, desired in Philadelphia and accomplished in Chicago, is that medical schools to be registered in New York State require as a minimum course the following:

Subjects	Year	Hours	Year	Hours	Year	Hours	Year	Hours	Total Hours
Gross Anatomy	1	330	11	150					480
Histology	1	120							120
Embryology	1	60							60
The laboratory requirements of the above hours shall be:									
Gross Anatomy	1	240	11	90					210
Histology	1	90							90
Embryology	1	45	11	120					150
Physiology	1	90							90
Organic Chemistry	1	90							90
Physiologic Chemistry	1	90	11	60					150
The laboratory requirement of the above hours shall be:									
Physiology	1	60	11	90					130
Organic Chemistry	1	60	11	45					105
Physiologic Chemistry	1	60	11	45					105
Bacteriology	1	70							70
Pathology									210
									15
									60

Osteopathic Propaganda

Osteopathic propaganda is the key that unlocks the door of opportunity for Osteopathic practitioners.

Osteopathic propaganda makes all of our problems more easy of solution.

Osteopathic propaganda creates a better understanding between patient and physician.

Osteopathic propaganda helps to dispel the doubts of the doubting.

Osteopathic propaganda helps to offset the destructive influence of our critics.

Osteopathic propaganda is one valuable way of letting your Osteopathic light shine before men, that they may know of your good works and patronize you when necessary.

For real, ethical, effective Osteopathic propaganda, use the

HERALD OF OSTEOPATHY

Sample Copy on Request

F. L. LINK, Business Manager

KIRKSVILLE, MISSOURI

**Osteopathic Truth
is for the
Profession Only**

Laboratory requirements of the above hours shall be:

Bacteriology	1	60	11	30				
Pathology			11	180	111	45		
Surgery			11	90	111	180	IV	240 510
Pharmacology and Therapeutics			11	90	111	120		210
Dietetics			11				IV	15 15
Internal Medicine			11	55	111	270	IV	360 685
Physical Diagnosis			11	30				30
Obstetrics					111	90	IV	40 130
Gynaecology					111	30	IV	30 60

Six obstetric cases in either the third, fourth or hospital year.

Hygiene			111	60				60
Specialties—Eye, Ear, Nose, Throat, Dermatology			111	40	IV	120	160	
History of Medicine. The ethics of the medical practitioner. Medical Economics					IV	30	30	

General Totals, 850 hours each year.

Additional light is thrown upon this approximation of medical and Osteopathic colleges by a comparison furnished to me by the Chicago College of Osteopathy of the number of hours allotted to the various studies by that college and four medical colleges in Chicago:

	Bush Medical College	North-Western Medical	Illinois Univers. Medical	Chicago College Med. & Surg.	Chicago College of Osteopathy
Physics	300	300	144	288	258 54
Chemistry	480	480	272	384	404 324
Biology	180	180	144	192	174 72
<i>Medical Subjects</i>					
Histology		128	288	128	136 180
Anatomy	660	528	416	592	549 804
Physiology	180	280	272	272	251 252
Embryology	60	128		80	67 90
Physiological Chem.	120	400	128	160	202 180
Pathology	180	346	272	352	287 216
Bacteriology	90	128	144	144	126 180
Physical Diagnosis		128	48	60	60 72
Hygiene		16	112	32	40 72
Autopsies		50	64	32	36 72
Gynaecology	90	224	102	192	152 216
Genito Urinary	90	96	72	64	80 72
Roetgenology		16	4	16	9 36
Surgery	480	552	440	566	509 388
Obstetrics	180	152	196	192	180 432
Jurisprudence	30		16	32	19 18
Eye, Ear, etc.	160	408	124	160	213 144
Pediatrics		298	128	128	154 90
Neurology		160	100	160	140 270
Dermatology		96	66	80	60 72
Orthopedics			84	80	41 54
Medicine	330	256	260	432	319 360
Laboratory Diagnosis			64		16 54
Anesthesia				16	4 36
				32	8 18
				64	16
Tropical Disease					
Psychiatry			24		
Hydrotherapy					
Dietetics					
Corrective Gymnastics					
Antisepsis					
Clinical Diagnosis				96	24
Elective	450				112
	4060	5260	3984	5030	4652 5080
<i>Therapeutic Subjects</i>					
Pharmacology		60	272	176	160 142
Materia Medica				244	64 77
Pharmacy		270	30		388 172
Therapeutics			220	64	64 87
Serology					16 4
X-Ray				16	
Chemistry of Drugs		30			
		360	522	500	692 493
<i>Osteopathic Therapeutic Subjects</i>					
Clinic Treating					
Osteopathic Diagnosis					
Technique					
					810

sources. The point is now reached where this will not suffice. If it is to meet the demands created by its very success, it must expand the scope of its activities far beyond their present limits. The specific needs arising from this situation are of two sorts: those relating to the scientific side of Osteopathy, calling for research, and those relating to the professional side, calling for post-graduate training.

