

# **Osteopathic Truth**

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# Osteopathic Truth



A MONTHLY MAGAZINE FOR THE OSTEOPATHIC PROFESSION

No compromise with materia medica for therapeutic purposes

Volume II

APRIL, 1918

Number 9

## What Is Osteopathy As A Science and An Art?

GEORGE F. BURTON, Los Angeles, Calif.

### I. WHY THE NAME OSTEOPATHY?

First, because it is the discoverer's inventive term selected to express the content of his new therapy. This term is happily in accord with the natural order of thought along therapeutic lines. There is chronological synchronism in the titles Allopathy, Homeopathy and Osteopathy. Discoveries are made only by the men who walk upon the hill-tops, and these same discoverers are often divinely directed in appropriate or significant nomenclature.

In the second place the derivation of the title, Osteopathy, from the two Greek words, *osteon*—bone and *pathos*—suffering, literally bone-pain or bone-suffering, is certainly apropos. Its literal significance carried into a liberal translation remarkably emphasizes the evaluation of the name Osteopathy as applied to a distinct therapy.

In the third place, the mechanical construction of man emphasizes the importance of the skeleton or bony framework in a remarkable or basic manner. In every thoroughly-poised or perfectly trained human being we notice three distinct qualities of physical perfection,—the square shoulders, the erect spine and the even or well-balanced hips. This is the grand triple alliance which forms the original basic bony fulcrum. Having this triple alliance established and maintained the remainder of the bones naturally will be in apposition or will always be easy to adjust to the normal. Secondary bony fulcrums are dependent upon the original basic bony fulcrum. There may be as many secondary fulcrums as there are joints in a part. In extreme cases the final subsidiary fulcrum would be dependent upon the adjacent secondary fulcrum and each in turn falling upon its next successor until in due process of time the cumulation of disturbance would rest upon the original tripod, or basic bony fulcrum. So that for complete restoration to health not only must all subsidiary or secondary fulcrums be rehabilitated, but there must also be a complete restoration to and maintenance in the normality of the basic

bony fulcrum. The law of the reduction of lesions is herein revealed. A normal triple basic bony fulcrum perfectly correlated with untrammelled subsidiary bony fulcrums is the true osteopathic basis of the ideal physical man.

### II. OSTEOPATHY AS A SCIENCE

Having illustrated the significance of the title Osteopathy the elucidation of the science of Osteopathy may be had by briefly outlining its environs. Osteopathy believes in sanitation and hygiene; the use of asepsis and anti-sepsis; the quick administration of antidotes in accidental poisoning; and both minor and major surgery when indicated. Osteopathy is opposed to the internal medication of drugs, or drugs used as remedial agencies; the introduction of concocted serums; and exceeding haste in executing the majority of surgical operations. Osteopathy acknowledges the facts of anatomy, physiology, chemistry, pathology and et cetera, as obtained from medical institutions but correlates and uses these facts according to her vital interpretations of man as a perfect machine. The parts of man, the perfect machine, are thoroughly fashioned and correlated beginning with the dense bony skeleton and terminating with the soft skin or epidermal investiture. Each individual piece occupies its appointed place and subserves its ideal purpose. Machine-made man, in perfect correlation of parts, possesses all the requisites for self-maintenance and self-repair. In other words, with proper food, regularity of habits and balanced thoughts of purity with noble deeds the noiseless whirl of the machinery of the perfect physical man is sufficient not only for the ultimate appropriation and assimilation of nutrition for the sustenance of the body, but also furnishes all its own chemical constituents necessary for the dissolution and complete elimination of all poisonous and waste products; and, man's usefulness and tenure on this earth, with a sound mind in a sound body, actively endeavoring to succor those in distress, can only be measured by the God-given vitality which is his portion.

### III. OSTEOPATHY AS AN ART

The artist is the person who can fashion the clay or use the colors of paint to portray. The Osteopathic physician or artist with a clear vision of the concept of the Osteopathic philosophy or knowledge approaches each patient with the firm conviction that he can stencil the correct picture for him and restore him to normal health. Food, exercise and rest for the body; proper nourishment of the mind by giving the patient correct lines of thought; removing all tension to the perfect flow of nutrition of all the fluids of the body and the nerve-impulses which propel them,—thus virtually establishing a perfect correlation of mind-force with matter-force; normalizing subsidiary bony fulcrums and correlating them with established basic bony fulcrums;—this is Osteopathic art of the highest order. Osteopathic correction is from the simplest act to the most complex. For beauty and symmetry and endurance it is very essential to synchronize minutæ unfoldment with the underlying normality of mental acumen and physical fitness. The crook of the finger, the turn of the nose, the curl of the lip, the flash of the eye and ad infinitum are the final manifestations of the perfect mechanical man in perfect equipoise; and these signals do but differentiate individuals.

Can you imagine any one mind sufficiently large to fully grasp the mechanical man of Osteopathy? Cross-stepping and side-tracking and camouflaging cannot but remind us of the farmer boys training their Percherons and Clydesdales for saddle horses; or the Middle-West teamsters substituting mules for horses in the spring of the year with which to haul heavy loads through the mud. Surely the Osteopathic profession is not willing to present itself in the pitiable plight of the perpetual-motion philosopher who stood stock still with weary waiting trying to lift his own weight by his boot-strap when there is so much real work to do. The harvest is white—the scythe of Osteopathic truth is sharp—where are the reapers?



## WHAT OF THE FUTURE?

Dr. F. G. Cluett in Iowa Osteopathic Bulletin

The great question that is today agitating the minds of the leaders of our profession is how best to preserve and advance the science of Osteopathy. They are looking not simply at the present, but are unselfishly planning for the future existence and development of the profession. In furtherance of this laudable undertaking several distinct movements have been inaugurated, all tending toward the preservation of Osteopathy in the future. These efforts, entailing as they do a great amount of time and effort and sacrifice on their part, deserve the hearty support and backing of every practicing member of the profession. To refuse to give them your support and encouragement is to be branded, and rightly so, as a selfish slacker. To take advantage of all the benefits that accrue to the profession through their efforts and give nothing in return is censurable, to say the least, and especially so in the present crisis, when the help of every loyal practitioner is so urgently needed.

Nothing but unstinted praise is due those unselfish souls who give of their time, and energy, and money, that the profession may live; who help support the various movements, who join and help support the various associations—national, state, district or city—associations which are all helping to preserve the profession which enables the slacker to make an honorable living. Are you one of the loyal souls, or are you a "slacker?" Are you a member of your professional association? And if not, why not? When we receive your answer we will be able to place you in one of the above classes. Which do you prefer?

Osteopathy in the future will be just what the present practitioners help to make it. What are YOU doing for the future of your profession? What kind of a legacy will you leave to posterity—a strong, vigorous profession, occupying the place in the estimation of the people to which it is entitled, or a weak, wishy-washy profession about on a par with massage?

What are YOU doing for the future of Osteopathy?

F. G. CLUETT, D. O.

Work For HR5407

## Constructive Suggestions

W. R. BAIRSTOW, D. O. Warren, Pa.

Most of the criticisms appearing in our professional magazines come from the pens of real D. O.'s who have, at least, had some work direct from Daddy, and who, therefore, possess the real underlying truths of Osteopathy, not to mention that goal for which we all strive,—the ability to diagnose and correct lesions. It is not strange that these older graduates have a deeper conception and a more thorough working knowledge of the principles of Osteopathy, for they could not be around Daddy without absorbing it. Then, too, those older men went to Kirksville to learn. A large number gave up well paying positions, whereas the student body now is mainly fresh from high school, and has not the ability, if you will allow the term, to differentiate good from bad,—to apply Osteopathic principles to disease, in place of book medicine. Too many of the present-day students are not sufficiently in earnest to realize that what appears easy in the lecture room is a very different affair in actual practice, and that the mere statement, "spring the spine, relax the upper dorsal," is not productive of the results they have learned to believe follow an osteopathic treatment.

I am speaking from a standpoint of a recent graduate (Jan. '14), and as I have never seen these points in print, would greatly appreciate enlightenment—along the Tucker line.

While in college we occasionally heard the word, Osteopathy,—oftener under some instructors than others,—but I am positive I never was told or shown specifically how to reduce lesions where lesions really existed. Oh, yes, I was shown on students and learned to produce "pops"; I was instructed, in so many motions, how to "set an atlas"; I was told by the examining physician in the Infirmary to "work on this anterior curve and stretch these muscles"—all of which was entirely unsatisfactory, and which impressed me chiefly with the fact that in every case I was to give a general treatment with as many pops as possible and to spend the greater portion of time in loosening muscles.

In the classroom it was the same, and I have one set of notes on special diseases that resembles a textbook on prescription writing. We were given great masses of medical literature to read; we listened to beautifully worded lectures on the etiology, symptoms and diagnosis which might, and did, cover weeks of time; but what we learned of the osteopathic treatment for the relief

of these diseases might be written on a postage stamp with a piece of chalk.

We were taught that hemorrhoids should be operated,—and I have on file at the present time 50 case reports of hemorrhoids which responded to the correction of an innominate lesion—but I never learned that in college. One other thing: Brachial neuritis and painful shoulders. You remember the prescribed treatment? Rest, heat, etc., but never one word about rib lesions.

On graduating I had an idea that my perception of Osteopathy was good, but I did not feel that I knew enough to produce results similar to those of the older graduates. I spent considerable time with some of these "old-timers"—and that was where I learned real Osteopathy. And, now, when I become discouraged and results are not as they should be, I go to one of these same old two-year men, and, besides learning a great deal, I am freshly enthused. They do not give high sounding lectures on how to diagnose; they find a "sore spot" and fix it without any of that pulling and hauling of muscles—and they get results. It is not astonishing that Chiropractors are busier than some of the later day Osteopaths, is it?

