

Osteopathic Truth

September 1920

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Osteopathic Truth

A MONTHLY MAGAZINE FOR THE OSTEOPATHIC PROFESSION

“If you had all the theory
in the world in your head
and one mechanical louse
on top, you would have
more on it, than in it.”

—Dr. A. T. Still

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September, 1920

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Impressions of the 1920 A. O. A. Meeting

C. C. Reid, D. O., Denver, Colorado

We who have been in practice in Osteopathy for over twenty years and have attended practically every American Osteopathic Association meeting for the last twenty years have realized that it has its problems from year to year. A few years ago we thought we had some problems but in the year 1920 I say without hesitation that there are more problems before the American Osteopathic Association today than there even was before. They are vital problems, problems that concern us seriously. Their solution by wise council must be brought about, keeping co-operation in our ranks. We must be led with wise heads, who think, who are honest, who are without personal ambition and self seeking in the solution of our great professional problems.

Being a member of the last House of Delegates I realize that I was not a good member because I had so many things on my shoulders that made it impossible for me to attend every session. The House of Delegates is a good working body made up of hard working professional men trying to solve the many problems of the American Osteopathic Association. One who assumes the responsibility of becoming a delegate should attend every hour of every session. I say that in criticism of myself as in criticism of any other delegate who was irregular in his attendance. He cannot give his best judgment to solve the problems of the profession unless he puts his mind on it and his heart into it and attends closely every session and listens to every discussion and passes his judgment according to the facts involved with due consideration for the welfare of the whole profession.

The school problem gets more serious for us from year to year. Unless we can find some way to endow our colleges and make it possible for them to compete with the best standards that we might adopt and have adopted the chances are they will ultimately go into bankruptcy or the standards which we have adopted must be lowered. This we can hardly afford to do. As a profession we have taken our stand on a high place of educational standards. The irrevocable decision has been made along these lines and any effort on the part of the profession

to reverse these standards and go backward would face an overwhelming opposition. Then we must fight it out on this basis. Our minds must be made up absolutely and the school problem must be solved on a high plane. If we cannot live on this basis then we must die game. By fighting for high standards on a right basis, by keeping all of our colleges well filled with students and with all the professors and faculty contributing time to the teaching business with only a few paid who directly manage the college affairs we may be able to handle it for an indefinite period. However, we must look forward continually to the endowment proposition for our colleges.

The hospital situation is also one that must be solved. The only solution of that is for the osteopathic physicians to build their own hospitals.

I was very favorably impressed with the working of the House of Delegates with the numerous problems which they had before them.

The separation of the Program Sessions of the A. O. A. from the hotel, the committee rooms, etc., does not seem to me a good thing. The whole show should be as close together as possible and all in the same building. In talking with various members of the profession we find a good deal of anxiety existing in our ranks as to what is to be the outcome. Some seem to be ready to prophesy that we are going gradually to the "bow-wows" as a profession; others seem to be more optimistic and believe that we can solve the problems that are before us. I believe in the quarters where they seem to be so sure that we are bound to be absorbed at no distant future and go out of business as a separate school of practice the usual thing is that they have lost the real concept of Osteopathy and are working on the adjunct basis in building up. Naturally if a fellow comes practically to disregard the osteopathic idea in his practice he is going to think that there isn't much in it and that there is no real place for the osteopathic school. We who believe in the osteopathic principles in the theory and practice of therapeutics must continually teach these ideas to the profession

however broad we might become and also urge that these principles be taught thoroughly and deeply in our colleges to the students. The theory of focal infection as a causative factor in disease should not upset our osteopathic ideas as it seems to have done in some quarters. We have always believed in the germ theory as a factor in the causation of disease. We have always advocated that there was a nidus for these germs to propagate in. The idea has always been in our treatment to clean up, lance and clean out an abscess, use anti-septic and then promote circulation and nerve force restoring the tissues to normal and allowing nature to resume her perfect work. The focal infection does not upset our principles.

SERUM SQUIRTERS PRAYER

F. E. Wilcox, D. O., York, Pa.

Oh! Father Time, spare me more years of successful death dealing serum squirting, that I may leave behind me a trail of maimed and crippled children, that my wife and children may limousine by and pity.

Grant! Oh, Father Time that I may be spared the necessity of working for a living, but may go on vaccinating and squirting the serum for years to come. Close their eyes to the Osteopathic plights against this wonderfully successful business of mine, that I and my honorable colleagues may garner in the easy shekels.

Help us, Oh! Father Time, to convince them of the wonderful discoveries we have made of poisons to inject into their bodies.

Let not the supplications of the Osteopaths or the crying of the maimed and dying reach your ears, lest I and my honorable learned brethren have to go to work.

Grant! Oh! Grant! that our co-workers, the wonderfully equipped drug houses may co-operate with us in forcing this upon our school children, for what would our business be without them.

Help us to so implant this into our great free American school system that there will be an unbroken line of victims for our sons to practice upon. Hear us in this, our dying wish.



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 V

SEPTEMBER, 1920

Number 2

Osteopathy and Biology

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

There has recently been added to the curriculum of osteopathic colleges the study of biology. This addition has more significance than might at first seem to be the case. Biology is the broad foundation upon which all the other sciences relating to living matter are based. All the scientific subjects studied by the physician are subdivisions of it. Anatomy, physiology, physiological chemistry, pathology, and bacteriology are all phases of biology. The principles upon which osteopathy has reared its successful system of therapeutics are biological theorems. The osteopath who would thoroughly understand his work must perforce be a biologist. To be otherwise is to be a mere craftsman who lacks the proper understanding of the machine with which he works.

The story of biology is the story of the creation of living matter. It unfolds the steps by which the original germ of life has developed into the mammals and man. The structures made known by anatomy and physiology assume a new significance. The tissues and fluids are as we find them because of the definite laws governing growth and the manifestations of life. Circulation, secretion, reproduction, nerve transmission, and muscular contraction are what we study today because of the continual operation of heredity, adaptation, variation, and natural selection.

To the physician the phase of biology which is of the most practical importance is the reaction of the body to disease producing factors. In recent years as more has been learned of the history of the body and the nature and manifestations of vital energy, disease and its treatment are considered in an entirely new light.

No longer do we consider the body as the product of an instant's creative effort, conforming to a definite and permanent design, to be picked to pieces and tampered with at will like an ordinary piece of mechanism. It is rather an organism still in a state of development. It is the product of forces which are continually at work. Forces that are more wonderful than the old idea of the instantaneous creative effort because they are better understood.

The lesson is driven home in our study of biology that those forces which have preserved and developed the body through the ages of its past growth are still at work and moreover that they are abundantly able to continue the process. The office of the physician is profoundly influenced by these considerations.

Whatever may have been the attitude of the medieval physician with his wierd conceptions of vital activity, the modern student of biology is bound to realize that the most that human effort can do to influence the reactions going on in the diseased body, is to help nature. When we are confronted with a patient in the grip of a disease all that we can hope to do is to make the environment favorable for the action of the healing power of nature. No physician ever cures a disease. But by understanding as much as possible the laws and conditions that concern life we may hope to render valuable aid to the workings of the living organism in its combat with disease.

As we understand them, the processes which bring about recovery from disease are: coagulation of blood, regeneration of cells, inflammation, immunity, and phagocytosis. Whatever

the treatment of a disease may be its cure depends absolutely upon one or more of these factors. Surgery would be helpless with all its skill were it not for coagulation of blood and the regeneration of cells. What treatment would avail in the infectious diseases were it not for phagocytosis and immunity? The efficacy of osteopathy depends first upon the reaction of the body tissues without which the most perfect technique would be useless.

