

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

FEBRUARY, 1917

Number 7

THE LIMITS OF OSTEOPATHY

J. DEASON, M. S., D. O., Chicago, Ill.

The call for "broadness" in osteopathic teaching and practice would be alright if limited to proven scientific truths. To me, a scientific truth, regardless of where and how learned, is more to be sought than any other thing in existence. Scientific knowledge can harm no one, but first, let us know that it is scientific truth and capable of practical application.

Pharmacology, as taught in the University medical schools of the present day, is growing more scientific. Medical doctors who have been even a short time out of school, could unlearn much by taking such a course and osteopathic physicians would learn that there is little to be learned therapeutically, from the medical view point.

Most osteopathic physicians believe that osteopathic principles are proven, fundamental, scientific truths. Then why not teach what we believe, teach that thoroughly and let it be the first thing taught? Why not let our students have a chance to think scientifically and from an osteopathic view point? If this is not done they are being deprived of their osteopathic birthright.

There is so much to be learned as compared with the little that we now know about osteopathy that no one is safe in saying that it has limits.

Once I heard a doctor say to Dr. H. H. Fryette, that he knew that a certain disease could not be successfully treated by osteopathy because he had tried it and had failed. Dr. Fryette remarked that that was no evidence, because no one has a right to say what another's ability is. Once I saw two members of the A. S. O. faculty try to set a dislocated femur. It had been out a long time and many medical doctors had been working at it with failure. The two men of our faculty had failed and Dr. A. T. Still was called. He first pressed on the nerve supply to the joint and then easily and quickly reduced the dislocation without pain, thus demonstrating that in this case at least, the

"limit" of osteopathy was only in our limited knowledge.

Once I called Dr. Still to see a case of neuritis of the arm. Palpating through coat and all, he told me there was a slip of the acromial end of the clavicle. At that time (I have seen a few since) I did not know that the outer end of the clavicle ever was "in lesion." Correction gave quick relief. It's the same old story in these so-called wonderful cures that we hear about. Many of them may be fish stories, but it is always best to retain our criticism until we know just how thoroughly the doctor who did the work, understands osteopathic principles.

Does any one know of any disease condition in which osteopathic methods have been thoroughly tried with failure? To answer positively, in the affirmative, would mean that hundreds of such cases had been thoroughly studied by thoroughly efficient osteopathic physicians and that a majority had decided that disease X could not be successfully treated. I have repeatedly asked this question at many association meetings during the past four years and have never had an affirmative answer.

If this is such a great problem, why do we not have students attempting the solution? We have. They are working at it every day but not with enough intensity. It is the intensive students that we need. It is understood that all doctors are, or at least should be, students always.

President Meacham has well assayed the situation in a recent article in this paper when he attaches a part of the blame on the osteopathic teachers. We need INTENSIVE osteopathic teaching to make our graduates think in terms of the relation of structure to function. Granting that the schools are to some extent at fault and that they could be made much better in this respect, we must not fix too much blame on them, because most of the doctors who are giving of their valuable time to this work are doing so at a sacrifice and they should be encouraged.

The schools have to prepare their graduates for state board examinations, as well as to give them osteopathic knowledge. Let us therefore, look to the men higher up, the men who prepare the state board questions.

If these doctors would make their questions strictly osteopathic in every subject, if instead of expecting the applicant to write what Osler, Ballenger, French or McFarland says on a certain subject, they were ASKED to write what Still, McConnell, Burns or Clark said about that subject, there would be intensive osteopathic teaching. There would be a demand for osteopathic texts, there would be more and better osteopathic texts and students would be taught more Osteopathy. Such a plan would create a new struggle for existence among osteopathic teachers and the "demand for function" in the schools would be supplied by such men as Dr. Virgil Halladay of the A. S. O. faculty, who is actually teaching osteopathic anatomy, or Dr. F. M. Nicholson of the Chicago College faculty, who is teaching osteopathic pathology so intensively. I mention these two progressive young men because I happen to know of their work. There are probably others, and they ought all to be of this type.

Have you ever wondered why the "old timers" such as Drs. Hildreth, Meacham, McConnell, Pickler, Sullivan and others are so thoroughly osteopathic and so thoroughly free from "the dope dabbler's delusion?" I believe it is because when they left school they were so ignorant—ignorant of medical theory and filled with "Osteopathic Truth." They knew little of medical diagnosis and prognosis and because they didn't know that a certain disease could not be cured, they went right ahead and cured it.

Why can't we have more of such ignorance and more of this same kind of knowledge?

It has always seemed to me that the

first two years of the student's work are the most important, because it is then that he is developing his osteopathic thinking power. He is then learning principles and their application. I firmly believe that if students were taught all of the fundamental subjects such as anatomy, physiology, histology, embryology, pathology, chemistry of the body, bacteriology, etc., strictly from the osteopathic viewpoint, that is, if they were taught in the first two years, to think osteopathically, they might even finish their course in a medical school and yet they would be efficient osteopathic physicians. By this, I do not mean that the last two years of schooling are at all unimportant. They certainly are important, and the practical work should be taught by experienced osteopathic physicians, but first, it is most important to teach the student to think osteopathically.

The limits of Osteopathy as far as is known, are merely the limits of the doctor's understanding of osteopathic principles and his ability to apply what he knows.

CASE REPORT

L. J. BINGHAM, Ithaca, N. Y.

Upon request for a write-up of my case to be reported in Osteopathic Truth, I herewith submit the following:

After graduating from the American School of Osteopathy in June, 1910, I located at Ithaca, N. Y., in September of the same year. I soon built up a good practice and before I learned how to conserve my energies, I found myself working beyond the limits of my endurance. I accidentally discovered albumin in my urine. I started in to regulate my diet and get treatments twice a week from neighboring osteopaths. I was running about half a gram of albumin to the liter. There was a slight tendency to constipation, though not marked at this time. I worried along with treatments and diet for a year without much change. In March, 1912 my only child, a boy of two years, became seriously ill with inflammatory rheumatism, complicated with endocarditis. I worked over this boy night and day for seven months and carried on my practice at the same time. We lost our boy. Then I went away for a month's rest. I put myself in the hands of one of the best osteopaths in our State, but my obligations were such that I had to go back to work. I continued to go to this physician twice a week for about another year. The albumin persisted in spite of everything I could do, but my general health seemed better. I let things drift along for another two years, getting treatments from good men wherever I could get them

most conveniently. After a heavy winter's work in 1915, I began to go to pieces generally. I was obstinately constipated and the albumin was on the increase slightly.

I went to Chicago, April 1st, 1915, and put myself in the hands of Dr. Frank Farmer. I stayed there four months. Dr. C. P. McConnell treated me for six weeks while Dr. Farmer was away on his vacation.

At this point in the history of the case, because of what follows, I will go back and say that previous to my first discovery of albumin, I had never had any serious illness aside from the usual diseases of childhood. I had never known anything but hard work. I had whooping cough one summer vacation during my high school days while working on my father's farm. I remember this as a bad summer. I worked hard, coughed a great deal and suffered from indigestion and constipation. After this experience, I was troubled a great deal with indigestion and constipation during later student days. I have always had frequent attacks of colds or gripe often in the summer time. I had both types of measles while in college at the age of 22; but without complications. I played football during my preparatory school and college days. I sustained several serious injuries in this game and I shall always carry rib and vertebral lesions obtained from these injuries. One other incident might be mentioned as having a possible bearing on the cause of my trouble. A few days before I took the New York State board examination in June, 1910, I contracted a slight attack of tonsillitis. I kept up my studies and went through the examination, but finished in bad condition. I recovered quickly, however, when I got away to rest. It was only a few months after this that I discovered the albumin.

Coming back to my arrival in Chicago Dr. Farmer put me through a complete examination. Analysis of stomach content showed hyperacidity. Feces, normal flora, but some undigested food. Urine, .4 albumin, Esbach method, or about $\frac{1}{2}$ gram to liter. A few epithelial cells and a few hyaline and granular casts appeared. Blood pressure ranged from 114 to 122. Blood count about normal. Hemoglobin 74% measured by color index. The X-ray and fluoroscopic examination revealed an enlarged stomach, drawn over to the right and held there, the lower end of stomach reaching below the brim of the pelvis on right side. There was general ptosis. Adhesions had formed in the region of the gall apparatus. The transverse colon had sagged down, lying along the ascending colon for a few inches. This section was adhered together and

this angle was attached to the pyloric end of the stomach. The whole mass seemed to be anchored over on the right side. It was not possible to determine just how. This picture explained the history of constipation. Just when or what caused the exudate thrown out to form the adhesions cannot be definitely determined, but probably the condition was cumulative, each attack of indigestion causing more inflammation and more exudate as the years went by. Catarrhal inflammation of the gall ducts undoubtedly entered into the picture.

