

Osteopathic Truth

January 1920

Vol. 4, No. 6

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Osteopathic Truth

A MONTHLY MAGAZINE FOR THE OSTEOPATHIC PROFESSION

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

Volume IV

JANUARY, 1920

Number 6

"We Are Opposed to Vaccination"

Dr. A. T. Still

VACCINE VIRUS POISONING SPREADS THROUGH LYM- PHATICS

Dr. F. P. Millard of Toronto Makes a Marvellous Discovery

Dr. F. P. Millard of Toronto says the lymphatic system is the keynote, and that vaccine virus poisoning spreads through the lymphatics, causing diphtheria and allied throat affections.

This is surely a strong point for anti-vaccination.

Dr. Millard's lecture, which he gave in Toronto recently, together with the illustrations, will appear in the A. O. A. Journal. We will reprint it for the benefit of non-members of the A. O. A.

OLD AND NEW

Here goes an Old Year, ready for his dying,
Full of days of honor, full of days of lying,
Full of truth and happiness, and many virtues olden,
Full of dross and misery, and triumphs shining golden,
Good night, weary Old Year, we thank you most kindly.

Here comes a New Year, ready for his living,
Ringing brilliant promises, happy in his giving,
Full of joyous prospects, singing in his joy,
Trusting, we accept his gifts, gold and alloy,
Good morning, little New Year, we must trust you blindly.

—LOUISA BURNS.

January 1, 1920.



Dr. A. T. Still and Dr. F. G. Cluett
discussing a sacral lesion
May, 1908

In the "early days" of Osteopathy, when there was no literature such as we have now, every practitioner had to furnish his own. I was writing a little pamphlet for one of the graduates, who was going out to practice. Meeting Dr. Still on the street opposite the school one day, I stopped him and asked his opinion as to the use of a certain phrase I had used. He read it over carefully and gave it his approval, but suggested that I add the words: "and that Nature furnishes within the body all the remedies necessary to cure disease." Just a little point, perhaps, but it shows why the "old timers" had such faith in Osteopathy. F. G. CLUETT, D. O.

DR. REID VIGOROUSLY OPPOSES VACCINATION AS PREVENT- ATIVE OF SMALLPOX.

To the Editor of the Gazette.

Sir:—For some time the friends of medical liberty have been looking for political doctors in the United States to take advantage of the opportunity to work on the popular fears of the people in order to promote the lucrative practice of vaccination because of the smallpox now existing in Canada.

Our expectations have not been in vain, as Dr. Chapin, a Board of Health physician of Providence, recently stated in the Boston Herald and other papers that unless the adult population in New England is vaccinated, we stand in great peril of a devastating smallpox epidemic, because of the existence of this disease in Canada.

The epidemic in Canada has given rise to no little controversy over the subject of vaccination. Enthusiasts for the practice as usual have been busy trying to force vaccination on everybody, and particularly on school children.

In Toronto the medical tyrant has met with the most strenuous opposition. The homeopathic profession almost to a man has gone on record as opposed to compulsory vaccination. The osteopathic profession likewise has declared against the practice.

To date not one death has been reported from this smallpox epidemic in Toronto. Vaccination, however, has several deaths to its credit. A few of them have come to light, notwithstanding the fact that the doctors in almost every case make it a point to shield vaccination from all guilt in

death returns. I give below a brief account of three typical cases:

1. Muriel Taylor, age 6 years, 25 Marchmont road, Toronto; previously perfect health, vaccinated Tuesday, November 11; the following Sunday complained of headache and on Tuesday became paralyzed, and Saturday, November 22, died, 11 days after vaccination.

2. Beatrice Nichols, 10 years old, 57 Fairview avenue, Toronto; about a week after vaccination complained of headache; two days later fell into a stupor; died Friday evening, November 21, without regaining consciousness. Previous health was quite normal. Doctors thought death due to sleeping sickness or meningitis.

3. Arthur Smith, age 9, of 8 Dunvegan road, Toronto; vaccinated at the Fairbanks school, November 7; took convulsions November 20, became unconscious and died at the Hospital for Sick Children, November 22, 15 days after vaccination.

Here are three children whose lives were sacrificed because of medical ignorance, stupidity and tyranny. I have the facts regarding others whose deaths unquestionably were due to the vaccination epidemic that has been fostered by the medical profession in Toronto.

When medical men manifest such bigotry, when they refused to give the public the real true facts in the death returns in order to bolster up and promulgate the dangerous practice of vaccination it throws the whole profession open to suspicion and distrust. Dishonesty of this sort is all the more despicable because human health, life and happiness are at stake.

People who insist in promulgating compulsory vaccination have their eyes closed to reason as well as instinct. The practice of inflicting disease to avoid disease is surely contrary to all reason. The practice of contaminating the blood stream with vaccine virus which, according to the Century dictionary, is "Poison or Slime," is one from which our natural instincts rebel. Any practice that insults both reason and instinct has nothing to recommend it unless it be one purely of financial consideration.

If New England is to avoid a smallpox epidemic it will not be done by reason of vaccination. It will be brought about purely by the application of the laws of sanitation and hygiene. Poisoning the blood, no matter what the pretext, serves only to lower the vitality of the individual and make

him more susceptible to disease. This fact is very clearly demonstrated by comparing the death rate from influenza-pneumonia in our much vaccinated and inoculated army with that of the non-immunized civil population.

The following facts are disclosed by the United States Public Health Service reports. For ten weeks from September 20 to November 29, 1918, the whole United States, with a population of 110,000,000, had, according to official estimates 350,000 deaths from influenza, or 318 deaths per 100,000. This includes all the ailing, all the weaklings, all the army "rejects," and all the slum population and all sorts of treatment—fully one-third did not have regular medical treatment.

Soldiers in camps in United States—round numbers at signing of armistice, 1,500,000. Deaths from influenza for ten weeks as above, 21,994, or 1,466 deaths per 100,000. Notwithstanding the fact that our soldiers were picked men, men chosen because of their superior physical qualifications, men who, as we are accustomed to reckon, ought to show the greatest resistance to disease, yet the death rate among them was practically three times as great as that of the civilian population. It should be noted also that the soldiers had allopathic or regular medical treatment, and that on top of a course of vaccination and inoculations a little earlier.

When we consider these figures are we justified in asking what killed so many men in the army camps in the influenza epidemic. Are we not justified in concluding that the vaccinations and inoculations that were forced upon them had something to do with lowering their vital resistance, thus making them more susceptible to the disease and its complications, and on this account helped to bring about the high death rate among our soldiers?

The lesson is obvious. Keep your blood pure, no matter whether your desire be to prevent disease or to combat disease. The purer the blood stream the better the individual's chances are in either case.

GEORGE REID, M. D., D. O.,

Chairman Worcester Branch Medical Liberty League of Massachusetts.
—Worcester Evening Gazette, Dec. 6, 1919.

SOMETHING TO THINK ABOUT?
ARE YOU A REAL OSTEOPATH
OR ARE YOU RUMMAGING IN THE
JUNK PILE OF THE DRUG SCHOOL?

—McCOLE.

TAKES UP M. O. H. CHALLENGE

Dr. Millard Will Post \$500 to Prove Vaccination Harmful.

The challenge of Dr. Hastings, M. O. H., contained in his report to the local Board of Health, in which he defied anti-vaccinationists to present one single instance in which a death has occurred or a limb been lost through vaccination, has been taken up. Dr. F. P. Millard made this statement to The Telegram today:

"I hereby state that I will give \$500, to be divided among the charitable institutions of this city, as a call to said challenge if proven. The only stipulation being this: That a committee of three unprejudiced public citizens listen to the statements of the bereaved parents, who claim to have lost children, or have had children disabled through being vaccinated, and base their decision on the statements of these parents.

"To state that theoretically no person ever died of smallpox, but from a complication of troubles following smallpox is on a par with Dr. Hastings' statement that no person has died from vaccination, but complications arising a few days afterward.

"There are in this city at this moment over one hundred children and adults in a critical condition. One is the 21-year-old son of a medical doctor. Two physicians who have had their fingers cut while vaccinating have had a struggle to save their arms. One had to call in three colleagues.

"There are a number of men in this city, and one 'phoned me last night, that although 'successfully vaccinated,' they had had severe cases of smallpox in the last big epidemic of a few years ago. A big lumberman told me last week that in his lumber camp, where over two hundred men work, everyone had been vaccinated, and almost every man had smallpox. This was in the last epidemic referred to above."—The Evening Telegram, Toronto, December 20, 1919.

