

Osteopathic Truth

March 1920

Vol. 4, No. 8

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Osteopathic Truth



A MONTHLY MAGAZINE FOR THE OSTEOPATHIC PROFESSION

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

Volume IV

MARCH, 1920

Number 8

Refuses New Trial In Osteopathy Case

State Association Is Victorious in Suit Over Use of Medicine—Appeal Is Likely

THE OSTEOPATHIC STUDENT'S POINT OF VIEW

By Eva W. Magoon, Ph. B.

Student and Instructor at the Chicago College of Osteopathy. Address at the 18th Annual State Convention of the Massachusetts Osteopathic Society, Jan. 3, 1920, Hotel Lenox, Boston

The Osteopathic Student's View Point involves two things:

1. How the profession and its representatives appear in the eyes of the student.
2. How the members of the profession look upon that student—him or her.

All students come to our colleges composites of past training, experience and influence. The reasons that brought them are as varied and numerous as there are students themselves—but it seems to me that there is even in the youngest, most frivolous, or most indifferent student that something with which Osteopathy has invested them all,—a force which has a powerful hold which can be broken but with difficulty.

You will be interested to learn of one student who came to college never having seen or received an osteopathic treatment, never having met a single osteopathic physician. She had read of osteopathy, and came hundreds of miles, convinced from her reasoning and her reading that osteopathy was the profession for a woman. This is one instance where osteopathic literature accomplished a great deal.

(Continued to page 118)

What is regarded as a victory for the Pennsylvania Osteopathic Association in an internal fight among osteopaths as to the right to administer drugs was won yesterday when the conviction of Dr. Philip S. Dailey, of Sixty-second and Arch streets, was upheld by Judge Martin, and the osteopathy was denied a new trial.

William A. Gray, attorney for Dr. Dailey, announced that he will appeal the case to the state supreme court. This will act as a stay of the sentence of a fine of \$50 imposed by Judge Martin yesterday. The charge against Dr. Dailey was practicing medicine without a license.

This charge was based on the alleged administration of drugs by Dr. Dailey. He was convicted last October. At that time efforts were made by associates of Dr. Dailey to make the suit look like a test case and to convey the impression that osteopaths were a unit with the contention of the defense.

As a result of testimony in favor of Dr. Dailey by Dr. O. J. Snyder, president of the state board of osteopathic examiners, and Drs. Arthur Flack, dean, and C. D. B. Baibirnie, professor of bacteriology of the Philadelphia College of Osteopathy, the Pennsylvania Osteopathic Association issued a formal statement repudiating the committed to administer drugs.—Philadelphia North American, Feb. 20, 1920.

"The trouble with many osteopaths is they do not look for the lesion, consequently never find it."—J. W. Wallace, D. O., Philadelphia.

AN APPEAL TO EVERY OSTEOPATH TO HELP IN THE CAMPAIGN FOR MORE STUDENTS FOR OUR COLLEGES

By M. L. Hartwell

Now your opportunity is here to enable every High School Graduate this year to know of the opportunities in the profession of Osteopathy.

The Campaign is on.

Fifty thousand, or more, High School graduates adequately supplied with Osteopathic literature to the end that they may consider Osteopathy understandingly when they choose their profession, is the goal.

Record classes in our Osteopathic Colleges will be the result.

Incidentally fifty thousand families will have Osteopathy presented to them in a comprehensive, dignified way. This is an ideal way of educating the masses to Osteopathy. These families appreciate education, too, as members of these families graduate from High School this year.

The plan is for the osteopaths to prepare lists of the High School and College graduates of their city, with addresses, and send these lists at once to the State Chairman of this work. If you do not know who your State Chairman is, send the list to your State President.

The A. O. A. will mail to these graduates the pamphlet "Osteopathy," which contains pictures of colleges and osteopathic institutions, together with a presentation of Osteopathy as a Science and Profession, in a very comprehensive and dignified manner.

The A. O. A. will bear one-half the expense of these booklets, and it is expected that the local association or local Osteopath will bear the other half, which is three cents per booklet mailed.

At the time you send the list of students to your State Chairman, send also your share of the expense of the booklets—three cents for each name.

Push this campaign. Its successful prosecution will mean filled colleges, more practice for all Osteopaths and a better understanding of Osteopathy by the public.

Yours for the progress of Osteopathy,

M. L. HARTWELL,
Chairman A. O. A. Forward
Movement Campaign.
406 Schneider Bldg.,
St. Joseph, Missouri.

THE OSTEOPATHIC STUDENT'S POINT OF VIEW

(Continued from front page)

My own personal experience was a different one,—I read Osteopathy, I talked Osteopathy, I watched Osteopathy, I met and studied Osteopaths for a number of weeks and I might have been deliberating still if it had not been for the exceptional and timely offer of a teaching and laboratory position in connection with my taking up the course at Chicago. That I myself am an enthusiast I hope I will have convinced you by the time I have finished.