I have read a great deal concerning and criticizing the colleges, but have never seen any suggestions as to the remedy, and, while I have been in practice only three years, my opinion may not mean much, yet I am entitled to it, and here it is.

Cut out the *prescription writing in the lecture rooms.*

Insist on *regional anatomy* and more thorough dissection with particular attention to *anatomical relations.*

Place men in the diagnosing departments that *take an interest* in demonstrating to students the exact lesion, the possible causes and the methods of correction; and follow the case to note results.

Use *Osteopathic textbooks.* There are a number of good ones, such as A. T. Still's Research and Practice, Deason's Physiology, Clark's Diseases of Women, and Applied Anatomy, Ashmore's new book, Osteopathic Technique, McConnell and Teal's Practice, Tasker's, Still's, and Hulett's Principles, etc. So far as I know none of these are used as a basis for lecture work.

As surgery is not permitted by the laws of most States, spend more of the time in teaching *Osteopathic methods* of diagnosis and treatment, and less of

surgical. Every graduating D. O. knows more of surgery than of Osteopathy, as far as real treatment is concerned because there is more interest shown in the surgical clinics, and the instructors in surgery are superior to those in Osteopathic studies, and show more and better results.

Make the clinics really interesting by arranging for patients who will show the *results of specific treatment*, instead of a lot of old chronics who have attended and received treatments for years,—there is no possible interest in such cases.

And here is a suggestion which appeals to me very strongly,—put in a course of *lectures on Psychology.* We all need that to be good and successful physicians.

## THAT M. D. DEGREE

By AN OLD TIMER

(NOTE—The "Old Timer" speaks from an abundant experience. He is also a deep and constant student. He is not an "Old Timer" in the sense of being a "back number" or "moss back." Hence you will always find his remarks worthy of thoughtful consideration and study.)

Lay back your ears and prepare for an attack. I thoroughly believe that if the "Old Doctor" were here he would say "Amen" to every word of this article.

First of all, let me say that the D. O., M. D.'s who persist in adding the last half of their titles are, as a rule, far from simon pure Osteopaths. A number one, first-class D. O. will rarely use his M. D. title. Do you ever see McConnell add M. D. on to D. O.? Never! He is too pure an Osteopath. Would you find a "hyppo" needle in his pocket? Not by a long shot! (How about this, Mac?)

If it is possible for a D. O. to practice almost twenty years, as the writer has done, and never use a needle in a single instance, and yet sustain a practice second to none in the Osteopathic world, why should it not be possible for others to do it? With all my heavy practice, year in and year out, I have never yet given a patient a dose of medicine outside of an emetic or antiseptic. Come on now, boys, and I will parallel case for case, month in and month out, and I will not give a dose or use a needle.

There are numerous ways to relieve a patient other than the needle or giving "dope."

Whither are we drifting? I can see in the hazy distance a clearing out of the "tall timbers" through which we are wending our way; a process of elimination, if you will, in which the law of

the survival of the fittest, professionally speaking, will apply.

Many of us are still embryonic in our thinking. We are nebular and will swing into our spheres in due time, and their rhythm will form one perfectly harmonious constellation that will follow the laws of the universe.

The pendulum is swinging still in one direction. It may continue until the war is over, but some day it will stop and will as surely swing in the opposite direction.

Just now, we are experiencing dark days. We feel we must be M. D.'s in this war. But what are we doing? We are undermining our great and glorious science, and we will have to stand the quake from the honeycombing. We had a rock foundation to start with. The "Old Doctor" laid it, and mixed the cement out of his cerebral storehouse. Have we lost our heads, and do we think we are wiser than he was? Never, as long as the sun's rays kiss this old world to bloom, will the "Old Doctor" be found wanting. His principles of Osteopathy were founded upon truth and knowledge, and they are as immutable as the heavens.

There will always be room for the practitioner of genuine Osteopathy, and he will have as many patients as he is worthy of. His practice will be in proportion to his grounding in the principles of his science and his vision and enthusiasm. If it is possible for one to sustain a large practice, year after year for two decades, on the principles taught by Dr. A. T. Still, why cannot others do the same?

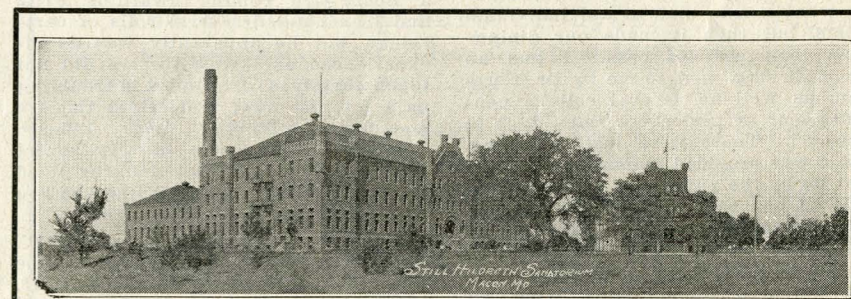
Enthusiasm comes from results, results follow good work, good work follows knowledge and knowledge follows earnest study and observation. No Osteopathic physician can get the best results unless he is a good student of applied anatomy, and if one is trying to keep his head full of medical dosage, etc., he is lessening his time for the study of anatomy.

Anatomy cannot be learned in two years, or five years; it is a life study. It takes all of your spare time, year after year. Few men are great enough to be conversant with *materia medica* and applied anatomy.

If you don't believe this, ask some of these M. D. brethren a few applied questions on the finer mechanism of the nerves, and see if they will come across and give you an intelligent answer. Ask them the peculiarities in the vasomotor distribution of the nerve fibres to the head, as compared with those to the bowels, and see if they will have a thorough understanding.

Put your finger on any spot in the back and see if they can connect up a lesion, with all of its far-reaching effects, from an applied standpoint. Why leave a branch that contains the real nuggets for one that is possibly more glistening, but will not assay as well. As for me and my house, give me the old A. T. Still Osteopathy.

What is the value of a medicine that will cover up a pain for a time and block the nervous mechanism for months afterwards? Talk Osteopathically, think and practice Osteopathically and you will get the vision that will lead to the gold without dross.



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A. G. HILDRETH, D. O.  
Superintendent



## Jean Claverie Sends A Billet Doux

Firing Line, December 27, 1917.

Dear Sir:

Your letter of Nov. the 9th was handed me on my return from an aerial mission and, although I was half frozen, I did not wait until I reached my underground "home" to read it. How I do wish that Santa Claus could have brought as much joy to every soldier as your letter did to me! Thank you a thousand times for your so often repeated generosity. A year ago I was writing you from . . . . . telling you how we had taken advantage of the fact that the regiment was at rest to prepare for a nice Xmas Eve celebration, how we were alerted at 10 P. M., while our turkey was cooking, how we had to leave everything and jump into the motor-cars and how we landed in the trenches in the wee hours of the morning.

I wrote you a Journal rather than a letter, for our stay in line although a comparatively short one, had impressed me much; but I don't believe it ever reached you. We have been more lucky this year for our "Reveillon" was quite a success. We have, as neighbors, 10 miles away, an American Field Service Unit and we have had the pleasure to entertain 3 of its members over Xmas. My modest way of thanking you and friends as well as many unknown "Sam-mies" mother, for the kindness shown me during the last 40 months. The names of our guests were: "Bill" Black, a Princeton student from New York; "Pop" Clark from Chicago, and "Colby" Collins from Orleans, Mass. I am quite sure it would surprise anyone not initiated to our way of living on the firing line, to see how 18 men can manage to have a very good time by themselves, under almost impossible conditions. Getting wood enough (under 2 feet of snow) to keep ourselves warm during the feast, was not the easiest part of the program. When this was over, each of us pilots set to decorate the room. In order to do this we had to use whatever we had in our individual rooms, but then it made our dining-room look sort of cozy. I had an American flag, sent to me by Dr. Foreman, as well as several college pennants sent by my school mate, back in Missouri. These were just the thing. Music was provided from a phonograph sent us by the parents of a fallen comrade. I had been lucky enough to find some American discs, these were highly enjoyed by our guests and myself. Each of us had received something from home, fruits, cakes, pates, wine, we even had several bottles of champagne and plenty of "Camels" and "Lucky Strike" brought by our guests; so that our menu was A-1. Our "goose" wasn't any too well cooked, but our appetite made up for that. The novelty of the thing sort of amused our "invites" who were not long to get into the spirit of the party, which, indeed, ran high, yet, the faraway look I caught in their eyes, once in a while reminded me of how I felt on such occasion three years hence. Useless to say that it was rather "early" when we went to bed. We shared our blankets as we had our dinner and at 7 o'clock that same morning we saw our

friends safely back to camp. No grasse matinee here.

I had a ten-day leave last month and spent most of it home. I had meant to write long overdue letters and do a lot of other things besides, but no sooner had I "hit" my good old bed, my good intentions vanished away. I still claim that a good bed is about the best invention that ever was made, and I feel quite sure that any soldier on leave will say the same. Too bad one has to be deprived of one so long in order to appreciate it. I had hoped I might see my brother during my stay home, but he could not come. The front is jealous of its men, and once you get in it, it takes more than a good excuse to leave it. I found my parents in good health and spirits, like so many others, they have accustomed themselves to our unusually long absence. They wait bravely for the most beautiful day of our lives, our safe and victorious return home.

I stopped in Paris just long enough to send some warm clothing to Leon, no news from him in the last four months. I arrived here just in time to have it out with "Fritz" good and hard. Fighting in the air has trench fighting beaten to a frazzle, as they say in America. No mud, barbed-wires, traps or shell holes up there. Plenty of "bees" of course, but the noise of the motor covers even the explosion of the big shells and, were it not for the flocks of black smoke one perceives here and there, one would not know that German artillery men are wasting their ammunition on us. Whenever the treacherous black spots get too close, all one has to do is to shoot her up or down a few hundred yards, or make a vertical turn; this obliges the gunners to find a new range and by the time they think they have it, you gracefully turn on the wing and the trick is played once more. "Theta Psi," the name of my plane, is a fine little fighter,—she never buzzed as well as when we saw a "Boche bird" coming toward us. Fritz and I exchanged several rolls of cartridges, but he apparently was as inexperienced as I was, for we did not touch ourselves. The snow is troubling us a lot just now, it deceives the eye and makes landing more difficult. Temperature up there is very severe just now, flannel, wool and fur lined clothes is all we wear and I assure you we do not perspire under them.