BIG SANITARIUM TO BE ENLARGED

The stockholders of the Southwestern Sanitarium Company held a most important meeting recently at the Osteopathic Sanitarium, Blackwell, Oklahoma, when it was voted to dissolve the present corporation and reincorporate on a non-profit sharing basis, the same as churches, lodges and other public institutions. Plans are

being considered for the enlargement of the Sanitarium to about three times its present capacity and bonds will be issued to raise the necessary funds for enlargement. The new plan of organization had the enthusiastic approval of all those attending the meeting.

PHILADELPHIA GIVES ITS OSTEO-PATHIC HOSPITAL \$102,110 IN SEVEN-DAY CAMPAIGN

Dr. Nettie Turner, President Pennsylvania Association, Secures About One-fifth of the Total

The total of subscriptions and pledges reported by the forty teams (comprising 300 workers) at the close of the campaign, Monday night, December 8, 1919, reached \$102,110. For eight days the workers covered the city from center to circumference and even the adjoining counties and states as far as California. Subscriptions are still pouring in. The divisions of the teams were commanded by Dr. Carl D. Bruckner, Dr. Wm. S. Nicholl, Mrs. E. G. Dunnington and Mrs. A. D. Campbell. The Land Title and Trust Company, perhaps the leading financial institution in the city of Philadelphia, was depository, and received and tabulated the funds and pledges.

Luncheons were held at noon daily, from December 1-6, with an average attendance of 250. The attendance at the closing dinner was about 300. Campaign headquarters were on the roof of the Adelphia Hotel. The campaign was in charge of a committee of nine, viz., Dr. Simon Peter Ross, chairman; Dr. O. J. Snyder, Dr. John H. Bailey, Dr. J. C. Snyder, Dr. Wesley P. Dunnington, Dr. Lillian L. Bentley, Dr. Burdsall F. Johnson, Mr. W. K. Harris and Mr. Rowe Stewart. Everyone connected with the campaign in any capacity worked untiringly for success.

THIRD POST GRADUATE COURSE

The Chicago College of Osteopathy is to give another great course of two weeks, beginning February 2d. The fee is \$60.00, and the course will include Diagnosis — Differential, Osteopathic, Surgical.

Technique—Scientific and Practical. Osteopathic Gymnastics—Helpful in everyday practice.

Ear, Nose and Throat—For those who wish to specialize.

Laboratory Course — Diagnosis, Pathology, Bacteriology.

Museum of Osteopathic Medicine, Kirksville, MO

PREDICTION COMING TRUE

Diphtheria Following Vaccination in Toronto.

W. F. Darrock, a teacher at Parkdale Collegiate Institute, who predicted some time ago that an epidemic of diphtheria would follow the general vaccination as a direct result, was present, and pointed out that diphtheria was beginning to make its appearance. He said it will become more prevalent within the next three or four months.—The Toronto World, January 6, 1920.

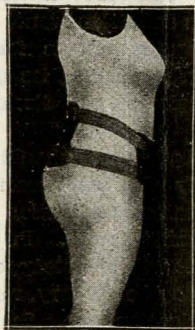
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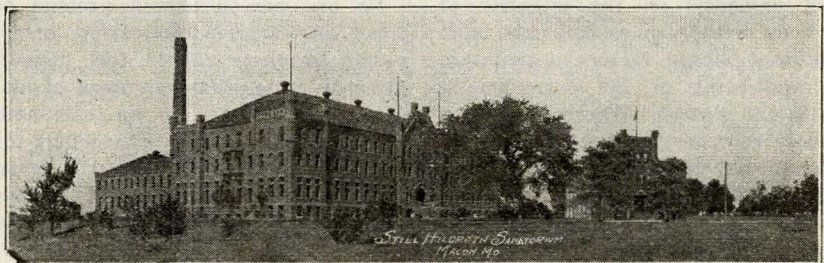
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A. G. HILDRETH, D. O.
Superintendent

Concerning Mixers

L. E. Page, D. O., Newport, Vt.

A perusal of the current osteopathic publications will convince anyone that our profession has reached what might be called the critical period of its history. Among the holders of the D. O. degree there seems to be a wide divergence of opinion as to just what osteopathy stands for in therapeutics. It would seem that this situation had lately arisen. There was little doubt in the early days as to what osteopathy could do, and by osteopathy was meant a drugless system of treating disease. The equipment of the old time osteopath consisted of a treating table and two strong sensitive hands. But today some of the osteopathic brethren are having trials and tribulations. Trials because they give drugs, and tribulations because they cannot. It may be profitable to inquire whether there is any just reason for the controversy that has arisen regarding the practice of mixing medicine and osteopathy.

We may ask three questions concerning "mixers", first, what is a mixer; second, why do they exist; and third, what is the remedy. This article does not pretend to answer these questions, but merely to offer a few suggestions and to urge that osteopathy be considered as a complete system of healing.

Our idea of a mixer depends altogether upon our estimation of osteopathy and the extent of its usefulness. Dr. Atzen's definition says that "Osteopathy is the name of that system of the healing art which places the chief emphasis on the integrity of the body mechanism as being the most important single factor to maintain the well-being of the organism in health and disease. Whereas the drug schools represent that system of the healing art which places the chief emphasis on the chemical intake to the body as being the most important single factor to maintain the well-being of the organism in health and disease."

According to this definition a mixer is one who mingles the two ideas as to what is the most important single factor in treating disease. It is difficult to understand such an attitude. There is no conceivable way to fit the two parts of the definition together and get harmony. Any one may make either system they choose, but they cannot take both any more than a person can be a Mohammedan and a Christian

at the same time. Who would respect a church displaying both cross and crescent? And who respects a physician who claims to practice as a D.O. M.D.? One cannot act consistently upon two opposed theories at the same time. It is doubtful if there is a genuine mixer in existence.

There is no doubt, however, that a great many osteopaths (or rather gentlemen who hold the osteopathic degree) who seem to feel that they are not fully equipped physicians. There can be but two reasons for such an attitude. Either osteopathy is not the system of healing it claims to be, or the gentlemen have not understood osteopathy. What osteopathy is depends upon what members of the profession make it. The wide distribution of Dr. Atzen's definition would indicate that osteopathy stands for a system of healing, which implies that its principles apply to all diseased states.

The osteopathic physician should be prepared to apply the best possible treatment for whatever condition he may be called upon to treat. In the majority of cases it will be osteopathic technique, but it may be surgery, regulation of diet, irrigation, etc. In the course of treatment the use of anesthetics and antiseptics may be necessary. They are not used to treat the disease, but to make conditions favorable for treatment, they are no more methods of treatment than providing a treatment or operating table.

No one person should pretend to treat all diseases, but every osteopathic graduate should feel himself fitted to treat whatever class of disease he prefers. If an osteopath wishes to specialize in gynecology for instance he can do so and still be an osteopath. He will correct lumbar and innominate lesions and probably cure the majority of his patients, but he will also operate for fibroids and carcinoma in some cases. But whatever means he uses he must do it with the understanding that structural integrity is the chief factor. Whether or not he uses drugs will depend upon which theory he holds, and if he doesn't know what principal he works under he has no business in the practice of medicine or osteopathy.

If a man wishing to prepare to practice a specialty feels that he cannot get sufficient training in our osteo-

pathic institutions there should be no reason why he might not go to large medical clinics to observe large numbers of cases. But having done so he owes it to his own profession to assist in providing sufficient clinics in our own profession so that any osteopath need not feel the necessity of depending on the medical profession for sufficient training.

We must have our own hospitals and sanatoria. There should be osteopathic surgeons, gynecologists, and obstetricians. The training of osteopaths should include the best possible treatment for every condition. Osteopathic technique is the most important single method of treatment for any osteopath to use, but there are other methods. It is the principles which govern the treatment rather than its particular nature which determine whether it is osteopathy or a nameless mixture. The most important study of the whole curriculum is the principles of osteopathy. If they are well learned there is little fear that the osteopathic profession will become a band of inconsistent mixers. The discovery of other methods of treatment than the familiar spinal technique will not disturb the osteopath who knows the principles of his treatment. Professor Lane used to say to his biology class at A. S. O.: "If there is any proven or demonstrated fact in nature that interferes with your religion, you must adjust your religion to the fact." It is the same with osteopathy, if there is any proven or demonstrated fact that interferes with our ideas about osteopathy, we must adjust our ideas to the fact.

The trouble with the osteopathic profession today is that hardly any two osteopathic physicians have a definite system of principles which agree in all particulars. In our schools the students are told about the great discovery of Dr. Still and are advised to read his books. We study the causes, symptoms, and many times the treatment from the books written by men whose principles are opposed to ours. No wonder there are mixers. What we need is a translation of Dr. Still's works which will serve as a textbook in the schools. The principles coming from a single authoritative source would necessarily agree and only the congenitally weak-minded would wish to do any mixing.