When people suggest, as they still do, that I have entered upon too risky a proposition, that it takes too long time for preparation especially considering the time and money I had already spent on education; or when the croakers suggest that I am too cruel to leave my family for so long a time, or that at any rate I am undertaking too much,—I smile and tell them one and all the truth,—that my family are the bravest, most unselfish ever, and that I feel it to be foresight rather than cruelty to look ahead to future comfort and independence with them. Furthermore and best of all, I tell them I consider I am being prepared for a profession which in its scope, its interest, and its value to mankind for me transcends all others. Osteopathy is to be to me not only a means of livelihood—but a means of life and no one can truly live unless in some way being of service to others. If I could do nothing else, it is this that I pass on something of the philosophy which has come

to me through Osteopathy, I should feel that I was accomplishing something. If, in addition, I can anywhere near equal some of my friends in the profession, I shall feel that my dreams will begin to be realized. I say begin to be realized advisedly, for I believe that every live, progressive, member of the profession wishes to advance himself and see those following take up the work and carry it on and forward. There are some in this as in other professions, who do not claim to be progressive who, in fact, avowedly believe in leaving "well enough alone." Without a doubt they themselves will be let alone except by a few kindred spirits who may stay behind and keep them company. I think one of the youngest-spirited men I ever met was over eighty years of age, and he was young because he had not stagnated in self-sufficiency and self-satisfaction.

But, you may say, are we not almost too young as a recognized profession to fear stagnation and retrogression of advancing years? I say emphatically "No," for I have met it myself in my own short experience.

I have met the progressive type too, and it is this faith in the progressive which leads me to the second, perhaps most important phase of the viewpoint,—namely,—how the members of the profession look upon the student.

I wish I could put into tangible phrases the value that can come from the personal touch of one, two, or more individuals in the profession, when their attitude toward the student says, "Come into the profession, —welcome to a great work, get your start and we will teach you all we can." How much more beautiful than the attitude,—“Oh, yes, I suppose we need recruits, and it might as well be you; but we had our struggles, and you'll have to learn by experience. Go to it,—it's the way you'll grow." This jealous, narrow-minded attitude says further,—“We have worked hard for our specialty, you can't steal that unless you pay well for it." The more beautiful, friendly attitude says,—“Of course we have learned by experience and developed original methods and technique,—but why be selfish with our work. We should all be of one big family. The basis of brotherhood is altruism. Therefore accept what is offered in the spirit in which it is given. Take it, work over it, work over it, make it your own for Osteopathy and mankind. You can pay us

best by carrying on the standard and passing on your knowledge to others in the biggest, broadest, friendliest way. What is the result,—the student reacts directly and favorably to this view point and vows to excel in every branch possible and is continually inspired to new effort by the encouraging impetus and helpful spirit that serves as backing.

If you never had just this help when you were a student or if you had it and chanced to forget it, may I appeal to you to renew your youth by looking up a student already in one of our colleges,—or better still, as my friends, the Drs. Gants, did,—go out and get a new student.

Not that I believe for a moment that all young people could become competent osteopaths,—but there are more than we realize who are hungry for the knowledge—the opportunity and perhaps just the encouragement and push which you can give them. You may be mistaken in some of them and find that they will tend to become millstones about your neck,—but there has always been a way to make even millstones grind corn.

Have I given you something of the correlation that I believe is possible between the way that the profession is seen by the student and the view point that both can take each toward the other to mutual advantage?

With this adjusted point of view, then, may I give you briefly my vision of the future of Osteopathy? May it be considered without malice, prejudice, or misunderstanding.

Osteopathy, according to the recently formulated definition, "is the name of that system of healing art which places the chief emphasis on the structural integrity of the body mechanism, as being the most important single factor to maintain the well-being of the organism in health and disease."