Thank you for the "Denver Post" clipping. I also had the honors of "The Bulletin" of Norwich, Conn., Oct. 19, 1917. Please find enclosed a small calendar and a photographic reproduction of a pencil sketch made by a friend. This looks more like an "Edition of the Times" by its length, than a letter. Excusez moi et a bientôt le plaisir de vous lire.

Votre bien devoir,

Jean.

His latest address:

Jean Baptiste Claverie,  
Escadrille, S. O. P. No. 263,  
Secteur Postale No. 122,  
France.

Work for H. R. 5407

## DR. FRANK FARMER IN SERVICE.

Chicago D. O.'s Tender Hih a Farewell Dinner.

Dr. Frank Farmer of Chicago has enlisted in the service of Uncle Sam and has been assigned to the Orthopedic Division of the Medical Department, which position was gained through his M. D. degree and not the D. O. degree. He received the commission of First Lieutenant.

To cheer him on his way, a dinner was given in the new restaurant of the Central Y. M. C. A., on Wednesday evening, March 27. Dr. Alfred Young was Toastmaster and in order that too many handkerchiefs would not be used he asked only for "non sob" stories. Drs. Deason, Littlejohn, Bunting, and Fryette responded to appropriate toasts. Dr. Farmer told of his former military experiences and of his future hopes.

Dr. S. V. Robuek will care for his practice.

We bid Dr. Farmer Au Revoir.

I like Osteopathic Truth. I have liked it from the first. Pure Osteopathy is what we need and what wins and holds our faith and makes for best service in our line.—Isabel O. Barber, Elkhorn, Wis.

## Dr. C. C. Reid's Post Graduate Courses for Osteopaths

### 1. Eye, Ear, Nose and Throat— Cadaver Course.

This course will help you to be a specialist. It is continuous and can be started at any time. Personal instruction is given on the various operations on eye, ear, nose and throat. The student does the work and learns to do by doing. Clinical work is also given along with the cadaver course.

### 2. Course on Refraction.

This course enables one to take up refraction in conjunction with osteopathic work. Eye strain, many headaches and nervous troubles are relieved. Course continuous. Personal attention.

### 3. Course in Osteopathic Technique.

Latest and best technique in its most simplified form enabling one to handle a heavy practice and conserve his own strength. This is the technique used by the most successful Osteopaths in the country. Personal attention. Course continuous.

### 4. Osteopathic Post Graduate Efficiency Course.

Clinical and didactic review. Eye, ear, nose and throat, hayfever, deafness, etc., for the general practitioner. PERSONAL TOUCH IN PRACTICE, Refraction, Laboratory, surgery, technique, diagnosis, etc. This course is given one month once a year. Next course opens Feb. 1, 1919. Number of enrollments very limited. EVERYTHING OSTEOPATHIC. Each course lasts one month. For further information, address

C. C. REID, D.O.  
Majestic Building Denver, Colo.

## AS SEEN BY DR. HUGHES

I am glad, indeed, to renew my subscription to Osteopathic Truth. I feel you are doing a real work and I want to thank you all for the course of progress you have outlined through this paper. I say progress because I have always believed that Osteopathy is another word for progress in the therapeutic field and my belief grows stronger each day I practice.

I can make no greater wish than when I write I trust the reading of Osteopathic Truth has the same effect on every reader that it has on me! After reading Dr. Sullivan's article I was stirred with a new enthusiasm—I am again filled with pride because I am an osteopath and especially because I so firmly believe in the osteopathic lesion. Once again I am filled with a new determination to find it, fix it, and leave it alone and thereby show the community what real Osteopathy can do. I have never given any drugs and never intend to for when I find a case where I fail I will let the other fellow do the drugging. And, by the way, I charge my failures to a lack of proper understanding on my part instead of a failure of Osteopathy. I believe the day will come when our science will be so perfected that many conditions we are unable to help at present will yield to the science of adjustment.

If you will pardon a bit of personal reference I believe I can show you why in my case the attitude taken by Osteopathic Truth has meant so much to a new practitioner. I got my first idea of this system of healing from Dr. Vernon—he showed me it was a system of drugless healing based on the correction of abnormal structural relations—this early teaching had its effect. Long before going to school I had forsaken drugs and always treated my colds with water, rest, fresh air, and fasting. I found I was generally successful.

I went through school to graduate in 1912—the idea of Osteopathy had grown more and more in my mind while the value of drugs had grown less and less. I came out determined to practice according to the ideals I had or else fail in the attempt. For me, it was either straight Osteopathy or a complete change of work. Osteopathy to me was nature's way of helping the body forces to bring about normal function and I felt if we had to mix with drugs we would be no nearer the truth than the old schools and therefore we would soon find we had no grounds for existence.

Still, all the time, while in school and for my first year or two in practice there lingered in my brain the idea that

possibly the big men in the profession were not so simple as to accept and depend wholly on lesion Osteopathy—I wondered if they did not have something I was not taught to use. I do not wish in any way to try to depreciate the teachers I had for they were good but generally they were not the men who had been out in the field and make a big success and in many cases their experience was very limited and I wondered if they were not being fooled, too. Of course this may all seem very strange but I am trying to show you why I have so appreciated the expressions you are getting from the profession through Osteopathic Truth.

There has been much said about the later graduates and their greater leaning towards drugs. As I have said I was made stronger osteopathically while in school although in part that might have been due to my earlier ideas. If I have any criticism to make it is because I was not made to see the value of

finding the lesion and correcting it—I was taught to give a good general treatment and frequently heard the word "specific" but I did not fully appreciate its value. Now this may have been my fault—the work may have been given and possibly I was not able to comprehend its meaning. Still I do not give myself credit for being any slower than the average student to grasp an idea and going on that assumption, I believe I got as much of the lesion theory as most students get. Looking back now after five years' experience in practice I feel that this is the greatest criticism I could make of my school course. I say, let us have more of Osteopathy in our schools—teach the students the value of finding the lesion and fixing it—keep at this idea until it becomes the foremost thing in his mind and then we won't be graduating mixers. Pure Osteopathy points us to our only road to success.

ARTHUR L. HUGHES,  
Bloomfield, N. J.

## OTTARI

AN INSTITUTION FOR THE OSTEOPATHIC CARE  
OF NON-COMMUNICABLE DISEASES

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Dear Doctor:

I have sent patients to OTTARI and have been a guest there myself this past summer. I know the climate of Ashville, the care, methods and plans of OTTARI. It is "a little bit of heaven," beautifully simple and simply beautifully.

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This knowledge enables me to endorse OTTARI and the work of Dr. Meacham. I hope it grows and grows and grows.

(Signed) Elizabeth L. Broach, D.O.,  
Chairman Public Health, 5th Dist., A.O.A.  
Atlanta, Ga.

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Doctor, a day never passes that you do not find a patient in need of a laxative food.

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It is nutritious, delicious and easily digested.

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Funds to be given through  
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Mrs. John T. Morrison, 110 State St., Boise, Idaho.

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

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

## Diabetes Urines and Simple Glycosurias

WALDO HORTON, D. O., 500 Boylston Street, Boston, Massachusetts

All urines of specific gravity above 1,020 should be tested for sugar. Where even small traces are found, it is important to know the total quantity of urine passed in 24 hours and also to do a quantitative test to determine the amount of sugar. Until quite recently, it was tedious to test with accuracy the exact sugar percentage.

Simply for sugar detection, the old Fehling test is a standby and is really accurate enough for our needs. Most houses make up the copper and alkaline solutions at small cost. A half dram of each is put into a small test tube and boiled over alcohol lamp or Bunsen burner, then add to this about one-third of a dram of the urine to be tested; divide into two portions; set one aside and bring other to boil. An orange colored precipitate within ten minutes in the one set aside surely means sugar; if it appears within one or two minutes, it means considerable sugar. A quick, profuse orange precipitate in boiled portion probably means sugar but not always. It may be an excess of urates, phosphates, or other solids. Light yellow precipitate in boiled portion or after ten minutes in the other portion is not sugar. Time required, one or two minutes.

I have found a new test which detects and also measures accurately the quantity of sugar in the short period of two minutes. It is the Whitney test sold for \$1.50 by the Whitney Laboratory of 24 West 60th St., New York City; also, by most wholesale druggists. It consists of a prepared solution, a graduated test tube, and a special dropper with full directions for use.

Just as important as the detection and determination of sugar in this type of cases is the detection and relative determination of acetone and diacetic acid for we know that it is the acidosis caused by the presence of these in the blood, and not the sugar which produces the diabetic coma and death. In real diabetes mellitus, it is usual for the acetone and diacetic acid to remain low as the sugar remains high, and as the sugar becomes reduced, for the acetone and diacetic acid to rise correspondingly.

It therefore, behooves us as Osteopaths not to do anything to reduce the sugar percentage without keeping a close watch on the acetone and diacetic acid which might easily rise to the point of producing coma while we were congratulating ourselves on having reduced the sugar. If we can reduce both the sugar

and acidosis together as I believe we can do better than drug doctors can with their methods, then we have scored another success. Can we not have reports of such cases with careful, progressive, clinical and laboratory findings as proof.