Too often we read articles by osteopaths describing the treatment of a certain condition which refers us to a medical textbook for causes, and symptoms and diagnosis. Since we have no independent texts there is no help for it except to provide them. It takes time, money and talent to write books and they must be sold, but if a good osteopathic anatomy, physiology, and above all a text on pathology, diagnosis, and practice were written that could be used independently from the conventional Gray, Osler, Mallory, and Cabot, they ought to find sufficient sale among our students and practitioners.

Osteopathy has enough original material at hand to revolutionize all of the so-called medical sciences. The anatomy of bones, muscles, joints would have a new significance. An osteopathic applied anatomy would be different and superior to any medical applied anatomy in existence. In the field of pathology the interest would be transferred from the healing of wounds and the cell changes caused by bacteria to the tissue changes caused by spinal lesions. Immunity and tissue regeneration are subjects of vast importance to the osteopath. A complete book on the practice of osteopathy giving in detail the etiology, pathology, symptoms, prognosis, and treatment of diseases would be superior as a practical guide than any practice of medicine in existence.

In speaking of our own contributions to the healing art we must not forget that pure science laid the foundations of nearly all the subjects the physician studies except practice. Without the labors of anatomists, physiologists, and chemists osteopathy could never have been demonstrated. Osteopathy can not alter a single fact discovered by science, but it can and has altered their significance and application to treatment.

If osteopathy is to be saved from the calamity of internal discord, each member of the profession must learn his principles from a common source. These principles must be complete and embrace all questions likely to arise in the mind of the honest seeker after truth. Each subject the student is required to learn should be saturated with osteopathy whether it is biology or pediatrics. Nothing should be hastily cast aside as unosteopathic till it has been tested and found wanting.

If osteopathy is to fulfill its mission it must be scientific, and to be scientific it must search for truth and ac-

cept it when it is found. In the quest for truth there is no place for sentiment or dogma. In our search for osteopathic truth each fact relating to disease must be impartially examined. If a certain lesion appears to cause a given condition every other possible cause must be eliminated before a positive statement can be made.

Furthermore, before it can be stated that a certain lesion will cause a given train of symptoms any time the lesion occurs each individual case must be tested. It is very easy to make sweeping statements, but the question is, "Can you prove it?"

The practice of medicine is one of the most unscientific collection of experiments in existence. If any one doubts this let him observe the constant reiteration of the phrases "in some cases," "apparently it is useful," "Dr. X— claims to have seen specific results," "the earlier claims have not been substantiated." The principles of the practice of medicine will not stand the test of scientific scrutiny.

Let us make osteopathy scientific by providing a set of principles founded on truth. To do this requires that we attack the problem at the right end. For centuries the medical profession has been using empirical methods and their failure is apparent. They have tried to arrive at a principle of treatment by trying every conceivable concoction that should be invented instead of going about the matter scientifically, and discovering the laws by which disease is caused and overcome by the body defences.

It is often said that more technique should be studied, which is undoubtedly true, but it is also true that more should be known about the causes and the body defences. Having determined these, the best treatment can be worked out by the application of common sense. Osteopathy has the opportunity of becoming a scientific system because the facts of pathology are on our side if we do not commit the error that prevents the medical profession from offering certain results

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after 2,000 years of experiment. First, know the causes, pathology, and the natural body defences, and then deduct the treatment instead of working blindly trying to determine first principles by the deceptive method of analogy.

We must search the whole field of health and disease for truth and adjust osteopathy to the facts. We cannot adjust facts to any preconceived notions of osteopathy we may have.

PACIFIC BRANCH, A. T. STILL RESEARCH INSTITUTE, RECEIVES MORE GIFTS

Louisa Burns

During December, the following money has been sent to me, to be used for the work of the Pacific Branch of the A. T. Still Research Institute:

- Dr. C. P. McConnell, Chicago... \$100.00
- Miss Verna Fish, Pasadena (add.) 15.00
- Dr. Olinda Stevens-Richardson, Pomona, Cal. 8.00

- Dr. L. M. Whiting, South Pasadena (add.) 5.00
- Dr. Lillian Moffat, Los Angeles 1.00
- Dr. Lura B. Nelson, Hollywood, Cal. (add.) 50.00

The gifts are gladly and gratefully acknowledged.

This money has been added to a fund already accumulated, and new hutches have been built. These hutches are ninety-six in number, and are so built as to minimize the work of caring for the animals. A central aisle is wide enough to serve as a work room for lesioning and examining the animals. The building cost \$620.00, with a very few further expenses yet to be met. It provides quarters for all the animals apt to be needed for the next few years, according to present plans for the work.

SANDS—McKERCHAR

Dr. Maud Sands of Wilmette, Illinois, was married to Captain Roy Malcolm McKerchar on December 18, 1919, at Wilmette, Illinois.

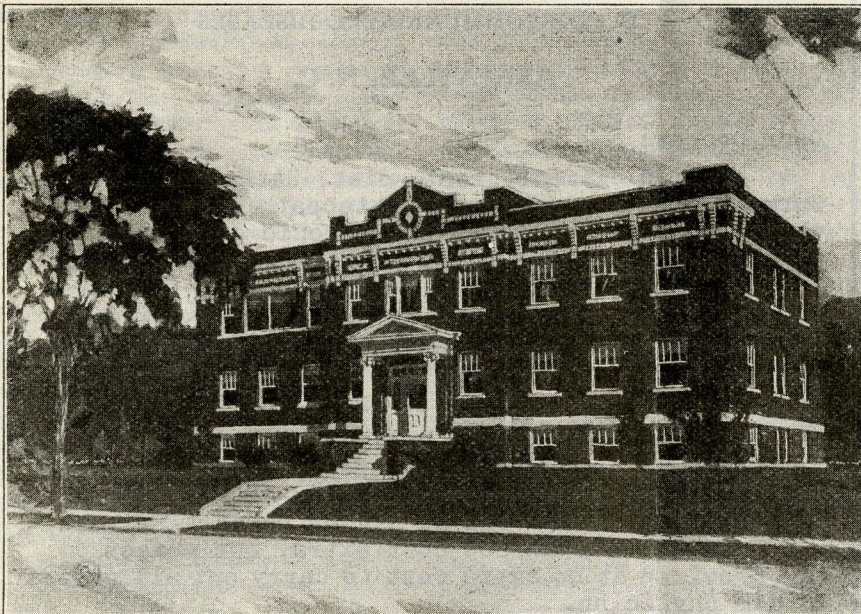
OUR GIFTS

Edith Stobo Cave

Seek, and ye shall find within yourselves
 Some special Gift in which each may excel;
 Encompass it about with constant thought,
 And like the magic leaven in the loaf,
 Its quality will permeate the whole
 Of life, and blend it into concrete form,
 From center to circumference of which
 One rhythm makes for perfect harmony.

The mind may enter in, and thus assist
 By its attention; but the thought of Self
 Must never be allowed to blur the clear,
 Inspired vision, lest the holy mission
 Of the Gift should fail in its intent
 To grow and merge into the Common Good.

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Kirkville, Missouri

18TH ANNUAL CONVENTION, MASSACHUSETTS OSTEOPATHIC SOCIETY

Dr. Geo. W. Goode, of Boston, President

The eighteenth annual convention of the Massachusetts Osteopathic Society was held in the Egyptian Room of the Hotel Lenox, Saturday, January 3, 1920.

The following program was given:

Morning Session

9:00—Some Reasons for Typhoid Fever in the A. E. F.—Perrin T. Wilson, D. O. Cambridge.

9:30—Pyorrhoea—S. L. Gants, D. O., Providence, R. I.

9:45—Acidosis and the Vitamines—Earl Scamman, D. O., Boston. Discussion—Francis K. Byrkit, D. O., Boston; Henry W. Clement, D. O., Providence, R. I.

10:00—Applied Osteopathy—Carl P. McConnell, D. O., Chicago, Ill. Discussion—Mary Emery, D. O., Boston.

11:15—Pediatrics—Lucy H. Abbott, D. O., Waltham. Discussion—George W. Reid, D. O., Worcester.

11:30—Mass Diagnosis—Waldo Horton, D. O., Boston. Discussion—Robert H. Nichols, D. O., Boston; George E. Smith, D. O., Boston.

11:45—The Osteopathic Student's Point of View—Miss Eva W. Magoon, Chicago College of Osteopathy. Discussion—Allen F. Fehr, D. O., Malden; C. H. Downing.