There were osseous lesions all along the spine and ribs from sacrum to occiput. The treatment consisted of specific adjustment of lesions and a direct attempt to break up the adhesions. This was done by literally seizing the transverse colon just below the adhered mass and holding down and to right while I took a forced deep breath, followed by drawing diaphragm and abdomen in and up. We could hear and feel the adhesions tear at first. This treatment was kept up for two months, when another fleuroscopic observation was made and an X-ray picture taken. A marked separation of adhesions was evident. Upon taking a deep breath and raising the diaphragm, the stomach was observed to ascend about three inches. I worked the deep breathing with retraction of the abdomen and elevation of the diaphragm, at frequent intervals every day as an exercise. I received daily treatments from either Dr. Farmer or Dr. McConnell for four months. At the end of this period, a third X-ray showed the stomach completely separated from the hepatic flexure and the bowel obstruction was entirely gone. I went back to my practice and I have not had constipation nor the old distress in that area of the abdomen during the eighteen months since. I have enjoyed a very greatly improved degree of health, but the albumin has not entirely cleared up. The quantity is less; only a trace now appears unless I become overtired.

This is an example of what can be done in breaking up abdominal adhesions by purely osteopathic manipulations. According to competent authority, surgical interference in these cases only results in more adhesions. Adhesions occur more frequently than we know and we have a great power in breaking them up if we work intelligently and persistently. The X-ray and fluoroscope must be employed. I now have a case similar to mine, where there were adhesions involving the pylorus and the transverse colon. The probable cause of this case was general catarrhal inflammation, pyloric ulcers, ptosis and inflammation due to osseous lesions. The case is responding nicely and the obstruction has cleared up.

MANY PRACTICAL SUGGESTIONS

YOUNG BUCK GIVES BILL SOME GOOD POINTERS

MY DEAR FRIEND BILL:

I have been thinking over your letter for several days and wondering just how to explain to you what I know about the questions you ask for information on. I know of only one way to answer you and that is by just opening up and letting loose. I don't like destructive criticism, and I hope that I can explain myself without getting away from the scientific spirit that I desire to always use in the discussion of any subject. You have invited this, and if it is a little too strong for you, just remember that I am trying to talk as man to man and discuss some vital questions in a way that will be valuable to us both.

You speak about your contemplated equipment. Now listen.

A dentist expects to spend not less than \$1500.00 on his office equipment and an M. D. almost as much, but many osteopaths seem to think that a treatment table, a few chairs and a diploma on the wall is a good equipment. It is, and a big and successful practice can and has been conducted with this, but if you wish to be "Doctor" in your community, and not merely an outside practitioner or specialist, you will need more than this.

As to Income

After you have practiced a while and worked up your practice you will begin to think of how you can make a better income, get fees, without doing quite so much hard manual work, and it may not, probably will not, be because you are lazy or not enthusiastic about your results. It will be because you do not want to leave the office tired out every night. It will be because you realize that you want to do something that does bring a fee. You will want to be just a little bigger than simply a "two dollars per treatment man."

There is just one pathway to this place and that is DIAGNOSIS, and you cannot make a diagnosis in this day and age without equipment. It has been said that any professional man who is not able to get better fees—raise his worth to his community—about every five years is a failure. You can think it over and decide for yourself. If your examination and treatments are worth two or three dollars during your first year, and if your diagnosis, or some part of your service, is not worth more after five years at it, you have either not studied or you have let yourself be brow-beaten into thinking you are not worth more, or you really are not worth more—you are worth less. When I say there is but one pathway up and that is by diagnosis, you may ask: "What about the new methods of treatment?" The study of diagnosis will lead you to more new methods of treatment than you can ever command through anything else.

The M. D. Degree

First thing you bob up with, "What about an M. D. degree?" Forget it! Forget it! Listen! When you have got what is given you at your own school; when you have got the new treatment for the eye, ear, nose, and throat; when you have made a thorough study of diet by Tilden's, Christian's and Parker's methods; when you have made a satisfactory study of the uses of hydro-therapy and know how much relief from pain, "nervousness," etc., a properly given bath or pack will afford and how much you can add to your efficiency by knowing about the enema and head irrigation, when you have read three books on psychotherapy; after you have read the books that the members of our profession are getting out, and read the good journals of the profession; when you know something about X-Radiance and have satisfied your mind as to the value of high frequency and the violet ray; when you know something about blood work and have spent a time with M. A. Lane, in Kirksville, and Louisa Burns, in the Research In-

stitute in Chicago; when you have had George Still's work; when you have visited a little with some of the successful osteopaths you can find most anywhere and seen some of the many fine things they have worked out; when you have read the "New York Medical Journal" and the "Medical Clinics of Chicago;" when you can make a good examination and fill out a case report; when you have attended an A. O. A. convention; when you know something about that wonderful and pregnant subject of "Acidosis;" when you have investigated "Pressure Anesthesia";—when you have done these things and the one hundred other things that are being shoved right into your face and still feel that you are incompetent and that your time is worth so little that you want to study in an institution whose treatment contradicts itself every twelve months and which gets its methods freshly labeled from a laboratory that has things to sell—why I have nothing to say. Go to it, only don't go to one of those second or third rate so-called "schools" where you will become more confused in your already confused little brain.

Don't Be Misled By Serum Squirters

I heard an osteopath say at the convention this year that he was located at a distance from the center of things and that the articles that were being published by a certain writer criticizing the situation and the profession had got him to thinking that maybe the profession was headed to the bow-wows, and that pure adjusting Osteopathy and rational treatment by non-drug methods was about to be dropped for drugs and serums and vaccines. He said that the greatest good that he had got out of the conventions came from just mixing with the enthusiastic, confident, capable, researching, osteopathic osteopaths and learning that the situation has never been as good or the future as bright.

The physiological treatment of disease by non-drug methods was never on a firmer foundation than it is today. The field for fine work and discovery along this line (and this is the only real line) was never so great, and those who are slinging destructive criticism at the men who are persevering in this work have no rightful place among us. They are mighty bad men to bunk with, and I am glad to say they were not in evidence at the convention at all. Just paste this in your hat: "Find the cause and remove it;" and it might be well to put along side of it, "The rule of the artery is supreme" and "Find it and fix it and leave it alone."

Don't let this vomitus about being a "real doctor" and giving serums and vaccine make you think that the osteopathic air smells bad. If you hang around the fellows that exude that stuff long enough you will get so much of it in your nostrils that the good, pure air of "FIND THE CAUSE AND REMOVE IT," and everything else as well, will smell bad.

Don't Underestimate Yourself

Osteopaths pride themselves on treating causes and removing them. You will meet lots of hard cases and will be discouraged and will wish that you had a dozen ways of getting results, but just remember that no other method of therapeutics can help you very much in finding the cause and removing it. If you could X-ray the wall and cranium of your next door neighbor of some other school of therapeutics, and get a picture of his troubles and doubts and fears (if he is an honest man) you would feel like shedding a few tears over him and asking him to come in and get a little knowledge from you on finding the cause and removing it. Finding the cause and removing it is what I take Osteopathy to be; and take it from me, it is a life-sized man's job. Don't think that there

are no problems to solve along that line, and don't decide that internal medication with poisons and chemicals, and that injections of serums, will help you to be a success. They have helped (I say helped) make a lot of good osteopaths unsuccessful men. All knowledge is good, but you can't mix the real physiological treatment of disease with internal drugging and, as conditions now are, it is better to dig out the formulas for your antiseptics, douche solutions, rectal and vaginal suppositories, venereal and skin treatments, for yourself than to identify yourself with a school that is a failure in so many ways and that is in disrepute with the class of people who are seeking physiological treatment. The few points that you might gain would not begin to repay you for the time it would cost to go over the whole mass of rot that you would have to, to say nothing of the loss of standing and prestige it would give you. You can point out a number of successful and result-getting osteopaths who have taken degrees in other schools, but that does not prove that they are better physicians than they would have been if they had given that time and work to the big questions that are awaiting our solution in our own big field of endeavor. And then I can point out a lot of men whom it is easy to see have lost infinitely more than they can ever gain. Don't you know that the great thing that sustains the so-called regular man in his present position is the backing that the sentiment of the people gives his practice? Don't you know that that sentiment is founded on lack of education and superstition and is growing less every day? Don't you know that publicity and education are daily bringing the mass of educated people over to the side of the physiological and rational relief of diseased conditions? Get your back against this growing strength of support and don't lose it by trying to face both ways. You don't hear any of this "real doctor" vomitus from men who have studied faithfully under good teachers of Osteopathy and who have given any real thought to handling patients, using the legitimate aids in treatment. These men are successful men, and although they do have failures sometimes, they have studied deep enough to know that they would have failures a hundredfold if they gave up their ideas of adjusting things by Nature's way.