The Acetone test; time, one minute. In 5 cc. of urine in small test tube, dissolve a few small crystals of sodium nitro-prusside. Make strongly alkaline with sodium or potassium hydroxide (produces red color, or test with red litmus to prove); shake hard till you have a good collar of yellowish foam. Before foam disappears quickly run two or three drops of glacial acetic acid down inclined side of test tube and observe color in a good light. Intensity of purplish color of foam in contact with glacial acetic acid indicates amount of acetone present; i.e., white means none; pink or pinkish purple, very small amount; and thence upward, until a continuation of the presence of a very dark purple for many hours indicates a very grave acidosis. I have noticed the gravity of the higher color index is not so marked in young children however, as in adults. Fairly normal children's urines more often contain acetone.

Test for Diacetic Acid; time, one or two minutes. To a small test tube containing 5 cc. of urine, add two or three drops of Ferric Chloride (Liquor Ferri Chloridi U. S. P.). If precipitate appears, it is phosphates; continue adding Ferric Chloride till precipitate clears. Degree of depth of Burgundy red indicates relative amount of diacetic acid present; a yellowish red means none. The Burgundy red disappears on boiling two minutes, if it is diacetic acid; previous ingestion of aspirin and other drugs will also give a very dark red color with this test, but it does not clear on boiling.

I have come to believe that glycosuria is to be found in two classes of cases. First, the persistent and severe glycosuria of the real diabetes mellitus which usually occurs in thin young people and kills the patient; and second, a more simple lower degree glycosuria occurring in older, fatter people probably without much pancreas pathology with which they may live for years, the sugar appearing and disappearing, or rising and falling according to conditions of diet, mind, etc. I have noticed, however, many of this latter class terminating in nephritis.

Next issue: Cystitis Urines.

### THE SACROILIACS

Dr. H. P. Frost, of Worcester, Mass., is making a special study of the sacroiliac joints. In looking up the literature on this subject, he came across an interesting bit of information in "A Cyclopaedia of Anatomy and Physiology," edited by Robert S. Todd, and published in 1859 in London. John Wood, in a comprehensive hundred page article on the pelvis in volume five, pronounced the sacroiliac an arthrodial joint. On page 102, he says, "The sacroiliac joints, however, most frequently presenting two contiguous surfaces and two separate plates of encrusting cartilage, ought rather, as Albinus remarked, to be considered arthrodial forms of articulation."

On the same page, he says, "The cartilages lining these articulations differ from those in the pubic symphysis in being almost totally wanting in the fibrous elements which are in the latter joint intermingling with them. Under the microscope, a section of the sacroiliac cartilage presents the ordinary appearance of cartilage encrusting the surface of arthrodial joints. They have been said by many writers to be completely incorporated together so as to form but one mass. But such is not the conclusion I have come to, except in a few cases after many examinations made on subjects recently deceased. \* \* \* Much more frequently in the male and always in the female and child. I have found extending between them throughout a complete smooth surface apparently lined by a delicate membrane and containing much thick synovia."

This quotation from John Wood is sufficient to take all the wind out of the sails of our medical critics. The most enlightened members of the medical fraternity, however, have finally become convinced of the osteopathic contentions regarding the sacroiliac. We often hear of their attempts, which are exceedingly crude when compared with osteopathic methods, at correcting sacroiliac strain or sacroiliac subluxation.

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Meet Us at the Next A. O. A., 1918

It is interesting here to note how Goldthwaite convinced himself that actual movement takes place in the sacroiliac joints. He says, "Two parallel nails were driven into the ilium and sacrum of the body of a man recently deceased. By raising the leg about fifty degrees, the nails separated on an average of three millimeters."—(*Boston Medical and Surgical Journal*, Vol. 152, page 596).

These quotations are significant as well as interesting. They may be compared to straws which reveal the way the wind is blowing. Dr. Still and his followers have been vindicated in their claims regarding the sacroiliacs, and there is little doubt but that in the not far distant future we will be vindicated in all of our teachings regarding structural perversion, etc. In order, however, for this to come about, it is essential that we remain true and faithful to our calling, taking particular pains not to be sidetracked or misled into any pitfalls by the songs of medical sirens.

### CONVENTION NOTICE

Photographs in uniform wanted immediately of every osteopath in the service. These will be grouped and will form one of the most interesting exhibits at the national convention. Be sure to write autograph on front of the photo. Letters also wanted from osteopaths at the front and in camp. These will be read at the convention. Please confine letters to osteopathic experiences in camp or over there, and to the attitude of the officers toward osteopathy, and the possibilities of the benefits of osteopathic service in the army and navy. Please pass this word along. Write to your friends and relatives in the service urging them to attend to this at once as we want the exhibit to be a complete one. Send letters and photographs to Dr. R. Kendrick Smith, 19 Arlington Street, Boston, Chairman Program Committee.

### DRS. JONES AND FRANCIS OF LANCASTER OPEN NEW OFFICE

Dr. E. Clair Jones and Dr. T. Harris Francis have just moved into their handsomely arranged and fitted offices in the Nissley Bldg., Lancaster, Penn., according to a column writeup in the New Era.

They now have a seven-room suite constructed in such a manner that the maximum of osteopathic efficiency will be obtained. The color scheme for the main rooms is mahogany and white, and in the treatment rooms the furnishings blend with the wood trimmings of oak and bird's-eye maple.

The writeup explains the arrangement in detail and gives both doctors a "puff."

Dr. Jones is president and one of the founders of the Central Pennsylvania Osteopathic Association, and is also a member of the Executive Committee of the State Association. Dr. Francis took the four-year course at A. S. O. and Lane's post-graduate course.

### "CHIRO" CONVICTED AGAIN

DAILY PRESS.

Millings, Montana, March 4th.

Judge A. C. Spencer this morning sentenced Louis Downs to a fine of \$500 and a jail sentence of 90 days for practicing osteopathy without a license under the name of "Chiropractic." Downs was convicted by a jury February 28th. The jury was out but ten minutes. Several months ago he was convicted on a like charge and fined \$250. In pronouncing sentence the judge severely censured the defendant for his continued efforts at law evasion in practicing osteopathy under another name without meeting the law's requirements.

Enclosed find check for \$1.00 for one year's subscription to Osteopathic Truth. Since the first issue of this little Journal came to my notice I have received several of them and have enjoyed it immensely from the start. It appealed to me as having the proper ring—something we have sorely needed for a long time to distinguish those who have faith in the efficiency of osteopathic methods.—E. Wm. Caldwell, Canon City, Colorado.

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"The Tonsil and Its Uses," \$1.00. By RICHARD B. FAULKNER, M.D. (Columbia University).

Everybody should read these books. Written from the physician's standpoint in preference to that of the surgeon.

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## Chicago College of Osteopathy to Step Forward Will Buy Building and Equip it for 200 Bed Hospital and College

Another osteopathic school makes a decided step in advance, and this time it is the Chicago College of Osteopathy. With the support of a large number of the practitioners of Chicago the building shown in the accompanying cut has been purchased and work has been started toward its conversion into a hospital and college.

The building is located on Ellis Ave. at 53rd St., within a few blocks of the University of Chicago and just off one of the boulevards. The building is a four-story structure, fireproof construction throughout, an English basement with four large light rooms suitable for laboratories, and it also has a good sized gymnasium and swimming pool.

It is expected that through the close proximity to the University of Chicago it will be possible to obtain as teachers of under-graduate scientific studies some of the best scientific men of the country who are taking post-graduate work. This will aid the college in solving one of its difficult problems.

### FINANCING

The financing is planned very well and other schools may be able to adopt the same procedure in furthering their growth.

The amount to be raised has been set temporarily at \$200,000, of which \$130,000 will be paid for the property, consisting of the building and the half-block of ground, and the remainder for equipment of college and hospital.

This money will be raised by the issuance of bonds covered by the assets of the institution, bearing five per cent interest, payable annually, and callable after the tenth year. The bonds will be in denominations of \$100, \$500, and \$1,000. The five hundred and thousand dollar bonds may be purchased by paying \$100 down and \$100 each year until paid. After the tenth year it is hoped that the calling of the bonds can begin from the proceeds of the school and hospital. In this manner the institution has cost the profession nothing except the loaning of their money for five per cent.

Endowments will be encouraged from patients and friends, and unless specifically stated as to their use will be used in the retirement of the bonds. Anyone may endow a room in the hospital, laboratory or give to the general endowment fund. By the operation of the bond retirement plan the institution will have built an endowment of its own.

Beside the bonds and endowments Membership Certificates will be issued and sold to those who cannot afford to buy the bonds or give to the endowment fund. These memberships will be of two denominations, ten and twenty-five dollars. The ten-dollar certificate will entitle the holder to ten per cent discount on all personal hospital bills for a period

of five years from date of issue, and the twenty-five-dollar certificate will entitle the holder to the ten per cent discount on the hospital bills of his immediate family for the five-year period.

### MANAGEMENT

The College is at present controlled by a corporation, members of whom are those who are actively engaged in the college work, such as teaching or mem-



bers of the board of trustees, and those who pay \$500 into the college fund as Life Members with voting power, those who pay \$100 as Associate members without voting power. It is hoped that through the \$500 clause that business men can be interested in the college work.

### POLICY

According to a statement by the secretary, Dr. E. S. Comstock, the policy of the College department will be to conduct an Osteopathic College teaching "Simon-pure," unadulterated Osteopathy as it is believed Dr. A. T. Still would have it taught; with a complete four-year course of study, and conforming to the requirements of the Educational Department of the A. O. A.

The policy of the Hospital department will be to conduct a purely Osteopathic and Surgical Hospital, organized and conducted on the most efficient basis possible and under the control of the mem-

bers of the board of trustees, and those who pay \$500 into the college fund as Life Members with voting power, those who pay \$100 as Associate members without voting power. It is hoped that through the \$500 clause that business men can be interested in the college work.

From these corporation members there is elected a Board of Trustees consisting of seven members at present and one member elected by the Illinois Osteopathic Association. The number of the board was increased to eleven and the hope is to fill the other three places with business men who become affiliated through the \$500 avenue.