Afternoon Session

1:00—Business Meeting.

1:30—Pelvic Conditions—Ruth E. Humphries, D. O., Waltham. Discussion—Aubrey W. Hart, D. O., Boston.

1:45—Bedside Practice—Mark Shrum, D. O., Lynn.

2:00—Public Health—Helen G. Sheehan, D. O., Boston. Discussion—Nell C. Crawford, D. O., Lexington.

2:15—Applied Osteopathy—Carl P. McConnell, D. O., Chicago, Ill. Discussion—John A. MacDonald, D. O., Boston.

3:30—Border Line Cases—L. Curtis Turner, D. O., Boston. Discussion—George W. Reid, D. O., Worcester.

3:45—Diet—Henry W. Clement, D. O., Providence, R. I. Discussion—Anna C. Tinkham, D. O., Waltham.

4:00—Rib Technique—Louise M. Jones, D. O., Portland, Me., President Maine Osteopathic Association. Discussion—Myron E. Barstow, D. O., Boston; Elmer W. Carter, D. O., Boston.

4:15—Simplified and Efficient Technique (By the Technique Department of the M. C. O.)—Drs. J. Oliver Sartwell and W. Arthur Smith and Messrs. C. H. Downing and Winslow M. Kingman of Senior Class.

5:00—Legislative Needs—Matthew T. Hayes, D. O., Springfield. Discussion—Alson H. Gleason, D. O., Worcester.

5:15—What Is the Relationship of Diseases of the Eye, Ear, Nose and Throat to the General Health?—Herbert H. Pentz, D. O., Boston.

5:30—Business Meeting.

The following officers were elected:

Dr. George W. Goode, Boston, President.

Dr. Perrin T. Wilson, Cambridge, Vice-President.

Dr. Francis Graves, Boston, Secretary.

Dr. Charles G. Hatch, Lawrence, Treasurer.

Legislative Committee:

Dr. Francis A. Cave, Boston.

Dr. Francis K. Byrkit, Boston.

Dr. Mark Shrum, Lynn.

Dr. George W. Reid, Worcester.

Dr. L. Curtis Turner, Boston.

Fifteen new members were elected to the society.

It was voted that the Massachusetts Osteopathic Society become an auxiliary of the A. O. A.

It was also voted that the date of the meeting be changed to the first Saturday in December.

A. O. A. DEPARTMENT OF EDUCATION STARTS NATIONAL CAMPAIGN FOR STUDENTS

Dr. M. L. Hartwell of St. Joseph, Mo., in Charge.

A national education campaign has been advocated by many of our profession, and it is, indeed, gratifying to see the Department of Education, through the Forward Movement Bureau, plan such a campaign.

Sending vocational literature to the senior high school students throughout the land will not only educate them to Osteopathy, but their families as well.

We would suggest in addition to this campaign that a national essay contest be conducted with a full four-year scholarship in each college as the prize. If the A. O. A. is to spend its funds to secure students the colleges can very easily carry four scholarship students. The young people will be more interested if there is a chance to win a prize, and in writing the essay they must study about Osteopathy.

Los Angeles County Society Meeting, December 8, 1919.

The meeting was called to order by Vice President Wyckoff at 6:40 p. m. at Christopher's banquet hall, the rap of the gavel being followed immediately by oyster cocktails. Hugo Kerkofer led the "How-dye-do," with Royal Crist as chauffeur at the piano. At 6:55 Dr. Spencer arrived. This was followed by more singing, Kerkofer inspecting the tonsils and vocal chords of those who had their mouths open, yet emitting very little noise. A letter was next read from our president, Dr. Goodfellow, who is still in Chicago.

Relative to our get-acquainted campaign, Dr. Ruddy pled for more guests at the banquets, and Dr. Wyckoff ruled that a fine of 25 cents be collected from all who appeared at the table without their identification buttons. The fine was promptly collected, the money thus derived purchased a Christmas tree, which was the decoration of the evening, to be placed in the hands of the clinic committee, to be given to some charitable institution.

Following this a most excellent number by the Osteopathic Mixed Quartette, composed of Mrs. Goodfellow, Mrs. Merrill, Drs. Cunningham and Marple, and then the reports of the Hospital and the A. O. A. constitution committees. Dr. Emory reported the present status of the various rulings in the city, recommending no court action at this time, and urging that a hospital of our own might be eventually necessary. Drs. Crist and Brigham, of the Constitutional committee, asked for an opportunity to consider their subject with Dr. Vanderburgh, before making recommendations to this society.

The clinic committee, Dr. Teeter, Chairman, had charge of the meeting for the remainder of the evening. A report of charitable institutions, needing osteopathic physicians on their staff, with a plea for volunteers for these places, was made by Dr. Teeter. Special mention was made of the field for the rehabilitation of discharged soldiers and sailors, who had exhausted medical care, but who might be benefited by osteopathic treatment. Dr. Louisa Burns spoke on the advantages of clinics, both to the public and the profession, and Dr. Chandler on his

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work in the clinics of the parent-teachers' association. He urged regulation of diet, environment and osteopathic treatment for nervous and retarded children, with special emphasis on the adjustment of the schools to the child rather than the child to an inflexible curriculum.

Dr. Emory moved that ten minutes be devoted to each meeting to reference to the advertisers patronizing the "Western Osteopath," urging our patronage for those who assist our state publication financially. This was unanimously adopted. Dr. Ruddy suggested that Drs. Merrill and Teeter (weight 250 and 280 pounds, respectively) be assigned subjects "What Denos' Food Does for Me."

Dr. George Burton then left the room, while Dr. Charles Spencer made a spinal diagnosis of a young man. Dr. Spencer then absenting himself while Dr. Burton made his diagnosis of the same case. Although the vernacular of the two doctors differed radically, the diagnoses were remarkably similar, and much good natured discussion followed as to what constituted a lesion and in what per cent a spinal lesion was the cause rather than the effect of visceral disturbance.

One hundred and forty attended this most interesting session. The visitors for the evening were Dr. Hibbs of Ogden and Dr. B. W. Sweet of Erie, Pennsylvania, he being the past president of the Pennsylvania state association.

PUBLICITY COMMITTEE.

Dr. T. J. Ruddy, Chairman.

Dr. Marie Thorsen.

Dr. Norman W. Giesy.

I recall a little incident that happened about twenty-five years ago. Dr. Still was demonstrating some point in anatomy on the blackboard before the class, which numbered perhaps twenty-five students. He turned around to the class, and with a broad smile said: "I was invited to a banquet last night." He then turned to the blackboard again, and after making a few strokes, turned again to the class and said: "Ten years ago they had a banquet here. I wasn't invited then." F. G. CLUETT, D. O.

Osteopathic Truth

A MONTHLY JOURNAL OF
OSTEOPATHIC PROGRESS

EDITED AND PUBLISHED BY

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FOR THE OSTEOPATHIC PROFESSION

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JANUARY, 1920

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

—Abraham Lincoln.

Anent Pennsylvania

What Is Ten-Fingered Osteopathy?

Much has been printed upholding
the testimony given by Drs. Snyder,
Flack and Balbirnie in the Daily Case
and it makes one wonder why such a
worthy (?) deed need be heralded
from the house tops.

Dr. Daily An Osteopath

Dr. Daily is, as far as we can ascer-
tain, an osteopath in all that the word
means—he graduated from a college
recognized by the A. O. A., and was
granted a license by the State Board
of Examiners. He is not a so-called
osteopath—but is one.

Dr. Daily has either been mistaught
or else willfully taught himself pre-
scription writing, etc., and willfully
violated the State laws, casting a
great reflection upon the practice of
Osteopathy.

You may judge for yourself.

A Real Test Case Passed By

This Daily case has been called a
test case, but in all the excuses which
we have received they state that
“Drugs given with an object of cure”
were not to be countenanced as a part
of Osteopathy.

In September of 1918, a year and
four months ago, the president of the
Bureau of Medical Education and
Licensure issued an order to the Su-
perintendent of Nurses of the Canons-
burg General Hospital that a D. O.
could not order an enema nor do any-
thing else except manipulative treat-
ment and minor surgery.

UP TO DATE NO EFFORT HAS
BEEN MADE IN THIS OPPOR-
TUNITY FOR A TEST CASE.