Osteopathy stands before the world as the most biological of all systems of therapeutics. The statement of A. T. Still that "the rule of the artery is supreme" marks him as a master of biologic thinking. The rule of the artery is supreme because the blood since it became a distinct fluid circulating in closed vessels in the low forms of life has developed the properties by which disease is overcome. To be rightly comprehended osteopathy must be regarded as a practical application to therapeutics of biology. It differs from other systems claiming to be biological because of the simplicity of its application. Why labor in the face of repeated failures to manufacture antitoxins and sera when the most elaborate laboratory conceivable is at our disposal in the human body? Why search for drugs to produce reactions when nature for a million years has been forming protective agencies too complex for the human intellect to analyze.

Let us take as an application of biology to everyday practice a case of lobar pneumonia. We see in the patient before us the typical symptoms of the disease, the evidences of high fever, rapid respiration, the flushed countenance, we hear the labored breathing and rales, the sputum may

be of the viscid "rusty" variety, and we assume the patient has pneumonia. But what has been seen is not the disease process itself but only the more marked external evidences of the life and death struggle going on within the walls of the laboring chest. The symptoms are but the din and smoke of a battle we cannot see.

Let us glance at the lung at the height of the attack of lobar pneumonia i. e., just before the crisis. The delicate alveoli instead of being the thin walled empty sacculi expanding and contracting with each inspiration, are now filled with a dense mass of fibrin. Strands of it are seen running through minute openings into adjoining air sacs. There is evidence of hemorrhage from the engorged capillaries. Throughout the mass are many diplococci lanceolatus, the toxin of which is responsible for the reaction. But the thing of greatest importance and interest to the osteopath is the vast army of leucocytes, many polymorphonuclears and some endothelials, everywhere incorporating the diplococci. If the resistance is strong enough the fibrin is dissolved by the digestive enzymes produced by the leucocytes and the further proliferation of the diplococci is stopped. The air sacs contract, the mass of exudate is absorbed and a fresh supply of blood and serum again bathes the delicate walls and health is restored.

In outlining his principles of treatment the biological osteopath not only looks upon the outward signs which may point to a classification of the disease and give it a name, but he visualizes the actual internal conditions. Through his knowledge of anatomy and physiology he may then be able to consider what measures will be most apt to encourage the body in its struggle. His intention will not so much be to reduce fever as to encourage phagocytosis. He will not treat the evidences of the disease but will get at the disease process itself through physiological channels.

In forming our principles of treatment we must beware of treating symptoms in themselves. It is not enough even to be satisfied in simply removing the cause. Particularly in the infectious diseases the matter has gone too far for the removal of the cause to bring any considerable result. The actual processes of phagocytosis, immunity, regeneration of cells, or whatever the reaction may consist in, must be aided by every

method that can be devised and applied with skill.

Whole libraries can be collected on how disease begins but there is almost nothing written on how recovery is brought about. Let us learn more of these obscure processes that our treatment aids which are directly responsible for every cure that takes place whether under osteopathic treatment or none at all.

The osteopathic profession is beset with many problems, legislative and economic. The solution of these problems depends upon clear thinking and united effort but most of all upon a profession of keen men with a therapy founded upon biological truths, and a deeper insight into the problem, not of how people get sick, but how they get well.

DR. JOHN H. LUCAS DEAD

Death Was Sudden

Dr. John H. Lucas who has been known as one of the prominent Chicago D. O.'s with an office in the Goddard Bldg., died suddenly at eleven o'clock Wednesday evening September 1st.

Dr. Lucas was taken suddenly ill in his office at about four in the afternoon. He was immediately taken home and died that evening.

DR. ALBERT A. FISHER DEAD

Another Chicago D. O. Answers the Call

Dr. Albert A. Fisher of 6340 Stewart Ave., Chicago, died Monday, September 20th.

Dr. Fisher was among the pioneers for Osteopathy in Chicago. He has not been as active in practice during the past several years as previous to that time.

SOMETHING TO THINK ABOUT?

Are you a real Osteopath or are you rummaging in the junk pile of the drug school?—McCole.

AN INTERESTING CASE REPORT

Girl, aged 10; two brothers, one sister, both parents living.

Family History Was Negative

Previous history without incident.

Present condition began about January 7th with a fall on the ice, but no complaint was made. Child was well nourished and normal in every appearance.

January 28th. The child leaned her head upon her arms while at a neighbor's. She was thought to be asleep; then a faint, but all measures to restore consciousness were futile. At the end of two hours she returned to consciousness, mentality normal, no dizziness, etc., and no complaint of discomfort.

Next few days the attacks lasted two and one-half hours, occurring in the afternoons. About February 3rd the attacks became more frequent, lasting only ten minutes. Frequently only a short interval between attacks. No abnormal motions or jerkings.

February 1st. The physician in attendance secured X-ray pictures during one of the prolonged attacks. The pictures were pronounced negative. I did not see them.

February 5th. I saw the patient for the first time. The attending physician was pleasant about resigning in my favor. I figured he was rejoiced.

Examination showed the heart normal, pulse 69, temperature normal. Temperature had been normal throughout.

At this time attacks were frequent but short. Mentality normal, child regaining consciousness quietly with only slight fluttering of the eyelids. The child did not cry or complain, except of some pain in lumbar region, which was evidently what turned the parents' minds to osteopathy as they were complete strangers to it, up to this time.

February 7th. For the first time attacks were attended with rhythmic jerking of right arm then both arms, later right leg. The motion of the leg was regular flexion and extension, so rapid and violent as to shake the bed. As the leg stopped, the arms would begin. As the arms slowed patient would return to consciousness, bright and seemingly unconcerned.

The next manifestation was that of the muscles of the thorax and abdomen together with the viscera, first; action as of vomiting also a simulation of Cheyne-Stokes breathing.

There was weeping. Second, was that of the spasmodic contraction of the abdominal muscles so that the mother described it as, "knotted muscles with writhing and rolling of the intestines." This is the only attack I did not see.

There was one each of these two kinds of attacks—that of the abdomen and of the involvement of breathing and attempted vomiting. These attacks lasted about fifteen or twenty minutes, no incontinence during attacks. At no time did the attacks simulate epilepsy. Evidently the cerebro-spinal and later the sympathetic system was undergoing the storm.

Improvement

The first improvement:
Slight attack Feb. 9th.
No attacks Feb. 10-11-13.
Severe attack Feb. 12.

From February 13th there have been no attacks, but because of parents' anxiety and my own fear of relapse I attended the patient through March, sometimes two or three times a week, then once a week, and once in ten days. Of course, I made daily calls early in the illness.

We exercised great care during

convalescence, forbidding visitors and allowing the child to be up in a chair only for short intervals at first.

The child continues normal and happy at present time, September 1st.

Lesions

The entire spine was sensitive, particularly the cervical and lumbar areas.

The lumbar muscles were more sensitive and contracted than the balance of the spine, though the condition existed the full length of the column.

The right innominate was posterior, the fifth lumbar anterior, the fifth, fourth, and third cervical were rotated to the left, and the second cervical vertebrae was anterior bilaterally.

Treatment

Simple relaxation at first, with very cautious action for fear of precipitating an attack. Later deep muscle relaxation, then correction of the cervical lesions and then correction of all lesions.

Dry heat was recommended by telephone during the attack which involved the abdomen.

"There is no such word as fail upon the bright lexicon of Osteopathy."