"These needs can be met only as the most modern equipment and the most efficient methods are made available for the advancement of scientific knowledge and the higher training of practitioners and teachers. For these purposes, there should be provided a scientific and educational institution of the highest class, in which not only may Osteopathy contribute its share of investigation into the generally recognized problems of disease, but more especially where the many new problems raised by Osteopathy may be worked out to the benefit of society through their more efficient application in Osteopathic practice."

"The Three Departments:

"Its three essential features should be research laboratories, post-graduate school and hospital. We can do something worth while with all these housed in one building. We can do more with

(Continued on page 126)

HELP THE WAR ORPHANS

Funds to be given through

The Life Fund—Enuf Sed

Subscribe for The Hut in the Forest. A dramatic poem by Blanche Irbe Bremner. \$1.25 postpaid. You may send subscriptions to the nearest agent.

—TO—

Mrs. Blanche Irbe Bremner, c-o "LIFE," 17 West 31st St., New York City.

Mrs. James Brown, 67 Payson Road, Belmont, Boston, Mass.

Mrs. L. G. Cromwell, 105 North 13th St., Flushing, L. I., New York City.

Mrs. Earl B. Anthony, 1013 5th Ave., Clinton, Iowa.

Mrs. John T. Morrison, 110 State St., Boise, Idaho.

Miss Minnie Sisson, 2633 Regent St., Berkeley, California.

Miss Maude Marion Meagher, 2240 Divisadero St., San Francisco, Cal.

In the appeal issued by the American Osteopathic Association for an endowment fund for the A. T. Still Research Institute, the following appears: "In its development to the present, Osteopathy has relied upon its own re-

The Osteopathic Profession Must Have A Definite Program

Edited by Geo. F. Burton, D. O., 220 Story Bldg., Los Angeles, Cal.
(Dr. Burton Invites Correspondence)

DEFINITIONS OF OSTEOPATHY BY GRADUATES IN OSTEOPATHY

These Definitions Are Not Found in Dictionaries or Encyclopedias With the Possible Exception of One. Give Them Careful Study

"Osteopathy is that school of medicine whose distinctive method consists in:

1. A physical examination to determine the condition of the mechanism and functions of all parts of the human body, and,

2. A specific manipulation to restore the normal mechanism and re-establish the normal functions. This definition lays stress (1) upon correct diagnosis. The osteopath must know the normal and recognize any departure from it as a possible factor in disease. There is not one fact known to the anatomist or physiologist that may not be of vital importance to the scientific osteopath. Hence a correct diagnosis based upon such knowledge is half the battle. Without it scientific osteopathy is impossible, and the practice is necessarily haphazard or merely routine movements.

The definition lays stress upon (2) removal of the cause of the disease. A deranged mechanism must be corrected by mechanical means, specifically applied as the most natural and only direct method of procedure. This work is not done by the methods of any other schools. After the mechanism has been corrected, little remains to be done to restore function; but slim relation or inhibition of certain nerve centers may give temporary relief and aid nature. The adjuvants used by other schools, such as water, diet, exercise, surgery, etc., are the common heritage of our profession, and should be resorted to by the osteopath if they are indicated."

E. R. BOOTH, Ph. D., D. O.,
Ex-Pres. A. O. A.

"Osteopathy is a method of treating disease by manipulation, the purpose and result of which is to restore the normal condition of nerve control and blood supply to every organ of the body by removing physical obstruction, or by stimulating or inhibiting functional activity as the condition may require."

WILFRED L. RIGGS, D. O.

"Osteopathy is that science which consists of such exact, exhaustive and verifiable knowledge of the structures and functions of human mechanism, anatomical, physiological, and psychological, including the chemistry and physics of its known elements as has made discoverable certain organic laws and remedial resources, within the body itself, by which nature, under the scientific treatment peculiar to osteopathic practice, apart from all ordinary methods of extraneous, artificial, or medicinal stimulation, and in harmonious accord with its own mechanical principles, molecular activities, and metabolic processes, may recover from displacements, disorganizations, derangements, and consequent disease and regain its normal equilibrium of form and function in health and strength."