Think and Talk Adjustment

The word adjustment brings up the thought that many of us don't use the word enough. What is Osteopathy? It is primarily ADJUSTMENT. Well, then when talking Osteopathy, why don't we TALK ADJUSTMENT? The public can understand adjustment always when they often cannot get the idea of Osteopathy. If we had talked adjustment when we talked Osteopathy our profession would be far stronger than it is. We say we get down to fundamentals, but there is a place where we have almost made a sad failure. It would be easily remedied if we should try.

Another thing; why don't we talk about the spinal cord where we talk of the spine? Who cares which way the spine sticks out, or if it is like a rail fence, if the spinal cord is unimpinged and free from congestion or anemia? Well then, why don't we talk that way? You will find many cases where you feel sure there are no bony spinal "lesions," or at least you are sure you can find none. Experience will teach you to know, however, that there is practically always a spinal cord congestion or anemia or block. It may be caused by a bony lesion or it may not. You will learn that treatment will do wonders in these cases and you will begin to doubt the spinal lesion theory. If you are going to get down to fundamentals and the trouble is in the cord, why say cord and nerves in relation.

One can't blame some fellows though for wanting to be bolstered up with degrees from other schools. Take those fellows that have gone to school where maybe the lecturers show up and maybe they don't. More often they don't, and he has to stand around on the streets and in the halls waiting for the next

lecturer, who may not show up either. When he graduates he may be pretty wobbly in his faith in himself, his system and in everything else.

A certain osteopathic physician said that several of the lecturers in his school were so particular to impress on their minds that if you could do nothing for a patient to say so, and were in the habit of dwelling forcibly on conditions as those in which nothing could be done. In the background of his mind they had implanted the thought: Now I must be careful, maybe I can do nothing for this and must say so. Say, let me tell you something. No patient or person ever came into your office whom you could do nothing for. You can do something for every sick person that you ever saw and it is your duty to do it. Patients want help and they appreciate it if you try to give them that help. Don't be afraid to try, and don't be afraid to make a charge for it. Don't be afraid to treat them every day or twice a day if necessary. The more honest interest you take the better you will succeed. That does not mean that you should not show lots of charity, or that you should run up charges on patients, or that you cannot treat too often or over-treat. But there are those who are forever harping on "you can't do this" or "you must not do the other." Say, every diseased or wrong condition in this whole world can be relieved and cured if we can find the way to do it. Just paste that in your hat along with "Find the cause and remove it." The disease that mechanotherapy (tissue adjustment), hydrotherapy, psychotherapy, dieto-therapy, arotherapy, sun- and heat-therapy rightly applied, either singly or in combination, cannot relieve need never worry you.

I will have more to say later.

Yours for success,

A. YOUNGBUCK.

MEDICAL INTOLERANCE

The following extracts from "THE OPEN DOOR" for October tell their own story:

"The punishing of physicians who will not meekly bow to the medical leaders still continues. We have mentioned the attempt of Dr. Landis, of Cincinnati, to discipline Dr. Arthur Vos, of that city, for his honestly uttered opinions against Diphtheria Anti-Toxin. Also in this issue of THE OPEN DOOR the impudent castigation of Dr. Richard Cabot for truths told concerning the profession itself, and now we learn of the suspension for one year of Dr. Richard B. Faulkner, of Pittsburgh, Pa.—a reputable physician of over forty years' standing—from the Allegheny Medical Society because, Heaven forefend, he had the courage to criticize the indiscriminate cutting out of tonsils.

"The August MEDICAL CRITIC AND GUIDE, New York, a free lance paper owned by the editor, or it would never dare to say the things it does, thus effectively excoiates the act of expulsion:

"We do not know the details of the case, but if they are as represented in the press, then Dr. Faulkner's suspension is unquestionably, unequivocally, an outrage.

"Physicians should be permitted to criticize current practices without incurring the danger of suspension or expulsion from medical societies. There is no doubt whatever that operations on the tonsils or on adenoids, or rather alleged adenoids, are decidedly too frequent and are often performed when there is not the slightest justification for the operation.

EDITOR'S NOTE: Dr. Faulkner's three books, "THE TONSILS AND THE VOICE," "TONSILS AND ADENOIDS, TREATMENT AND CURE," and "THE TONSIL AND ITS USES" should be in the library of every osteopathic physician. Dr. Faulkner claims that about 90% of tonsillectomies are unnecessary, and points the way to a reasonable non-surgical treatment. May be procured of THE BLANCHARD COMPANY, Pittsburgh, Pa.

NEW WAYS IN MEDICINE Alternatives to Vivisection.

The Herald of the Star in a recent edition contains a summary of a speech by Mr. H. Baillie-Weaver on the above subject, delivered at the headquarters of the Theosophical Society in London. It is interesting because of the reference it contains in regard to Osteopathy. It shows that our professional brothers across the water, though few in numbers, are wielding an influence that is taking effect. Here are the paragraphs dealing with Osteopathy:

"Another method of diagnosis boycotted by the orthodox, but which would, I imagine, be cultivated in an Anti-Vivisection Research Laboratory is Osteopathy. To Osteopathy I shall return, and will only point out now that it is not enough for the existence and maintenance of good health that the blood stream should be unpolluted and in a perfect state of fluidity; it is also essential that the channels and courses along which the blood has to pass in order to carry nourishment and do its other beneficent work, should be unobstructed. Bodily structure out of place, particularly connected with the spinal column, tends to produce obstruction by causing pressure, and morbid conditions may be set up by this pressure at a spot relatively distant from the point where it actually occurs. The osteopathic diagnosis detects this pressure, and draws the appropriate conclusions from it, in ways which would greatly interest and astonish the orthodox medical mind, if only it could free itself from professional bias and prejudice, and bring itself fairly and squarely to look into the thing.

"And now, for a moment, to return to Osteopathy as a method, not of diagnosis,

but of treatment of disease. May I give the words of an official pronouncement by way of a description of the treatment?

"One of its main differences from ordinary medical therapeutics is that it rules out all medicines. What the osteopath does instead is to treat the disease from the point of view of structure, paying particular attention to the spinal cord, from which emanates the nerve force of the body. The correction of structure is carried out by manipulative surgery. This is said to set free the circulation and nerve force for all the organs of the body. Five years ago only about four persons employed it in this country. To-day there are said to be some twenty to twenty-five male and female practitioners, the bulk of whom possess American medical degrees. It was in America, in fact, that the system was devised—by Dr. Still—and it is there that it is chiefly practised."

"I HAVE PERSONALLY A GREAT BELIEF IN THE FUTURE OF OSTEOPATHY from a physical plane point of view, and its study and introduction in this country in and by an Anti-Vivisection Research Laboratory would be of great value and helpfulness. Orthodoxy has acknowledged it, and its degrees, given at the Osteopathic University in America, and here in Great Britain, though the orthodox will not look at it, despite appeals from one or two wise ones among them, the public is interesting itself, and will ultimately force the hands of orthodoxy in the usual way."

If there is an osteopathic university in Great Britain it is probably a fake institution. We do not have the facts. The lecturer, perhaps, made an error.

