

Osteopathic Truth

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OSTEOPATHIC TRUTH

A MONTHLY MAGAZINE FOR THE OSTEOPATHIC PROFESSION

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

Volume I

SEPTEMBER, 1916

Number 2

Scientific Honesty Compels us to Stand for Straight Unequivocal Osteopathy, Says Dr. Meacham.

The New President of the A. O. A. Makes a Plain, Square Statement

Editor Osteopathic Truth:

If the object of this Legion is to promulgate the principles of osteopathy, to keep these principles undiluted and uncontaminated and to further the application of these principles—then I am with you.

I am against the straddle-bug and the hyphenate in citizenship, in politics, in religion and in scientific principles.

There is such a thing as scientific honesty.

Financial honesty begets a man standing and credit in his community. No less will scientific honesty beget for our profession a scientific standing and credit in the minds of men.

Any idea, tenet or person that tends to place our profession before the public as a bunch of money-chasers, willing to do anything so we "can handle a case," ought to be uprooted and cast out by our professional organizations. Whatever or whoever is not for us is against us.

No man is for the scientific principles of osteopathy who uses materia medica for therapeutic effect. The two ideas are incompatible.

If our professional principles and our individual art in applying these principles are too limited to reach a certain class of cases, then let us be scientifically honest by referring these cases to those whom we believe capable of applying the correct remedy.

A decayed molar and a decayed tonsil are one and the same to me, because both of them have to go out of my office for the best special treatment for those conditions. I have no more hesitancy in applying to a specialist for one than I do for the other. If an anodyne is needed I should never hesitate to call for the man who made that method a specialty.

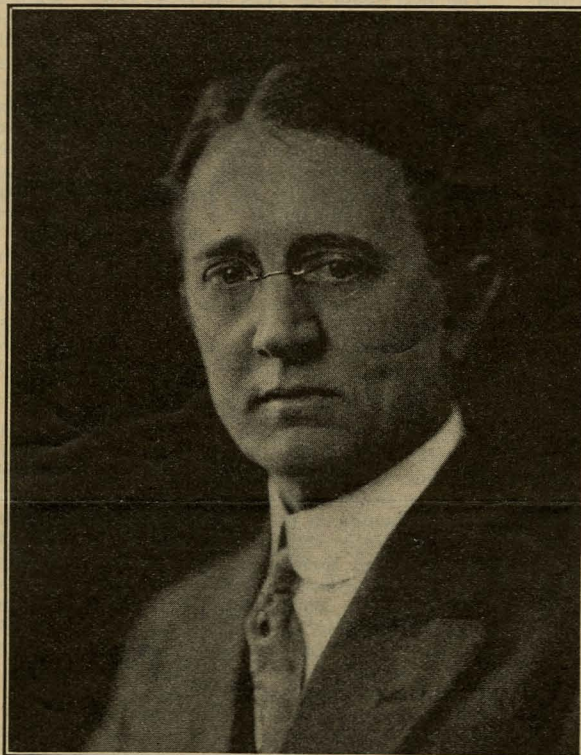
I hope to live to see the day when the drug dispenser will be a specialist with a field limited to those extreme cases where, for any reason whatever, the principles of osteopathy fail to bring relief.

I am in favor of being an osteopath first and a doctor last, if by being a doctor first we must equip ourselves with the whole junk in the medical pharmacopeia.

If we live up to our best opportunities of perfect osteopathic practice we can and will eventually make specialists and not doctors out of the drug-giving bunch. But we can do this only by being scientifically honest, by adhering to our principles, and by spurning those honors and opportunities that might come to us through disloyalty to osteopathic truth.

W. BANKS MEACHAM, D. O.

ASHEVILLE, Aug. 23, 1916.



DIETETIC ADJUSTMENT.

GEO. W. REID, D. O.

According to Dr. Still, "the human machine, like the locomotive, or any other mechanical contrivance, when properly adjusted, nourished and cared for, should run smoothly into a ripe and useful old age." This statement comprehends the whole function of the osteopathic physician. The human machine requires to be adjusted, nourished and otherwise properly cared for. Thus, nutrition is one of the fundamental considerations of the osteopathic school.

The problem of nutrition embraces the subject of diet, as well as that of mastication, digestion and assimilation. Structural adjustment places the body into condition so that digestion and assimilation may take place without let or hindrance. In other words, it establishes an environment within the body favorable to the normal or healthy expression of all its cells and tissues.

The body, however, may be in an exquisite state of adjustment and yet fall a prey to disease simply because it is not supplied with the proper nutritive elements. Pellagra, beriberi, scurvy and rickets are diseases of this character. They are now known to be deficiency diseases, as they result primarily from a diet that is devoid of certain essential food elements. There is a very close relationship between beriberi and pellagra. The former is essentially an oriental disease, occurring largely among those who subsist mainly upon highly polished rice, while pellagra is essentially an occidental disease, occurring among those whose diet consists mainly of highly polished corn products.

In the treatment of these diseases, no dope, drugs, serums or vaccines are necessary, notwithstanding the fact that they have been generously employed by our medical friends in their endeavors to cure. The essential requisite is proper adjustment of the diet. The patients must be given foods that are rich in vitamines, and the foods that possess these elements in abundance are green, fresh vegetables, fresh fruits and unpolished cereals. Whole wheat or graham bread must be substituted for white bread, and unpolished cereals must be used instead of highly polished cereal foods so commonly used.

Of course, it is quite probable that osteopathic lesions have something to do in these diseases in the nature of lowering resistance and increasing susceptibility. But sufficient research has been made to establish for a certainty the importance of dietetic adjustment in these particular disorders. Indeed, proper adjustment of the diet seems to be the essential therapeutic requirement.

These facts emphasize very strongly the importance of proper diet. It is reasonable to assume that if improper diet is capable of producing such loathsome consequences as represented by pellagra, beriberi, etc., then it is capable, also, of producing various gradations of trouble. Therefore, it behooves us to give the subject of diet our careful consideration, that we may not overlook the minor and less apparent consequences of dietetic errors. There are few people who eat properly. Those whose diet

contains the necessary elements of nutrition seldom combine their foods compatibly. Dietetic adjustment is second in importance only to structural adjustment. Let us not forget this in our daily ministrations.

In addition to emphasizing the importance of proper diet, these deficiency diseases bear testimony to the value of natural methods of treatment as opposed to artificial methods. Every new discovery in the field of therapeutics seems to undermine the basis for popular as well as professional belief in the curative effects of drugs. Indeed, it appears that the belief in the remedial power of drugs is founded largely upon ignorance, both in and out of the profession. Otherwise, how can we account for the fact that our most enlightened physicians as well as laity are getting away from the drug fetish? Some years ago, Dr. Austin Flint, in addressing a graduating class of medical students, made this significant statement in reference to drugs, "I suppose that when we become perfect physicians we will give none". Here is food for thought for our medically inclined osteopathic brethren.

AS DR. CAVE SEES IT.

FRANCIS A. CAVE, D. O.

The first issue of "OSTEOPATHIC TRUTH" was surely an inspiration to me, and must prove such to the large body of our profession who believe in a normal evolution of the osteopathic principle. "OSTEOPATHIC TRUTH" looks to me like a pretty husky youngster, with plenty of bone and sinew already developed, ready for the friendly scrimmage or the pitched battle, under the standard of "A. T. STILL OSTEOPATHY", the well-chosen slogan for the present organization year. (Why not adopt this slogan as the permanent slogan of the A. O. A. and non-members as well?)

It seems to me high time for a return to the type of "militant" osteopathy which put us on the map in the first place, and which alone will suffice to keep us there in spite of foes without and within (but especially within).

No one could attend that fine convention at Kansas City without feeling keen satisfaction in the thought that the profession is now wide awake to the dangers which are threatening through the insidious undermining of our organizations by those who have never fully grasped the fullness of truth of the osteopathic philosophy and yet seek to inject their extraneous view-points into our professional deliberations and institutions. What a pity the entire profession could not have partaken of the inspiration of this uplifting and history-making convention!

And now that the "return to first principles" is on, let us all stand squarely back of an administration pledged to unceasing effort along *progressive* lines. The "osteopathic" osteopath still remains the "progressive", as in the beginning, while the advocates of drugs as *materia medica* must necessarily be classed as "reactionary", as in the days of yore.

The showing of the next year or two will demonstrate whether the osteopathic profession is to live up to its

heritage and lead the world in diagnosis and therapeutics, or whether it is content to have others take first place in giving to humanity the full fruits of the Old Doctor's philosophy. "Sentiment", you say? Not a bit of it. Simply our right as a profession, and because the osteopathic philosophy can deliver the goods in the hands of those who properly comprehend its simple truths. And furthermore, because we are as yet but upon the threshold of this wonderful philosophy, a statement which can be quickly verified by any qualified osteopathic physician who has spent years in active practice. As in all other pursuits the greater experience the greater skill. The failures can seldom be laid at the door of Osteopathy, but rather to our own limited comprehension of the body mechanism and the osteopathic philosophy. The indicated remedy for failure is well-defined, namely, more osteopathy and yet more.

Let us develop our own philosophy and let the other fellow take care of himself. No one brain can hold all the learning in the world, so why not delve into our philosophy rather than talk of its shortcomings! A united sentiment for more osteopathy will solve every problem which confronts us, whether it be organization, legislative, collegiate or what not. There should be just one standard for osteopathic fellowship and that should be a dyed-in-the-wool belief in and adherence to the osteopathic concept as enunciated by the Old Doctor, whose vision has given to the world this boon to humanity. Our millenium can be brought to pass through mutual co-operation between the profession and the colleges, between the national and the state organizations, and the elimination of hybrids, by assimilation or otherwise.

It has always been an open question in my mind as to how much of a medic a physician could be and yet remain an osteopath. In spite of the immense endowments and extraordinary physical equipments of the larger medical schools of the world, their graduates cannot compare in practical all-around efficiency with the true-blue osteopathic graduate. The difference must therefore lie, not in endowment or equipment, but in the application of the virile basic facts of the osteopathic philosophy to the diagnosis and treatment of disease. In other words, the osteopath must think osteopathy, otherwise he cannot secure the desired results. How, then, can a pro-medical osteopath expect to secure equal results with the pro-osteopathic osteopath?