MASON W. PRESSLY,
A. B., Ph., D. D. O.

"Osteopathy is that science of healing which emphasizes (a) the diagnosis of diseases by physical methods with a view to discovering not the symptoms but the causes of diseases, in connection with misplacements of tissue, obstruction of the fluids and interference with the forces of the organism;

(b) The treatment of diseases by scientific manipulations in connection with which the operating physician mechanically uses and applies the inherent resources of the organism to overcome disease and establish health, either by removing or correcting mechanical disorders, and thus permitting nature to recuperate the diseased part, or by producing and establishing antitoxic and antiseptic conditions to counteract toxic and septic conditions of the organism or its parts;

(c) The application of mechanical and operative surgery in setting fractured or dislocated bones, repairing lacerations and removing abnormal tissue growths or tissue elements when these become dangerous to the organic life."

J. MARTIN LITTLEJOHN,
L. L. D., M. D., D. O.

"Osteopathy is a system of medicine, characterized by close adherence to the physiological axiom that perfect health depends on a perfect circulation, and perfect nerve control in every tissue of the body. Its Etiology emphasizes phys-

ical perversions of tissue relations as causes of disease. Its diagnosis is mainly dependent on the discovery of physical lesions by means of palpation. Its therapeutics comprehends,

1. Manipulation, including surgery, for purposes of readjusting tissue relations;
2. Scientific dietetics;
3. Personal and public hygiene."

DAIN L. TASKER, D. O.

"A system of Therapeutics which, recognizing that the maintenance and restoration of normal function are alike dependent on a force inherent in protoplasm, and that function perverted beyond the limits of self-adjustment, is dependent on a condition of structure perverted beyond those limits, attempts the re-establishment of normal function by manipulative measures designed to render to the organism such aid as will enable it to overcome or adapt itself to the disturbed structure."

G. D. HULETT, B. S., D. O.

(Continued in next issue)

OSTEOPATHY

(Continued from page 125)

the hospital as a separate building. But for the highest attainment and widest usefulness each of these departments should have its own building with suitable accessory structures. The measure of realization in this regard depends upon the size of the endowment fund.

"Research:

"This department should be equipped with laboratories for investigation in subjects as follows: Anatomy and anatomical mechanics, Biology and Physiology, Physiological chemistry, pathology, bacteriology, X-Ray and photography, Microscopy, Osteopathic technique, Library, Public hygiene and prevention of disease."

"Supplementing these would be dissecting rooms, pathological museum, and quarters for animals.

"Those laboratories should be equipped in the most complete manner so that no sort of investigation may be barred by lack of facilities; and so that the work done in them may be efficient and of a high order scientifically, and therefore practical and productive.

"Post Graduate Work:

"This department should provide for the systematic imparting to members of the profession of the results achieved in the research department, together with such special and advanced instruction in Osteopathy, surgery, and special subjects as will train students for special practice and for research and teaching. This department should be so well equipped that Osteopathic physicians will be eager to secure the benefit of advanced study and training under such favorable conditions.

Bernard-Hewitt & Co., Desk H-1003
424-434 So. Green St., Chicago, Ill.

Please send me your new men's wear Spring and Summer style book with samples of latest woolsens and full details of your plan.

Name

Address

MAIL THIS COUPON

Save Money on Everything You Wear



70 Samples FREE

This \$27.50 Suit \$17.50

TAILORED TO YOUR MEASURE

An Amazing Offer! A high-grade suit cut to your individual measure—tailored with all the skill and style that only the best custom tailors can give. Finished with highest grade trimmings and linings—the kind that wear and give satisfaction. A special proposition to introduce to the readers of this magazine the wonderful values offered by our system of tailoring. Nothing else like it—no value to equal it.

We pay shipping charges



How Our Plan Saves You Money

We have no agents, no dealers, no traveling salesmen. Our catalog is our only representative. Actual comparison will show that our plan saves \$10 or more on every suit and gives you real individuality in your dress—clothes that are tailored to fit you and you alone—reflect your personal tastes. Our line includes a wonderful selection of fancy wool worsteds, cassimeres and all-wool blue serges, at unheard-of low prices.