The following is the personnel of the officers and board:

Dr. George H. Carpenter, President.  
Dr. James B. Littlejohn, Vice-President.

Dr. E. S. Comstock, Secretary and Dean.

Dr. Fred Bischoff, Treasurer.

Dr. Charles A. Fink.

Dr. John Deason.

Dr. Jessie O'Connor.

Dr. John Groenewoud, Member from the I. O. A.

It is also stated that it will be the determination that merit and efficiency shall govern the appointment of the various individuals of official capacity in connection with the hospital and at

fund. Dr. Littlejohn has thereby given many hours to the position of Dean and Professor of Surgery.

### BUSINESS MANAGER

In April, 1917, the Board engaged Mr. Myron W. Bowen as Business Manager of the institution. Needless to say Mr. Bowen has given himself unstintingly to the work and has "made good." It is due to his efforts, largely, that this forward step is being made. His will be no light job at the new school and hospital.

The scene of the story is in a hospital ward in one of the U. S. Army cantonments. A young soldier, dying from pneumonia, begs his nurse to secure for him osteopathic treatment, such as he would have had "back home." The nurse, full of eager sympathy and courageous for her patient's sake, beards the lion in the person of the medical doctor in charge, makes an urgent plea for the granting of the dying man's request, and clinches it by adding:

"If he were your son, Doctor, and your science could do no more, as you admit it cannot in this case, wouldn't you try *anything* to save him?"

The doctor, who has lately lost a son by pneumonia, is touched, and permits the nurse to call in a young orderly who, though he has had a four years' course at M. C. O. and has passed the same State Board examination given students from all medical colleges, has been drafted and, as a private, is on duty around the camp. In great perturbation, the doctor in charge watches the treatment given, now and again protesting, while the younger doctor patiently explains the philosophy of his treatment and the reasons for each move, adding whimsically:

"Of course, it takes longer than to give a pill or a hypodermic."

Somewhat impressed by the simple logic, and much more so when, upon examining his patient, he finds both heart and respiration very noticeably improved, the doctor places the young osteopath in charge of the case and gracefully retreats.

The pretty nurse joyfully accepts orders from her new chief and assures her patient, who himself now recognizes the relief afforded by the treatment, that he will live.

The cast comprises C. R. Wakeling, a very convincingly sick man; Carl Pierce, the Army Doctor, pompous, yet human; Albert Pappenhagen, the young osteopath, earnest and efficient, and pretty Miss Humphrey, the charming Red Cross Nurse.

The evening's entertainment was rounded out by speeches from Dr. George W. Riley, President of the American Osteopathic Association; Dr. C. H. Whitcomb, President of the New York State Society; Dr. G. W. Goode, Dean of M. C. O., and Dr. L. R. Whittaker, one of our osteopaths, who is now a private at Camp Devens. To this was added entertainment by mirth-compelling Miss Helen Beane, in her ducky dialect stories, wonderful 'cello solos by Miss Charlotte White, and heart to heart songs by Mr. Norman Arnold, with Miss Gertrude Belcher, as accompanist.

no time will positions be awarded as a personal favor or because of "pull."

### THE PRESENT QUARTERS

To correct some wrong impressions we would say that five years ago at the organization the buildings and equipment of the Littlejohn College and Hospital were leased for a term of five years at a rental of \$500 per month. In 1916 this was changed, due to the fact that the income was less than the expenses, and the new lease was for \$275 a month for the school, and \$75 for the hospital, making a total of \$350. During the past year Dr. J. B. Littlejohn has been Dean and entitled to the salary of the position, but owing to the increased cost of material and supplies and the economy due to the reduced student body, he has waived this salary and it has been returned to the college

### NEW YORK REGISTRATION

The New York registration granted in 1916 is still retained and the graduates are eligible to examination before the New York Board of Examiners.

### SENIOR OSTEOPATHIC PLAY AT MASSACHUSETTS COLLEGE OF OSTEOPATHY

It rarely happens that a young playwright, staging his first play, has so large and interested an audience as that which crowded the assembly hall at the Massachusetts College of Osteopathy, Saturday evening, March 23. A group of prominent New York osteopaths, having come to Boston to witness this tryout of Dr. Charles Ritchie Wakeling's "High Command," with a view to reproducing it as a film play, shared the enthusiastic reception given the play.



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APRIL, 1918

### HR 5407.

We are informed that our bill is still in the Committee, and not yet reported favorably to the House.

The National Legislative Bureau, together with Dr. George Riley, president of the A. O. A., were very courteously received by the House Military Affairs Committee several weeks ago. Our committee was given a generous hearing and according to reports the records taken at that time will show much in our favor.

It is believed that many new friends were won for our cause among the committee who previously had been opposed to us or at most lukewarm.

**BUT, WE MUST NOT STOP ON THIRD BASE TO CONGRATULATE OURSELF IF WE EXPECT TO MAKE A HOME RUN.**

Now is the time to work just a little harder and to make every effort count. Get your friends, who are going to Washington, and there are many now, to call on the members of the Military Affairs Committee personally and put in a good word for us. It is the personal work that counts, even with Billy Sunday.

**WORK, AND WORK LIKE ———  
FOR HR 5407!**

### KNIFED

Either the A. M. A. or the M. D.'s of the army are trying some new tactics in order to block our efforts before Congress for recognition. The following article appeared in the Worcester Evening Post of Worcester, Mass., March 28, 1918:

### OSTEOPATHS MAY ENLIST IN MEDICAL BRANCH OF SERVICE

Those Found to be Fitted to Act as  
Medical Officers may be Commissioned

By S. A. Wilbur, Staff Correspondent  
of The Post at Camp Devens

CAMP DEVENS, AYER, March 28.—Osteopaths may enlist in the medical branch of the service here, and those found to be fitted to act as medical officers may secure commissions. This was the statement made here today by Captain Ralph B. Moore, a prominent Portland physician and now assistant to the division surgeon.

Since the refusal of the war department to accept osteopaths from civil life as candidates for commissions in the Medical Corps, practitioners of that school have felt they were discriminated against and many of them have been in doubt as to the status of an osteopath who entered the military service at this time.

Captain Moore's statement seems to indicate that osteopaths are to be more cordially received than they had anticipated. The war department ruling makes it possible for them to come in only as enlisted men and they will be assigned to such medical duty as osteopaths are peculiarly fitted for, as massage and other treatments. There is no bar against commissioning such men in the Medical Corps after they have been inducted into the service, Captain Moore stated, and it is expected that several will receive first lieutenantcies before long.

The "old school" medical officers are not blocking the progress of osteopaths, it is said here, and officers say that it will be the policy in the army to transfer immediately to the medical branch any osteopath found in some other army of the service.

NOW OR NEVER, must be our slogan if we are to win against all the opposition (above and under board), which is being put in our pathway to JUSTICE. We must educate as we have never attempted to educate, newspaper editors, teachers, public speakers, public officials, our patients, and above all, the coming generation.

NOW OR NEVER, must we see to it that such propaganda as the following

is quickly counter-attacked and the enemy put to rout before they can camouflage the public into believing that we are to be given recognition without an act of Congress.

NOW OR NEVER, must we see to it that we are not KNIFED in the back.

### WHAT WILL YOUR ANSWER BE?

The requirement is still the same, an M. D. degree, and the only D. O.'s to be found fitted are those with such a title. Don't forget to tell your inquirers that point and urge them to work a little harder.

In one regiment we know of, there are eight regular graduated and licensed osteopathic physicians answering to the title of private, and some more who are doing "flunky" duty around the hospital.

NOW OR NEVER is the golden opportunity to drive home to the thinking people of America and the world that OSTEOPATHY is the biggest and broadest science of healing today, barring none.

NOW IS THE TIME to carry forward a World-Wide publicity campaign, and it NEVER should be stopped until we have gained the citadel of every home and know that true knowledge of the healing art reigns supreme.

NOW OR NEVER for DEMOCRACY in HEALTH and DISEASE.

### WATCHING OUR P'S AND Q'S If We Give, We Should Get

Last month we spoke of Grasping our Opportunities in the way of answering criticisms and other articles which were appearing in newspapers and magazines from time to time.

Under this heading we would give attention to the various war activities and the constant demand to give and give particularly to advance antiquated and unproven medical or allopathic ideas. Now we would welcome the same aid to further our own ideas and would it not be well to call to the attention of anyone in charge of such activities our side of the case.

Here is a letter written in answer to an appeal for funds to support a hospital. Let us watch every P. and Q. so that no opportunity may be wasted.

February 27, 1918.

MRS. ROBERT BACON,  
New York, N. Y.

MY DEAR MRS. BACON: Your letter of appeal for contributions to support the American Military Hospital No. 1 in France came to me.

Now, while this is a great humanitarian cause—a wonderful service for which your committee makes appeal, yet I feel impelled to explain to you

certain conditions that exist that make it impossible for our fine body of men and women, seven thousand physicians, to do their best. We have been patriotically supporting by giving freely of our substance to all these war relief activities, but this is not doing our best and we are asked by our Government to do our best. We have a greater service that is of inestimable value to offer to our country—our professional services—so much greater than dollars and yet it is refused. Does it not appeal to your committee? It is hard to believe that in these days of stress and suffering that the minimum of help would be chosen when the maximum is available. If a million dollars were offered it would be quite aside from sane things to choose a ten-dollar bill.