A Better One

Under date of December 7, 1918, a
year and a month ago, a letter was
sent to M. J. Shambaugh, Secretary of
the Pennsylvania Osteopathic Sana-
tarium, York, Pa., from Frank Wood-
berry, Secretary of the Committee on
Lunacy of the Department of Public
Charities (copied after this article) in
which Dr. Woodberry states that the
Sanatarium may treat insane patients
if they will comply with the Commit-
tees interpretation of the law that
“physician” means an M. D., and have
such M. D.'s in charge of the insane
patients.

UP TO DATE NO EFFORT HAS
BEEN MADE IN THIS MOST WON-
DERFUL OPPORTUNITY FOR A
TEST CASE OF VALUE.

Over a year has elapsed in both in-
stances.

Yet, everybody busts a gut to fight a
case where they may be allowed to
give calomel, paregoric, lobelia, etc.

Dr. Baldy, president of the Bureau
of Medical Education and Licensure,
specifically states that the law per-
mits an osteopathic physician to do
minor surgery and all that that en-
tails in the way of the use of instru-
ments, antiseptics, anaesthetics, etc.

Jumping for Drugs

Although denying that drugs used
as remedial agencies are to be a part
of Osteopathy we hear more or less
constantly that our present educa-
tional requirements entitle us to a
broader basis of therapeutic liberty.
What in the deuce that is, seems be-
yond my gray matter.

In a statement just received from
Dr. Bruckner, secretary of the Phila-
delphia County Osteopathic Society,
it states: “A much larger percentage
of the profession entertain a much
broader conception of their profes-
sional status and insist that the prac-
tice of Osteopathy comprehends not
only these principles—which are dis-
tinctively the Osteopathic discovery,
but includes **all such other agencies**
as have been **scientifically proven to
be helpful in the amelioration of suf-
fering and overcoming the processes
of disease** and we believe that the
practice of Osteopathy as regulated
by law in this state authorizes the
practitioner of Osteopathy to practice
upon that basis. (Drugs for curative
purposes do, however, not form a
part of the Osteopathic procedure.)”

WHO or what committee on “lun-
acy” is to scientifically prove that
anything is helpful in the ameliora-
tion of suffering and overcoming
the processes of disease—shall it be
the A. T. Still Research Institute or
the Rockefeller Institute?

The first paragraph of the statement
from Dr. Bruckner states that “A cer-
tain element of the Osteopathic Pro-
fession maintains that the practice of
Osteopathy comprehends only that
which constitutes the discovery of Dr.
Andrew Taylor Still and consists
wholly or entirely of manipulative
procedure together such such surgical
practice as is commonly recognized
as essential.”

This on the face of it is erroneous

and whoever wrote the statement is entirely in ignorance of what Dr. Still did discover. A perusal of Dr. Still's Platform will quickly dispell any illusions that all he discovered was a few manips.

The Crux

The crux of the whole situation, with drugs ruled out by those who have just recently upheld them and surgery assigned to its proper place, would seem to revolve upon vaccines, serums, and organotherapy. But tell me, pray, have any of them been scientifically proven by the A. T. Still Research Institute or any other institute?

Dr. Still says we are OPPOSED to vaccines and serums as the body contains its own vaccine and serum if we but know how to deliver the goods. Dr. Still says we do not DEPEND upon adjuncts, but RELY on osteopathic measures to relieve and cure. Note that Dr. Still did not say OPPOSED to adjuncts.

Ten Fingered Osteopathy

A ten fingered osteopath then is one who adheres and fights for the marvelous science that Dr. Still discovered. No. school, whether in Chicago, Kansas City, Kirksville, Des Moines, Los Angeles or Philadelphia need teach Materia Medica, Prescription Writing, Serum Therapy, Organo-Therapy, nor electro-therapy.

California should wipe off the slate by a Court decision the ruling of the Board that those wishing to take the 'broad' license must pass in one branch of Materia Medica (allopathic or homeopathic).

Surgery, minor and major, includes the teaching of the use of anaesthetics and antiseptics, and narcotics where absolutely essential in emergency cases such as accidents, etc.

Practice of Osteopathy will include hydrotherapy, enemas, douches, and such other simple adjuncts, also antidotes for poisons.

Eye, Ear, Nose and Throat specialties; obstretics, gynecology, etc., are more or less included under minor surgery as to the use of anaesthetics and antiseptics.

NOWHERE IN THE PRACTICE OF OSTEOPATHY IS THERE ROOM FOR DRUGS USED AS REMEDIAL AGENTS, NOR FOR VACCINES OR SERUMS.

Please make an effort to study Dr. Still's discovery of Osteopathy during this year of 1920 and forever keep his word before you.

Obey it, for—

"YOUR FRIENDS DO NOT NEED EXCUSES, AND YOUR ENEMIES WILL NOT BELIEVE THEM."

Copy

December 7, 1918.

Dr. M. J. Shambaugh, Secretary,
Penn. Osteopathic Sanatorium,
York, Pa.

Dear Sir:

The application of your institution for a license to receive insane patients will come before the Board of Public Charities at its quarterly meeting on December 11th. I have a letter from Mr. Samuel Kurtz, General Council for your Institution, dated October 1st, stating that it is proposed to receive and treat insane persons in this institution. Before granting permission to receive this class of cases, it becomes necessary for you to engage that the institution shall be conducted in accordance with the rules and regulations of the Board of Public Charities and the laws of Pennsylvania. In the opinion of the Board and of the Committee of Lunacy, it is necessary that the method of treatment of the patients shall be in accordance with the provisions of the several acts relating to the practice of medicine and licensing of physicians in this Commonwealth. The Committee of Lunacy does not accept the view that other persons may practice medicine than those who have a license from the Bureau of Medical Education and Licensure, exercising powers conferred upon it by an act approved July 25th, 1914, P.L.743, entitled, "An act relating to the right to practice medicine and surgery in the Commonwealth of Pennsylvania, etc."

The Committee of Lunacy will make the following report to the Board on next Wednesday: "In every instance where the word 'physician' is employed in the Lunacy Law, it is to be understood to apply exclusively to those persons who have complied with the requirements of the act regulating medical practice, approved June 3rd, 1911, as amended by the act of July 25th, 1913, and who are licensed by the Pennsylvania Bureau of Medical Education and Licensure. The same interpretation and limitation is to be placed upon the words 'physician,' 'resident physician,' and 'medical attendant,' as these terms occur in the Rules and Regulations and blank schedules used in making reports to the Committee of Lunacy. It is therefore necessary for the York Sanatorium, in order to obtain a license to receive the insane, to employ physicians and medical attendants who have graduated at medical schools and who have had hospital training in hospitals approved by the Bureau of Medical Education and Licensure, and who hold a license from the only Bureau that has the power to authorize them to practice medicine in the State of Pennsylvania."

The meeting will be held at 5:30 p. m. and probably will also meet on Thursday forenoon at this office. If you will agree to comply with the rules of entitled, "The Lunacy Law and Rules and Regulations," as interpreted by the Lunacy Committee, please let me know.

(Signed) Frank Woodberry,
Secretary.

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Earl J. Drinkall.....\$100
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198 more needed

HURRY!

Read the editorials in November "Truth."

Here is a constructive plan, a chance to make one of our colleges stronger and better, more Osteopathic.

It is your move!

Which way?

How much?

**HAVE YOUR BACK-BREAKING
SINKS RAISED**

In the Chicago American of December 29, 1919, a long editorial appeared urging people to have their kitchen sinks adjusted to fit the backs which use them, and thereby save much suffering. They emphasized their point by referring to our school of therapeutics in this manner. "There is a whole school of medicine, Osteopathy, built around the relationship of the spine to the rest of the body and its functions, and thousands of cases of illness have been traced by osteopaths to slights displacements of the vertebrae."

ENTHUSIASM

The very word "enthusiasm" is likely to suggest precipitate action, on an impulse, heedless of the consequences. It conveys also the idea of the profuse expression of an exaggerated sentiment. It hints at exuberant language which in the cold blood of the next day's retrospect would seem as if it should have been tamed and tempered. We fear the "enthusiast" as one who starts something he cannot finish or never means to finish. He is an unpractical dreamer, a spiritual though not a spirituous inebriate. He deals in rainbow fancy, roseate prophecy and spectacular promise. His reach exceeds his grasp, as the poet hath it. We invite him to hold his horses, or to come down to earth; we strive to stifle his smoldering fire with a wet blanket; we beg of him to moderate the transports of his music to the dull monotone of the roaring town; and some of us, more frank, inform him he's a fool.