The undermining influence of the self-styled advanced (?) thinkers constitutes a constant menace to our organized effort. Let us stand for more osteopathy in our schools, on our programs and in our individual effort. The field is unlimited, according to the Old Doctor's own statements, and no one should question his intimate knowledge of the subject. When we have mastered the fullness of the science of osteopathy it will be time enough to consider its limitations and not before.

"OSTEOPATHIC TRUTH" should be welcomed by every physician who believes in the basic principles of osteopathy as a needed message to humanity. It should be welcomed by every one who

believes that we are as yet but upon the threshold of this mighty truth, based upon the eternal laws of nature itself. In short, it should be welcomed by all those who stand for genuine osteopathic progress, and a normal evolution of our philosophy. Long may it live to labor along constructive lines for the benefit of all concerned.

"WRONG TEACHING", THE COLLEGES AND THE PROFESSION.

H. M. VASTINE, D. O.

Objection has been made by representatives of some of the colleges to the use of the phrase "wrong teaching" and also to ascribing most of our professional ills to this "wrong teaching" in the official pledge of the A. T. Still Osteopathic Legion. It is not surprising that objection should be raised to a charge that is so general in character, tho it applies differently to the several colleges; and we believe that the protest comes in all sincerity from those who are truly and earnestly interested in the welfare of osteopathy. It is simply a lack of understanding, like most of life's problems. In stating the case, we could not, of course, go into the detail of what is meant by "wrong teaching". It is this: by "wrong teaching" we mean that the colleges in varying degree teach osteopathy anywhere from that of "reduced force" all the way down to that of alien teaching or our detestable hyphenates.

It is no longer taught as in the early day, as a great concept, an all pervading revolutionary truth, complete and perfect, if perfectly applied. That it comprises a part of the perfective plan of creation defies itself by reason of its inclusion in that grand schematic plan. It may be taught as a complete and independent system, and still lack the force or predominance it must have on the college curriculum as compared with the allied branches. Thus it could be classed as "wrong teaching". It must be taught as an all dominating truth and all branches as related to it. Taught as a great article of faith, ever kept before the student as a guide to all other subjects, which must harmonize with this great central truth. Osteopathy is not simply a catch phrase, it is as Dr. Still says "a part of the Deific plan", and must be reckoned with on the basis of an overruling principle on the college curriculum. How is this possible? Well there are two or three necessary means to this end. There must be a determination on the part of the faculty to teach this way. There must be a real faculty, each one having caught the true inspiration of what osteopathy is, and then it must be grounded into the student from every angle in conjunction with every branch taught. How can the student with grey matter enough to grasp the osteopathic type of reasoning disease gather the philosophy and train his mind to reason that way when some of the professors insidiously undermine this great truth by sowing the seeds of doubt and thus prepare the student to go forth a weakling, an incubator baby to do a man's work. Altogether too few recognize the greatness of the subject they essay to present. Then there are the M.

D. or M. D., D. O. professors who require ten years to be convinced of the reality of osteopathy. What is happening to the student body while they are being converted? There must be a thorough house-cleaning along these lines. They are killing osteopathy at its source—if not by precept, then by their example, and thus the student is led to distrust osteopathy and either gets the M. D. degree himself or turns his patient over to an M. D. easily. These conditions are not fanciful. They exist. How can they be met? As we have said before, the colleges, most of them, are undoubtedly doing the very best they can under the circumstances, but they face conditions which it is out of the question to meet. There ought not to be more than two or three colleges. In fact I am convinced that if we had but one, and a united profession back of it with their force and money, we would begin writing a new era in the history of this greatest of all arts of healing. So long as we have the number of colleges we now have there must exist a competitive grabbing for students. We shall continue to have the colleges poorly manned as to their teaching force, because they must secure poorly paid professors, with many who receive no pay, and thus the subject is handled in a hand-to-mouth cheap sort of fashion. Meanwhile osteopathy is not taught as a great progressive truth, and unless conditions are changed its downfall is certain. Not because of wrong motives, but because of *impossible conditions* which have to be met by the colleges. The facts are these, that this profession cannot supply unendowed any such number of colleges. The reply to the charge that the many M. D. or M. D., D. O. professors are a constant menace to the progress of osteopathy is that the colleges cannot secure properly trained osteopathic professors, because they cannot afford to pay them the salaries they ask. They do their best, but cannot surmount these things, and I fully believe in their sincerity of purpose, but it can't be done.

The conditions remind me of a story once told at a dinner party. The tale sounded quite unlikely and the teller, noting the painful silence and failure to express approval, said—"It's true, don't you believe me"? They answered—"Believe you, why certainly we believe you but the Lord knows it's impossible." And that's what's the matter with the osteopathic colleges. They face an *impossible situation* by reason of their numbers.

If we merged our colleges into one or two great colleges, we should soon find endowments coming to sustain them; never as the colleges are conducted today. We should secure the best type of professors, and could pay them attractive salaries. Put the energy of the profession back of these colleges, and the student body would in a few years become what it ought to be, the greatest in any college of therapeutics, and our problems would find a ready solution, for our basic ill would be eradicated. A profession rests upon its producing source, its colleges. Until they become great, the profession cannot build up. A profession is no greater than its source, its colleges. Unless we make great haste and build osteopathy from the ground, by first making certain that we

have well founded a great teaching college or two, osteopathy is doomed to speedily fall a prey to those who have damned the philosophy and held up to ridicule that great master mind, Dr. Still; for now they are slowly undermining our organizational structure and any keen observer can see them working toward our philosophy from day to day, and woe betide us if we are unprepared, so let us get together, wipe out inter-collegiate jealousy and move mightily as one great body toward the great goal set for us by Dr. Still.

We must teach osteopathy as Dr. Still teaches it. He likens it, as compared with the allied branches, to the great central sun which illuminates the solar system. So ought osteopathic principles to illuminate all other branches in the college. Let's teach it that way.

WHAT IS THE VALUE OF A MEDICAL DEGREE TO AN OSTEOPATH?

LOUISE A. GRIFFIN, M. D., D. O.

[Dr. Robert W. Rogers in a communication published elsewhere quotes Dr. Griffin's question in the July number of *Osteopathic Truth*: "Why all this clamor for a 'broader osteopathy'?" Dr. Rogers probably was not aware that Dr. Griffin wrote as she did after having been in medical practise for a number of years before espousing osteopathy. We are glad to present herewith portions of a paper of hers that was read before the New England Osteopathic Association at a meeting at Bridgeport, Conn., some time ago, and published in *The Herald of Osteopathy*. We are promised articles by Dr. Griffin, and shall take pleasure in giving them to our readers. Ed.]

Twenty-five years ago I received a medical degree from the Boston University School of Medicine. One year of that time has been spent as surgical interne in the Massachusetts Homeopathic Hospital, a few months in the John Hopkins Hospital during a term of Dr. William Osler, eleven years in active medical practice, and one year in studying and twelve years in practicing osteopathy. With this experience I feel fairly well qualified to discuss the question as to "What is the value of a Medical degree to an Osteopath?"

Occasionally I am asked by my patrons if I do not find that my medical education is a great help to me in my osteopathic practice. I invariably reply, since it is the only reply I can honestly make, that the only real value my medical training has been to me in my osteopathic work, is that it has enabled me to practice medicine long enough to acquire the practical experience necessary to become familiar with diseases, and to discover the instability of the curative action of drugs, but that it in no way helps me to find out the osteopathic cause of, or cure for, disease. *In fact, for several years, it actually hindered in grasping the osteopathic diagnosis, dealing with the mechanical cause of disease which it rectifies so as to give nature a free hand, while medicine looks at the effects or symptoms that name the disease, and quiets them with drugs, hoping that in time nature will effect a cure.*

It seems very difficult for many people

to grasp the idea that the osteopathic viewpoint of disease is radically different from the medical viewpoint. A knowledge of the medical viewpoint is apt to be confusing unless the person has a clear conception of the osteopathic philosophy, in that it obscures a clear vision of the osteopathic lesion as a cause of disease. I expected when I took up the study of osteopathy to use it as a side issue to medicine in certain conditions and certain cases, but when I became thoroughly imbued with its principle, I knew that there could be no successful combination made, since osteopathy treated a mechanical cause while medicine treated symptomatic effects. If the cause was removed, the effect would disappear, so where would be the occasion for the medicine?

I will say right here that as soon as I understood the osteopathic principle I discarded my medicine case, and up to the present time have seen no occasion for prescribing drugs.

* * * * *

For an osteopath who wished to give his attention to operative surgery it might be of some advantage to him to attend a medical school in order to get the proper work and experience in surgery. *But then it is surgery he is seeking to know and not medicine.* Surgery is a branch by itself. If an osteopath wished to study surgery abroad, a medical degree would facilitate his getting into the clinics.

Some states require a medical degree as a condition for eligibility for an examination for registration. In those states where a medical examination is required in order to register, osteopaths, by studying up for them, have been able to take the examinations without a medical course. The students in osteopathy now have such opportunity for attending the clinics in the hospitals of large cities that there is no excuse for their desiring a medical degree in order to obtain clinical privileges. To an osteopath holding a medical degree with a few years' of active medical practice before studying osteopathy, his degree in medicine means very little other than a sort of relic, a stepping stone to something better. To a Simon-pure successful osteopath, while it may not disturb his osteopathy, a medical degree would be of no practical value.

The osteopathic profession has not yet begun to realize the scope of osteopathy. Dr. Still gave it the key, but it is the work of the profession in osteopathic practice and research that will have to unlock its hidden resources, resources that will enable the practitioner to offer to the suffering public such relief and help as the dominant school has never been able, and never will be able through drugs, to give.