While, my dear Mrs. Bacon, you are in no way responsible for these things and are laboring nobly and unselfishly for the great cause of humanity, yet you and your colleagues should know these facts, for if we are asked to support these things the committee is entitled to know why we feel as we do. This very moment the grossest injustice is being done us. The very principle, the detestable Prussian doctrine of might over right, the underlying cause of all of this sadness and suffering through war is being exercised by the organization of medical doctors to prevent this service. Is it not paradoxical that when every means to allay sickness and suffering is being sought that a great and valuable arm for this service is refused because of opposition by those who are searching for it? Yes, the very doctor's organization who are operating the Hospital for which you appeal in France is doing this. Most of these men personally are of the finest and doing a wonderful service, but their organization is committing a prodigious crime, which does much to offset their great surgical service by allowing prejudice to prevail over humanitarianism and by acting as the barrier to this service for our boys in khaki, thus permitting the death of thousands upon thousands in our cantonments here and abroad, a service which they, the medical profession, cannot render. Upon whose heads shall their blood be? Most of these deaths are preventable under the methods of treatment which we employ. I fancy I can hear their voices rise and with sepulchral tones say, "I accuse!"

Mortality in Pneumonia under our methods is negligible; in one record of four hundred cases but four deaths. Yes, we can prove that we can render this service and save these lives, and challenge the opportunity to demonstrate

this claim. And these valuable men, osteopathic physicians, the very men who can render this service are being drafted as common privates, many of them graduates of Yale, Harvard and our best universities. Can you imagine a greater travesty on justice and right, even in Germany?

It is inconceivable that an organization of men engaged in a high calling, could so debase that calling by operating through the great office of Surgeon General in an effort to deny a service of this value through sheer prejudicial jealousy, especially when they themselves cannot render this service, and when our practice is legalized in most of the states of the Union on a par with the practice of medicine in many of them. Last June when an appeal was made for physicians to volunteer for service the osteopathic physicians offered 22 per cent of their total number, while the medical profession offered but 2 per cent of their total number.

Now, do not misunderstand me, Mrs. Bacon, I am not opposing your work at all; I've no doubt many will give to it, but I just wanted you to know. Your committee is doing a wonderful work and you must have it in your heart to do for humanity, else you would not head this great committee, but I feel it wise and prudent that you know these solemn facts and I am going to ask you to cause this to be read before your committee, for if we are to do "the thing which is truly wise and just" we must be acquainted with the facts, and you can see how difficult it is for us to contribute to this particular service.

Assuring you of my appreciation of the great service you are performing, I am,

Very sincerely yours,

**Do you realize the extreme importance of our profession becoming a recognized system of therapeutics by the National Government?**

There are three paramount reasons:

1st. Because the thousands who are dying in the service whose deaths are preventable under osteopathic treatment.

2nd. Because of our boys who will lay down their lives in a different branch of the service than that for which they are fitted.

3rd. Because after this war there will be created the greatest medical oligarchy ever known and if we are not careful we are liable to feel the iron heel of medical despotism, for they have us marked for particular persecution.

### WHAT ARE WE TO DO?

We must do our duty and our full duty to make recognition possible. We

must not forget that we are endowed with certain talents and that we are responsible to the world for the use we make of them and for informing the world of the value of these talents to humanity.

If we hold the life line to the sick and dying and do not use every means to have this line thrown out to them, are we not morally culpable for their deaths? In this, while we bear the smaller part of the responsibility, owing to medical opposition, yet we are responsible to the fullest of our ability to secure this legislation.

**The medical profession must some day answer for the Prussian spirit they exercise.**

Our recognition has been seriously delayed through the blundering of some of our own people a year ago, at which time a valuable force was thrown away, the very key to the situation which would have made our success possible months ago.

Every minute is valuable, every hour golden, for as the hours pass the adjournment of Congress draws closer, and we must not be weighed in the balance and found wanting.

**WATCH YOUR P's and Q's.  
WORK FOR HR 5407.**

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## Dr. W. A. Gravett Bids Au Revoir to "Private" Cox at D. D. O. S. Dinner

Dr. Gravett is Chairman of the Department of Public Affairs of the A. O. A., under which our National Legislative Bureau works

The members of the Dayton District Osteopathic Society were entertained by the Springfield members at a six o'clock dinner at the Shawnee Hotel, Saturday evening, March 16. The dinner was given in honor of Dr. W. M. Cox, one of the Springfield members, who has been called to the colors. Dr. E. E. Ruby, president of the Society, acted as toastmaster. Drs. Minear of Springfield, Stahr of Piqua, and Gravett of Dayton, were the speakers.

Dr. W. A. Gravett spoke as follows: Mr. Toastmaster, Dr. Cox, and Members of the D. D. O. S.:

I appreciate the honor of being invited to speak on this occasion. It is truly an honor. This marks an epoch in the life of our co-worker, Doctor Cox, and in the history of our Society. Of course, we regret the necessity of anyone's having to go on a mission of this kind, but, on the other hand, I think, generally speaking, everybody is well satisfied with the choice. I am sure we are all agreed that we are sending our handsomest and best, if that's any consolation to Doctor Cox. I am frank to say that if the choosing had been left to me, there are about four osteopaths in a nearby city, without mentioning any names, who would have had *First* call. It does seem too bad to make a man suffer a second martyrdom; it is bad enough for Dr. Cox to have to go at all, but to be compelled to sit here tonight without even a gas mask, and listen to some of these *other* speeches, is too much. The screaming shot and shell across No Man's land, the bursting bombs, and the deadly gasses may cause him more physical pain; but I doubt whether his mental anguish will ever be any greater than having to hear these bombs of oratory—the rhetorical pyrotechnics and the gasses emanating from embryo orators around this festal board tonight.

Doctor Cox, you have saved the reputation of the D. D. O. S. Every well-regulated organization has sent its representative to the front—the Masons, Elks, Rotaries, Kiwanis, K. of P.'s, all the churches, and even in our own profession and State. Toledo has sent its Long; Akron, its Sanborn; Cincinnati, its Dilatush, and now Dayton District, its *representative*.

Some fifteen years ago, there appeared

in the larger cities a series of musical comedies written by a man named Hoyt, at least they bore his name. There was: Hoyt's "Trip to Chinatown," "Bunch of Keys," "Hole in the Ground," and "A Milk White Flag"; they were written in a satirical vein, "A Milk White Flag" was a travesty on the activities of two rival companies of State Militia located in the same city. The duties of the Militia in that day were largely of a social nature. If one company had a wedding or a funeral, the other must needs have something to offset.

Every man in the company was an officer except one—just one private, to whom fell all the onerous duties. A facetious friend expressed a desire to present the company with a flag, which desire was assuredly accommodated. This was "putting one over" on the other company. On the day of presentation the entire company, officers and one private were out in full regalia to receive the flag. Lo! and behold! when it was unfurled it was a "Milk White Flag"—typical of their harmlessness rather than their purity; their docility rather than their aggressiveness.

So, Dr. Cox, you are tonight the *Private* and we are all *Officers* on full dress parade. On this roster we have those who are safely past the age limit—"Safety First Patriots" with the slogan, "I wish I were young enough to go." Some of them have a circumference at the waist line that "runs well into five figures," probably exceeding their incomes. Next, the original camouflage corps who for many moons have attempted to camouflage the public by deftly parting their hair just above the ear and combing it in a northeasterly direction across a barren waste, like barb-wire entanglements across No Man's Land. They now seek safety through the shears and clippers, brazenly and shamelessly exposing their nakedness to the world. Then follows the Specs. Brigade, who previously have extenuated the efficacy of osteopathic treatment in eye troubles. Why, Amblyopia, Astigmatism, Myopia, and Hyperopia have disappeared like mist before the summer sun. Now they have become doubting Thomases and are safely barricaded behind plate-glass entrenchments, for all the world like an

ostrich, with its head in a hole. Then, last but not least, numerically, are those who, in time not long past, looked with disdain and contempt upon that ungainly bird we call the *Stork*. They have treated it cruelly; even turning the hose on it when it threatened. Who now, *now*, have builded a cozy nest in the ingle-nook; have even borrowed a decoy from some neighbor to hold on their knee, and nightly their prayers ascend, beseeching this poor abused and half-scared bird to leave his kingdom among the chimney-tops and come and leave for them a little, pink, cherubic alibi. To this entire galaxy I most respectfully dedicate a "Milk White Flag."

As far as I know the first Osteopath mentioned in history as having gone to war was Samson, who "slew ten thousand Philistines with the jawbone of an ass." Doctor Cox, if ever the time comes when you are called upon to "go over the top" and you get through the German lines, you will have no trouble in finding plenty of similar weapons, for there are flocks of asses in Germany, and they have been running in coveys, and the "boys over there" have been pot-shooting 'em. So throw aside your "Enfield," select your native weapon and "go to it," remembering the mark of your predecessor. But our Osteopathic Sammy did even more than this—he met and killed a Lion, tore it limb from limb with nothing but his bare hands—ten-fingered osteopathy, if you please. My boy, if ever you come across that "ly-in-beast," the Kaiser, remember your predecessor's feat, but *take your time*, a sudden death would be too good. Last summer I attended a ball game. I have forgotten who Dayton was playing, but anyway, one of the members of the opposing team had been rash enough to get married the day before. When he came to bat, Jack Rowan, who was pitching for Dayton, hit him with a swift inshoot. He dropped like a log. The players all rushed around him, and in the excitement some bleacherite yelled, "Don't kill him Jack, he just got married." Immediately another chirped, "No, let him stay and suffer slow death." So, let him linger. Ah! a happy thought! I'll tell you what you do: Give the Kaiser finger-surgery. You are familiar with the technique for catarrhal deaf-

ness, aren't you? You know, you put on a butcher's apron, roll your sleeves up, lubricate your hand and forearm to the elbow, distract the patient's attention from your real object, then in an unguarded moment you slip your fist into his mouth, allowing the arm to follow, 'til you pass the pillars of the fauces, then go north to the turbinated cross-roads and follow in either or both directions 'til you come to the fossa of Rosa Mueller. Don't knock, go right in, make yourself comfortable, stay as long as you like; but just before leaving, open your fist wide and make a hasty exit. Then *immediately* assume a threatening attitude as if you were about to repeat, and in the same breath, as it were, ask the patient if he hears better. In eleven times out of nine he will say he hears "one hundred per cent better." Have a witness and put it down for future statistics.