Yet enthusiasm, if it does not begin and end in mere ecstasies, is a motive force that has made lives great and the earth better, and nearly every sort of business that the world wants done demands one who really cares a lot about it to start it and keep it going. One would rather have a Macedonian, with no language but a cry, than a Lacedaemonian, neither cold nor hot, for the Macedonian, at any rate, wanted something and made known the want. There are always plenty of people who will vote in favor of doing nothing, for fear of making a mistake. In their anxiety to be errorless they make nothing at all. They are like ballplayers who never go after the ball lest they might miss it. They dare nothing because they may lose something.

The world depends on the enthusiasts—the sane, clear-eyed and rational ones—to get its work done. It laughs at the imitator; it points out that he is on the wrong track; it pulls down the books and cites the precedents against him. After it has proved to its complete satisfaction that what he proposes is impossible, he makes the world a present of the finished product. Whereupon the skeptics announce that it was their own idea, and the credit is all theirs and they try to push the worthy

one aside into an ignominious obscurity. But he was not working for the credit, and he did not bother his head about the cash returns. He was dominated by the driving force of a great purpose, beyond himself and beyond the world's eye. He labored that he might bring his dream true, and he had to be faithful to a trust.

Those who have influenced their time and subsequent times never loafed easily through the perfunctory motions of the day's routine; they never evaded hard things, sharp corners and strange problems; but they met and strangled lions in the way. They believed with all their might when they believed; and they did not stand debating when action was imperative. Nor did they emphasize the grief and gloom of life; nor did they pull long faces and sigh for asphodel meadows in the hereafter ere they had done their duty by the flinty roads that on this earth we must tread. They would not let the fret and the attrition that each day inevitably brings wear down the spirit and subdue the cheerfulness which is as much a part of duty as it is to be truthful, or kind, or to vote for decent men and women in public office.—Editorial, Philadelphia Public Ledger, November 8, 1919.

DECEMBER MEETING

Boston Osteopathic Society

The December meeting of the Boston Osteopathic Society was held in Faelten Hall, Huntington Chambers, December 20. The scientific program was as follows:

Psychological Diagnosis—Dr. George E. Smith.

Laboratory Diagnosis—Dr. Waldo Horton.

Following the scientific program the evening was given over to entertainment. The hall was decorated with Christmas greens. There were Christmas carols by seven male voices. Dialect stories and Christmas stories were given by L. B. Fenderson, D. M. D., and Miss Gordon, and a piano solo by Miss Bowman.

All those taking part in the entertainment were friends of local osteopaths.

The entertainment was concluded by refreshments.

There were about eighty present.

FRANCES GRAVES,
Secretary.

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CASE REPORT

As it is an unusual presentation and a hard one, I thought this case might be of interest.

I did not take the case alone, as I have not had much experience. When I was in Illinois we were not allowed to take obstetrical cases. I treated this case through early gestation, but had not seen case since in May till morning of October 18.

Primipara, I was called and reached case a little before 8 a. m. Pains since 4 a. m. Water had been passing for three weeks, following a fright.

I made an examination, and was sure we had a cephalic presentation, but was not sure of position. I began using the method Dr. Still taught me, namely, slight pressure on either side of clitoris to dilate cervix. I kept that up for about half an hour between pains.

The M. D. came at this time, and he too thought it was a cephalic presentation, but was not sure of position, and he had had hundreds of cases, he said. We let patient stand and walk for a time. When she was tired, she went back to bed, and I did some more dilating. Later slipped fingers down over Bartholins glands, as told by Dr. Still to dilate perineum.

I held there for about twenty minutes, then finding my patient was getting very nervous I sat at the head of the bed and held what Dr. Still called the cheariform nerve, and let the other doctor watch the birth. He soon told me we had a mento-occipital presentation, and would have a laceration, if no worse.

Well, at 11:15 we had a nine-pound boy, and no laceration at all. Not half a minute from the time the chin and occiput were free the child was here, and no chloroform was used. Baby's lips and face were badly swollen and very much discolored. It took a few moments to get him to breathing, and longer before he could cry.

That evening he could take the breast, and the swelling was all gone from face the next day.

Mother and child are doing finely.

The M. D. told me in my office two days later that the books said when there was a mento-occipital presentation the child could not be born, and that he did not know what did the dilating, but that it was done.

MARY E. NOYES, D. O.,

314 Blount Building,

Pensacola, Fla.

THE NEW PATIENT

In December, 1918—

On the 31st, to be exact,
Came a dame in fear and trembling
Lest her bones must all be cracked.

First she donned a suit so funny,
Pink or blue, but clean and neat,
While the Doctor looked her over
From her head unto her feet.

Then quoth he, "You are a problem,
With your bones so tightly knit.
Whether I can make you over
Into one of youth and grace,
Will depend almost entirely
Whether you can stand the pace;
For it may be long and tiresome,
And much patience it will take,
Before the muscles become softer
And the bones slip back in shape."
Then the dame with faith undaunted
In the punchings, thumps and twists,
Said, "Go to it, I will stand it—

You may put me on your list."

Slowly, slowly, bit by bit,
Bones were cracked and muscles loosened,

Till today we see improvement
In the spine, the head, the hip.
More than body was the mental
Cheer and brightness that was wrought

By the man so kind and gentle
As her health he weekly sought

What more fitting than that this blessing
Shouldst come midst all the Christmas cheer,

So please accept this little offering
From your grateful patient
For a Happy New Year.

S. D. P.,

—A Patient of Dr. Morris M. Brill,
New York.

FOOL OR PHILOSOPHER?

In 1895 I was in Kirksville on a visit for a day. In the afternoon just before leaving the infirmary I met the "Old Doctor" in the hallway. I told him I was going back to St. Louis that night to close up my business; that I had been looking over the school, and that I had about decided to enter the class and study Osteopathy. With that quaint smile of his he held out his hand and said: "Well, Cluett, it's just as easy to be a fool as a philosopher." And I am not yet quite sure to which class he meant to assign me.

F. G. CLUETT, D. O.



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.

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G. V. WEBSTER, D. O.

Carthage, N. Y.

Food and Diet As Related to Osteopathic Practice

Edited by Dr. E. H. Bean, 71 East State Street, Columbus, Ohio

SERIES NO. 2

January 15, 1918.

Dear Doctor.

Your letter of the 11th inst. received and I thank you for going so thoroughly into detail.

From the time I mailed my first letter to you and until I received yours I put the baby on a four-hour schedule, with one feeding a night, and she slept better than she has for weeks. I was giving her only four ounces at a feeding (I didn't know I dared give her more), and I felt the four feedings were not enough, hence the night feeding. As soon as I received your letter I changed the milk and am following the three feedings a day method. She has never taken over eight ounces at a feeding, usually seven or seven and a half. She seems perfectly satisfied at the time, but gets so terribly hungry before the next feed. This, though, you said was to be expected. I am unable to get pineapple juice, so am using orange instead. How about fresh pineapple? I can get that. So many oranges are frost-bitten that the pineapple might be safer, but the orange juice seems to agree, and she takes it readily, with no bad results that I can see. I have given her the vegetable juice (celery and lettuce) once. She took

it nicely, about one ounce, with no bad results. How much of that should she be given at one time?

It seemed out of the question to return her to the breast. They were too far dried up. The milk did not return readily.

During the time I had her on the formula I told you of I managed to regulate her bowels fine by syphoning more of the milk and returning less whey to the cream. In the ten days she used this formula she gained six ounces, so that seemed to agree with her very well, but I didn't know just the proportions to give her for three feedings a day, so I did just as you said—used the straight milk with one-fourth water added, and she is constipated again. The orange and vegetable juices may straighten this out, but in case they do not would you think best for me to go back to the formula, or should I use Squibb's liquid petrolatum you spoke of? Tonight I gave her an enema, and she was quite badly constipated with some undigested curds and a few little streaks of red. I will keep her on the milk just as she is getting it until I hear from you again.

The formula is not heated so much for the purpose of cleansing the milk as it is to take out the curd, and that seems to be the part that is hard for

a child to digest. Possibly you do not think this a good idea for the child. Is there any danger of her stomach becoming dilated by feeding her so much at one time? That is what so many say. If so, I should think the four feedings would be best, but you seem to prefer the three, so I am doing that, and I feel it is going to work out fine. The eczema is much better already. I can see that. Her body is nearly cleared up. She still has a sort of rash on parts of her face and neck and forehead, and the back of her head is dry still.

I have started bathing her in water every other day, and the other days with oil. What soap is best to use? At first I did not use any, then this morning I tried a very little tincture of green soap.

She takes water any time I offer it to her, and always has. Should I give her several ounces at one time and let her take all she wants, or limit the amount? I have been giving her about two ounces at a time with a slow nipple, and offer it to her frequently. She sleeps wonderfully well at night.