Send Only \$3.00

and your measurements, with cloth selection made from our catalog. We will make the suit to your measurements and you pay balance on arrival—we paying all transportation charges. So confident are we that we can please you that all we ask is that you make a trial of our system; that you learn how easy it is to take your own measure and save money on every suit. We take all the risk, you none, for this is our

GUARANTEE: Complete satisfaction or all money refunded.

You must be pleased in every particular—in fit—in style—in workmanship and materials, or we don't want your money. Could anything be fairer? Write today—wear tailor-made clothes of exceptional style and value—dress better and save money.

Catalog Free

Our big, new Spring and Summer book is ready for you—contains samples latest woolsens—also lowest prices on men's hats, shoes and furnishings. It is your guide to correct and economical clothes buying. Mail coupon above or write, mentioning this publication so we can identify this special offer.

\$17.50

From the Catalog COLLARS Six for 75c
Four ply, hand laundered stiff or soft collars, 21 different styles to select from, selling everywhere now at 25c each. We sell them at **6 for 75c**. In ordering be sure to state size number and style desired.

From the Catalog NECKTIES Large Four-in-hands, 3 for \$1.00
Large imperial shape, flare end four-in-hand ties, beautiful striped and flowered effects, hundreds of patterns, regular 50c **Three for \$1.00** and 75c values. Try Three. State color desired.

From the Catalog SATIN SHIRTS 3 for \$4.50
Guaranteed \$2.00 shirts, latest effects in broad satin or silk stripes, one front, soft turn-back cuffs, hand-laundered body. **our low price, 3 for \$4.50.** State size of neckband when ordering. Choice of black, blue and lavender stripes.

From the Catalog GARTERS
Men's pad garters, best known standard make, made so no metal can touch you.
25c single grip pad garters - 19c
35c double grip pad garters - 39c
50c double grip pad garters - 21c
43c
All colors to select from.

BERNARD-HEWITT & CO
424-434 S. Green St., Desk H-1003 Chicago, Ill.

We Specialize in Tailoring for Professional Men

We make a specialty of fine tailoring for professional men. If you are not satisfied with your clothes, all we ask is that you give us a trial. Our fabrics, our styles are the sort professional men like. Send for the catalog today. We know we can please—we guarantee to do so—we also guarantee to save you money.

**CHICAGO COLLEGE POST-GRADUATE COURSE
HUGE SUCCESS**

42 In Attendance

A Reception Tendered to the Members of the Class by the school and Profession of Chicago

The post-graduate course given by the Chicago College of Osteopathy from February 10th to the 22nd with Dr. George Laughlin, Dr. C. P. McConnell, Dr. J. B. Littlejohn, Dr. H. H. Fryette, and Dr. J. Deason as the instructors, was a huge success.

Forty-two busy practitioners decided that they needed added instruction, and the enthusiasm to be gained by attending such a course. They not only liked Chicago, but spoke highly of the course of instruction.

The school found the response so good that they have announced another course in June, from the 16th to the 30th. This course will precede the annual convention. They ask what you would like to have in the line of a post-graduate course. Don't be afraid to speak up and express yourself.

From Most Everywhere

The following doctors attended the course:

- Dr. J. E. Baker, Brazil, Ind.
- Dr. A. W. Brockway, Waukesha, Wis.
- Dr. F. G. Burnett, Bellefontaine, O.
- Dr. E. C. Chappell, Clear Lake, Ia.
- Dr. Elmer Charles, Pontiac, Mich.
- Dr. A. E. Charbanneau, Granville, N. Y.
- Dr. M. E. Church, Clagary, Alta, Can.
- Dr. P. R. Collins, Douglas, Ariz.
- Dr. H. L. Davenport, Altoona, Pa.
- Dr. H. J. Dorrance, Pittsburgh, Pa.
- Dr. A. H. Doe, Racine, Wis.
- Dr. E. M. Downing, York, Pa.
- Dr. W. O. Flory, Minneapolis, Minn.
- Dr. Galbreath, Oakland, Ill.
- Dr. W. C. Gordon, Newton, Ia.
- Dr. M. J. Grieves, Peoria, Ill.
- Dr. E. Grothouse, Van Wert, O.
- Dr. C. E. Hough, London, Eng.
- Dr. P. W. Hoyt, Hoopeston, Ill.
- Dr. Preston R. Hubbell, Detroit, Mich.
- Dr. T. M. King, Springfield, Mo.
- Dr. W. M. Koons, Harington, Kans.
- Dr. W. B. Linville, Middletown, O.
- Dr. J. J. McCormack, Sheboygan, Wis.
- Dr. Carrie Mundie, Mendota, Ill.
- Dr. Frank Nelson, Malden, Mass.
- Dr. R. L. Park, Trenton, Tenn.
- Dr. F. A. Parker, Champaign, Ill.
- Dr. Francis Platt, Kalamazoo, Mich.