The utopia of Osteopathy therefore will be approached when this structural relationship is taught—lived and practiced; when, in all our colleges there is a correlation between all subjects taught so that the student, for example, will get a connected, mental picture of the microscopic relationships of the organs and tissues of the body at the same time that gross anatomy is being presented; when the fundamentals of the principles of osteopathy itself are skillfully interwoven by all instructors into the framework of their courses; when diagnosis with its ac-

comparing tests and interpretations is adequately presented; when unlimited opportunity is provided thru clinics for the development of the osteopathic sense of the fingers; when there is afforded the student unlimited opportunity, under the direction of already competent physicians, for putting into practice the principles and theories acquired; when there comes to be professional harmony and co-operation between all instructors and between their courses of study; when the standards and quality of work required of the student are placed and maintained at a high mark; when our colleges are thus placed at the top-knotch of Class A in the educational classification; when the profession at large sets aside their differences, their seeming petty jealousies, and grow in spirit to where they can open their hearts and offer to the student that wonderful knowledge which experience gives, and can develop an unselfishness to the extent of opening their pocketbooks to the colleges and in one mighty unit can get lack of the A. T. Still philosophy,—then it is that we shall be teaching unadulterated osteopathy and true osteopathy will come into its own.

And what shall we have if we teach this Simon pure article? Shall we even then have necessarily reached our ideal? That depends somewhat upon the kind of students we have to teach. Much as I believe in the preparation of education, much as I regret to see students without background enter our colleges,—I hate still more to see debarred from our colleges, our states, the profession as a whole, others who may have insufficient hours of schooling to their credit, but who may have so much more than an equivalent that they will far out-shine some of the students who have more schooling but less brains and application. A composite, national board of osteopathic examiners had been a suggested solution of this difficulty; and I see no reason why it should not work.

It is largely our own problem as members and prospective members of the profession as to who our future students shall be. Granted that there are many attracted to the study of osteopathy because osteopathy has done much for them. But their very interest may be limited by ill health that attracted them to osteopathy itself. When will there come a time when the study of osteopathy will be made to appeal to the able-bodied—

the hale and hearty? A small bit of campaigning has already been done in the city of Chicago and perhaps elsewhere, and it has had some good results, I have just finished correcting some of the best note books in Biology that I have ever seen (not excepting Brown University), and they were made by members of my Freshmen class at the Chicago College of Osteopathy. Would it not be marvelous to have our colleges grow so fast in the next few years that such enlargement would be necessary to accommodate the classes? But it is certainly not too much to expect if we

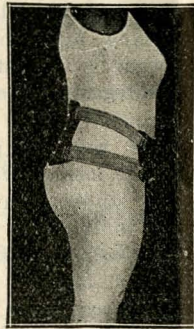
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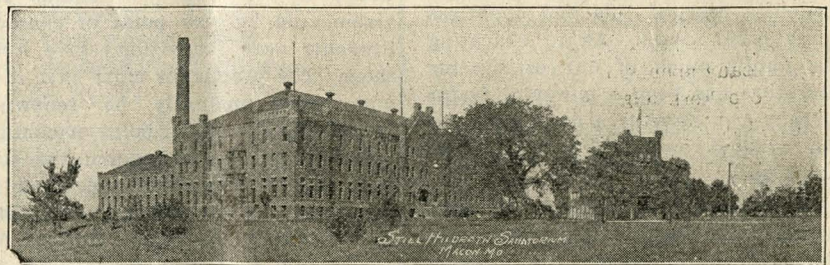
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Superintendent

share the right kind of faith in Osteopathy. And that is a part of the vision.

Another phase of the vision, mutually for the profession and the student, is namely, the development of the practice of Osteopathy itself. How many times we hear the remark,—“Oh, yes, osteopathy would be good for thus and so, but it would be worthless for something else.” Now where did the public get this idea? Doubtless somewhat thru misrepresentation, but also because we as a profession have not tested out the possibilities of our art to its fullest extent. In spite of the success of osteopathy during the “flu” epidemic,—in spite of the articles in our osteopathic publications and the word of mouth exchange of methods,—I overheard a woman practitioner remark to another behind me at the June A. O. A. meeting,—“Say, I’d like to know something about this new flu treatment, wouldn’t you?” And the other replied, “Yes, that’s one of the things I came to Chicago for, and I ain’t got it yet.” And the public in their towns is doubtless judging the whole of osteopathy by these two. And the profession is not co-operating to its fullest possibility by not reaching just such needs as this poor example is a sample of. Is there not here a great opportunity for committee work, a question box, or correspondence bureau for publication and distribution to practitioners in outlying districts who perhaps come into touch with the profession at conventions only. Our A. O. A. Journals and various publications help in a great measure to accomplish this—but they had not evidently reached this and doubtless many other cases. As to educating the public much of our osteopathic literature has been a powerful factor already but there is a great field for the student and the profession to build up.

Of the many and varied conventions national and local, I am glad to say that I never attended so generously co-operative a gathering anywhere as at Chicago last June. There was a feeling of mutuality which I, as yet only a student, could not fail to feel. That these gatherings, local and national, shall be made a still greater power for good is another part of my vision. It also seems to me that while it is the duty of every one in the profession to attend their local meetings they should not be overlooked by the students, and they

should be urged to be present and encouraged for that is what they are living on while they are in school.