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IMBECILE, DEAF, BLIND, MADE NORMAL BY OSTEOPATHY

"This head-line is taken from the PHILADELPHIA POST, of February 14th, 1917. It introduces the reader to the wonderful story of the restoration to health, by osteopathic means, of Philomena, the two-year-old daughter of Mr. and Mrs. Michael Narducci, of 519 Fitzwater Street, Philadelphia, and gives us an added vision of the practical scope of the osteopathic philosophy.

The story of Philomena Narducci is also reported at length upon the front page of the PHILADELPHIA NORTH AMERICAN, of the same date.

The following account is taken from the Post:

Philomena Narducci, two years old, daughter of Michael and Nellie Narducci, of 519 Fitzwater Street, was taken before Judge Raymond MacNeille, in the juvenile division of the Municipal Court, on November 2 last, and it was there recorded that the infant was blind, deaf, imbecile and incurable.

The same baby, normal in mind, with its sight restored, its hearing acute and robust and healthy in every way; its face bubbling with smiles and its sparkling eyes looking all about it, was taken before Judge MacNeille yesterday afternoon.

Judge MacNeille could scarcely believe the picture before him. He picked up a nursing bottle and waved it at the baby. The baby smiled and with its eyes followed the bottle as the Judge waved it about. The baby cooed and reached out its chubby fists for the bottle.

The Judge Astounded

"Papa, papa," said the baby's mother from behind. The baby twisted its head to follow the sound. It looked for papa. Judge MacNeille declared Philomena a perfectly normal baby. He marveled at the miracle.

Philomena Narducci will go down on the records of the Juvenile Court as an osteopathic baby, for it was Osteopathy that made Philomena's eyes see, her ears hear and her little puny body fleshy and healthy. Philomena, as bright now as any baby in Philadelphia, responded in a remarkable way to a treatment that was confined almost wholly to the spine.

It was through Judge MacNeille that Osteopathy was resorted to as a last chance to restore the faculties of the baby. When the mother and infant were taken into the court the plan was to have the baby committed to an institution for incurables. At best it couldn't live more than three or four months, it was said.

"Do you want to get rid of this baby?" Judge MacNeille said.

"I do not," the mother replied. "I want my baby."

"Have you seen any doctors in regard to this baby?" the Judge asked.

"Six or seven," the mother answered.

"And they give you no encouragement?"

"They say it is blind and an imbecile," the mother said.

Judge MacNeille was told that the baby had been in several hospitals. In the Philadelphia Hospital it contracted measles and was placed in the isolation ward. It was taken thence to a baby's home. It was discharged from other institutions. Everywhere they said the baby was incurable.

It was at this point that Judge MacNeille suggested Osteopathy to the mother. She had never heard of Osteopathy, but agreed to let the child be treated that way.

"I have tried everything," she said. "I'll try anything if there is any hope for my baby."

Judge MacNeille sent for Dr. John H. Bailey, an osteopathic physician and member of the staff of the new Osteopathic Hospital.

"There is no money in this case—the people are very poor," Judge MacNeille said. "Will you take it?"

"If it is hard enough—yes," Dr. Bailey said.

So the arrangement was made. The Judge ordered that the mother take her baby home and let the osteopathic physician treat it.

The history of the case was submitted to Judge MacNeille yesterday. After three treatments an improvement was noticed and after six treatments the baby began to relish solid food which previously it had no taste for.

The Sight Began to Come

Evidence that the sight was returning was manifested about a month ago. Dr. Bailey, who has been treating the baby three times a week, reduced the treatments to two a week then.

It was plainly evident that the infant could distinguish light from darkness. There were slight evidences of a coming of the other faculties.

Two weeks ago Dr. Bailey became positive that the baby could see objects and could hear distinctly. Also, its mind appeared normal. It began to recognize those about it. It knew its father and mother and grandmother.

At the same time it began to learn words. It took up the words "mamma" and "papa" and "grandma."

It weighed fourteen pounds when Dr. Bailey began treating it and within six weeks the weight had increased to twenty pounds. It began to eat various kinds of food suggested by the doctor and instead of crying incessantly, as it had done from infancy until November 22, it slept a great deal and manifested a good humor when it was awake. It is now a laughing baby.

Dr. Bailey said last night that sight and hearing were given to the child simply by making normal, through treatment of the spine, the liver, kidneys and stomach. The nerves and blood were restored and with these in order, the suffering which had been caused through lack of nutrition, ceased because the baby began to take proper nourishment in a proper way. The dormant state of the brain was due to the general disorder of the important bodily functions. With these corrected, the brain became healthy and active.

When He Took The Baby

"When the baby first came to me," Dr. Bailey said, "there was no power in the muscles. It seemed paralyzed and its head lay back on its shoulders. It looked imbecile, but in correcting the sources of the disorder, we eliminated the imbecile conditions, as a matter of course. And these disorders were corrected by going to the seat of the disorder, which was in the spine."

In their little home in Fitzwater Street last night, the father and mother of Philomena told of the varied experiences which have marked the very young life of the tiny infant. Mrs. Narducci said that Philomena would be two years old next month. In her first six months little attention was paid to her. She was sick and fretful, but her condition was not considered alarming.

The mother followed the course of most poor mothers and took the baby to various dispensaries when anything appeared to be wrong. When she was nearly a year old the infant swallowed a small piece of black cloth and while this cloth was removed from the system, it is believed that the effects of the dye on the cloth brought about the disorders that made the child deaf and blind.

Philomena, the mother said, was subject to convulsions. At one period she was afflicted, with high

fevers and a doctor said that she had pneumonia and that she was imbecile as well. It was after this that Philomena, through her mother, began to make the rounds of various institutions. Finally she found her way to the Juvenile Court. Virtually it had been determined to isolate the child in an imbecile institution, the impression being general that it could live only a few months.

Defies the Fates

Judge MacNeille's order interrupted this plan and instead of being in a home for incurables or imbeciles, Philomena, growing healthy and fat, is still with her mother and defying the fates.

Another baby, whom they have named Rita, has come into the Narducci home. Rita is three months old and is getting the larger share of the mother's attention, and as evidence that Philomena is perfectly normal and human, it is pointed out that she gets frightfully jealous when she sees the new baby in her mother's arms.

When the reporter was departing from the Narducci home last night, Philomena was fast asleep. She had "entertained" the company and was ready for the cradle.

OSTEOPATHIC TRUTH congratulates Dr. Bailey and the Philadelphia profession upon the successful outcome of this difficult case and the beneficial publicity accorded it by these well-known newspapers.

THE BIRDS, THE BEASTS AND THE BAT

(Adapted from Æsop's Fables)

The birds and the beasts went to war. The bat—which could not be said to be either bird or beast—at first kept out of the way of both, but when he thought the beasts would win the day, he was found in their ranks. In order to prove his right to be there, he said "Can you find a bird that has two rows of teeth in his head, as I have?"

At last the birds had the best of the fight, so then the bat was seen to join their ranks. "Look," said he, "I have wings, so what else can I be but a bird?"

"To grind with all winds" was thought base in the bat by both sides of the fight, and he could get neither bird nor beast to own him, and to this very day he hides and sulks in caves and stems of trees, and does not come out until dark, when all the birds have gone to roost and the beasts of the field are wrapt in sleep. ONE MUST NOT BLOW BOTH HOT AND COLD.

"At last the profession has a publication possessing a PUNCH. Does the degree "D. O." mean "Dead One" or Doctor of Osteopathy? I've found the answer and I want to be fed up on a dollar's worth of it,—my subscription herewith enclosed.

"Lead on, Meacham and Bernard; and more power to you!"—DR. D. PORTER REIMER, Hartford, Conn.

"All medical legislation is of itself in the nature of class legislation, asked for by the few and not by the masses."

J. WILEY ANDERSON, M. D.

Osteopathic Truth

A MONTHLY JOURNAL OF
OSTEOPATHIC PROGRESS

EDITED AND PUBLISHED BY

PRACTICING OSTEOPATHIC PHYSICIANS
FOR THE OSTEOPATHIC PROFESSION

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FEBRUARY, 1917

OSTEOPATHIC VISION

Vision always precedes accomplishment, just as desire precedes fulfillment. The more clearly defined the vision, the easier and more efficient will be the accomplishment or realization. Our success as individuals, as well as a profession, depends upon the character of the vision we entertain. If our vision is clear cut and true to principle, our success will be great and abundant.