* * * * *

A distinct profession we must be, since the viewpoint of osteopathy is diametrically opposite to that of the drug practise. Although our colleges are handicapped to a certain degree by not being endowed institutions, yet they have continually raised their educational standards until the osteopathic course of instruction now compares favorably with that of the best medical schools. Moreover it is exceedingly practical in

that it enables those who master its truths to successfully minister to suffering humanity and this after all, is the essential test of any school of therapeutics.

TWO STRIKING EDITORIALS ON POLIOMYELITIS.

The extent of the present epidemic and the unusually high mortality which attends it—reaching considerably above twenty-five percent—together with the continued confession of impotence on the part of the dominant school of medicine in either curing it or controlling its spread, form “an appalling spectacle”, as the Boston Transcript says. In the Transcript of August 17th was published an editorial so pertinent that we give it in full herewith.

HELPLESSNESS IN THE FACE OF PESTILENCE.

The spectacle of helplessness which the country presents in the face of the danger of a general epidemic of infantile paralysis is appalling. A national medical conference has been assembled, representing the health authorities of the States, the Federal Health service and private physicians of great learning and experience, but unless medical opinion on the subject of the means of communication and cure of this disease has laid hold upon some point of knowledge which is now denied to the public, the conference will serve to emphasize the general helplessness rather than relieve it. Nevertheless, it is very well to hold the conference, for it may at least formulate some plan for national or interstate action toward preventing the spread of the disease as far as it may be prevented. The hit-or-miss quarantine, mostly under local auspices, now carried on, often does more harm than good. The entrance of afflicted persons is not really prevented, and panic and excitement are engendered and great individual hardship inflicted. The public looks for something like authority in connection with epidemics or threatened epidemics of this disease; and if there can be no certain information as to its cure and transmission we should at least have a uniform system of supervision and quarantine.

Nothing more extraordinary than the helplessness of the medical profession toward infantile paralysis has ever been recorded. Until quite recently, the disease was treated as if it were not infectious or contagious. *Patients were not quarantined, and, strange to say, cases of communication were very infrequent.* We know now that it is communicable, and it is desperately epidemic in New York and some other places. *But the powerlessness of the medical profession continues.* The disease covers a wider area today than it has covered at any time before. The number of cases in this State is steadily increasing, though epidemic conditions are nowhere recorded here. The disease shows some signs of abating in New York, but the city and the State have already an alarming crop of cripples on their hands. It is high time that general and concerted action, national action, be taken to determine as much as can be determined about the nature and the prevention of this pest.

The above is written from the viewpoint of the layman. Following is another editorial, this one written by a physician who has taught the subject of and written a text-book on “diseases of children,” so we might reasonably expect that some reference would be made to treatment of the disease under discussion. The only utterance upon this question is that “the medical profession can be relied upon to do all that skill and devotion can do for the individual sufferer”, and we are not at all sure that this is intended to refer to the acute stage of the disease.

The editorial paper, published in a recent Sunday edition of the Philadelphia *North American*, is given in full:

THE AFTERMATH OF INFANTILE PARALYSIS: A HEAVY BURDEN ON THE NATION.

By J. MADISON TAYLOR, M. D.

(Professor of Applied Therapeutics, Medical Department, Temple University; Formerly Professor of Diseases of Children, Philadelphia Polyclinic; Author of “Manual of Diseases of Children.”)

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Fatal as has been the epidemic of poliomyelitis of 1916, and far in excess as it has been of other visitations, concern may well be most grave as to its secondary effects, its consequences in crippling and deformities. Strong ground already exists for apprehension that this year's epidemic may prove a prelude to a nation-wide recurrence next year, adding hugely both to fatalities and disablements.

Here, then, is a problem which takes intelligence, foresight and resourcefulness, if the emergency is to be met with anything like adequate means.

At present, complete statistics have not been assembled. There are probably 30,000, and there may be 50,000, victims recovering from attacks during the current year. It is but fair to surmise that, by the close of 1917, should the apprehension of a great epidemic next year be fulfilled, there may be 300,000 individuals, out of our continental population of 100,000,000, or 3-10 of 1 per cent, confronting slow convalescence from infantile paralysis, with partial or total disablement present. Such a great number will overtax existing facilities for the adequate and prolonged care required to overcome the appalling infirmities, which cannot be eradicated unless prompt and consistent care and treatment shall be applied and shall be maintained over a period of years. And, even tho there should be no extensive epidemic in 1917, the demands of from 30,000 to 50,000 potential cripples in the east is ample warrant for immediate action.

This year's ravages alone have produced cripples equal in number to the disabled wounded in a battle of the first magnitude on the bloody fields of Europe. But, where the men wounded in battle can only rarely be restored to full usefulness, the majority of infantile paralysis cases can be, and will be, completely restored, provided they are given right care from the start of their convalescence to the legitimate finish of the treatment.

Precisely what is needed? *The medical profession can be relied upon to do all that skill and devotion can do for the individual sufferer.* Of hospitals there are possibly enough in the land, with equipment fairly well fitted to care for the emergencies most commonly recurring, but for no more.

What is required for this exceptional emergency will serve the needs of other emergencies, while proving of the utmost utility even in times when no such necessity prevails. Every community should have a plot of ground just beyond the town or city limits on which should be erected suitable buildings for large emergencies. The buildings might be as inexpensive as is consistent with plain, practical service. These places could be used as isolation centers, where full precautions could be taken to stamp out any infection, with a completeness and a thoroughness impossible by any other means. They may, occasionally, be idle. But then they would serve vital uses as outing stations for poor infants, children and adult convalescents and greatly hasten restoration to health. Vast savings could be affected among workers of every community under conditions of sickness for which there is now little or no provision. The obligation rests on every community to hasten restoration to productiveness of its impaired citizens; and the means for discharging a large measure of that obligation would be found as a sort of byproduct from these “emergency” institutions.

Given such facilities for the emergency of infantile paralysis—with the permanent utilities incident that have been outlined—and the medical care, the food, the medicines, the special appliances and the nursing, can all be provided and employed with a systematized economy which will reduce to its minimum the running cost. So far as the community concerns itself at present with this most serious menace to its own welfare, society appears to be dealing with the aftermath of infantile paralysis wholly at haphazard. Some local charities, some local philanthropists, do contribute a modicum of aid; but, in the main, the private resources of the patient's family constitute the sole, and too often the utterly unreliable, means of salvation. And this is an epidemic which is conspicuously a communal misfortune, involving communal responsibility.

Shall such convalescent stations be provided

by the commonwealth or by private benefaction? Clearly, it is the communal obligation to furnish the ground and the buildings. Any exceptional expenses incurred might be supplemented by individual gifts. But, somehow, from some source, systematized facilities must be provided for minimizing the burden that will rest upon the nation by reason of the epidemic. There is no need or reason to wait and make sure whether or not catastrophe is to follow on misfortune's heel in 1917. Unless we forefend against the assured consequences of the disease, the mark of deformity and the curse of lifelong unhappiness is to be found in homes by the tens of thousands today.

Dr. Taylor's suggestions are good as a general proposition and it is to be hoped that in some way effective treatment can be provided for the thousands of cripples who survive this epidemic. It is probable that a fair proportion of them will come under osteopathic treatment, and we trust that careful records will be made, and due reports filed, of the results of the treatment.

Medical Treatment Equally Futile in Other Contagious Diseases.

This seems an opportune moment to point to the fact that our medical friends are not helpless in this disease alone, at least insofar as cure is concerned. If anyone has ever heard of a specific cure of the exanthemata or other contagious diseases thru a drug or serum, we shall be glad to be apprised of the fact. So far as we have observed or read, the medical practitioner is as helpless, when it comes to a specific remedy, when he is called to attend a case of measles or scarlatina or whooping-cough or chicken-pox or small-pox, as he is when confronted by the dread paralysis.

No Specific in Medicine; All of These Diseases Are Self-Limited; Treatment "Expectant".

It would seem, then, as to treatment, that almost the sole practical difference between poliomyelitis and the common diseases of childhood is to be found in the fact that epidemics of the former have a greater fatality and leave the survivors more terribly afflicted. True, the sequelæ of some of the other diseases are sometimes severe, but they are not so apparent. The treatment is always on "expectant" lines, and according to standard medical dictionaries, "expectant treatment is that in which the disease is left to nature's cure, the physician merely relieving the symptoms". Is there any osteopath anywhere who does not do more than this?

The Conclusion.

It seems to *Osteopathic Truth* that no osteopath can add materially to his equipment for the handling of acute cases by taking on materia medica. Think it over.

WHAT IS OSTEOPATHY?

NEVILLE E. HARRIS, D. O.
(Melbourne, Australia.)

[Note.—We print this because we believe Dr. Harris is sincere, and not because the paper actually points out a way to teach or practice what he advocates. We shall be glad if others will take up further his ideas and present their logical conclusions. Ed.]

The object of this paper is to state

in clear and concise terms the great fundamental principle, the basic truth of life, on which Dr. A. T. Still founded the theory and practice of osteopathy. This basic truth is so broad and simple that it needs only to be stated in order to prove conclusively that the school of medicine founded on it is the one and only complete school—not "a" complete school, but "the" complete school. All the means, methods and practices having real merit, of all schools and all times, past, present and future, fall automatically into their proper places as necessary parts of the complete school. There can be no "adjuncts" to the complete school. If it is complete, it is complete. If osteopathy recognizes a single "adjunct," it thereby admits that it is not complete, but a mere "adjunct" itself, predestined to be absorbed by that "adjunct" fattened vampire, regular medicine. In fact, regular medicine is already smacking its anaemic lips over the few crumbs that its "advanced thinkers" have "discovered" forty years after Dr. Still went on record. They are not so slow when there is a nice, juicy "adjunct" in sight. Osteopathy's only chance is to get out of the "adjunct" class. Regular medicine can never swallow anything so great as the basic truth on which osteopathy is founded.