DR. PATTON MARRIED

"On April 3, 1920, Dr. Mary Alexander Patton, daughter of Mr. and Mrs. Robert A Patton of Philadelphia, was married to Mr. Alfred Stephenson Hitner, son of Mr. and Mrs. Joseph G. Hitner of Philadelphia.

"Dr. Hitner is a graduate of Friends' Select School and The Philadelphia College of Osteopathy where at present she is Professor of Infectious Diseases. Dr. Hitner's office is located in the Widener Building."

DR. REBECCA B. MAYERS, SUPER-INTENDENT

Detroit Osteopathic Hospital

Dr. Rebecca B. Mayers was elected to the position of Superintendent of the Detroit Osteopathic Hospital at the meeting of the Board of Directors held September 22nd.

Dr. Mayers has been Acting Superintendent since April 15th.

We are pleased to report excellent progress of the hospital during the past six months.

Meet Us in Cleveland

An Osteopathic Milk Cure Sanitarium

Next month we will have a picture of the Moore Sanitarium to show you. You will see different views in other osteopathic journals. Here's hoping we make a good impression.

The Moore Sanitarium

908 Selling Bldg., - - - Portland, Oregon

Fort Fairfield Review (Me.), August 25th

Cancer and Osteopathy

Does Not Osteopathy Hold Out Hope to Sufferers of Cancer—A Little Explanation of What Osteopathy Attempts and Is

Editor Review:—

Is cancer increasing in Maine? Your recent article gives some startling figures regarding this fell disease, and I presume the object of publishing the facts in connection with the growth of fatalities is for the practical purpose of raising the vision of the problem which the facts create, rather than for the idle purpose of raising the hair of those who have symptoms which might be interpreted in terms of cancer. The fact that science has not yet found any definite set of facts to which the origin of cancer can be attributed surrounds the subject with so much mystery that it opens a wide field for fear, and probably no other disease inspires so much terror as the possibility of cancer where symptoms appear that may possibly be attributed to that disease.

Hence to announce the rapid increase of the spread of the disease is to multiply human terror and fill many lives with a miserable fear. Can any hope be held out? Is there any chance which gives promise of relief? Can the person filled with secret worry because of the shadow of cancer across his pathway be lightened and heartened with hope? If there is, should it not be brought to public attention, along with the publication of statistics showing the rapid progress of the disease? Should there not be some intelligent investigation of the merits of every sane method that has the relief of human suffering as its objective?

There is one science that is not receiving the attention that it deserves in this respect, and that is the science of osteopathy. While it is a science less than 50 years old, it now has eight colleges in the country with courses of slightly more hours than the leading medical colleges, and equally thorough. It has a real research institute at Chicago, maintained by the profession, in which a number of very valuable discoveries have been made, and it has a number of research laboratories that are constantly delving into the mysteries of the human body. It has six thousand practitioners, and ten million people in the United States are osteopathic patients. In Washington,

D. C., the country's center of education and progress, there are nearly a hundred osteopathic physicians, and their clientele is the intelligent and educated people of that city. The same may be said of New York, and all the big cities of the country. One of Theodore Roosevelt's regrets was because his sons could not have osteopathic treatment in the service, because the science, as such, was not recognized by the medical administration of the army, which was nothing more nor less than an allopathic monopoly.

If there was the patriotic spirit of co-operation between the allopaths and the osteopaths which true devotion to the health interest of the country would dictate, there would be a decrease in the ravages of cancer. Not only would this be true of cancer, but it would be true of tuberculosis and the human wrecks left in the trail of the awful flu. And this is not all. If Aroostook County had had 25 osteopaths during the flu instead of four, many lives would have been saved. Let every family which feels the pain of loved ones lost in that fearful epidemic get the full significance of that statement. What is the basis for it? The record, which has never been successfully disputed, shows: Deaths from flu under so called "regular" medical treatment, ten per cent, which means one out of every ten; deaths from flu under osteopathic treatment, less than one-fourth of one per cent, which means only one of every 400.

A somewhat startling comparison, it is true, and if true means something of which the public should be informed, for its own sake. Proof of the statement is easily procurable.

Why was there so much difference? Simply because it is claimed osteopathy comes nearer to the laws of nature in its management of the human body than any other system of therapy. There are many things concerning the human body which are known to both schools of medicine, but the vital point of divergence is that the osteopath deals with the human body as a machine and studies to become an expert anatomical mechanic, while the drug doctor, except

for purposes of surgery, pays no particular attention to anatomy but seeks his materia medica to find certain drugs said to be specific for certain diseases as indicated by symptoms—in other words he deals almost exclusively with symptoms, while the osteopath seeks to find and remove the causes of the symptoms. For a more comprehensive explanation of what osteopathy is the interested may inform themselves by reading the pages of the latest American Encyclopedia.

We all know that cancer is a malignant growth, and in addition to it the human body is subject to other growths, such as tumors of various types, and goiter, most common in women. All of them are unnatural growths and are only possible when there exists an impaired nervous system and a consequent interference with the blood circulation. The most common cause of nervous impairment is what is known in osteopathic terminology as "spinal lesion." The osteopath claims that every spinal lesion will cause nerve interference, and that every nerve interference will result in insufficient nourishment to certain body tissues, and consequently that tissues insufficiently nourished become easy prey to the germs that are constantly swarming around the human fortress seeking some vulnerable point to attack.

Let us take a concrete example, as distinguishing the difference between the allopath and the osteopath. It is a bedside, and the patient is suffering pain. The allopath comes, looks at the tongue, feels the pulse, asks a few questions, leaves some medicine, and goes away to call later. He has left some drug which his materia medica says will fit the symptoms which he has found. The osteopath comes. He also looks for temperature and asks some questions, but instead of leaving medicine he goes to the spine and works on it. Physically, osteopathy is much harder work than allopathy, but the question the public is interested in is precisely this, which is the more efficient? There is one outstanding point that must not be lost sight of. Allopathy does not even

claim ability to handle so called chronic cases. Osteopathy says that no chronic case needs despair until its methods have been fairly tried. A dead nerve cell can not be restored to life by osteopathy, but if there is life left the removal of the nerve impairment and the return of the normal blood nourishment will do wonders in the way of restoring tissue health, and tissue health means immunity from cancer or any other form of abnormal growth.

Osteopathy does not mean simply rubbing, or massage. It means a certain manipulative technique that can only be acquired after years of practice and a thorough knowledge of anatomy.

Northern Aroostook has two osteopaths. Both of these doctors have made a number of what the layman would call wonderful cures, but which they say is only what they expect in the normal run of things. They say their only failures come in cases where the condition has gone beyond the recuperative force of the patient's reserve powers, which nature has given in greater or less degree to every human being, or from the fault or want of loyalty in the patient himself, in giving the science a fair chance.

This is not intended as a brief for osteopathy, but the presentation of facts easily obtainable by any one who is interested. Another fact which is significant: Several large manufacturing concerns now employ the regular attendance of osteopathic physicians, for examination and for anatomical corrective work among their employees, and report that it pays them.

The important point, then, to be considered, in view of your statement that cancer is increasing in Maine, it is this—Is Maine up to date in her attitude toward this new science? Are the avenues through which the public get their information about the progress of science in that most vital of all human problems, viz: health, performing their functions honestly and patriotically? Would the public be any better off if there was a broader dissemination of the facts concerning osteopathy? We know that osteopathy was never recognized by our state legislature until the last session, and then it very gingerly recognized it to be a science but restricted its right within narrow limitations? Why? Well, look at the record and see who barred it

from practicing obstetrics and surgery. It did not matter whether the osteopath was competent or not. It did not concern the allopathic lobby whether motherhood in Maine might be made more comfortable as the record proves it has been so made in every State where the laws permit osteopaths to practice obstetrics. They did not call for any evidence of the osteopaths average efficiency in such work, or attempt to lay down any standard by protective examination. They simply said to the osteopaths: "You shall not enter this field," and the only possible reason for such an attitude was because there is now a monopoly in the business of obstetrics which those on the inside do not propose to have broken if they can help it, regardless of public interests.