I feel ashamed asking so many questions so soon, but this method is so new and different I feel that I don't know anything. Then I thought by the time I heard from you again I would have had time to try out her bowels, and I want to do what you think best—either use the formula or give her petrolatum.

I feel very much encouraged already, for I really feel I am on the right road. I have not felt that she was fed right since she was born until now. In case you think best for me to go back to the formula, would you prefer I did not use any sugar of milk?

January 18, 1918.

Dear Madam.

I have your letter of January 15. Your first results from the changed routine are gratifying, but no more so than my experience has taught me we should expect. But our troubles are not all over, for there will be many little things come up that may puzzle.

I would not advise returning to the formula. In removing the curd you have removed the protein element of the milk, and without it the product

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is a very poor food, indeed, for your child. The curd you remove is not harder of digestion than the remaining substances if the proportion of food value of the two be kept in mind. If I found it necessary to make any more changes I would use some of the prepared foods, Mellin's, probably, or Horlick's, or some malted milk.

But your child is not ready for any other food than good mother's milk; we must keep that in mind. We cannot give it the mother's milk, so we must give it something less suitable, and we must expect it to have a little trouble in becoming adjusted, in adapting its digestive organs to the new and unsuitable food. You remark that it gets so hungry before the next feeding time. Then is the time to give plenty of water. Offer the water frequently at those times, and let it drink about as freely of the water as it wants. Don't limit it to two ounces, but let it have four, five or six if it desires that much. The little stomach and intestines are not in a healthful condition, and keeping them distended and the walls separated a little when empty of food will afford relief from the feeling of distress which the child is experiencing. Of course, it would accept food—milk, if you gave it, because it affords the relief, but that is no reason to believe the food more suitable.

Yes, there is a possibility of over-distention of the stomach and intestines by giving too large bulk of food at one time. Probably seventy-five per cent of children are pot-bellied from no other reason than too much food and bloating. We must do what we can to avoid it, but you will find few who know how. Most certainly, frequent feedings of small amounts will not do it, but it does the very opposite because it leads to indigestion and bloating. I am giving you directions that will prevent this if it is possible to prevent it, and if we fail in part I believe you will be fully able to restore the distended parts when the child is a little older. Giving freely of water on an empty stomach has but little tendency to distend the organ, for a little of it will pass almost at once and relieve the tension. Giving freely of water before a feeding, that is twenty to thirty minutes before, will relieve some of the distress of emptiness and tend to prevent overloading with milk. If milk or food is taken in quantities that will be readily digested distention will not occur. But if even a small amount is taken

and indigestion result then gas will distend unduly. The little child's stomach at three or four months will hold six to eight ounces at a time without undue distention. But each case is individual in these details, and no absolute rules may be safely laid down. Judgment is needed. In this connection I should emphasize that you must look close to the size of nipple for both water and milk. Keep them of such size openings that the baby will have to work a little to get it, especially the milk. And as soon as a nipple is worn enough to permit the milk to flow easily substitute another. Always keep abundant supply of new nipples, so you will not have to make the mistake of permitting the baby to eat rapidly. This will help keep down the amount taken and assure better digestion.

Initiate the use of the Squibb's oil at once if constipation is still present. It may be that the constipation is not so much the result of the food as the intestinal condition. The orange juice and the vegetable juice may help, but not much. Perfect digestion is the thing that conquers constipation. The oil I mention will do nothing but lubricate the intestines, and even by its use the constipation may not be removed, but the feces will not become so dry and harmful. It is not a food, not one drop being digested. It is not a cathartic. Occasionally there seems to be more gas form during the use of the oil, but this seldom occurs, and I am not yet sure that the oil has anything to do with it.

Strain the pulp from the fresh pineapple, and it will be all right. Some high class grocery should carry the pineapple juice, but even if they do, it is no better than the fresh.

I don't know just how much of the fruit juice or the vegetable juice the child can take at a time. After having tried them as you have I would offer the child several ounces at a time, and let it take what it wanted. If giving it all it wants does not result harmfully that is the amount to give. If it shows a tendency to eat more than agrees with it, I would determine the limit by experience.

Use only what soap is necessary for cleanliness. A glycerine soap is probably best, or pure castile. Green soap is too harsh. Use soft water, and if necessary make it soft by adding borax, or soda. A good proportion is one ounce of the borax or soda to two and one-half gallons of water.

We may have a little trouble for a short time with the constipation, but not for long. Have your osteopath manipulate those bowels once a day lightly for a while. Use an enema of water when they have gone a day or so without movement.

As the child gets older the milk may be given with less dilution. If it seems to disagree now, more dilution may be tried.

While these details may seem to take much of your time and of mine, it is the master of these details that spells success. After these have been explained to you and you see the course to follow, you will be able to go along without much help.

WILL TAKE VACCINATION FIGHT TO LEGISLATURE.

"We are satisfied with the two weeks' suspension of compulsory vaccination for school children, and are hopeful that we have heard the last of it," declared Dr. Henry Becker last night before a meeting of several hundred anti-compulsory vaccinationists in Foresters' hall. His statement was greeted by an outburst of applause by the audience.

Instead of dropping anti-compulsory vaccination endeavor, the organization, according to the announcement of Secretary A. B. Farmer last night, will continue its activities for at least three months, during which time it will carry the battle into the Legislature. Money, it was announced, was the requisite of the moment, and in response to Mr. Farmer's appeal scores in the audience indicated their willingness to contribute monthly donations of from one to \$25 each. Dr. F. P. Millard headed the list of subscribers with a promise of \$50 per month for the three months.

By means of lantern slides Drs. Millard and Becker illustrated what they claimed were dangerous possibilities of injecting animal poisons into human beings. Dr. Millard declared throat infection was one not an unlikely result of vaccination, and pointed to the doubling of the number of diphtheria patients in the Province in a period of widespread vaccination.—The Globe, Toronto, January 6, 1920.

REMOVAL OF DR. ARTHUR L. HUGHES

Dr. Arthur L. Hughes is now located at 67 Park Place, Bloomfield, New Jersey.

Hot Under The Collar? Yes!

Jane B. W. Hall, D. O., Caribou, Me.

Hot under the collar? Yes, I am, and getting hotter each time I read an article like the one by Dr. Fledderman in the November issue of Osteopathic Truth.

One doctor, whom I know, graduated from an Osteopathic college some years ago, but not being convinced of the far-reaching effects of osteopathic treatment, except "for some things," took his M. D. degree at one of our good M. D. schools. Later he had special work at Harvard Medical, Johns Hopkins, and four institutions abroad. He continued to study and observe both methods of dealing with disease, and HE says that except for the specific drugs against malaria, syphilis and two or three other diseases, **DRUGS ARE NOT CURATIVE; THEY MERELY SERVE TO PALLIATE THE SYMPTOMS, AND THAT OSTEOPATHY PROPERLY UNDERSTOOD AND APPLIED, WILL DO MORE THAN DRUGS, SINCE IT WORKS TO OVERCOME THE CAUSE**

—the symptoms will yield when the cause is corrected; besides, symptoms do not kill, it is the cause that endangers life. Whole opinion is the more valuable—that of this man, who has studied both view-points deeply, or that of Dr. Fledderman, and his supporters, who though they have studied both lines somewhat have evidently not gone very deeply into either one? Personally, I prefer the opinion of the thorough student, especially since all the best,* the most advanced M. Ds., agree with him regarding drugs, and all our equally good and advanced D. Os. agree with him regarding Osteopathy

I also am located in a small town, where the state law limits the scope of Osteopathic work, and where the people know practically nothing about Osteopathy. The majority think it unnecessary to call me Doctor. Everyone considers that my method of treating is "all right for some things"—that same old story—but they want a DOCTOR when they are sick. Real missionary work has to be done here for our Science, and I am proud to be doing it. Bit by bit people are beginning to understand, and as their understanding grows they call me Doctor and value and respect both me and my training. If I were a religious missionary I would stick to Christianity; I would not preach Mohammedanism to some because there

are good points in that faith and some people preferred that to Christianity. Neither will I now preach drugs to satisfy a mistaken public, for I know I have a better method.