The individual who is without vision will never amount to anything worth while and the profession without a worthy vision likewise will fail to realize the possibilities before it. There are practically no limits, on the other hand, to the possibilities of the man with a vision. When Napoleon was told that the Alps lay in the way of his progress he replied, "There shall be no Alps." "Impossible," he said, "is a word only to be found in the dictionary of fools."

Considerable, of late, has been said about the limits of Osteopathy.

Obviously it is impossible to place any accurate limitations upon a PRINCIPLE that has not been subjected to a more thorough and comprehensive test than has been given to Osteopathy. We are all too prone to place limitations upon ourselves as individuals, and the same applies to us as a profession. Too frequently we limit ourselves by the very narrowness of the vision we entertain, and we likewise limit Osteopathy because of our immature and imperfect conception of its wonderful possibilities.

As osteopathic physicians, and as a profession, we should be imbued with the osteopathic vision. We should put forth every effort to thoroughly familiarize ourselves with osteopathic philosophy. Instead of looking for and admitting limitations, we should challenge what seem to us to be limitations. This means constant research, investigation and determination on our part. We must understand the understandable things about the human body and the basic laws of health, realizing that the clearer our vision along these lines, the more efficient we will be as Osteopathic physicians; the greater credit we will be to the osteopathic profession and the more good we will do for our fellow men, both in relieving suffering and spreading the light of truth.

There are several ways of clarifying our osteopathic vision. In the first place we must not let an opportunity go by to obtain a better conception of the machine we call the human body. We must study every joint, organ and tissue of the body, familiarize ourselves with every part, in fact, until we carry in our minds a clearly defined mental picture of every detail of this intricate mechanism. Not until we have such a mental picture before us are we able to get down to efficient osteopathic reasoning. In other words, the tissues and organs of the body must stand out before us in relief, in our mind's eye; before we can expect to become adepts

at osteopathic diagnosis and technique.

We may improve our vision also by a careful and persistent study of all osteopathic literature, particularly that of our venerable founder, Dr. A. T. Still, and that of his most enlightened disciples, Drs. McConnell, Burns, Deason, Clark, Meacham, Riley, etc. It is all right to study medical literature providing we do not do so to the exclusion of osteopathic literature. As a profession our motto should be "osteopathic literature first." Then if we have any time for outside reading, we can select the best that medical literature offers for our enlightenment.

It is quite probable that a more careful and conscientious reading of our own literature would help in the solution of some of the problems confronting us at the present time. It is possible now to accumulate an osteopathic library of several volumes, and by making use of the osteopathic publications now available, encourage the publication of more and better works.

There is one other method for improving our osteopathic vision, we desire to discuss, and this may be designated "personal touch," but there is so much to be said along this line that we will leave it for a more thorough discussion in the next edition of TRUTH. In the meantime, let us bear in mind and meditate upon the words of Solomon, "Where there is no vision the people perish." Let us consider this text as it relates to us singly as individuals, and collectively as a profession.

"He who cherishes a beautiful vision, a lofty ideal in his heart, will one day realize it. Cherish your visions; cherish your ideals; cherish the music that stirs in your heart, the beauty that forms in your mind, the loveliness that drapes your purest thought.

"Dream lofty dreams, and of these, if you but remain true to them, will your world at last be built. And as you dream, so shall you become, for dreams are the seedlings of realities."

—JAMES ALLEN.

TOO MUCH SURGERY

While conservative surgery must be considered as essentially osteopathic, inasmuch as it deals with conditions which must be removed if health is to be restored or life prolonged, the point of view as to what constitutes "conservative" surgery appears open to debate.

To the writer, it has seemed for many years that the medical student graduating with the intention of at once specializing in operative surgery is choosing a pathway at variance with the welfare of the community. A man whose only therapeutics is comprehended in the knife and other instruments of the operating room, and who has never experienced the wonderful recuperative and reparative powers of Dame Nature, working through natural channels, is a man poten-

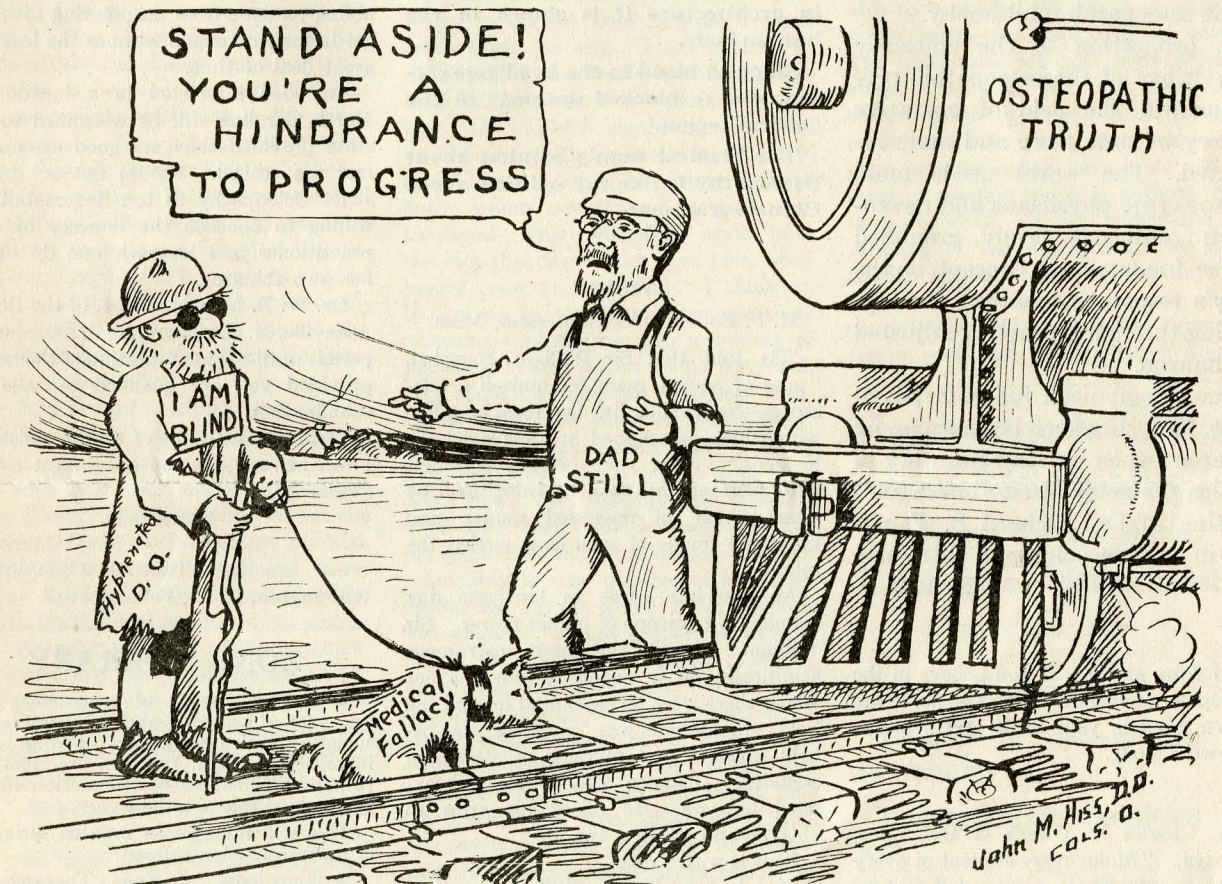
tially dangerous to his fellow-men. For how is such a man to know what Nature can do through the vehicle of a properly-adjusted mechanism? How is such a man to know whether that tumor may absorb, that abscess discharge and granulate, those gall-stones or renal calculi be passed or disintegrated, those ulcers heal over, or that gastroptosis or enteroptosis be corrected by spinal adjustment and intelligent exercise? How is such a man to know what can be done through manipulative or hygienic measures when he gives to operative surgery the place of major importance in his reasoning?

And yet the public of today becomes easily stampeded toward the operating table through the too-ready acceptance of a verdict from surgeons who may be highly skill-

ful in their specialty, and likewise fundamentally honest in their personality, but who have always looked upon the knife as the panacea for most of the ills to which flesh is heir.