Dr. Emma Rector, Benton Harbor, Mich.

Dr. Byron LaRue, Zanesville, O.

Dr. T. C. Stephenson, Cedar Falls, Ia.

Dr. B. W. Sweet, Erie, Pa.

Dr. M. E. Taylor, Woonsocket, S. D.

Dr. Maude G. Williams, Northampton, Mass.

Dr. M. F. Hulett, Columbus, O.

Dr. Frank J. McGuire, Binghamton, N. Y.

Dr. J. M. Fraser, Evanston, Ill.

The Reception

Thursday evening, February 20th, a reception was tendered those who attended the class by the college faculty and the profession of Chicago.

A well arranged program was carried out with Dr. E. S. Comstock acting as Master of Ceremonies. Drs. Fryette and Bunting were among the speakers.

Refreshments of ice cream and cake followed a social good time of which dancing was the chief amusement.

Dr. M. E. Church Joins Corporation

Dr. M. E. Church of Alberta, Canada, was so well pleased with the future prospects of Osteopathy through the medium of the C. C. O. that he contributed \$500.00 to the school funds. This makes Dr. Church a Life Member of the corporation.

OSTEOPATHIC VERSUS MEDICAL DIAGNOSIS

J. A. Linnell, D. O., Chicago

One of the features of the practice of Osteopathy is the not infrequent situation wherein the operator is embarrassed by the family and patient attributing to him great personal powers, when the Osteopath knows the result was obtained by simply adhering to the truths and principles of Osteopathy as given us by Dr. Andrew Taylor Still. The following case is such a one, and is offered to demonstrate the success of and comparative merit of Osteopathic Diagnosis and Treatment as compared with that of the medical doctor. It also shows that the medical theory, as indicated in their pathology is infrequently erroneous, and I wish here to add that our special method of diagnosis and treatment is emphatically the most distinguishing difference in ours and other curative measures, as emphasized further on. Probably, off-hand, this case might be called by some as anything but Osteopathic inasmuch as it had become suppurative.

In December, 1916, Mr. H., who lived in a small town in Central Illinois noticed a disturbance with his teeth; he seemed otherwise to be in good condition physically, but was overworking. He

consulted a dentist and had the offending teeth removed. However, almost immediately he was attacked by what his good friend, the family doctor, diagnosed as nephritis. He was given an anodyne, shipped to a Chicago Hospital and his family and friends informed that he would never return alive.

At hospital, Mr. H. received a most thorough examination, both clinically and physically, by two noted specialists who pronounced his condition as acute nephritis with associated cystitis. The laboratory examinations showed no syphilis or tuberculosis, but a very large percentage of pus in the urine. There was complete paralysis of the bladder and sphincters, the urine passing without control or sensation. There was but a weak motor control of the legs, and the nerve derangement was traced to the LOWER DORSAL SEGMENTS. An added diagnosis of transverse myelitis was made, and the prognosis coincided with that of the family physician—"no hope." The treatment suggested was "rest in bed and bladder irrigation." Everything was done that they "knew" to do, but the "cause" had not been found so they had no true working basis.

After the patient had been in the hospital for some weeks, getting no better, the wife insisted upon the services of an Osteopathic Physician. The Osteopath provided the missing link in the diagnosis. He found that in spite of the most thorough clinical and physical examinations made by the specialists, they failed to discover a lesion at the fifth lumbar, a slight rotation at that point, this in addition to the condition at the three lower dorsals. Inside of an hour after the unlocking of these two lesions, the feet of the patient warmed for the first time in weeks. The patient was treated three days in succession; by that is meant, the lesions were watched and kept thrown to normal—a matter of a few minutes, probably two or three. The patient was removed from the hospital and treatment continued; within a week the bladder was functioning absolutely and the pus had largely disappeared. (Before treatment, the odor of pus was heavy in the room, irrigation had failed to check it.) The second week, Mr. H. was sitting up and the third week he was able to take short walks. At the end of the third week he was able to return home much to the surprise of his friends and family. Complete recovery followed. Osteopathic diagnosis and treatment succeeded where other treatment had failed.