Now then, in the instance of "hog-Bill," follow the same procedure *except omit the lubricant*; or, in case you have already used a lubricant, don't waste any time wiping it off, just rub your hand and arm in sand or emery dust, if there should be any handy, then enter as before until passing the faucial pillars, after which go south instead of north until you reach the pylorus, or, as far as I am concerned, if your arm is long enough, you can go as far as you like; only when you come back bring something with you. This should send him to his Sarcophagus via the Esophagus ten hours late. But, alas! our Samson came to grief. He fell in with a woman and a barber, Beware of both, my boy! They sapped his strength, cut his hair, gouged out his eyes, then "shook" him. He bided his time, trusted God and his own bodily forces for recuperation. No patent nostrums for him, and his faith was not misplaced, his strength was restored, and he had the satisfaction of pulling out the props of the temple wherein his enemies did worship, using nothing but his bare hands (?) and they were all destroyed. Of course, it cost him his life, but, no doubt, he died happy.

Doctor Cox, we are indeed sorry that you have to go, or that anyone has to go, for that matter. We greatly deplore the fact that you are not allowed to go as a *physician*. It has been with fraternal pride that I have addressed you as *Doctor* this evening. You are a worthy member of our National, State, and Local societies. We are honored by your membership. I am perhaps addressing you as Doctor for the last time in a long while, for in a few days the

government takes your degree from you, at least allows it to be arbitrarily suspended. It is an honorable degree. You have come by it honestly. You prepared yourself in your preliminary education that you might qualify for entrance in a college of medicine acceptable to the States. You finished the prescribed course and received your degree from such an institution. You have been accepted as a physician by the great State of Ohio, the county of Clark, the municipality of Springfield. You are registered as such. The President of these United States, the Commander in Chief of the Army, in his call for men to serve in this crisis, has stated explicitly that every man should serve in the capacity for which he is best fitted to serve by virtue of his training in civil life.

There is a dearth of physicians. You are willing to meet examination requirements the same as any other applicant for the medical service; and yet, you are denied the right to qualify. People of prominence in civil life, members of the President's cabinet, members of Congress, enlisted men where possible to do so, have availed themselves of osteopathic service; and yet, this same service is denied men now in the army. You are in every way as well qualified as the majority accepted. What then, is it that thwarts the will of the President, that deprives men in army service of that of proven worth in civil life, that makes of a *specifically trained* man a trench-digger? It is because you haven't the M. D. degree, or, rather, that you *do* have the D. O. degree. What can there be in the magic letters M. D. that enables the possessor to waive aside all authorized precedents that obtain in every department of the service, that hold for naught all qualifications by civil examination? I do not *know*, I cannot comprehend such an un-American procedure as being possible. But I *do* know in full the history and ancestry of both Schools these degrees represent. The degree of *D. O.* represents, in its broadest sense, a school of general medicine whose fundamental concept is based on the belief that the all-wise Creator used the same wisdom in planning the completeness of the human body as he used in his universal handiwork. The *M. D.* degree represents a school founded on Superstition. Its first therapeutical agencies were nostrums brewed by witches in the dark of the moon, from beetle-brows and spiders, reptiles and sheep-balls. In bigoted adolescence it threw its ogre form across the path of every truly scientific medical idea ever promulgated. In later years it cohab-

ited unlawfully with Politics, and the A. M. A. is the resultant offspring—a veritable giant, wielding an arbitrary influence in the medical world that is as autocratic as any Kaiser ever fondly dreamed of.

"Why, man, he doth bestride the narrow world

Like a Colossus, and we petty men  
Walk under his huge legs and peep about  
To find ourselves dishonourable graves.  
Men at some time are masters of their fates;

The fault, dear Brutus, is not in our stars,

But in ourselves, that we are underlings.  
Brutus and Caesar: what should be in that "Caesar"?

Why should that name be sounded more than yours?

Write them together, yours is as fair a name;

Sound them, it doth become the mouth as well;

Weigh them, it is as heavy; conjure with 'em,

Brutus will start a spirit as soon as Caesar.

Now, in the names of all the gods at once,

Upon what meat doth this our Caesar feed,

That he is grown so great? Age, thou art shamed!"

Doctor Cox, you are going away to fight for "a world-wide democracy." You are going from a country which is recognized the world over as being the "cradle of democracy." How inconsistent, then, that the greatest little autocracy in all the world should be allowed to pervert the will of the Commander of the Army, the people and abort the inherent rights of an individual. It has been said that "*an uninformed democracy is not a democracy at all.*" This being true, it would seem that the least we who remain at home can do is to give of our money and our time, that the public may be informed, that through organized osteopathy public opinion may be led Samson-like to the temple of this Medical Autocracy and pull from under the pillars of arrogant assumption.

Doctor Cox, in behalf of the members of the D. D. O. S., I bid you not *Good-bye*, but *Au revoir*.

Members of the D. D. O. S.—"Attention Company"—"Front" (get up, goldarn ye) salute *Private* Cox of the U. S. A. (all singing) "My Country 'Tis of Thee," etc.

Mr. Toastmaster, Fellow Osteopaths, I thank you.



## The Tough Beefsteak

By F. J. FEIDLER, Seattle, Wash.

Queer title, isn't it? But no queerer than what follows.

Why do you instruct your patients to Fletcherize? To masticate every particle of food very thoroughly. Did you ever give the subject a thought? No. You simply follow the advice of the daily papers, John Hopkins Fierceberg, A. B., M. A., M. D., alleged food specialists, and the old "grannies."

If asked, "Why should a tough beefsteak be thoroughly masticated?" you, probably, would answer: "Because it is tough, and to make it easy to digest." Such an answer will be marked zero.

Meat is digested in the stomach by the acid gastric juice. The alkali saliva does not digest meat. Masticating the meat forces the alkaline saliva into every dent made by the teeth. More the meat is masticated more it is impregnated by the alkaline saliva. In the stomach the acid gastric juice must first waste much of its strength in neutralizing the alkaline coating before it can begin digesting the meat. Masticating meat is about the worst treatment for dyspepsia.

Carnivorous animals do not chew their food. They have no teeth suitable for chewing. The dog, and all flesh eating animals, tear the flesh and swallow it with a gulp, without chewing.

Try the dog plan. Cut the meat in very small pieces and swallow it without chewing.

Why does drinking milk distress so many adults and school children?

Milk is the first and only food provided us by nature. The desire for other foods is acquired later, and varies with individuals, races, environments, tastes, and necessity.

Milk, Nature's one universal food, disagrees with adults and grown children because they do not use it as Nature ordained it should be used—as babies and piggies use it, i. e., in very small quantities, sucked and sipped, and always well mixed with the saliva before being allowed to enter the stomach.

Drinking milk by the glass, in big swallows, without giving the saliva an opportunity to permeate it, causes the unprotected milk to be quickly turned into a mass of cheese in the stomach by the gastric juice.

When the milk is first well mixed with the saliva before it is swallowed, the pepsin will also change the milk into cheese, but in this case the cheese will be in tiny flakes, not in one mass.

Milk is a good food when eaten with a spoon and rolled around the mouth

before swallowing. Yes, you are thinking right—"Wash the inside of the mouth with it before swallowing."

No doubt you have advised the use of that abomination—Bulgarian Buttermilk—which tastes like plaster of paris looks, and looks like it, too.

Bulgarians never saw, nor even heard of, Bulgarian Buttermilk. Mechnikoff noticed that many of the simple, close-to-nature living Bulgarians lived to a good old age, and that they drank much buttermilk. Like many other one-sided scientists, he did not take into consideration the fact that the Bulgarians lived in the healthy mountains, and being poor, had to live simply and frugally. Having abundance of buttermilk they did not waste it, but used it as food,—and it is a very good food, too. He did not notice that they indulged in no system-weakening, and nerve-racking dissipations, or drugging. His one-sided brain only saw the large amounts of buttermilk they had and were compelled to eat, as they had very little of other varieties of food to eat.

Being a scientist he endeavored to find the reason why buttermilk allowed the people to grow to a good old age. He finally decided that it must be the bacillus that produced this longevity, and like many old women do, concluded that "if a little bacillus in the normal buttermilk made the people grow old, much more bacillus would make them grow older." The manufacturers did the advertising, and the rest of us swallowed the bait at 25 cents a pint, and grew wiser as we grew older.

Give me the good old-fashioned country buttermilk with the golden specks floating on it. Yum, yum. But the making of such nectar is fast becoming a lost art in civilized countries, so I content myself with a little sweet cream added to the centrifuged dairy liquid they call buttermilk. This answers fairly well. But none of the Bulgarian plaster of paris paste for me.

Mush is a good food. Ask the Highlander about his porridge. See how slowly he eats it, apparently tasting every morsel. How many of us eat our cereals, mashed potatoes and other soft, starchy food properly? We, civilized, rushing, strenuously living people gulp these foods down in big spoonfuls. We fail to impregnate and coat these particles of starch with the alkaline saliva, which not only starts the digestive process but protects the starch from the acid gastric juice during the passage through the stomach.

When the uncoated, alkali free, starch food gets into the stomach it becomes coated with the acid, and after it passes into the duodenum it takes more of the pancreatic enzyme to first neutralize the acid before it can act on the food itself. That is another reason why we have indigestion.

Is it not strange that we chew steak when we should not, and gulp down without chewing mashed potatoes, mush, milk, etc., which should be well masticated before being swallowed.

Speaking about mush leads the subject to the various "Breakfast Foods."