But, on the other hand, is the basic principle of osteopathy too broad and deep to be firmly grasped by the majority of our profession, and proclaimed as the living rock on which osteopathy, the complete school, is being built? Certainly there are unmistakable signs that not all is well with osteopathy, and there is much groping about for the cause. There are internal stresses which will inevitably produce serious splits, unless the cause is recognized and removed. Osteopathy's real danger is within, in the narrowness and shallowness of the osteopaths themselves. There has been too much of this spread-eagle "We-are-the--chosen-people!" sort of pose. We shall be the "chosen people" only if we prove worthy of our stewardship. Osteopathy must not be betrayed by its well-meaning but blundering disciples.

The fundamental law governing all existence, physical, chemical, vital, mental and spiritual, is evolution. Evolution is marked by constant internal adjustment of the organism to its environment; to the physical, chemical, vital, mental and spiritual forces playing on, in and thru it. Nature's laws are perfect, immutable. If the human organism keeps intelligently in adjustment with all of Nature's forces, dependable health is the reward. If we get out of adjustment, the friction with immutable law causes pain, disease, premature death. In fact, death, as we experience it, is always premature, because perfect adjustment on every plane of our ever shifting environment, if attained, could not be maintained. Death is a compromise between perfect law and imperfect adjustment therewith. Life is a continuous adjustment. The more complex the organism the more numerous and finer must be the adjustments to make life possible.

Adjustment to Nature's forces is the basis of evolution, and the "survival of the fittest." Osteopathy can survive as osteopathy only if it really embodies this basic truth which touches our well-being at every point, adjustment to all of Nature's forces, playing on, in and thru the human organism.

Osteopathy is adjustment. Adjustment? "Aye, there comes the rub," doctor. The ten-finger, bony-lesion stalwarts insist that, "anatomical adjustment is the whole thing!" They define osteopathy in terms of manual manipulation of anatomical lesions. The ultras claim to despise all means except their ten-bony-fingers, and prefer to drop out of a case when these fail. The less radical add a few "adjuncts", with apologies, and explain in confidence that "osteopathy cannot do everything; at least, not yet." Some ever flirt with the M. D. degree, but all are true to anatomical adjustment, "till death do us part." These bony-lesion stalwarts have been the backbone of osteopathy. They have won it the prestige it enjoys today, and should be given due and ungrudging credit. But osteopathy shows indubitable signs of arrested development, and there is much blind groping about for the cause. Osteopathy has flourished just in proportion as it has embodied this basic principle, adjustment to all of Nature's forces. Those who place all the emphasis on anatomical adjustment, help osteopathy just to the extent that they put anatomical adjustment in its proper place as an essential part of osteopathy. But osteopathy can never evolve into the complete school of medicine so long as it is founded on anatomical adjustment alone, for that limits the practice to causes on the physical plane alone, and makes it a mere "adjunct." The stalwarts cry, "What is the matter with the osteopathy and the osteopaths of today? What do they stand for, anyway? Oh, for the good old days!" And they sound again the good old battle-cry, "Emphasize the anatomical lesion!" But it fails to inspire as of yore. The rank and file are either too rank or flirting with the latest "adjuncts or trying to "broaden" osteopathy.

In fact, many seem to feel that the old stalwarts are out of date, have served their purpose and are in the way of progress. Yet undoubtedly they had a distinct mission to fulfill in the past. And that mission was just this: to emphasize the anatomical adjustment part of osteopathy. Insofar as they have helped to put anatomical adjustment into its proper place as an essential part of osteopathy, the complete school, they have helped the cause. Insofar as they have built up the false doctrine that "anatomical adjustment is the whole thing!" they have hindered osteopathy. Osteopathy is suffering today from this narrow conception of its basic truth.

If osteopathy is ever to take its place as the complete school of medicine, it must embody its basic truth, adjustment to all Nature's forces, not merely physical forces. Osteopathy is suffering from exaggeration of the anatomical lesion and indifference to

(Continued on Page 22)

Osteopathic Truth

A MONTHLY JOURNAL OF
OSTEOPATHIC PROGRESS

EDITED AND PUBLISHED BY
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SEPTEMBER, 1916



IN
HOC
SIGNO
VINCES.



What picture was once recognized as the characteristic osteopathic symbol?

The human spine, of course.

Why is this no longer used to symbolize the fact that spinal adjustment is the basic principle of osteopathy?

Because while we slumbered along came a pirate who thought it looked good, so he carefully annexed it.

It was to be supposed that having counterfeited our fundamental principle he would take over a sort of trade-mark, especially as we seemed to have grown careless about it.

After this robber seized our method and succeeded after a fashion with it, and swiped the insignia of osteopathy in the shape of a spine, it wouldn't have looked well for us to use the sign of the spine any more, as he had debased and smirched it, you know.

Besides, we had begun to look

toward acquiring some other things ourselves, one of which was a certain amount of dignity. It might give offense to some æsthetic people to see the pictures of a spinal column in our literature. Could we afford to jeopardize our prestige with these fastidious souls? Mercy, no.

And so we lost our back bone.

Lately we have been reminded that there is a very good way to quietly recover much of the stolen property, and that is to resume using cuts of the spine on our stationery, etc., just as tho we had always done so.

Dr. C. M. Bancroft, secretary of the New York State Osteopathic Society, has done much to further this resumption of the use of the spinal column as an osteopathic insignia. *Osteopathic Health* now carries regularly on the last cover page a cut of a spine.

You believe that this is a good move, don't you?

Then get your stationery imprinted at once with the sign of the spine.

In hoc signo vinces!

THE KANSAS CITY CONVENTION.

Good reports of the convention have appeared in the *Journal of the A. O. A.*, *The Osteopathic Physician*, *The Journal of Osteopathy*, and *The Osteopath*, and consequently we feel that we can hardly add to what they have told by any attempt to portray its features.

If we were disposed to be critical we might easily find some things to complain about—such as the hot blasts the weather man sent us.

Instead, we wish to mention only two of the outstanding facts that impressed every one in attendance.

One was the large number of familiar faces of the Old Timers. As we sat together on the opening evening, just outside the ballroom, George Laughlin, replying to a comment on the number of old ac-

quaintances, said "I've sat here about an hour, and I believe I know everybody that has passed". Men and women who were pioneers in osteopathy attended this meeting in larger numbers than for years.

The second noticeable thing about the convention was the spontaneous and general sentiment for what came to be called "A. T. Still Osteopathy".

At the banquet, over the speakers' table, was a huge banner which was unveiled at the appropriate moment, bearing the words "A. T. Still Osteopathy".

After the election was announced, another large banner was erected in the convention hall, on which was painted: "Slogan for 1916-17, A. T. Still Osteopathy".

In short, it was a regular osteopathic convention, and *Osteopathic Truth* congratulates the profession on it.

ONE DOLLAR A YEAR.

When the price of fifty cents a year for *Osteopathic Truth* was suggested by some of the committee, it was expected that a four- or at the most a six-page paper would be issued.

So much material has been offered that it has been necessary instead to print twelve pages, and it is probable that the size will be further increased in the near future.

Everyone knows of the big advance in the price of paper and increased cost in every line. It is necessary to announce that the subscription price of *Osteopathic Truth* will be hereafter ONE DOLLAR a year instead of fifty cents. There have been exceedingly gratifying responses to the call for subscriptions, which we appreciate fully, and we hope to increase them with each issue.

We expect to have the paper published on time hereafter, and only extraordinary conditions have delayed the current issue.

Please send your subscription promptly if you have not already

done so, enclosing one dollar with same, to Dr. George W. Goode, 687 Boylston St., Boston, Mass. Having no personal axe to grind, no other publication to boost, no goods to offer for sale, *Osteopathic Truth* depends wholly upon subscriptions, and shall try to merit a large number of them from those of the profession who want the truth.

A GREAT TRIBUTE.

In the October number of *Osteopathic Health* we find a profound token of appreciation of the man who gave to the world the principles of osteopathy.

It is but natural that most of the men and women who have taken up the practise of osteopathy have carried into their work a more or less intimate acquaintance with Dr. Still as to externals. Many regard him as a sage, a prophet, a seer, or a man with a great vision, each one's mental picture of the founder depending on his own conception of the osteopathic fundamentals.

For many osteopaths much that Dr. Still has written has but little meaning, and to most people outside of the profession his published writings are sealed books. His epigrams mean nothing, his metaphors are puzzling, his parables cannot be interpreted, unless one has caught in some degree his clear vision of the lesion and its effects.

It has remained for one whose reputation as a scientist was well established before he came into contact with the philosophy of osteopathy to catch and interpret the full dual significance of Dr. Still's contribution to the science of life and the maintenance of and recovery to health.

M. A. Lane, professor of pathology at the American School of Osteopathy, in writing of Dr. Still and his work, views the man and his real greatness from the true perspective. In trying to see the Old Doctor rightly, most of us have focused our vision at close range. Lane critically looks at Still as he

stands among his contemporaries in biological science thruout the whole world.

And Andrew Taylor Still does not suffer by this comparison with other scientists. His big concepts do not dwarf or shrink when viewed thus. Instead, they grow to grander proportions.

This issue of *Osteopathic Health* will open new fields to osteopathy. To be sure, Lane talks over the heads of many of our constituents. But it is equally sure that this paper of his will gain and hold the interest of many others who do not read the average osteopathic field literature.

In every community, large and small, are intelligent people who have never learned of real osteopathy because they believe it a crude, half-baked method of dealing—rudely and harshly at that—with a few certain ailments. Such misconceptions are fostered by many old-school doctors, and frequently originate with them.

To place this monograph in the hands of misinformed and uninformed people (especially if it is accompanied by a letter calling attention to the publishers' introduction) cannot fail to give osteopathy and osteopaths a mighty uplift in the esteem of our neighbors and friends. Better than this, however, is the fact that it will help to gain for Andrew Taylor Still the place to which his work entitles him among the benefactors of the human race.

INTENSIVE OSTEOPATHY.

The editor in his opening announcement in the first issue made use of a term which we have reason to believe he coined at the time. At any rate we have not seen it elsewhere, and it seems to us so apt that we make bold to enlarge upon the thought it suggests. The words are these:

INTENSIVE OSTEOPATHY.