If there is a possibility that cancer may be lessened, tuberculosis prevented in even the slightest degree, motherhood be made less difficult and less painful, the ravages of the flu repaired more thoroughly, chronic headaches, stomach disorders, rheumatism, back troubles reduced and tumors and goiters dissolved under the skilled hands of the osteopath, why doesn't it become the duty of newspapers to help the public by collating and furnishing the evidence upon which it can form an intelligent opinion regarding it?

SUBSCRIBER.

DRS. ROBERT NYE AND MARY SUTHERLAND MARRIED

Will Live In Buenos Ayres, Arg. Rep.

Drs. Robert Nye of Buenos Ayres, Arg. Rep., and Mary Sutherland of Middletown, O., were married August 10th at Dr. Sutherland's home. They will make their home in the Argentine. Both doctors graduated in the same class from Kirksville, in June, 1914.

LOCATIONS AND REMOVALS

Dr. L. V. Strong, Jr., has located in the Aquila Apts., 48th and Sansom Sts., Philadelphia, Pa., for practice.

Dr. G. E. Maxwell has returned to Chicago with offices at 27 E. Monroe St., and 2419 W. 63rd St. for the practice of General Surgery.

Dr. George Dexter Chafee of Appleton, Wis., has removed his office to 5240 Harper Ave., Chicago.

"I can use 100 of your students at \$110 a month"

This was the reply of one Kansas City Employer when approached by a member of our employment bureau. It proves that energetic students can secure employment while studying osteopathy. During the first two years, the energetic student can "hold down" a full-time position. Students who do not find this necessary have no difficulty securing part-time places.

Plans and Specifications for the

\$60,000

College Building
now complete

More students have matriculated thus far than in any previous year, but we are not satisfied. We not only want to double our enrollment—we must triple, yes, quadruple it.

"The Progressive College"

Kansas City College of Osteopathy and Surgery

Osteopathic Truth Dr. Farmer Brings a Lesson From Mayo's

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SEPTEMBER, 1920

There is a duty to the living more important than any charity to the dead.—Works of Edgar Allen Poe.

Are We As a Profession Too Lazy, Too Busy, Or Have We No Inclination To Prove Osteopathy

We Need Internal Betterment of Schools and Individuals

Dr. Frank Farmer, formerly of Chicago but now of Los Angeles, recently spent quite a bit of time at the Mayo's as the guest of one of his friends, an internist. This favored position gave him entree to the coveted place behind the scenes and in a place where he could study the situation from all angles.

The Diagnosis

Dr. Farmer observed that doctors of all schools treat without knowing the first thing about the patient. The Mayo's reap the benefit of the poor treatment which the patient receives at home.

The essential point to successful treatment is diagnosis, and it is a recognized fact that great stress is put upon diagnosis at the Mayo's.

A very comprehensive case history is made of each patient, intelligent case history would state the case best. Nine-tenths of the diagnoses of gastrointestinal diseases is made from the case history. Laboratory findings are merely corroborative.

Would it not be possible for each of us to pay more attention to the making of an intelligent case history. Many of us complain that we do not have time to make a case history, but is it not true that we owe our best to our patient and that if we do not have time to give them proper attention would it not be better for our reputations and pocketbooks; and of infinitely greater influence in keeping patients from such institutions as the Mayo's.

We cannot, all of us, have complete laboratories in our offices, including the x-ray machine, etc., but we all can afford to buy wrapping paper upon which to make a case history. The fancy blank does not make the case history but it is the answers to intelligent questions which when put down in black and white tell the story truly or falsely.

If we make a better diagnosis then in consequence we will give a better treatment.

Dead—From Shoulders Up

Every business whether the small shoe shining stand on the corner or the mammoth retail store in the large city have assets and liabilities.

What are the assets of the osteopathic physician?

First and foremost is the satisfied patient. This asset can never be neglected if we are to increase our practices, neither can it be neglected if we are to build our profession.

What are our liabilities?

The dissatisfied patient resulting from inefficient treatment. This liability is a severe drag upon our practices but since we only reap what we sow we can expect nothing better.

This liability produced as the result of inefficient treatment goes about knocking Osteopathy in general keeping many people who need its ministrations from seeking relief through its agencies and the doctor in particular. Not alone is that particular osteopathic practitioner judged but every other osteopathic physician is likewise branded.

It is the liability who goes to such institutions as the Mayo's.

We can learn two lessons from the above liabilities:

First, is that we should never cease studying after we leave college and that we should take sufficient time to give the patient an efficient treatment. Dr. Farmer spoke in the highest terms of the method pursued by Dr. Harry Forbes in Los Angeles in limiting the number of patients to be seen in any one day in order that an efficient treatment might be given to each patient. Constant study and review under the best available instructors will make us better diagnosticians, and practitioners.

Second is that we are our brothers keeper with reference to the Osteopathic philosophy. If every other osteopathic physician is judged by what we practice and call it osteopathy we should be careful of our "step." If every other osteopathic physician is judged by what we tell our patients then it would behoove us to be thoughtful of our brother practitioners.

Internal Betterment

Dr. Farmer told of an interesting utterance from Dr. Charles Mayo. Dr. Mayo was speaking about the work of the doctors (M. D.'s), particularly the conclusions he had deduced from his visit in Europe. Dr. Mayo said

that the M. D. had control of practically the entire therapeutic field in England including massage but that in this country the osteopath was controlling the massage field.

Dr. Farmer then asked if anyone ever heard of the hangnails being mentioned with massage.

Dr. Farmer said that Dr. Still never intended Osteopathy to be massage but that as a result of fatigue our doctors drifted into a routine treatment which was mostly massage.

Internal betterment like charity begins at home. May we not take to heart this message brought by Dr. Farmer and begin now to give a more efficient treatment by more frequent study of Dr. Still's writings.

The internal betterment of our schools will come just as soon as the demand is made upon them for better teaching, both for the post-graduate and the student.

Follow in the footsteps of Dr. Still by adhering closely to his "Platform," study it, analyze it, and above all, practice it.

Proving Osteopathy

Many good people wish to have the proof that Osteopathy is all that we claim it to be, and therefore, it is the obligation of the Osteopathic Profession to give the world those proofs. Shall it be said of us that we are too lazy, too busy, or too self centered with no inclination to prove our statements.

The "old school" is constantly striving to find **something** which is an incentive for them to work and to continue working on one subject.

The greatest incentive is ours for as we give to the world the positive proofs that Osteopathy is all that is claimed for it we will attract students into our colleges and seekers after health in uncountable numbers and forever silence medical or drug criticism.

Co-operation is the life of our profession, so if you think the schools are not offering the right kind of a post-graduate course feel free to write us and we will see if it is not possible to have such a course placed before our profession.

Internal betterment begins at home.

Impressions of the Meeting of the American Osteopathic Society of Ophthalmology and Oto-Laryngology

C. C. Reid, D.O., Denver, Colo.

This Society has probably reached its maximum growth for some time to come. It should reach its maximum of growth at about a hundred and fifty or two hundred members aspiring toward the specialty of the eye, ear, nose and throat. The osteopathic profession is not large enough to have large numbers of specialists in all lines. We feel that the eye, ear, nose and throat specialty has acquired about enough recruits among the osteopathic physicians for some time to come. This Society should now devote itself to intensifying its work and developing the specialists which we have. It is now quality we need rather than quantity. We have enough quantity in this specialty. They should all be developed and become first class eye, ear, nose and throat specialists.