Some months ago, a car in a railroad freight wreck proved to be filled with peanut hulls. Some newspaper reporters thought peanut hulls strange kind of goods to pay freight on and wondered what use could be made of the hulls, traced the shipment to a manufactory of Grecin meal, and other breakfast foods, and fat reducers. Furthermore, this great advertising concern was using many other peculiar vegetable growths for their various products, including pea and bean hulls, alfalfa and even the rough scrapings from corn cobs, from cob pipe factories.

The government was unable to do anything with them because these vegetables are not injurious to health, though they are not very nourishing. They can be digested,—all except the shiny silica coating of the seeds. Whole wheat bread is only 72 per cent as nourishing as white bread. Just the same, we eat too much starch anyhow. Try more sauer kraut, spinach and turnips.

### DR. R. KENDRICK SMITH HONORED

#### To Lecture for Public Safety Committee

Dr. R. Kendrick Smith of Boston has been appointed a member of the Lecture Bureau of the Committee of Public Safety of the Commonwealth of Massachusetts. The members of this Bureau deliver addresses before various organizations for the spread of the propaganda of the fuel and food administrators, and do other work as is required by the Government in war publicity.

#### TENACITY OF PURPOSE.

I know of no such unquestionable badge and ensign of a sovereign mind as that tenacity of purpose which through all changes of companions or parties or fortunes, changes never, bates no jot of heart or hope, but wearies out opposition and arrives at the port.

—Emerson.

### THE D. O.? AND THE U. S. A.

E. E. Tucker, 14 Central Park, West,  
New York City.

"Yes, but Doctor, don't you carry your osteopathic theory too far? Not that they do not all do so—but the point is do not *you* do so?"

The question arose in course of a talk about osteopathic physicians and army service.

It stares you in the face that battle wounds are a surgeon's affair. Cannon wounds, bullet wounds, bayonet injuries, burns, etc., are matters for the surgeons. Equally true is it that camp diseases are matters for the sanitarian and the student of phophylaxis. All power to their arms. We have surgeons and sanitarians and students of phophylaxis no less than theirs, as good as the rest, as well trained, as willing to serve, as eager to serve, and with as good a right to be accepted for their country's service. But the medical schools invented and developed these things, are entitled to all the recognition, are humanly speaking entitled to say who shall be accepted for service in those lines. Let us not be jealous, nor try to upset the equilibrium of affairs in this time of emergency. If we are eager to serve along these lines, let us, and logically, comply in everything with the standards and tests set down by those who are the sponsors for them.

But equally is it true that the mechanical strains and the nervous strains and the physical injuries that arise in the course of the war, other than those that are distinct wounds, are essentially osteopathic conditions. It is the osteopathic profession that is sponsor for the method of dealing with them, it is it that has developed and measurably perfected the science. At present an effort is being made to include this form of therapy under the head of orthopedics as taught in medical curricula; which word by interpretation means the straightening out of children (*ortho*-straight, and *paid*-boy), and it is as childishly jealous to deny the osteopathic profession the right and opportunity to perform its special service in that line, it is as narrowly bigoted to assume that his three or four years of preparation are valueless because the letters D. O. stand for his education instead of the letters M. D.—it is as un-American to assume that one body of men with an equal education is incompetent as another is competent, as every Prussian could wish. They deny facts who deny the osteopathic lesions, the osteopathic diagnosis; they deny obvious facts who deny their power to cause disease, or the removal of them to cure; they—in

the words of the Canadian Committee—"refuse to open their eyes lest they see something" who refuse to consider these facts as possible or to investigate them. They deny most obvious facts who deny that just the very conditions of unusual strain found in the trenches are the very conditions which would produce these lesions in great abundance, that just these very osteopathic conditions are the conditions which would naturally arise from camp and trench conditions in life.

Why are they unwilling to "see nothing"? In the words of one of them, "It would require me to go back to school and learn all over again." Also, it would give credit to somebody else, and since this credit for discoveries and for knowledge is a large part of their stock in trade, they naturally object to having any of it snatched away.

Do we not carry this osteopathic theory too far? We carry no theory at all, and hence do not carry it too far. We follow facts only, and follow fearlessly wherever they lead. When lesions are found, they are positively found, objective evidence of them is there, evidence that no one could deny who once saw it. They certainly do not belong there; and following the dictates of common sense and of science, we remove them. The cures follow. But with broadening experience we find that most diseases respond to this therapy, most cases of each disease respond. Still following facts only, we broaden our therapy as far as the facts allow us to. We do not yet know where its limits will prove to be—we have not found them.

That osteopathy is distinctly an American product should certainly not be a reason for denying it recognition.

Whether the medical department has for its ideal service or science, in either case it owes recognition to the osteopathic profession; assuming that its motive is patriotic and not merely selfish, it owes it to the American public and

its armies to investigate fairly and with a view to the best possible for our soldiers, what the osteopathic profession has to offer.

"If we will stick to ten-fingered osteopathy, in my judgment the world will soon recognize us as a distinct profession with something to offer that it needs."—W. B. Farris, D. O., Ft. Smith, Ark.



## Looking in the Glass

or

### Looking in a Book

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

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

## War Session

Supply the vacancies in  
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### Massachusetts College of Osteopathy

85 Otis Street

East Cambridge, Mass.



## The International School

Has the psychological moment arrived when the A. T. Still osteopaths should make a concerted effort to place the Old Doctor's work on a permanent foundation?

The Old Doctor, in passing, left his unfinished work for us, his followers, to carry on to completion. He demonstrated his theory and proved it true and we who have followed his lead have also found it true.

Our time here is limited and we, in passing, must leave our uncompleted work to those who shall come after us. How can we make sure that this work will be carried on along the same lines as he, who gave it to us, desired? The only answer to this is, we must educate our successors in the principles laid down by our master so there can be no mistake in their understanding. They must be made to "see the vision" and having seen it the rest will follow with patient, honest effort.

What is "the vision"? It is the insight to perceive the truth of the Old Doctor's assertions and the faith to believe them to the point of excluding everything else. This vision with the trained ability to execute according to its principles will keep osteopathy pure.

Where would osteopathy have been today had not the early followers of the Old Doctor "seen the vision"? Having seen it, they had no thought of anything else and their faith carried them along to phenomenal success, such success as the heterodox osteopaths of today can never hope to attain.

It is utterly impossible for students to have faith where they cannot perceive or to execute where they cannot believe. They must have the principles of osteopathy so presented that they cannot help seeing.

Not only for the Old Doctor's sake should we wish to preserve osteopathy in its purity, but for its own sake that a truth so valuable as it has proved itself to be, may not be lost sight of by absorption or its luster dimmed by being mixed with medical fads.

It would seem that two, three or four of the existing schools, already owned and managed by the profession, if banded together and working on a common basis might form the foundation of the International School that was in the Old Doctor's mind. These schools, if endowed, would be placed where they could work for the advancement of pure osteopathy without being hampered by financial difficulties.

Let all the true osteopaths pause and consider what a force for the good of humanity unadulterated osteopathy in the form of an International School would be, backed by those who had "seen the vision" with its graduates going out to conquer disease strong in the faith because they too had "seen the vision."

If all the true osteopaths, realizing the menace of heterodoxy, would stand together and bend their efforts towards the establishment and endowment of a school that would allow nothing to detract from the osteopathic concept, as Dr. Still gave it, we would have a

school that would stand for osteopathy for all time.

As great a factor as Homoeopathy was in its influence on the medical world, at the time of its greatest activity, it was gradually dimmed and destroyed by the heterodox methods of many of its followers until now it is difficult to find a pure homoeopath and a school teaching pure homoeopathy does not exist.

Why is this so? It took ability and constant study to practice pure homoeopathy as it does to practice pure osteopathy and it was far easier to prescribe according to empirical medicine. So, the later followers of Samuel Hahnemann dropped back into the dominant school methods just as the heterodox followers of Andrew Still are doing today and calling their defection "broader Osteopathy" to cover their inefficiency.

And osteopathy although far ahead of homoeopathy in its concept and achievements will also be difficult to find in a few years unless it is kept free from the encroachment of medicine.

It is for us who have "seen the vision" to keep osteopathy pure, and we can do this by seeing to it that the education of our successors is true to the faith.

A greater tribute we could not pay to the memory of the Old Doctor than to form a school in which his concept shall be its cornerstone.

**Shall we, who have "seen the vision," do this?**

LOUISE A. GRIFFIN,  
Boulder, Colo.

## Palmer Takes A Fling At Willard

EDITOR OSTEOPATHIC TRUTH:

Woe is me, yea verily I am a lost soul. The following is from the March 23 Fountain Head News sent out weekly to "Chiros" by B. J. Palmer, scientist, etc.:

"Down in Montana is a peculiar, really desperate condition. One Asa Willard, a two by four osteopath one of those peanut brained, harum-scarums; one of those kind that live but wont let live—got a corner on his State some years ago by the tightest kind of restrictive osteopathic legislation. No barber, corn-doctor, shampooer, manicurest, or anybody else can do anything but that they are practicing osteopathy.

When this legislation began, Willard began quickly and promptly hopping like a puppy on everybody in sight. \* \* \* We believe in obeying statutes up to a certain point \* \* \*. It's hell when Montana or any other state lets one man like Willard (I can't call him "Dr.") run the state. It's time such men were sat down on, not upheld by the courts."

Regularly each issue for some time, until the last issue or two, I have been roasted in the Kansas City "Osteopath," published by my erstwhile class-mate Dr. R. H. Williams. Now comes Palmer. Doggone the luck. "Everybody hates me, nobody loves me, guess I'll go eat worms." All sympathy thankfully re-

ceived. Please send flowers to the rear door.

Sincerely yours,

ASA WILLARD.

Editor's Note.—Palmer's lamentation is easily comprehended when you realize that six "Chiro" cases in succession have been decided against the Palmer defense pool in Montana, the last two convicted, getting 90 days in jail and \$500.00 fine each. The "pool" thus far has won only one case in Montana.

This edition edited in its entirety by the Assistant Editor.