The Latin root from which *intensive* is derived is *tendo* ("tendon" comes from the same root), and it means to stretch. Literally the

word intensive is "stretching inward".

The most familiar use of the word is in connection with cultivation of the soil, or "intensive farming". The Belgians and the Swiss have long been famous for their intensive methods, working every square foot of ground, producing immense crops from small plots, and utilizing the same soil for two or more crops each season. With dense population and with a limited available acreage of land, most of the agricultural sections of Europe (excepting Russia) have of necessity used intensive methods. In America, with our millions of sparsely occupied acres, *extensive* methods have been the rule.

Osteopathic Truth believes in and advocates *intensive cultivation of the osteopathic field*.

In taking this stand we do not deny that there is virtue or therapeutic value in other systems and schools. There is no need for such denial, even if there were abundant evidence available to the effect that such systems are frank failures. We shall have no time for negation if we devote our energy to our own work.

If we "stretch inward", with a single purpose, that of getting down to the rich subsoil where we have only scratched the surface—if we remain intense, cultivating the field that is distinctively our own, there will be no occasion for us to long for the acres about us.

Many a man has been ruined by reaching out for more land, acquiring field after field, until he could not work to advantage or profit the half of his holdings.

There is positive danger, if we attempt to spread out too much, of the osteopathic profession becoming "land poor".

Let us have an end of the acquisitive spirit, the desire to possess everything we see, the *extensive* longings of the self-styled eclectic osteopaths, and let us cultivate *Intensive Osteopathy*.

CLINICAL OSTEOPATHY.

This book, to consist of about 700 pages, is published by the A. T. Still Research Institute.

It was written by Dr. Louisa Burns, and revised by Dr. C. P. McConnell and a large corps of editors.

It will rank as one of the best contributions thus far made to the scientific literature of osteopathy. Representatives of all of the colleges have been called upon to pass on it, and it will doubtless come into general use as a text-book for students.

We have been privileged to review a large portion of the work in the form of galley-proofs, and are greatly pleased with the methods employed in discussing etiology, diagnosis and treatment from the osteopathic viewpoint.

In the body of the text (not in footnotes as is customary) have been inserted many helpful paragraphs—especially as to treatment—from well-known osteopathic authorities, with the writer's name following each quotation. This feature alone is of much practical value, for it makes the book actually a symposium on treatment.

The typography is excellent, with the exception that no definite or consistent plan seems to have been followed in changing from 10-point type, in which the body of the book is printed, to the smaller 8-point. Some errors are noted, but these will doubtless be eliminated in the final readings. It would be wrong to allow a book of this character and value to go out with glaring mistakes in construction or printing, and the proof should be carefully scrutinized in order that they may be minimized.

Here is a book which ought to be in the hands of *every osteopath in the world*. No osteopath can know all of osteopathy. But all can and should have at their command a text such as this work affords, to give them the best and latest sci-

entific knowledge of conditions they are called upon to treat.

A summary of the contents was published in a full page announcement of the book in the February Journal of the A. O. A., reference to which will make every reader want to possess the work.

The price of the book is \$4.00. At least a thousand orders ought to reach the publishers at once. Order from the A. T. Still Research Institute, 122 South Ashland Boulevard, Chicago, Ill.

"PATIENT NUMBER 24".

Read this, whether you read anything else in this issue or not.

In September *Everybody's Magazine* is a story titled as above. The writer's name is not given, but an editorial note states that an actual experience is related. After reading the story—and we hope that every osteopath who sees these lines will read it—you will no doubt accept it as truth.

If the writer of the story does not tell of a personal experience he is a genius in word-painting, and "Patient Number 24" is worth reading as a literary master-piece. It doesn't merely grip you; it clutches your vitals and sears the pictures into your soul. For you've seen the things he tells about if you ever have had to do with alcoholic derelicts. And most of us have, in one way or another.

The keen edge of the story, the thing that seizes you, and our reason for calling attention to it, are found in the attitude of the doctor toward the down-and-out-er himself. How do you feel about the alcoholic?

The world moves, according to various observers. As it jogs along in its casual course it smashes a superstition here, junks a pet theory there, and yonder punctures a time-worn belief and sends it to the scrapheap. Faith in the value of alcohol as a food or a medicine is now about on a par with a belief in alchemy or astrology or the evil eye.

The osteopathic profession owes to Patrick of Los Angeles, who wrote "Alcohol the Outlaw", and to Williams of Kansas City, who published it, a debt that it can pay only by distributing a million copies of this fine monograph. Unfortunately, the profession regards its obligations of this kind very lightly, or it would buy and use more of the distinctive osteopathic literature. But that's another story.

"Patient Number 24" does not deal specifically with alcohol or with alcoholism, but concerns itself with the question of how to treat the alcoholic.

Just how does this interest us? What has the osteopathic profession to do with the alcoholic?

The experience of the editor and that of many of our colleagues is that by substituting for the "spoonful of pills" a specific sedative treatment to the jumping, crazed nerves, and giving other indicated osteopathic ministrations, we can help the alcoholic wreck to build new, clean tissue, and enable the man to make good if he wills to do so.

If we will read—and profit by the reading—there is much for us in the story of "Patient Number 24".

A NEW NATIONAL OSTEOPATHIC ORGANIZATION.

On Monday, July 31st, in the afternoon a large number of the members of the American Osteopathic Association assembled in the Convention Hall in Kansas City to hear a program given by the section of the American Osteopathic Association on Eye, Ear, Nose and Throat. At the conclusion of the program Dr. T. J. Ruddy came forward and offered the following resolutions:

"Believing that the time has arrived for a special organization in the Osteopathic profession along the line of Eye, Ear, Nose and Throat work:

"Be it resolved by the body of Doctors now assembled that we now proceed to organize, and be known as the American Osteopathic Association of Ophthalmology and Oto-Laryngology.

"That the chairman of the section of Eye, Ear, Nose and Throat shall preside until the officers of the new body are elected.

"That the new officers shall consist of a President, Vice President, Secretary, Treasurer and Auditor.

"That we now proceed to elect such officers to serve for a term of one year.

"That the meetings of the Association

shall be at such a time and place as the executive committee shall select.

That the committees shall be appointed by the first of the year as follows: Program Committee, whose duty it shall be to arrange a suitable program on the Eye, Ear, Nose and Throat for the first regular meeting. Membership Committee, whose duty it shall be to secure a list of all especially interested in Eye, Ear, Nose and Throat work, and as far as possible get them to become members this year.

"Publicity: Whose duty it shall be to draft a constitution for the Association with a view to its discussion, and adoption at our first regular meeting.

"That the dues for the first year, shall be only fifty cents, payable to the Treasurer-elect, in advance, and at our next meeting only those who have paid their dues shall vote.

"That the executive committee shall consist of the officers, and chairmen of all the standing committees, whose duty it shall be to transact the business of the Association between meetings, for this year."

Open discussion of the resolutions took place, some favoring it and some opposing it. It came to a vote and was carried almost unanimously. The hour being late the meeting was adjourned subject to the call of the temporary chairman to complete the organization.

On Tuesday, August 1st, a meeting was called in the Eye and Ear Room. The following officers were elected: President, Chas. C. Reid, Denver, Colorado; Vice President, T. J. Ruddy, Los Angeles, California; Secretary, C. L. Draper, Denver, Colorado; Treasurer, John H. Bailey, Philadelphia, Pennsylvania; Auditor, W. V. Goodfellow, Los Angeles, California.

The object of the new organization is to give time for technical papers and discussion to Osteopathic specialists on Eye, Ear, Nose and Throat; to relieve the pressure and conflict of too heavy a program and clinics of the section on Eye, Ear, Nose and Throat during the convention week. The section work will continue to give plenty of material and what the general practitioner should know about the Eye, Ear, Nose and Throat and to advance the cause of Osteopathy and impress the world by the broad scope of its work by even more emphasis upon this specialty.

It is hoped to have a meeting of the American Osteopathic Association of Ophthalmology and Oto-Laryngology for two or three days before the A. O. A. and give a real technical specialty program.

The specialists will then stay for the A. O. A. and help conduct the section work all of which will redound to the good and glory of Osteopathy.

The chairmen of the standing committees in this Association are as follows: Program Committee, L. S. Laramore, Caldwell, Kansas; Membership Committee, John Deason, Chicago, Illinois; Publicity Committee, Chas. A. Ross, Cincinnati, Ohio; Constitution Committee, James D. Edwards, St. Louis, Missouri.

Nearly fifty have already become members of the new organization. This shows the extent of the specialty work among the Osteopathic profession.

A constitution has not been adopted.

We are yet working under the resolution. Any one who pays fifty cents to the Secretary may become a member for this year. No one can vote at our next meeting who has not paid his dues.

The present benefits as members in the organization are many. First, you become a charter member by joining before the adoption of a constitution. Second, you help develop Osteopathy and bring it more widely before the world. Third, you put yourself in line for specialty work. Fourth, you receive the communications sent to members of the Association. Fifth, you will be kept informed of the most advanced plans and thoughts of the Eye, Ear, Nose and Throat work. Sixth, you will be eligible to vote at the next meeting. Seventh, you will be in line for work on the programs to be arranged, clinics, plans, addresses and demonstrations.

It will be held for three days antedating the meeting of the American Osteopathic Association, at the same place. Eighth, your standing as a specialist will be enhanced. Ninth, your suggestions will be solicited. Tenth, you will be in line for any special features that might be arranged for members. Eleventh, there will be other benefits that will develop which are in embryo at present.

Every interested Osteopathic physician is urged to send his name and fifty cents to Dr. C. L. Draper, 535 Majestic Building, Denver, Colorado and become a charter member.

CHAS. C. REID, D. O.

"ACADEMIC FREEDOM" SPELLS SUICIDE, SAYS DR. PRATT.

Urges Intensive Osteopathy as a Return to Normal. Writes from Glasgow, Scotland.