Evidences of growth were noted in this Society. The doctors have studied and intensified on their work to such an extent that they can make a better showing before the Society. Those who can appear before the Society and give something creditable are increasing in number. The younger physicians are coming up and taking their position in the Society and showing their development from year to year.

The last meeting of the Society at Chicago was one of the best we have had. Things were handled in a better way. However, there is a good deal of room for improvement in the meetings of the Society yet.

The Society is in accord and co-operation with the meetings of the A. O. A. It requires a membership in the A. O. A. to be a member of the specialty society. This is in order that our forces may not be divided and that we may have perfect co-operation between our specialty and the body of the profession.

There seems to be the impression among many of our general practitioners that the specialist becomes a renegade or has gone entirely out of the profession. It should be easy for

us to understand that structure governs function and function governs structure, the two being intimately correlated in the organs of the eye, ear, nose and throat as well as any other structure of the body. Nerve centers have their effect upon these organs and upon the circulation to these tissues of the body as well as to any other part of the body. Then why should not the eye, ear, nose and throat specialty be osteopathic as well as any other part of the body? Some doctors seem unable to see how a man can be a good osteopath and also be a surgeon at the same time. Of course there have been some cases in some quarters where one who becomes a surgeon has practically left the osteopathic profession or frequently comes to disbelieve in osteopathic principles. That has been noted in some quarters. It is our duty as a Society and as a profession to push the osteopathic concept among our surgeons as well as among the general practitioners. I presume there are not any more of the osteopathic surgeons who have lost their hold on the osteopathic concept than there are of the general practitioners. So if one says that the osteopathic specialist has no part and parcel with the osteopathic profession merely because he has to do more or less surgery we soon rule out the main bulk of our general practitioners because they do more or less surgery also in a general way without becoming surgical specialists. We can all live in harmony even though we do not believe and practice just the same, as long as we struggle to be honest and study the therapeutic concept from the osteopathic standpoint. It is the hope of the American Osteopathic Society of Ophthalmology and Oto-laryngology to be a means of preserving the eye, ear, nose and throat specialists as conservative surgeons, in their treatment observing osteopathic principles in the therapeutics of the eye, ear, nose and throat.

Subscribe for
Osteopathic Truth

Skeyhill is making a big hit
on his tour

(From "The Crime of Vaccination," by Tenison Deane, M. D., San Francisco, California)

Bacilli are Nature's Scavengers and Not the Causes of any Diseases

Bacilli are the Product and Not the Cause of any Disease

The specific bacteria that cause the diseases, which up to the present time are not discovered, will be found when bacteriological technic is improved and the magnifying power of microscopes is increased, so that germs that cannot now be seen will be plainly discerned and classified.

The makers of microscopes have been satisfied with supplying the demand. The inventors in this mechanical department have shown themselves to be exceedingly unprogressive. The word "CAN'T," which is not in the vocabulary of mechanical nomenclature in the present era, is hewed out in letters of stone and hung around the necks of microscopical manufacturers.

Who will be the inventor of an improved modern microscope wherein the proper ratio of multiplication of light power will be produced to sustain increased magnifying power; with motion photographs taken, which will be again enlarged in throwing them upon a screen, until we shall be able to see motion photograph plays with bacteria, at present undiscovered, which will play the principal roles in the dramas produced when the bacteria X. Y. Z. will be in the A. B. C. class with the bacteriologist. Sections will then be made of the bacilli, and the specific bacteria that they carry and propagate within their bodies will be individually studied and properly classified.

What is a bacillus? A rod-shaped organism found only where there is dead tissue and decomposition. To claim that a bacillus is the cause of a disease, that it is the specific bacteria producing a special disease, is preposterous. Bacilli can be grown in cultures, and if taken from a particular disease, will at the same time that they are propagated breed the particular undiscovered bacteria, with which their bodies are infected and which is the true cause of the disease; and this is why, if these cultures are inoculated, the original disease will be reproduced in healthy tissue. Bacilli are found everywhere in every kind of dead and decomposed organic matter.

The diseases that are claimed up to

the present time to be produced by a bacillus are only the pathological conditions that develop dead tissue and that cannot be absorbed or eliminated, with the result of decomposition and the presence of bacilli. The true bacteria undiscovered, this microscopical maggot was naturally accepted as the cause.

Bacilli are only found in the manifestations of a disease, and if they appear to cause a condition it is only that their bodies are infected with the true bacteria. The reason why great, new discoveries are periodically heralded and tried for the cure of these diseases, of which the bacillus is given as a cause, and with the same results of nothing accomplished, is because a cure or preventive is sadly needed. This all proves that the true cause of the disease has not been found, and until it is, guessing and trying every foolish conceivable thing will go on. Turtles, lizards, and snakes will get into our pharmacopea, and we may soon find ourselves in the same dark pit of medical superstition into which Chinese medicine has fallen.

Not to wander too far from the original subject and reach out into wilds as unexplored as the special subject we are discussing, we will limit ourselves to that pathological branch of which syphilis is the parent. When the head waters are found, it will be easy drifting down the stream, picking up the true classification and treatment. "Exact knowledge of the truth," is the boat we can all be carried in. It can safely be accepted that where we have a bacillus that is thought to be the specific bacterium of a disease, we can be sure that the true bacterium has not been found. A list of bacilli found will here be given so that you can see that the author is correct in his assertion that bacilli are only products found in decayed organic matter. Spirillum belongs to this class.

(See Appendix for list of Bacilli and Spirilli.)

Are they not the flies and maggots of bacteriology and no more the cause of a disease than is a fly? They undoubtedly carry the true causative

germ on and in their bodies, and are really the scavengers of diseased tissue.

Taking up separately the conditions that descend from the parent cause, we see now how the microscopist has up to the present time, unnoticed and unknowingly, really classified this disease, compelled by the bacilli found, into the group of diseases and sequelae, as follows:

Syphilis

Lustgarten's Bacillus of Syphilis:

Similar in all respects with the Tubercular Bacillus, discovered in 1884.

Van Niessen's Bacillus of Syphilis:

Resembled in every way the Klebs-Loeffler Bacillus of Diphtheria and vaccina, discovered in 1899.

Vaccina

Klein in 1892 discovered a bacillus for vaccina, and in 1899 Van Niessen discovered his bacillus of syphilis, which was identical.

Diphtheria

Klebs and Loeffler discovered the bacillus diphtheria; in 1899 Van Niessen discovered that the Klebs-Loeffler bacillus was identical with his bacillus of syphilis and Klein's bacillus of vaccina.

Tuberculosis

Koch in 1882 discovered the bacillus of tuberculosis. It was found to resemble Hansen's bacillus of leprosy, discovered by Hansen in 1871; it resembled the Klebs-Loeffler bacillus of diphtheria, and also was similar to Lustgarten's bacillus of syphilis.

Leprosy

Hansen in 1871 discovered a bacillus of leprosy, and when Koch discovered the tubercular bacillus, it was found to be similar.

Cancer

No one claims a bacillus for cancer in any of its forms, but just the same the true germ, not a bacillus, is present, as in all of the stages of this pathological disorder. The reason why a bacillus has not been found in this malady is because this stage takes on a different form than death and decay of tissue, as it shows itself in increased circulation and growth and

rapid proliferation of cells. This is another strong proof against the theory that bacilli are the cause of any diseased condition.