Daddy Still knew drugs and their inadequacy. He had a strong faith in God and His creation, Man. He believed that man, by administering poisons (and drugs are poisons) could not improve the chemical laboratory that God had originally put in Man's body for its protection and preservation. By persistent and untiring effort along these rational lines Daddy Still performed wonders and gave Osteopathy to the world for its decided betterment. Dr. Fledderman cites an instance wherein Daddy Still did not accomplish what he set out to do, but he does not cite the thousands of cases where Daddy Still, and other Osteopaths, accomplished almost miraculous results. Is that fair? Daddy Still was human. The Science had, and still has, some limitations. But what man wants to be judged by his mistakes, and what therapy wants to be judged by its limitations, especially when those limitations are due to man's ignorance of the marvellous laws of Nature, and not to the theory of the science at all? People need to be educated to an understanding of Osteopathic principles. The "Old Doctor" believed, and most, at least, of our leading Osteopaths now believe, that this cannot be accomplished by our quibbling with drugs, since such quibbling is absolutely contrary to the very fundamentals of Osteopathy. Osteopathic practitioners need to strive constantly toward a clearer understanding of the mechanism of the human body and of Nature and Nature's laws, for therein, alone, lies the secret of prevention and cure. So much for that.

I was glad to know that the Massachusetts College of Osteopathy charter could be bought by the Osteopaths, and I hope it will be. I sincerely regret that my practice here does not yet warrant my contributing materially toward that purchase, for I had one year of training at that school, and I know the insidious and deadly influence for drugs and against mechanical adjustment of the body structure, that has been and still is taught by some of the faculty of that school. Some of the graduates catch the Osteopathic vision and are strong Osteopathic

practitioners; some of the faculty teach Osteopathy pure and simple; but there is, nevertheless, a very strong element for drugs. One such advocate tried to convert me to that theory and seemed to think me lacking in good judgment when I replied that I would not be at all proud of an M. D. degree from a third rate school, such as the one he wished me to attend. Possibly that school stands higher now than then, but even yet it is not a Class A school. I might also say that this doctor was a D. O. and not an M. D.; however, he did not use his D. O. on sign or stationery, and acknowledged that he was ashamed to have people know he had the degree. HE was a graduate of the Massachusetts school!

My D. O. degree, and what it represents, completely satisfies me. I am perfectly willing to learn by the experience of the best educated M. Ds., and take their say-so regarding the inefficacy of drugs. I know the value of hygiene, sanitation, good nursing and such accessories. I also know the greater value of **pure ten-fingered Osteopathy**. So I hope our Massachusetts school will be bought and governed by the genuine Osteopaths that the majority, rather than the minority, of its students may catch the "Old Doctor's" vision, and learn to follow in his footsteps.

*See Dr. Osler (recognized authority) on Drugs, in the Encyclopedia Americana; also any first-class, up-to-date book on Pharmacology.

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A Book By Dr. C. B. Rowlingson of Los Angeles, Cal.

"Fundamentals of Memory Development" is a book of about fifty pages of condensed knowledge of the principles of memory development. The last chapter on "How to Study Effectively," is excellent, and could well be followed by every osteopathic physician in the further study of Osteopathy.

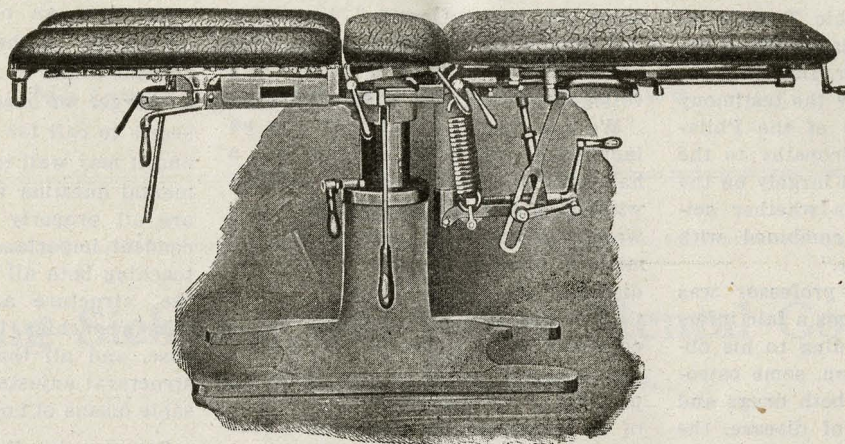
Dr. Rowlingson is a graduate of the Los Angeles college, and is now practicing Osteopathy in that city.

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Is Osteopathy a Mixture of Massage and Medicine?

W. F. Link, D. O., Knoxville, Tenn.

In reading Osteopathic Truth's reprint of the Philadelphia Bulletin's account of the trial of Dr. Dailey I was especially impressed by the testimony of Professor Balbirnie of the Philadelphia College of Osteopathy to the effect that "it depended largely on the individual practitioners whether scientific massage was combined with drugs to cure a patient."

Assuming that the professor was correctly quoted, it seems a fair inference that while, according to his observation or information, some osteopathic physicians use both drugs and massage in the cure of disease, the others employ only massage.

Is this the present status of osteopathic therapy in the Keystone state?

We are all well aware that in the minds of many of the laity osteopathy and scientific massage are exact synonyms. Such confusion of terms and ideas has been much cultivated by our medical friends—though they usually

leave off the "scientific" tag. But that it should be admitted and asserted under oath as truth by a teacher in a college of Osteopathy is astounding.

We can readily understand how an indifferent osteopathic practitioner, a half-hearted, mechanical routinist, without conviction or interest in his work, may arrive at a twilight state of mind, in which osteopathy is no longer distinguished from massage. And if the low average medical view becomes congenial to him, his natural human laziness, abetted by poor success in practice, presently induces relaxation of his grasp on the osteopathic concept; his perception of lesions becomes less and less acute, and his technique stereotyped and sterile. Then, for him, osteopathy has become massage—and not very scientific at that—and he may give drugs and massage, singly or combined, according to his lights, privileges or opportunities.

But how an official expounder of osteopathy on the teaching staff of a college, comes to regard osteopathy as a merger of massage and medicine seems to call for special explanation; and it may well raise the more fundamental question whether our colleges are all properly alive to the transcendent importance of mastering and teaching both all that is known about the structure and function of the human machine, in health and in disease, and all that is known about structural adjustment as an indispensable means of normalizing function.

Structural adjustment is our peculiar, opulent and still undeveloped therapeutic domain. Shall we surrender or fail to occupy any part of it and go chasing after the futilities of medicine?

Better by far that our colleges were mastering and teaching chiropractic than prescription writing.

Eye, Ear, Nose and Throat Specialists Do Not Use Osteopathy

Declares Morris M. Brill, D. O., New York, One of the Specialists

It was with a great deal of dissatisfaction that I read the account of the evidence given by Dr. O. J. Snyder, Dr. Arthur Flack and Dr. C. D. B. Balbirnie in the case of the State of Pennsylvania versus Daily.

Being a practitioner interested in the finger surgery of the ear, nose and throat, it would naturally be supposed that I am partial to the application of medicine in this particular field. The more I practice in this specialty the more it has taught me that the current tendency of the osteopathic ear, nose and throat specialist is to fail to apply the principles of osteopathy in addition to the finger surgery.

Though I am the owner of an anesthetic appliance, I require its use very rarely, and I can ascribe the success I have obtained in this special field to the use of more osteopathy, since I have learned what I know of finger surgery. The plea of the doctors, whom I have mentioned before, that

they would be handicapped in their surgical work, is to my mind a mistaken idea, for the osteopaths who practice major surgery will naturally be credited to do so in the states where they have the right to practice surgery, and to use such drugs as they require. Therefore I cannot accept the plea of these doctors in justifying them in using up their time, as they profess to do, with the teaching of prescription writing instead of osteopathic principles and osteopathic therapeutics, for in my estimation, it assumes a weakness in osteopathy to fear that they may have to turn over cases to the medical men because of their inability to administer drugs. It is not even a matter for discussion, as in no way is any liability incurred by the suggestion of such things as mild purgatives or enemias, when required, as this subject has been thoroughly discussed and has satisfactorily established itself in the minds of the osteopathic practitioner.

DR. STILL

Walter J. Novinger, D. O., Trenton, New Jersey.

By a long life of untiring and earnest endeavor, with an open mind for all that had previously been proven, he gave to the world a SCIENCE, a new discovery, a new conception in the cause and cure of disease. In perhaps the largest (and most beneficial to his patients) practice that any physician ever enjoyed, he with a steadfastness seldom known, through almost insurmountable trials and rebuffs of the world, kept steadily on and demonstrated his wisdom, gave a definition and a set of rules (OUR PLATFORM) and so clearly elucidated his gift to humanity in such plainly expressed thought that those who follow his teaching most closely grasp most clearly his great discovery.

Those who take nothing from and add nothing to his teaching and practice are easily the peer of the best. He left such a heritage of benefit to his followers and to the permanent betterment of the Science of Healing that he is predestined to be MEMORIALIZED as the benefactor of all humanity through all the coming ages.