[Dr. Frank P. Pratt, of Glasgow, Scotland, has written several letters concerning real osteopathy as he views it, and we give parts of them below, leaving out only purely personal references.

Dr. Pratt graduated from the A. S. O. in 1906, and for several years following was a member of the faculty of that institution. He held successively the chairs of descriptive anatomy, physiology and gynecology. More than five years ago he went to Glasgow, where he has since practiced continuously.

The somewhat isolated, and out of touch, as he says, with the trend of things, Dr. Pratt has reached similar conclusions to those of many who are near the centers of osteopathic activities. His letters are therefore highly interesting. Moreover, coming as they do from one whose sincerity and ability are unquestioned, they furnish food for earnest thought. Ed.]

I need hardly tell you that the action of the Portland convention and the agitation carried on since disgusts me. The insistence upon what is termed "Academic freedom", should it become the opinion of the majority of the profession, appears to me to spell suicide. My long distance from the field of your battles, together with personal problems beyond my control, have made it seem wise for me to take no part in the work of the associations, but I feel very keenly that nothing short of a revolution in

present teaching and practise will carry us back to the only real osteopathy, the ten-fingered variety of Dr. A. T. Still.

I hope that by the time you receive this some definite plan will have been adopted by the true stalwarts of the profession to establish and develop a school which will inculcate these principles, and concentrate the power and energy of the profession exclusively on our own business, the perfection and application of the idea which enabled us to be. We need more study in recognizing and correcting lesions by the use of our hands, and I should be glad if our legislation confined us within this field. There are limitations in our practise, and we will grow, strong only by staying within them.

* * * * *

I am greatly pleased to learn that a strenuous effort is being made to right the osteopathic ship. At this distance and out of the atmosphere of the osteopathic enthusiasm in which you are working, the task appears stupendous. But unless the identity of our science is to disappear, very radical changes, especially in teaching, must be effected. Before this reaches you the annual meeting will have been held, and the association have had an opportunity of reconsidering their Portland actions. I sincerely hope that they have seen with clear vision, and are behind you with their whole-hearted support to bring about our "return to normal".

* * * * *

Thanks for putting me down to receive the initial number of your new periodical. I shall anticipate much pleasure in seeing it, and bespeak for it a great success and power to move the minds of our practitioners. We certainly need a publication whose sole object is a presentation of the real truth of our principles.

FRANK P. PRATT.

TWILIGHT SLEEP ABANDONED AT JOHNS HOPKINS.

BALTIMORE, MD., Aug. 15—Johns Hopkins Hospital has practically set its stamp of disapproval on the dammerschaf, or "twilight sleep" method, for use in childbirth.

It abandoned its experiments in the use of the method more than nine months ago and the conclusion now reached is that the method is too dangerous; that the menace to the life of the new child is too grave to warrant its use except under the most favorable circumstances.

After more than a year's use of the twilight sleep drug, scopolamin, the obstetricians found that it could be safely used only under exceptional conditions. The question of proper dosage proved so intricate that absolutely no chances can be taken.

The early results obtained were such that in the subsequent cases it was necessary to have two highly experienced men always at the bedside of the expectant mother as well as several nurses.

BIRTHS.

Born—June 8th, 1916. To Dr. & Mrs. Hubert Pocock, 177 High Park Ave., Toronto, Canada, a son, Neal O'Neill Pocock.

Born: To Drs. John C. and Elisabeth M. (Siehl) Taylor, at Mt. George, Mussoorie, India, July 26, 1916, a son.

MARRIAGES.

Married: Dr. Walter H. Siehl, of Covington, Ky. and Miss Flora L. Sonntag, of Cincinnati, O., June 10, 1916.

What is Osteopathy?

(Continued from Page 17)

other equally important lesions or causes on the chemical, vital and mental planes.

There is another class of osteopaths who, probably because the mechanical and causative faculties are weak or untrained, put very little emphasis on anatomical adjustment. Cause and effect are loosely connected in their minds, and they seem to have more faith in "adjuncts" and regular medicine than in osteopathy. But this is not to be wondered at, for their conception of osteopathy seems to be limited to the so-called "general treatment." Some admit it by word and practice; some boast of it. They consider themselves broad, and rather look down on the narrow old stalwarts. The truth is, these "adjuncts", M. D. worshipping osteopaths have not even grasped the anatomical adjustment part of osteopathy. The stalwarts look on this class as the real menace to osteopathy, and with good reason, for, while within the profession in name, in faith and practice they are outside. Their influence is not constructive, to say the least.

There is growing up in the osteopathic profession another class, who are the real hope of osteopathy, the complete school of medicine. They realize fully that anatomical adjustment is an essential part of the complete school, but only a part. In addition to mechanical adjustment on the physical plane of our environment, there must be adjustment on the chemical, vital and mental planes as well. Anatomical adjustment is all right in its own particular field, and nothing else can fill its place. But to define osteopathy in terms of manual manipulation of anatomical lesions, and claim that comprises the complete school of medicine, is a logical absurdity. This is the primary lesion in osteopathy, and must not be ignored longer. Is addition the complete system of mathematics?

Osteopathy is adjustment, adjustment to the physical, chemical, vital and mental forces playing on, in and thru the human organism. The theory, the basic truth of osteopathy, is perfect because it is founded on the basic law of life, evolution, the product of infinite intelligence. The practice of osteopathy is imperfect and always will be so because it is the product of man's finite intelligence. Any means that helps to adjust the human organism to its physical, chemical, vital or mental environment, must be osteopathic, if osteopathy is the complete school of medicine. Any means that promises so to adjust is the legitimate field for osteopathic investigation and experiment, if osteopathy is the complete school of medicine.

The complete school embraces not only adjustment of the human organism on the physical plane, but also adjustment on the chemical, vital and mental planes as well.

Osteopathy, first, last and all the time, is adjustment. Let us unite on this basic truth, and strive earnestly and humbly to give it as perfect interpretation in practice as our limited in-

telligence and experience will allow. Let us get our eyes off the obvious, and concentrate more on the basic truth on which Dr Still founded the theory and practice of osteopathy, the one and only complete school of medicine; adjustment to the physical, chemical, vital and mental forces playing on, in and thru the human organism.

DR. KENDALL L. ACHORN DEAD FROM AUTO ACCIDENT.

The following is taken from the Boston Herald of September first:

Dr. Kendall L. Achorn, an osteopathic physician, with offices at 687 Boylston street, died at the Massachusetts General Hospital early last evening as a result of injuries which he received yesterday morning when the automobile which he was driving swerved to one side on Brook road, Milton, and crashed into a telephone pole and the trunk of a tree.

Dr. Achorn, it was said, mistook the shadow cast by the tree for a curve in the road. Dr. James Herbert Young, an assistant at the Harvard Medical school, his companion in the car, was practically unhurt.

Turned Completely Over.

The two young men were returning to Boston from the South Shore, where they had spent the evening. As the car sped along Brook road, a dark thoroughfare near Blue Hill parkway, a tree cast a shadow across their path. Thinking that the road turned sharply, Dr. Achorn swung the car to one side. It crashed into the tree which had deceived him, bounded against a telephone pole, and turned completely over. Both men were thrown headlong from the machine.

Dr. Achorn was picked up and rushed to the Massachusetts General Hospital by Dr. Frank P. McCarthy, and his name was placed on the danger list soon after his arrival. It was found that his injuries included a fracture of the skull, fractures of the arm and thigh and possible internal hurts. He died at 7.50 P. M.

Dr. Young, although suffering from shock, was uninjured. After giving his name to the police he went to the Harvard Club and retired. His home is at 19 Baldwin street, Newton.

Dr. Achorn was unmarried.

The news of Dr. Achorn's death will be a great shock to the profession, as we are always shocked and awed at the sudden and violent ending of a useful life.

We shall miss "Ken" keenly. He was one of the really brainy men of the profession. During the past few years he developed very rapidly, and he was becoming a power. He was appointed at Kansas City a member of the program committee, to assist with the preparation of the program for the Columbus meeting.

We extend deepest sympathy to Dr. Achorn's parents.

DR. F. MYRELL PLUMMER DEAD.

F. Myrell Plummer, D. O., of Orange, N. J., died on August 18th at Harrington, Maine, where he had gone in the hope of regaining his health. We are

not informed as to the exact nature of his illness, but understand that he was in a very precarious state during the latter part of July, his heart action being at times as low as twelve to sixteen beats per minute, the bradycardia resulting from a toxic condition and overwork.

Dr. Plummer has been in practise for ten years. He graduated from the A. S. O. in 1906, and located at once in Orange, N. J. He was active in all professional lines, taking great interest in local, state and national organizations. He served during 1913 and 1914 as president of the New Jersey State Society. His early death is a distinct loss to his community and to the profession.

PERSONAL AND SOCIETY ITEMS.

Dr. Alexander F. McWilliams of Boston has the sympathy of all his friends in the profession in the death of his father which occurred in Detroit, Michigan last month.

The friends of Dr. Margaret T. Finneran of Boston were pained to learn of the death of her mother which occurred at the family home in Jamaica Plain early in August.

The semi-annual meeting of the New York State Osteopathic Society will be held at Utica, October 27th and 28th. We hope to print the program in next month's *Truth*.

Officers have been elected by the Boston Osteopathic Society for the ensuing year as follows: President, Arthur M. Lane; vice-president, Lester R. Whitaker; secretary-treasurer, Earl Scamman; curator, J. Louise Mason.

Dr. Eldredge de Lorica Atwood who shot Dr. Wilfred E. Harris early in July in Boston has been indicted for murder in the first degree by the Grand Jury of Suffolk County, Massachusetts.

Dr. Ralph H. Williams, of Rochester, N. Y., spent his vacation at Kennebunkport, Maine.

Drs. Alfred W. Young, of Chicago and Harry M. Vastine, of Harrisburg, Pa., spent two weeks during August fishing for trout at Yoke Pond Camps, Maine.

Among the visitors at Chadwick's Camp, Kokadjo, Maine, was Dr. A. F. McWilliams, of Boston.