The true germ is present, but the bacillus cannot live in this manifestation. If we had the protecting work of the scavenger, "The Bacillus," here, results might not be so malignant. Bacilli encompass the true bacteria when found in the pathological manifestation. Therefore cultures of the bacilli do produce unobserved cultures of the specific bacteria, and hence antitoxin serums and vaccine bacterins possess the specific power that is claimed for them, and hence any successful results.

Antitoxin of diphtheria, typhoid vaccine, bacterins, etc., which possess positive wonderful results, are all examples of the above statement.

The culture of bacilli is unsatisfactory in many cases, due to their being deprived of their true source of nourishment, which is rotten, decomposed matter. It is only when the culture medium becomes decomposed that one can with any degree of success produce a culture.

The bacilli are all practically in the same class with the varying changes of shape and habit as we expect to find in any biological species.

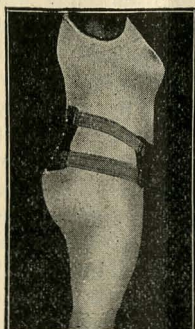
The different methods required to cultivate different colonies, the varying colors, and afterward the separate staining processes necessary, are all due to the different bacteria that they are mixed with, taking on changed properties and idiosyncrasies in accordance with the special diseased

germ which they have in and around their bodies.

Do we examine the great circulating fluids of the body and find bacilli, when we know that the body is infected with a disease and the specific bacteria are positively traveling

(Continued on page 28)

Hundreds of the Foremost Osteopaths Are Using and Recommending Our EL-AR



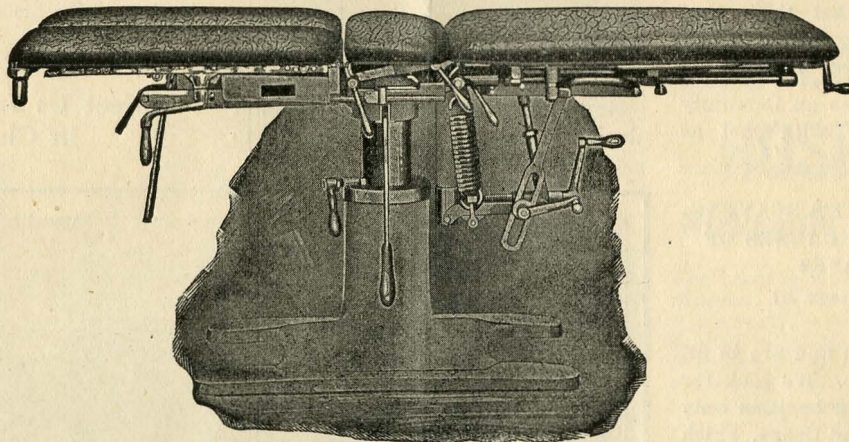
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Cantharides—Its Use as a Germafuge

U. S. G. Bowersox, D. O., Longmont, Colorado

In A. T. Still's "Research and Practice," page 453, he makes this statement: "I have subjected Cantharidin to every possible test in all parts of the United States where Small Pox has been rampant, I have not a single instance in which the trial has not proven my claim; that Cantharidin will immune man from Small Pox, without harmful results."

On page 459 he makes this statement, "I believe that Cantharidin will be found just as protective against Measles, Diphtheria, Scarlet Fever, Leprosy, and Syphilis, and other infectious contagions, as against Small Pox."

These claims of Dr. Still were taught in class when I attended the American School of Osteopathy, and having occasion soon after going into practice to try it out, I was convinced that Cantharidin will do what Dr. Still claimed for it.

In 1908 there was an epidemic of Small Pox when I used Fly blisters for immunity with good results. I did not keep account of the number immuned, but I do remember that all that had blisters before exposure, were immuned, and that those that had the blister after exposure, had it in a modified form, very light.

I have also used it as an immunity against Scarlet Fever with just as

favorable results, enough so that the families in my clientele bring their children to have blisters when there is an epidemic. I do not have Scarlet Fever to treat, except an occasional case that has not had the blister. The children that have had the blister are exposed the same as the children that contract the disease, but are immune.

The blister was used most extensively by the Longmont osteopaths in 1918 during the epidemic of Influenza. A good test was made in an emergency hospital for Flu cases in our city where there were volunteer nurses, some inexperienced, who were unduly exposed. Six out of about eighteen or twenty were blistered with Cantharidin, the others were inoculated with Mayo's Serum. The nurses that were blistered did not wear masks as did the others. Not one of the nurses that had the Cantharidin blister contracted the Flu, while the greater number of the others succumbed to it, but with no fatalities.

We used it extensively among our clientele with the same good results. If an immune patient did have the Flu it was in a very light form, convincing me that Cantharidin furnished immunity.

How this immunity is brought about, is the work of a scientist to

tell us, but to me it would appear to be from the increase of Phagocytes in the blood stream. This increase can also be accomplished or brought about by strong stimulation of the spleen osteopathically, which I believe will render the same immunity, but in an epidemic one cannot treat in numbers fast enough with a large clientele to assure safety to those depending upon you. One must be ready to meet the occasion.

Technique used in applying Cantharidin blisters:

1. Cleanse arm with dilute acetic acid, dry and chafe arm, until color comes to skin (with gauze sponge).

2. Apply Cantharidin that would equal the size of a half of a pea.

3. Place patch of adhesive tape about 1½ in. square over powder. Blister will form within twenty-four hours. You may leave tape on for another twenty-four hours or remove it and dress the blister with boric acid powder, covered with a clean bandage. Keep the sore clean.

Doctors, try it. Doctor Still used it and found it efficient and classed it along with his osteopathy.

Meet Us July 24, 1921,
in Cleveland

BACILLI ARE NATURE'S SCAVENGERS AND NOT THE CAUSES OF ANY DISEASES

(Continued from page 27)

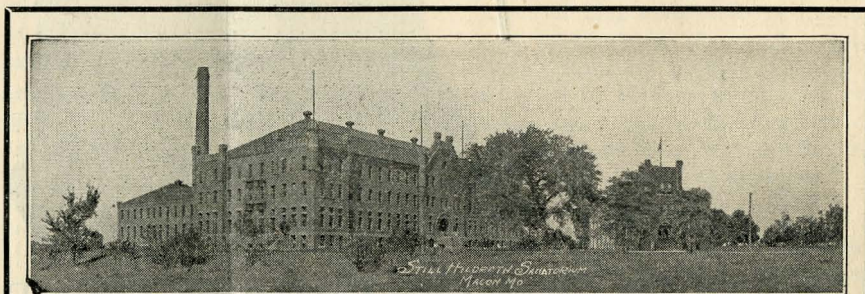
through the circulation and are in all the living tissues? No. We look for and find the misleading bacillus only in the broken-down dead tissue, which is the pathological manifestation of a disease of that class.

Enough has been said to satisfy the best informed, who will require little time to prove to themselves that the author's statements are true.

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"Research and Practice
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DR. A. T. STILL

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DEDICATED TO THE CURE OF NERVOUS AND MENTAL DISEASES

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A. G. HILDRETH, D. O.
Superintendent

The Story of a Little Girl Who Never Remembered Taking a Big Breath Before She Came to the Health Class in the Osteopathic Clinic

She lived in a little home near the Bay shore.

There were several older, and two younger and she was only nine.

She had been mothering the baby for a while and he was too heavy.

It was warm and she was always tired.

Nurse came by the home and noticed the little-girl-mother.