Some one has tritely said that a certain well-known gentleman of Pittsburgh "sees everything through a pickle." Is there not such a thing as "seeing everything through the scalpel, saw and forceps?" We think so.

Would you prefer to submit your own wife, or your own little child, or your own good self, to the surgical care of the man who had never handled a general practice as a physician, and therefore knew little or nothing of the body's own inherent recuperative forces, or would you prefer to choose for your surgeon a man who first of all believed



The HYPHENATE has either lost or failed to develop his OSTEOPATHIC VISION, and this is why he feels the need of a medical prop. Being defective in OSTEOPATHIC VISION, he does not feel sufficiently secure in his own therapeutics to let go of the pup of "Medical Fallacy." The one and only cure for HYPHENISM is clear OSTEOPATHIC VISION, a thing within the reach of every reasoning human being.

in natural repair and adaptation by the body itself, and who placed surgery in the position of absolute "court of last resort?"

The editors take considerable satisfaction in publishing herewith the intensely interesting account of the restoration to health through purely osteopathic methods, of Dr. L. J. Bingham, of Ithaca, N. Y., from a condition which would undoubtedly be declared as absolutely SURGICAL by probably 95 out of every 100 physicians of any school. The wonderfully high-class work accorded to Dr. Bingham by those peerless osteopathic physicians, Drs. Carl P. McConnell and Frank Farmer, and their unbounded faith in the efficacy of properly-applied Osteopathy, shows clearly the possibilities of the properly trained osteopath in the surgical field, and the utter absurdity of attempting to place limitations upon the scope of the osteopathic philosophy.

In proportion to the efficiency and virility of the osteopathic profession will the field of operative surgery become more and more restricted. The world needs more OSTOEPAATHIC physicians and OSTOEPAATHIC surgeons firmly grounded in the fundamental concept of the body's response to natural law operating through a properly adjusted mechanism.

The urgent need for such physicians and surgeons becomes more apparent when we read the story of medical bigotry and intolerance relating to Dr. Richard B. Faulkner, in another column of this issue.

—F. A. C.

Do YOUR STUNT. If you believe in the principles enunciated by OSTOEPAATHIC TRUTH, send in your \$1.00 and help the good work along.

Dr. Charles E. Lorenz of Columbus, Ga. says: "Make every student of every school a subscriber at one dollar, fifty cents, twenty-five cents, ten cents, five cents, one cent, or for gratis. My some writers! I have been practicing successfully for 18 years, so I know."

THE "OLD DOCTOR'S" COLUMN

SOME OF HIS PITHY SAYINGS.
READ AND MEDITATE

The rule of the artery is supreme.
Look wise, talk wise, theorize—medics.

All Medical writings fight effects, not causes.

Osteopathy is the essence of the mechanical world.

Cut off the splanchnic and you will be all tumors below.

Whenever finance is your object, you are a thief and a liar.

Man is a machine, built by a machinist who makes no mistakes.

The medical world disguises its inability to cure by talk, talk, talk.

For forty years I have been trying to find God in one bit of hypocrisy.

Although the architect of the universe, God has been ignored in sickness.

If there ever was perfection shown in architecture it is shown in the human body.

Sluggish blood in the head gets rotten, due to blocked drainage in the cervical region.

The Medical man's opinion about Osteopathy is like my opinion about Chinese grammar.

VISION

H. P. Frost, D. O., Worcester, Mass.

'Tis told that Sir William Herschel, "poor of pocket, made for himself a telescope—Newtonian, five feet focal length—with which he scanned and surveyed the heavens." Soon he became familiar with each separate star, he knew them by name,—such as possessed names—and knew the course of each as it circled the infinite.

An associate came to him one day bringing a telescope of higher power. Sir William focused the new instrument skeptically on a region in the heavens where there were no stars, and lo, and behold where there was "nothing" he beheld myriads and myriads of stars and stellates. Distance after distance beckoned him on. He raised his arms to Heaven and fell in a swoon.

So it is with Truth.

Dr. Andrew Taylor Still is the "associate." He turned the telescope of Osteopathy on the medical "nothings" and saw the Truth. He is a seer. Look and you shall see.

OSTEOPATHS WANTED IN NORTH CAROLINA

The following towns in North Carolina have no osteopaths and each of them will support at least one. Osteopathy is well and favorably known in North Carolina and if good osteopaths will locate in these towns they should make expenses from the first month or so. These towns have from four to ten thousand people. In addition to this list there are probably several others that I do not remember at this time.

The June examination will be the last three year examinations held in the state as four years will be required beginning July 1st.

Mt. Olive	Hickory
Tarboro	Morganton
Lumberton	Gastonia
Maxton	N. Wilkesboro
Hamlet	Oxford
Wadesboro	Smithfield
Monroe	Clayton
Sanford	Waynesville
Concord	Statesville

These towns have shown considerable growth since the 1910 census report and all have good futures. The surrounding country is thickly settled and most of the places have good train connections enabling patients from neighboring towns to get in for treatments without the loss of a great deal of time.

Any one interested in a location in North Carolina will be welcomed to the state provided they are good osteopaths and are ethical. We do not try to restrict Osteopathy to ten fingers but are willing to concede the honesty of each practitioner and let each one do his or her own thinking.

Dr. W. B. Meacham, Sec. of the Board, Asheville, N. C. will grant you a temporary permit until the next meeting of the board, provided you are qualified to take the examination.

I will be glad to be of all the assistance I can in assisting any one to get a suitable location.

Fraternally,

M. J. CARSON,

Sec.-Treas. N. C. O. S. Inc.

Wilmington, N. C., Feb. 20, 1917.

ZONE THERAPY

After three years of experience, and one year of teaching and lecturing before societies and institutions,—owing to an increased demand, I offer a practical correspondence course of instruction in the methods of this new discovery.

This will include six months' privilege of an information bureau.

A knowledge of Zone Therapy has proven to be of value to every osteopath. If interested, address

REID KELLOGG, D. O.

194 Main St. - Woonsocket, R. I.

CRITICISM AND COMMENT

The November issue of Osteopathic Truth received. Each number is better than the last. Osteopathic Truth is filling a long felt want. It often has occurred to me that our profession was sorely in need of a publication the function of which would be a sort of forum or round table at which our professional needs and aims could be freely discussed. I believe that Osteopathic Truth is going to fill this very need.

To me one of the most gratifying and satisfactory features of this movement is the number of the Old Guard who not only have expressed approval, but who have actively identified themselves with the purposes for which Osteopathic Truth was founded, namely, to emphasize the necessity of the profession, both individually and collectively, harking back to and sticking to the principles upon which our great science is founded. To those of us who have not been so long in practice this is most encouraging.

In the November issue appears an article on poliomyelitis by Dr. T. L. Ray of Fort Worth, Texas, in which the doctor lays himself open to criticism. The doctor says: "It (poliomyelitis) is without question caused by a specific germ or poison." How does the doctor know? In his article the doctor emphasizes the fact that we should be scientific; and that osteopathic treatment is the scientific remedy for poliomyelitis. With both of these statements I agree. My belief in Osteopathy as the scientific method of treating poliomyelitis, is, however, based, not on known etiology of the disease; but, first, on the known pathological condition of the spinal cord and its membranes, and, second, on the clinical evidence we have as to the efficacy of Osteopathy in poliomyelitis.

Dr. Ray is right in saying we should be scientific. But it must be contended that it is not scientific to make a positive statement such as Dr. Ray makes with respect to the etiology of poliomyelitis, unless one is able to back that statement up with absolute proof—not with opinions, merely. As to the etiology of poliomyelitis, the dominant school is divided in opinion. The majority of the medical school, however, holds that poliomyelitis is due to a specific micro-organism. But one would expect them to hold that view in as much as they believe that all acute infections are due to specific micro-organisms. In taking that view with respect to poliomyelitis they are going the way of least resistance. The question of etiology is not yet settled. But in the meantime why should the osteopathic profession be unduly influenced by the views of the medical school? Should we not do some independent thinking and investigating for ourselves?