Dr. Harold P. Frost, Worcester, Mass., addressed the Kiwanis club at their weekly luncheon Friday, Aug. 4th, 1916. In the course of his address, he explained, first, what osteopathy is; second, what it has done; third, what it can do; fourth, how it does it.

The Kiwanis club is a business and professional men's club similar in purpose to the Rotary club. At the present time, there are about seventy Kiwanis clubs in different cities throughout the United States, with a membership of seven thousand. Osteopaths should avail themselves of the opportunity to become members of the Kiwanis as well as the Rotary clubs, as they offer exceptional opportunities for presenting the claims of Osteopathy to a preferred class of business and professional men.

**PUBLICITY FOR OSTEOPATHY
Free Hay Fever Clinic Subject of
Much Comment.**

Dr. John H. Bailey, of Philadelphia, has opened a free Hay Fever clinic in the annex of the Philadelphia Osteopathic Hospital, 832 Pine St. It will be remembered that Dr. Bailey last August established a similar clinic and accomplished results that are almost unbelievable. His work has been receiving much publicity in the Philadelphia papers. The clinic meets on Tuesdays and Fridays from seven to nine P. M. Dr. Bailey is assisted by Dr. R. K. Eldridge, of Philadelphia, and Dr. Morris M. Brill, of New York.

There is some question as to the permanency of the results obtained by the new method of treating hay fever. There is a question as to whether the attacks were simply arrested or whether the patients were permanently cured. The results of Dr. Bailey's second clinic will be looked forward to with keen interest by members of the profession. It is hoped, also, that Dr. Bailey will give us a report on the cases treated last year, whether there was a recurrence of symptoms and whether further treatment was necessary.

**BOUQUETS AND BRICK-
BATS.**

Some of the letters printed below are given in full. We print only excerpts from others. We do not deem it fair to publish only the favorable comments received from our readers, so give both sides.

This is in accordance with the announced policy.



**"INTENSIVE OSTEOPATHY"
THE CONVENTION KEYNOTE.**

I had my first chance to look at "Osteopathic Truth" on my way home from Kansas City, and want to compliment you on it.

Your Declaration of Purpose and Policy is exceedingly good, but what made an especial hit with me was your little editorial on "Sharpen to a Point."

I really believe that we did things in a constructive way at Kansas City. The tone of things was right. Everywhere, in conversation in the lobbies, in class meetings, in sororities, in fraternity meetings, at the banquets, by members on the program, there was continually voiced the sentiment for intensive osteopathy, and there was almost uniformly expressed a protest against the teaching of drug dosage in our colleges, and against the use of drugs as therapeutic agencies in our practice.

It was really an osteopathic convention. The officers elected are osteopathic, and one going away from that convention went away with an added feeling of confidence in osteopathy.

It was an old fashioned—"Osteopathy-adjustment-cures"—sort of a convention rather than an "academic-freedom" one, or anything else which is not particularly expressive of osteopathic endeavor.

ASA WILLARD.

**NO USE FOR A MEDICAL
DEGREE.**

To let you know how I feel toward the medical degree, will say I was offered a degree from an evening school in Chicago, when living there if I would teach a class in anatomy.

I could have obtained much good from the teaching, but I had no use whatever for the degree. I find the more one mixes with his osteopathy, the weaker it becomes, and the less he can get out of it.

CHAS. R. PALMER.

FROM THE GROUND UP.

Just put me down as a booster for *Osteopathic Truth*, with all there is in me.

E. H. BEAN.

WISHES US SUCCESS.

Success to *Osteopathic Truth*! It appears none too soon. I have no time for anything but the pure brand of osteopathy as taught by its Founder.

ALICE PATTERSON SHIBLEY.

**WE'LL SUPPLY THEM. SPEAK
UP.**

Number one of volume one of *Osteopathic Truth* should be in the hands of every osteopath in the world.

WALTER J. NOVINGER.

PREDICTS A GREAT YEAR.

The first issue of *Osteopathic Truth* is at hand. Words fail to express my gratification. The subject matter is all that could be desired, the paper good, the type perfect.

I am preparing an article long overdue. The spirit was willing, but have not been in physical condition to write.

The enclosed check is for the good of the cause.

Strength to your pen and courage to your soul! A great year is ahead of us. Osteopathy must win.

NETTIE OLDS-HAIGHT.

**THINK OF OUR PATIENTS
ALSO.**

Indeed you may count on me as a member of the "A. T. Still Ost. Legion".

It is high time all true osteopaths got together for the protection of our profession, and of our loyal clientele who have learned to look to us for help.

J. D. DESHAZER.

SHOULD HAVE SUPPORT.

The copy of *Osteopathic Truth* at hand and think that its object is a very commendable one and should have the best support that all osteopaths can give.

F. E. ROOT.

CONGRATULATIONS.

Congratulations for you and your staff upon launching Vol. I No. I of *Osteopathic Truth*.

F. P. MILLARD.

REAL OSTEOPATHY WILL WIN.

After 16 long years of successful struggle with osteopathic principles, I am more convinced every day of the truth of osteopathy! The simon-pure kind will win victories when every thing else fails.

F. C. LINCOLN.

THIS HELPS.

More power to your elbow. The much needed apostles have arisen. Long life to you.

H. POCOCK.

**ERNEST ASKS EARNEST
QUESTIONS.**

I have received and read carefully the first issue of *Osteopathic Truth*. I am enclosing fifty cents to pay for a year's subscription, because I feel there is a need for such a publication.

I wish however in a friendly way to point out an inconsistency (as I view it) between the pledge you ask us to sign and some of the substance matter of your first issue.

The last part of the official pledge reads, "Thus shall Osteopathy be known and accepted for what it is—a complete system of healing". Contrast this with Dr. Alfred W. Young's contribution, in which he says, "This is the day of the specialist and the osteopathic specialist may stand at the head in the accomplishment of good work, rightly done, if he will. No man can perfect himself in all branches of the healing art and do the work of one who is devoting his entire time to one thing. Hence specialists can attain much higher efficiency than any general practitioner who attempts everything and blunders fifty percent of the time". A little further on he says, "It is no admission of weakness if you cannot handle everything that comes to your door".

The writer finds himself in accord with Dr. Young's views, in many respects in that he believes that osteopathy owes all that it has achieved so far and will continue to score its greatest triumph, in the application of its basic and unique principle, viz. "The adjustment of the structure of the human machine". We have no more right to claim dietetic, environment, mental, and surgical adjustment, as osteopathic, than the other schools have to claim it as a legitimate part of their practice. They are in

reality more entitled to do so by right of prior claim and practice.

One D. O. says "I will not be limited". Another one says, "This one thing I do, because I believe I can accomplish more for the relief of human suffering and the advancement of osteopathy, by so doing".

Let's quit beating about the bush and look the facts square in the face. If we refuse to be limited and accept anything and everything that comes to us, it is a self-evident truth that there will be times when we must use drugs. This being true it naturally follows that we should have some knowledge of the dosage, action, etc., of the drugs we will certainly have to use sooner or later. Where are we to acquire this knowledge, if not in our own schools.

ERNEST C. BOND.

THE PERSONAL EQUATION.

The official pledge of the Osteopathic Legion has something in it that I can't agree to. That is in regard to the "basic cause of most of our professional ills". I am sure there is a lack of ability in diagnosis, etc., in the field. But this I know, a class can go thru a whole course and have among its members true osteopaths and mixers. Those who believe osteopathy is sufficient and those who believe it inadequate for many things and that we must be "broad" enough to include all the fakes. I have been much tried by those who insist upon trying everything in severe cases.

But were they taught that in any college of osteopathy?

ISABEL O. BARBER.

**TOO MUCH MIXING, TOO
LITTLE TEACHING OF OSTEO-
PATHIC FUNDAMENTALS.**

I am glad to see the profession going back to Osteopathic Truth, for in my observation we have gradually slipped away from the basic principles of osteopathy, there are too many adjuncts, too much machinery, too much dependence upon the old school and its theories, too much readiness to advocate a drug, a serum, an anti-toxin or vaccination. One place to find a lesion is in our schools, they do not impress upon the student, day after day, month after month, year after year, the all-sufficiency of the harmonious human machinery.

WM. H. SEXTON.

**WILL CO-OPERATE IN EVERY
WAY.**

You are doing just what I have been wishing so many times somebody would do. The trouble with us all is that we are too busy in our own field to give the thought and attention to the profession at large that we should. You have my hearty co-operation in every way.

Fraternally yours,

E. O. MILLAY.

**HAS READ AND APPROVED
EVERY WORD.**

With pleasure I have signed the Official Pledge of the A. T. Still Osteopathic League. It looks good to me and I have read every word of the first issue of *Osteopathic Truth* and it has given me more spizzinkum than I have had in many months. This sort of a journal surely has my hearty support.

This first issue has the true OSTEOPATHIC ring and I hope you will either bring the mixers to their senses or drive them into the medical ranks, where they really belong.

The medical journals would give us more osteopathy than some of the stuff we have been having dished up to us and that we have been asked to pay for under the pretense of it being the very latest thought in osteopathy.

With best wishes for the success of *Osteopathic Truth*.

W. S. MILLS, D. O.

**ONLY ONE KIND OF OSTEO-
PATHY.**

This is one of the best moves on the part of the osteopaths ever pushed and I am with you all in this work.

There can be only one kind of osteopathy and that kind Dr. Still taught us all. We are too easily sidetracked.

CHARLES M. BLISS.

**LET EVERY OSTEOPATH DO
HIS DUTY. SEND STUDENTS
TO ONLY THOSE COLLEGES
THAT ARE RIGHT.**

The one thing we can do is to educate the profession and the one thing we all must do is to get students into the colleges—get students into those colleges, which we believe will give them the best osteopathy. Cut out sentiment, forget

which Alma Mater is ours, and use common sense and discretion and put a premium right from this date on those schools which are consistently teaching osteopathy. If we do that, and arouse a professional feeling, which means do our duty in every capacity—not the least attend local, state and national meetings—we have nothing to fear.