A member of the Lookout Committee of the Woman's Club had noticed the struggle for several days and she had sent the Nurse to find out.

It did not need much coaxing to have girlie come with the Nurse, to meet the girls and boys who had joined the Health Class at the Free Osteopathic Clinic for Children under twelve.

The little spine showed plainly the beginnings of a curvature, and the worst part of it was, that it was a double curve; stooping forward and bending sideways—and she could not get a long breath—did not remember when she had ever had one.

She came to the class and took the exercises, she called them "sizes" and then went home and had the others take "sizes" too.

One day the Doctor had her test how much she could blow in the water-lift-bottle, and then the Nurse and the Doctor and the Lookout-lady took a picture of the little spine, and made a tracing of the spine on a paper, so she could tell how much straighter it was by and by. Then the Doctor said "turn on your side, put your hand on the corner of the table above your head, put the other hand under your cheek, now Doctor is going to hold his hand over the tired place in the spine, and Nurse will hold your foot so you will not slip, keep the upper foot free. Now! You stretch!" "Oh! O! How bigger it is inside! Will it always be just as bigger as it is now?" "Yes. And you will have to remember each day to do your "sizes" too. And stop all the Candy for a while. And drink much water between meals. Good morning, Girlie." "Thank

you, Doctor, dear. And thank you Nurse, too." "Come again next time and let us see how much more you can blow." "Why can't I blow now?" "Because the place which has been opened in the air room is a new place and must be warmed and made ready for use very carefully."

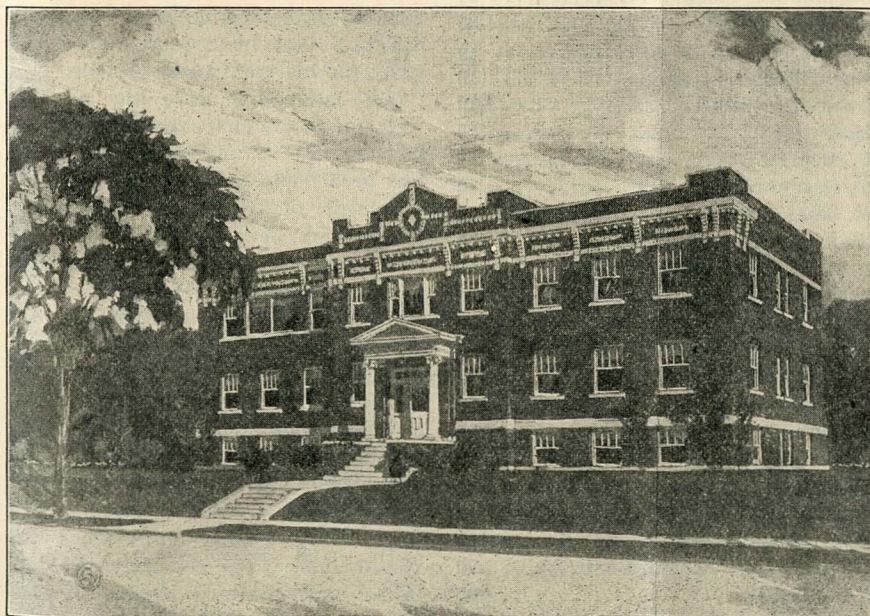
Next time she came, and tried, she could lift several ounces more.

She had taken her "sizes" every day and done all the other things agreed upon. Then the other side was opened by stretching. Then as she helped the Doctor she knew when one of the "Buttons in her back" moved to the middle line, and stopped hurting. We did not tell you she had a back ache. That is gone now. She does not carry baby on her hip any more.

And it is bigger inside, and no back ache.

UNCLE FRANK.

A true life story from the Escanaba, Mich., Clinic.



The Laughlin HOSPITAL

Kirkville, Missouri

The Laughlin Hospital of Kirkville, Missouri, has just been completed and is now ready for your patronage. The hospital, which was built at a cost of over \$50,000, is a modern fireproof structure of forty-two rooms. Thirty-five of these rooms contain beds for patients. The building is built of the very best material and has every convenience that can be put in a hospital of this size. An electric automatic elevator has been installed, which means a great convenience. There are two operating rooms, one for general surgery and the other for orthopedics.

Dr. Laughlin has secured competent

Dr. Laughlin and his associates will do an osteopathic and general surgical practice. assistants to help him in the various departments, of which there are the following:

- | | | | |
|----------------|---------------------|--------------------|-----------------------------------|
| 1. Osteopathic | 3. General Surgical | 5. Gynecology | 7. Proctology and Urology |
| 2. Orthopedic | 4. Obstetrics | 6. Nose and Throat | 8. X-Ray and Laboratory Diagnosis |

A Training School for Nurses will also be maintained, with a separate building for the nurses' home

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DR. GEORGE M. LAUGHLIN

Kirkville, Missouri

Help Buy This School

We Have \$7,500 Toward Massachusetts College Fund

\$5,700 Raised at New England Convention—New York Association Gives \$500.

We the undersigned members of the Osteopathic profession, promise to pay to the Dean of the M. C. O. the amount set opposite our names, on or before January 1, 1920, said amounts to be used only in the purchase of the said Massachusetts College of Osteopathy, and only on condition that it then be placed under the exclusive management of the Educational Department of the American Osteopathic Association.

Earl J. Drinkall.....	\$100
George W. Goode.....	100
J. Oliver Sartwell.....	100
W. Arthur Smith.....	100
Helen G. Sheehan.....	100
Geo. W. Reid.....	100
C. O. Fogg.....	100
R. K. Smith.....	100
H. H. Pentz.....	100
W. W. Fessenden.....	100
Elizabeth F. Kelley.....	100
Charles Grapek.....	100
Peter J. Wright.....	100
C. L. Watson.....	100
M. B. Barstow.....	100
Charlotte Richmond.....	100
Laura Meader.....	10
Ralph A. Manning.....	100
C. A. Lindquist.....	25
M. L. Hartwell.....	2
F. E. Moore.....	2
Edgar S. Comstock, Secretary	
Chicago College.....	10

Raised at N. E. O. A. Convention

Harry J. Olmstead.....	\$100
Mark Shrum.....	100
Francis A. Cave.....	100
A. H. Paul, Bridgeport, Conn....	50
R. K. Smith (total \$200).....	100
C. W. Bruninghaus.....	100
Earl Scamman.....	100
Frances Graves.....	100
Anna L. Hicks.....	100
Lizzie Osgood.....	100
Anna Slack, 146 Westminster,	
Providence, R. I.....	100
Agnes Fraser.....	100
George Bridges, 146 Westminster,	
Providence, R. I.....	100
H. F. Collier.....	100
W. B. Meacham.....	25
L. Plaisted, Leominster, Mass....	50
M. K. Cole.....	50
Allan A. Fehr.....	100
E. W. Carter.....	100
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C. D. Thore.....	100
M. T. Mayes.....	100
W. C. Bryant.....	100
D. W. Coburn.....	100
C. G. Hatch.....	100
B. F. Riley.....	100
Helen King.....	20
E. L. Meader.....	20
L. M. Dibble.....	25
F. C. Heney.....	20
W. M. Kingman.....	20
W. Lindquist.....	20
Dr. Lancaster.....	20
Dr. Greenwood.....	20
New England Osteopathic Assn...	150
A. B. Ames.....	25
S. L. Gants, Prov., R. I.....	10
T. A. Darling.....	10
M. B. Johnson.....	10
J. M. Winslow.....	10
H. B. Rowe.....	10
C. D. Mott.....	10
A. E. Were, Albany, N. Y.....	100
C. Downing.....	10
D. Wing.....	10
Senior Class M. C. O.....	100
Freshman Class.....	100
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Burnsinsky.....	10
Granville Shibles.....	10
M. Pease.....	15
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T. O. Monteith.....	10
M. Demerais.....	100
A. J. Boucher.....	50
I. T. S.....	50
K. P. D.....	50
P. S. G.....	50
K. P. D. Field Members.....	100
E. Heath Clark.....	25
A. Tinkham, Paid.....	100
R. Humphries, Paid.....	25
Bozo Club M. C. O.....	10
W. B. Meacham, Paid, gift from	
friend.....	5
S. C. McLaughlin.....	100
H. L. Pease, Putnam, Conn.....	25
G. F. Muntz.....	100
F. C. Nelson.....	50
The Loyal Twelve.....	500
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M. P. Reid, Newton, Mass.....	20
Mrs. E. T. Walker.....	10
Mrs. A. Luther.....	10
New York Osteopathic Assn.....	500
C. W. Estey, Westfield, Mass....	20
G. W. Estey, Attleboro, Mass....	