The doctor says: "The acute stage of this disease is of itself self-limited, but its limits often extend to the point of complete destruction of the nerve tracts between the motor area of the brain and the paralyzed part." Surely the doctor does not mean this: Pathologists teach that the chief injury is to the trophic centers of the cord that nourish the peripheral nerves. This injury is said to be caused in three ways: by inflammation; by vascular congestion resulting from the inflammation, which congestion, of course, causes pressure, and by the toxic condition of the blood, especially of the venous blood, which nature is unable to remove from the congested area.

In a general way it might be well to be guarded in one's prognosis of the cases that come after six months have elapsed from the time of the attack, but the doctor must admit that many cases have been greatly helped after a lapse of years. If a guarded prognosis would have the effect of discouraging such, it may with reason be asked if it would not be better to encourage such cases to try the treatment. These cases should be given the benefit of any doubt that may exist.

As to whether the physician should attempt to correct bony lesions, I think much might be said. I am inclined to think that if one treats these cases successfully he is bound to correct bony lesions. Or, to put it another way: When we find profoundly contracted groups of spinal muscles are we not bound to have bony lesions secondary to said contractures? This altogether aside from the fact that there may have been bony lesions prior to the attack. I think so. If then we by treatment overcome these muscular contractures, are not some of the bony lesions bound to be corrected, even though we may not have been making any particular effort to correct them? This seems a logical conclusion. Indeed, if an individual with a perfect spine were taken down with poliomyelitis, it seems to me that there would be bony lesions of the spine after the acute attack subsided.

Dr. Ray is very positive in his statements, and, on the whole, I like his positive manner. It has a tonic effect and should, as he expresses the hope it might, "stimulate courage" and "stiffen the spines of any who are weak in the faith." My criticisms of some of Dr. Ray's statements are prompted by the kindest and best motives. I can not help feeling that the profession is often subjected to ridicule solely because some of its representatives are not sufficiently careful in the statements they make, especially in statements that appear in print.

Very sincerely yours,

A. G. WALMSLEY.

Sun Life Building, Petersburg, Canada.

REPLY OF DR. RAY

In answer to the criticism of my article on Poliomyelitis in November Truth, will say that Dr. Walmsley seems to endeavor to establish a distinction without a difference. In criticising my statement that poliomyelitis is without question caused by a specific germ or poison he asks the question: "How does the doctor know?" We know that this is true for the reason that it is definitely known that it can be transferred from an individual to monkeys and from one monkey to another. In my judgment it would be impossible to transfer a disease to another body unless said disease was caused by a specific germ or a specific poison.

He says: "My belief in Osteopathy as a scientific method of treating poliomyelitis is, however, based, not on known etiology of the disease; but, first, on the known pathological condition of the spinal cord and its membranes, and second, on the clinical evidence we have as to the efficacy of Osteopathy in poliomyelitis." This is my position exactly.

In the next paragraph he says that it is not scientific to make a positive statement such as Dr. Ray makes with respect to the etiology of poliomyelitis unless he is able to back that statement up with absolute proof—not with opinions, merely. The indications are here that he understands when I say that it is caused by a specific germ or poison that this statement cannot be true unless the specific germ or poison shall have first been isolated, a position which is, without question, incorrect. If we understand the meaning of the words when we say a specific poison, it means that an introduction of the said poison into one or many bodies will produce the same disease in each case. The germ, if a germ,

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Cambridge, Massachusetts

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Postgraduate facilities the best.

Excellent new hospital connected.

SEND FOR CATALOG

that produces small pox has not been isolated, yet it surely can be said to be a specific germ or poison.

The doctor next criticizes the following sentence: "The acute stage of this disease is of itself self-limited, but its limits often extend to the point of complete destruction of the nerve tracts between the motor area of the brain and the paralyzed part." He says: "Pathologists teach that the chief injury is to the trophic centers of the cord that nourish the peripheral nerves." By referring to bottom of page 967, Delafield and Prudden's Pathology, you will find that there is actual destruction of the nerve cells in the cord. You will note that we did not say that this always takes place, but often the acute stage does extend to the point of complete destruction of the nerve tracts. We did not mean by this that all of the tract from the brain to the paralyzed part is destroyed, but that some point of the tract is destroyed, which means the same thing so far as the utility of said nerve tract is concerned. If one link of a chain is broken, the chain is destroyed until the link is mended.

The principal object of our article on this disease was to counteract the medical ideas that poliomyelitis cases should not be disturbed by osteopathic treatment during the acute stage.

Hoping that this will clear up any misunderstanding of said article, I am,

Yours for Osteopathy,
T. L. RAY.

Fort Worth, Texas.

LIFE

Life is one of the liveliest and most fearless publications in the world today. The editors of this magazine absolutely refuse to bow down before Baal (A. M. A.). They are "from Missouri," and before they fall for medical preachments, they must first be "shown." For many years they have consistently assumed an attitude of friendliness toward Osteopathy, and the osteopathic profession and the public owes them a debt of gratitude that can never be paid.

Life gets beneath the surface of things. It does not respect or approve of anything solely because it is hoary with age and dignity, or necessarily because it is popular. Life is looking for truth and right, and this undoubtedly explains the friendliness the editors entertain for Osteopathy. This much is certain, they are fearless, and true also to their convictions.

Here are a few quotations from Life; we will print more from time to time:

Important to Parents

EDITOR OF LIFE, New York City.

DEAR SIR: Two weeks ago I addressed

a letter to the editor of the New York TIMES, with the idea of being of service to the victims of infantile paralysis, advocating the use of Osteopathy to overcome the evils resulting from the dread disease. He probably is prejudiced against the osteopaths, as so many people are who have not looked into it, therefore it has not been printed. I wonder if one to you would fare any better. To begin with, I am not an osteopath myself, nor have I any affiliation with the practitioners. My object is one of pure and simple humanity, and I speak from personal experience. In my own family one of the earliest victims, this year, of poliomyelitis was successfully treated and cured by a skilled osteopath. In a few weeks the paralyzed and shrunken limb was brought to strong and normal conditions, and the patient, a boy of twelve, shows now no trace whatever of his illness. I know another child who was paralyzed for five years, following infantile paralysis, who has been absolutely cured by Osteopathy, and now can run and play with the liveliest of children. I know of other cases helped the same way. Does it not seem, then, that the use of Osteopathy for the victims of this epidemic should be preached from the housetops? I am firmly of the opinion that if more parents could be brought around to its use many victims would be spared a crippled existence.

Very truly yours,

HELEN A. BEARE.

(Reprint from LIFE, Nov. 17, 1916.)

Worth Trying

Interesting tales are coming this way of the osteopath's success with infantile paralysis. It appears that he cures 85 per cent of his cases, against the 43 per cent of the Regular M. D. This is borne out by instances where Doctors of Medicine have sent their own children to the osteopath.

The following is from a statement of the Detroit Osteopathic Society in the DETROIT FREE PRESS:

The osteopathic system of treatment for this disease very thoroughly accomplishes the objects of successfully flushing the spinal cord cells, and clinical evidence gathered from many cases treated both at the home of Osteopathy in Kirksville, Mo., and by the large number of skilled osteopathic physicians throughout this country shows at the outset a very slight mortality and a remarkable degree of final improvement.

DETROIT OSTEOPATHIC SOCIETY.

Detroit, July 10.—LIFE, Aug. 10, 1916.

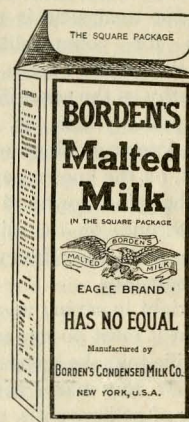
A Declaration of Independence

When in the course of medical events it becomes necessary for a people to upset the superstitions which have enslaved them to a particular theory of the cause and cure of disease, and to assume among the healthy nations of the earth that

sensible and sanitary station to which the laws of nature and of nature's God would quickly bring them if not interfered with and impeded by serums, nostrums and bacteriological deliriums, a decent respect for the foolish prejudices of mankind requires that we should declare the causes that impel us to the separation.

We hold these truths to be self-evident; that all germs are created equal; that they are endowed by the theorists with certain marvellous powers, among which are disease, death and the dissemination of unhappiness; that, to avoid these, serums are instituted among men deriving their magical effects from the overheated imaginations of laboratory experimenters to whom their invention and sale are very profitable; and that when the people become wise enough to see that the germ theory and the serum theory are doing more harm than good to mankind, it is their duty to throw them both out of the window and, in their place, substitute theories which have a greater proportion of reason and common sense.—E. O. J. in LIFE.