As I look at it, I signed the pledge in effect when I accepted my diploma fifteen years ago, and I should feel that it was entirely unnecessary to reconsecrate myself, as it were, as that pledge contemplates. Some people may feel that they need this reconsecration. I do not feel that I need it. Let those who feel that they need it make it. While I say that I do not see the need of the organization and see the harm that will come if it undertakes to operate at election time as an organization, I have no feeling whatever against it and nothing but the kindest of feelings for those seeking to promote it, because I believe their intentions are the best, but I doubt the wisdom of it. I wish the magazine every success and certainly its editor.

[The above was written by an officer of the A. O. A. who has been prominently identified with progressive movements for many years. Because the letter was personal his name is not published.]

STRUCTURE DETERMINES FUNCTION, DRUGS ARE UNScientific, BUT—

I have not signed the pledge and will not until I know something more of what you fellows are up to. If it means that Osteopathy is to revert to the days of its origin and refuse to meet, accept and appropriate scientific truths that have originated and been proven since that time I am out. I believe thoroughly that "structure determines function" and that "the internal administration of drugs for the purposes of cure is unscientific" but at the same time I do believe that some of the antiseptics and antidotes (some of the chemicals—606, quinine and serums used internally) are beneficial and that anesthetics must be used. Some of your crowd are as fanatical and as far from the truth as are some of the mixers. Personally I think I know where you stand. You are sensible and can weigh a scientific fact. There is no use in butting our brains out against the truth. See?

I wish your new publication well and shall be glad to send you something if I can possibly grind it out.

PERCY H. WOODALL.

[Note. Dr. Woodall graduated from the practice of medicine when he entered the ranks of osteopathy. He severed all of his former affiliations with medical societies because he really believed in osteopathy. He has been for years officially active in the A. O. A., his service including a term as president. He wrote "Osteopathy, The Science of Healing by Adjustment", an explanatory book that should be in every library in the land. His "silent educators" have carried osteopathic messages enclosed with countless letters and bills, sent out by many osteopaths. His letterhead, upon which the above was written, bears imprinted upon it a cut of a spinal column eight inches in length, with the legend "Osteopathy Adjusts, Nature Cures". We print here a definition of osteopathy written by Dr. Woodall and published in *The Herald of Osteopathy* for August, 1914:

"Osteopathy is a COMPLETE AND INDEPENDENT SYSTEM of treating diseases by scientific manipulations, the purpose and intent of each manipulation being either to correct some derangement in the position of the tissues or to increase or decrease the activity of some organ. It is not a remedy or method applicable to some particular disease or group of symptoms, but is co-extensive with the art and science of healing and SUCCESSFULLY TREATS ALL CURABLE NON-SURGICAL, ACUTE AND CHRONIC DISEASES. Its field not only includes all those diseases treated by medicines, but also a great many in which medicines are admitted to be useless."

We believe that Dr. Woodall is sincerely and intensely osteopathic in practise as well as in writing, and in view of the statement above shall await with much interest his promised paper, hoping that he can "grind it out" soon. Ed.]

DR. CLARKE SAYS HE BEAT THE LEGION TO IT.

Strongly Urges Platform as Outlined.
I do not understand how I was overlooked in having preliminary correspondence sent me, as I have been continually urging such radical action in Michigan as seems to have been outlined in this first number of *Osteopathic Truth*; and in the position I am holding as chairman of the Bureau of Statistics I have been corresponding

with several other state representatives with the same object in view.

The "Declaration of Osteopathy" written by me in 1910 had this same object in view, and was aimed to start the movement towards a "Unity" in declared principles throughout the country.

Independent Boards, and a closer relationship and cooperation between state, district, local and national organizations, together with uniform legal regulation are absolutely essential if we expect to maintain our integrity as a profession.

Here are my heart, hand and voice in the forward movement.

GEORGE BURT F. CLARKE.

AGITATION FOR "TEN-FINGER OSTEOPATHY" IS BIGOTRY AND HYSTERIA. THIS IS THE WORST PUBLICATION EVER.

The medical man who condemns osteopathy without a knowledge of either its theory or practice is undoubtedly a bigot and unworthy of serious consideration.

It is likewise true that an osteopath who condemns the practice of medicine without a knowledge of its theory and practice lays himself open to the charge of prejudice and ignorance. To know how to fight a thing it is necessary to understand it and the trouble with many of our practitioners is that they condemn the use of medicine without a knowledge of the thing they oppose.

I most certainly believe that materia medica should be taught in our colleges. Furthermore I believe that unless it is taught that our graduates will continue to gain their knowledge in medical schools. I do not think that a knowledge of medicine would make us less efficient as osteopaths. The agitation against anything and everything except "ten finger osteopathy" is exactly 100 per cent hysteria.

In your July issue Louise A. Griffin, D. O., asks, "Why all this clamor for a 'broader osteopathy' that will include anything that may give relief?" The answer is that relief from disease is what the average patient is after and he's not particularly interested whether he gets it through "ten finger osteopathy" or not. Furthermore there is an ever-increasing number of osteopathic physicians that believe that the patient is entitled to this much sneered at "broader osteopathy" that attempts to give this relief from pain and disease regardless of the origin of the therapeutic agent employed.

Personally I have not the slightest desire to practice medicine and I don't know any osteopath who does. The study of materia medica however, doesn't make an M. D. any more than one swallow makes a summer or one drink makes a drunkard. I do most firmly believe, however, that if we are to take a stand in opposition to the dominant school of medicine we should have some knowledge, at least, of the thing we oppose.

Enclosed please find my subscription to your publication. It's the worst thing I've seen published for a long, long time.

Sincerely yours,

ROBERT W. ROGERS.

RECONSECRATE ON A NO-COMPROMISE BASIS.

I have always stood upon the principle that osteopathy is a complete science and system of healing, but am often plagued and driven to embarrassment by reports of compromising practice and confession on the part of my fellow osteopaths of reputed good standing. Compromises that destroy the very life germ in those practitioners of the great principles as given by our founder—who never has compromised. May your publication prove to be the nucleus of a revivification and reconsecration.

BENJ. F. STILL.

ON THE RIGHT SIDE OF THE FENCE.

You may be sure that we were much interested in this first issue. Those of you who put it over are to be highly commended.

Osteopathic Truth has the right ring and is plainly on the "Old Doctor's" side of the fence. Your platform of straight osteopathy will not only perpetuate the individuality of our science but also our profession.

You have our every good wish and sincere interest.

F. E. MOORE.

BLAME THE MISFITS, NOT THE COLLEGES.

The charge against our colleges is the pledge of the A. T. Still Legion is unjust and disloyal. If the burden of proof were placed upon the person responsible for the statement that "the basic cause of most of our professional ills is the incorrect teaching of osteopathy in our colleges,"

he would find himself in difficulties. Considering the handicap under which the colleges have been operating, they have acquitted themselves creditably. Under their new organization, at least two of them are making a sincere and honest endeavor to teach pure osteopathy. They are still working under a handicap, but they are doing the best they can. In all fairness, what more can be expected of them?

Not the least of the causes of our professional ills is the misfit. He was referred to in the first issue of "Osteopathic Truth", but collectively he is of greater importance than this passing mention of him indicates. There are misfits in every profession; but osteopathy has an unusually large proportion because the bars have been down, and Tom, Dick, and Harry have come in, attracted by a short course with no entrance requirements and the prospect of a good income after entering practice. If in recent years there has been a single class graduated from any of the colleges without one or more members who never would have made good osteopaths even under personal instruction from the Old Doctor himself, it is a rare exception. Let no one say that the colleges are at fault for having had these low standards. Without an endowment, it was the only means by which they could survive. With the colleges out of existence, where would the profession be today? With endowments obtained and educational standards raised, this source of trouble will be largely overcome.

Undoubtedly there are lesions in the profession; but having found one of them, let us not give our entire attention to the one and thus neglect others of equal or greater importance.

Yours fraternally,

C. B. ROWLINGSON, D. O.

CHARGE FAILURES TO IGNORANCE AND NOT TO THE SYSTEM OF OSTEOPATHY.

I am very much impressed with the decided move to stop this slipping away from osteopathic fundamentals which has been noticeable for the past few years on the part of some osteopaths who appear not to have fully absorbed the principles so decidedly taught in my school days. I have always felt that my failures and those of others should be charged up to our ignorance of the principles of osteopathy and not to the supposed incompleteness of our science as some of our number would have us believe.

I certainly trust *Osteopathic Truth* will accomplish the task for which it was launched.

J. S. BLAIR.

CALLS FOR ARTICLES ON HOW TO FIND IT AND FIX IT.

Am very much pleased with *Osteopathic Truth*. The tendency toward things medical and surgical among some practitioners is becoming too apparent.

I believe the weak point in our system as well as all other methods of curing, is diagnosis of disease and its cause.

It occurs to me that some of our good writers, who at the same time are skillful diagnosticians could be very useful to the profession in clearing up disputed points.

L. C. KINGSBURY.

FINDS OSTEOPATHY SUFFICIENT.

Am very glad to become identified with the movement for the preservation of the fundamental principles of osteopathy. In my fifteen years of practice have found osteopathy sufficient for my needs.

E. W. SACKETT.

DOUBTFUL PRESTIGE IN MEDICAL DEGREE.

I wish to add my hearty support to the movement as outlined in the *Osteopathic Truth*, first issue of which I have just received. I have no patience with the D. O.'s who get "cold feet" and want to add M. D. to their names, in order to have prestige in their community. Let them get busy and learn all there is yet for us in the osteopathic field.

ELVA J. LYMAN.

WE HOPE TO SUPPLY THE WANT.

The first issue of *Osteopathic Truth* was very fine and I sincerely hope you will publish something from which I can gain some advancement in osteopathy. Most of the literature is so "pussy foot" and "side stepping" and playing to popular opinion that any real information is hard to find.

The dear public want results and so do I.
KATHERINE S. MYERS.