The Emseco.....	25
Dr. E. C. Elderkin, Paid.....	5
A. P. Watson, Lawrence.....	50
Dr. Lottie D. Faul.....	5
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M. W. Brunner.....	\$ 10
George R. Boston, Newton, N. J..	2
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Alice A. Robison, Springfield,	
Mass.....	110
C. A. Vinnedge.....	6

SKEYHILL MAKES BIG HIT LOS ANGELES SOCIETY

September Meeting

From all accounts, the recent tour of Signaller Tom Skeyhill, through Southern California was very much of a whirlwind affair, and a decided success. He landed in Los Angeles on Saturday, September 18th, practically unheralded.

The president of the Los Angeles Society, Dr. Robert D. Emery, immediately took him in charge, and rushed him to the noon-day luncheon of the City Club.

There he proceeded to carry the meeting by storm, and it was with difficulty that he was able to break away for his train to San Diego.

The latter city gave him a royal welcome in the shape of a public mass-meeting, the arrangements for which had been made by Dr. Gladys Morgan, president of the state Association. From there he was whisked back to Los Angeles by auto, in time to meet a speaking engagement in the First Presbyterian Church of Pasadena. Dr. Freeman, the pastor, gave an introductory talk which was complimentary of the speaker and the profession, and Skeyhill's address more than justified the past praise that has been accorded him.

On Monday evening the members of the County Society entertained the visitor, and were themselves entertained and charmed by his flow of oratory.

Tuesday was given over to the high schools, a considerable number of which were visited, and addresses delivered to crowded assemblies in each case. At noon the program was varied to accommodate the Kiwanis Club, where Skeyhill quite carried off

(Continued on page 31)

(Editor's Note—This article by Dr. Wilson contains a most excellent short definition of Osteopathy)

Immunity to M. D. Infection

Perrin T. Wilson, D. O., Cambridge, Mass.

"Wilson, there are two big reasons why the regular old line medical man discounts what the Osteopath has to say, and that shakes our faith in his work. First, the Osteopath does not believe in germs as anything but an incident in the disease whereas we know absolutely by exhaustive laboratory experiments that germs are the cause of disease. Second the Osteopath maintains that every spinal abnormality should be corrected while our Orthopedic surgeons tell us that there are quantities of perfectly normal healthy people with abnormal spines." Here was the most intelligent M. D. I had come in contact with. His training was remarkable both in school and hospitals. I wanted to make an impression on him. How was I going to do it? Should I say that of course some of the Osteopaths were radical but more and more of them were studying bacteriology and were conversant along those lines; that we knew germs caused disease but we fought them with our mechanical adjustments and stimulation? And as to spinal abnormalities everyone was aware that they could exist without danger to the body? This man was really looking for knowledge and I hated to antagonize him by saying that his laboratory experiments on

germs were significant of nothing, yet after several months' work in a "germ" ward I was more convinced than ever that the germ was more a cause of medical excitement in disease than an exciting cause of disease; so here is what I did, you may have better arguments but this is what came to me.

I looked him straight in the eye and said: "I'll back up both of those statements, lieutenant." His face fell as if to say "Another good man gone wrong." "I realize that there can't be pneumonia without the presence of the pneumococcus, nor diphtheria without the presence of the Klebs-Loeffler bacillus because that is definitive of the disease. On the theory that the germ is the most important factor in disease how do you account for the fact that my friend and I have worked twelve and a half hours a night for nine weeks right in pneumonia atmosphere and yet we have not had the disease? Our resistance must have been lowered, working nights and not getting any too much sleep. There is only one reason that we have not had pneumonia and that is we have neither of us had congestion in the lung and hence no break in the immunity against the pneumococcus. You're sick before the germ can get a grip and it is that sickness the Osteopath is looking for. Now then there are four boys in this ward who had direct mechanical injuries to the chest before they were brought in here with pneumonia. One was squeezed between two trucks, one fell against a heavy packing case, one was thrown against a bed in wrestling, and the other was mixed up in a free for all fight. Those injuries made a congestion of the lungs. I feel that they would have been sick if all pneumococci had been kept away from them the fact that pneumococci were present was to me an incident in the disease while the injury to the chest was the direct exciting cause of disease."

"As to the spinal abnormalities it may be impracticable to correct them in healthy persons but by so doing we

would raise their factor of safety. We have a large factor of safety and any mechanical maladjustment will reduce that factor so that it would take much less abuse of the body to instigate disease."

He became very much interested and asked for some statement as to our underlying principles. I prepared the following six sentences as my working basis.

1. In all cases of ill health there is something the matter with the blood; physical, chemical, *bio-chemical, or in its distribution.

2. One of the prime duties of the nervous system is to maintain the proper co-ordination of all body function: including the physical, chemical, and bio-chemical make up of the blood and its distribution.

3. The degree of flexibility of the nervous system depends upon the (a) use or abuse of function, (b) heredity, (c) environment, and (d) the exactness of structure.

4. A perfectly flexible nervous system will maintain immunity to ill health.

5. The primal cause of ill health is a break in immunity (local or systemic).

6. The Primal method of cure is to repair that break, referring to 3.

(a) Abuse of function, refrain from such abuse.

(b) Heredity, re-education.

(c) Environment, change.

(d) Variation from exactness in structure, correction.

*This was added at the suggestion of the M. D.

You will note that all cure is a matter of adjustment. Adjust our habits so as to conform to the normal body functions, adjust our method of living so as to discount any hereditary weaknesses, adjust our place of abode so as to get the most favorable environment or adjust our companions so as to have a better personal environment and last but by no means the least, **adjust** the structural abnormality for with that correct there will be very much less need for the other adjustments.

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the palm. Wednesday was again filled with high school engagements, the list of which included Hollywood High, L. A. High and several others.

The "big event" of Skeyhill's tour was the public mass meeting of Wednesday night, when Trinity Auditorium was filled to capacity. His address on that occasion was masterful. One may judge of its success when it is realized that he spoke for two hours and a half, without the accessories of picture or scenery, and yet was able to hold his audience from start to finish. His tribute to osteopathy was artfully given, along with story and war incident and constructive philosophy and poetic imagery, such as marks him an adept in his craft. Publicity Committee.

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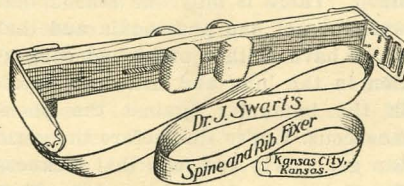
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