Dr. J. D. Miller of Morgantown, West Virginia says: "Can't possibly do without the paper."



BORDEN'S Malted Milk

IN THE SQUARE PACKAGE

GRAND PRIZE

HIGHEST AWARD

Panama Expositions

Another Proof of Quality

WHY NOT

PRESCRIBE "THE BEST"

NEW ENGLAND CONVENTION

Arrangements are being made by the New England Osteopathic Association for its 13th Annual Convention to be held in the Allyn House, Hartford, Conn., Friday and Saturday, April 6 and 7.

Everything points to a fine convention, for the committees are hard at work to make its 13th the luckiest ever. They are not superstitious, but feel that the convention will be the best held this year in the East.

Dr. E. Florence Gair of Brooklyn, N. Y. who has treated more than 500 cases of Infantile Paralysis in her own clinic, will give some of her own experiences in acute and chronic cases. Dr. George W. Reid, of Worcester, Mass., Editor of Osteopathic Truth will offer something new "The Personal Equation in Osteopathic Practice," while Dr. L. M. Bush of Jersey City will demonstrate his work on Catarrhal Deafness. Dr. Jennie A. Ryel of Hasbrouck Heights, N. J. will give a new talk on "Greater Osteopathy." Dr. W. Arthur Smith of Boston will talk on "Comparative Anatomy." Dr. Eugene C. Link of Stamford, Conn., will demonstrate Bedside Technique. Dr. H. E. Sinden of Hamilton, Ont., will show his method of Technique. Dr. Theodore

T. Robson of Billings, Mont. will show how to treat "Rib Lesions." Dr. William Semple of Somerville, Mass., will tell what Osteopathy can do in Genito-urinary diseases. Pelvic Lesions will be discussed by Dr. H. P. Frost of Worcester, Mass. Dr. L. Mason Beeman of New York, a deep student and thinker along osteopathic lines will talk on "Neglected" Diagnosis, which is bound to be of intense interest to the practicing osteopath. Other features will be announced later. All D. O.'s are invited to come and share in the osteopathic feast.

A NEW SOLUTION TO THE FLY PROBLEM

According to a recent edition of "Our Dumb Animals," flies show a marked aversion to things that are blue. This fact was first discovered by a French farmer, who kept a number of cows distributed in several sheds. The interior of one of these sheds had, purely by accident, been colored blue. The other stables had white interiors. The farmer soon noticed that, while the cows in the sheds with white walls were driven to the point of frenzy by flies, the cattle housed in the shed with the blue interior were not both-

ered. The little pests hovered outside this shed; only a stray one, whose sense of color was perhaps not strongly developed, every now and again would be tempted to enter.

The farmer told of his observation, and soon other farmers took to painting their sheds blue with gratifying results. Now it is a general custom among the cattle-owners in France to tint the interiors of their sheds with a solution made by mixing ten pounds of slacked lime with twenty gallons of water, and then adding one pound of ultramarine. The sheds are tinted with this solution twice during the summer months, with the result that the cattle are pretty generally free from annoyance.

If this proves effective in protecting dumb animals, it might be used to good effect in connection with some of the exposed portions of the human anatomy, bald heads in particular.

"Please find enclosed my check for \$1.00, for which kindly enroll me for Osteopathic Truth for one year.

"To stand by the fundamental principles of Osteopathy is to be true to humanity."—F. MUIR TURNER, D. O., Savannah, Ga.

THANK YOU!

Uterine Displacements

positively corrected by the **Huston-Baird Air Cushion**; also proclivata prolapsus, retroversion, etc.

This device is sold on an absolute guarantee

The price to physicians is \$5.00 complete or \$3.00 without the shoulder attachments. Send check with order and we will refund the money if you are dissatisfied after faithfully using the outfit for ten days.

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We send full particulars of a new successful mechanical treatment. Write for literature and positive proof.

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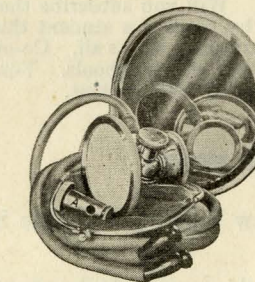
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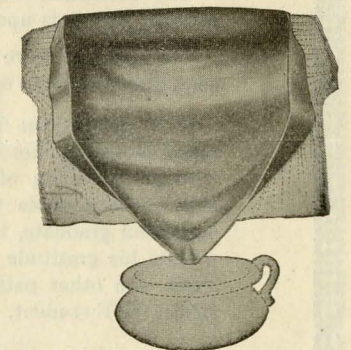
GREAT ADVANCE IN OPERATIVE ASEPSIS

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Has the following great advantages:

- 1st—It is a PAN; not a pad.
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- 5th—Great comfort to the patient by means of an inflatable back pad of any desired size. With the exception of this small back-rest this pan has
- 6th—No rubber to deteriorate.
- 7th—Splendid for instrumental deliveries.



Price of complete outfit in handsome case

\$5.75

Made with heavy muslin covers (sterilized and aseptic), it is very inexpensive, as the cover can be thrown away after each case, the cost of each being only 33 cents for best heavy muslin cloth coated with paraffin, or covered with genuine Para rubber, 50 cents.

The Huston Prophylactic Plan for Obstetrics is Simple, Economical and Durable

The Endowment Problem Solved \$750,000 Annually Assured for Our Colleges If YOU Support Them

The New York Osteopathic Society has taken the initiative by passing the following resolution at its annual meeting at Utica on October 29, 1916:

RESOLVED: That the New York Osteopathic Society views with appreciation and hearty approval the recent action taken by the State Osteopathic Examining Boards to give applicants for license to practice Osteopathy a practical test as to their ability to recognize, diagnose, and adjust the Osteopathic lesion.

And further, we hereby extend our sincere appreciation to those Osteopathic colleges which have raised the entrance requirements and increased the length of the college course to the point where they meet the requirements of the strictest medical practise acts. And in recognition of this action on the part of these colleges we hereby pledge the renewed support of this Society and its membership toward interesting and enrolling suitably fitted and qualified young men and women as students in sufficient numbers to meet the rapidly increasing demand for Osteopathic physicians throughout the country.

And be it further **RESOLVED:** That we hereby urge all colleges to use the Osteopathic text-books now available, and to aid in the movement to produce other text-books along Osteopathic lines, and also to aid in the study of reactions to Osteopathic treatment.

To aid in carrying out the aims and purposes of these resolutions, we hereby authorize the appointment of a committee by this Society to work as a State branch of the Education Department of the American Osteopathic Association in its efforts to co-operate with the colleges in all educational matters, and suggest this action to the favorable consideration of all other State organizations.

Yes, the New York Osteopathic Society solicits co-operation by urging upon every state society the adoption of a similar resolution to make this "Forward Movement" a national issue.

THE IDEA

The resolution was adopted to meet the growing demands upon the profession.

The idea is to have each osteopath in the field send **one** student to our schools this year.

Why should **you** feel any personal responsibility in the matter? If, for no other reason, through a feeling of gratitude to the school that made possible your present position. A successful graduate, like a grateful patient, expresses his gratitude for service rendered. He sends you other patients; you can send some school **ONE** student.

THE FACTS

What can take the place of an endowment for our schools?

One student a year from each of the other 4999 osteopaths—and **YOURSELF**.

Get your pencil. Given an annual tuition fee of \$150, what will be the income from 5,000 students? Answer, **\$750,000**.

What for a course of 4 years? Answer, four times \$750,000, or **\$3,000,000**. Right? Precisely! **\$3,000,000**.

Will you subscribe the first \$150 to this sum by sending a student this year? Just send the student, that's all. Co-operation means \$3,000,000 for our schools. You pay no money, simply send **ONE** student.

A STUDENT A YEAR KILLS ENDOWMENT FEAR!

—Education Committee for the New York Osteopathic Society.

EDITOR'S NOTE.—We are heartily in sympathy with this move and take pleasure in printing this advertisement without charge, "for the good of the cause."

PATRONIZE OUR ADVERTIZERS AND DON'T FAIL TO MENTION OSTEOPATHIC TRUTH