I do not wish to close without touching one point which is of vital interest to me at the present time, namely the establishment of reference libraries in our colleges. You have had with you for your convention the man who in Chicago has the reputation of being the best read man in the field, so that he can give you more points as to what material should be incorporated in these college libraries than I can. But may I assure you that as I have been working on the organization and establishment of such a library at the Chicago College, I have found of immeasurable value the co-operation of the members of the profession on the faculty and otherwise. May I leave a passing thought with you that I know one member of the profession who has much of our valuable periodical literature already indexed and bound. Cannot you see what it would be worth to all our colleges to receive from the files of some of you who would perhaps never want to keep them to have such sets located where you as well as the students in the colleges could refer to them at will. Binding, also, new volumes, takes money in this day and age. A wee bit of my vision is the taking up of a collection sometime in the future for some of this work to be carried on in all our colleges.

Remember then the two things which I have hoped to emphasize more than any others,—in this view point idea,—remember them by their initials,—if you will,—“v” stands for vision, and “p” for point of contact. Students need the vision,—give it to them. The practitioner must have it,—may you constantly be renewing yours. Establish the point of contact between the profession and the student—apply the vision, and think in terms of one of our modern poets, Cale Young Rice.

There is a quest that calls me,

In nights when I am lone,
The need to ride where the ways divide

The known from the unknown.
I mount what I thought is near me

And soon I reach the place,
The tenuous rim where the Sun grows dim

And the Sightless hides its face.

It calls me out of the darkness,
It calls me out of sleep,

“Ride, ride, for you must, to the end of Dust”

It bids—and on I sweep
To the wide outposts of Being,
Where there is Gulf alone,—
And thru a Vast that was never passed
I listen for Life’s tone.

MASSACHUSETTS OPPOSES COMPULSORY MEDICAL EXAMINATION AND TREATMENT

The following resolution was adopted at the annual meeting of the Massachusetts Osteopathic Society, held at the Hotel Lenox, Boston, January 3d:

“Resolved, that we go on record as opposed to compulsory medical examination and treatment of every kind, including compulsory vaccination and inoculation, and that we hereby declare for medical freedom on the same basis as religious freedom.”

FRANCES GRAVES,
Secretary.

The Central Pennsylvania Osteopathic Society reorganized on November 6, 1919. The officers elected were:
Pres., Dr. E. Clair Jones..Lancaster, Pa.
Vice-Pres., Dr. M. W. Brunner.....
.....Lebanon, Pa.
Sec., Dr. Emma Purnell..Lancaster, Pa.
Asst. Sec., Dr. J. M. Schellenberger.....
.....York, Pa.
Treas., Dr. S. L. Grossman.....
.....Williamsport, Pa.
Asst. Treas., Dr. L. Guy Baugher....
.....Harrisburg, Pa.

Public Service Committee

Dr. H. M. Vastine.....Harrisburg, Pa.
Dr. T. Harris Francis....Lancaster, Pa.
Dr. F. E. Wilcox.....Hanover, Pa.
Dr. O. C. Cole.....Lewistown, Pa.
Dr. Irma Z. Gunsaul.....Harrisburg, Pa.

Vigilance Committee

Dr. F. B. Kann.....Harrisburg, Pa.
Dr. Alice Huges.....Williamsport, Pa.
Dr. L. C. Mook.....Lancaster, Pa.
Dr. J. E. Barrick.....York, Pa.
Dr. O. C. Cole.....Lewistown, Pa.

Grievance Committee

Dr. G. W. Krohn.....Harrisburg, Pa.
Dr. M. W. Brunner.....Lebanon, Pa.
Dr. H. H. Walpole.....Lancaster, Pa.
Dr. E. M. Downing.....York, Pa.
Dr. Bertha M. Maxwell.....
.....Williamsport, Pa.

Clinic Committee

Dr. H. M. Vastine.....Harrisburg, Pa.
Dr. Bertha M. Maxwell.....
.....Williamsport, Pa.
Dr. E. M. Downing.....York, Pa.
Dr. W. A. Sherwood.....Lancaster, Pa.

Social Committee

Dr. L. Guy Baugher....Harrisburg, Pa.
Dr. Harry Fowler.....Lewistown, Pa.
Dr. S. L. Grossman....Williamsport, Pa.
Dr. J. H. Finley.....Berwick, Pa.
Dr. Thomas Thompson.....York, Pa.
Dr. T. Harris Francis..Lancaster, Pa.
Dr. Irma Z. Gunsaul...Harrisburg, Pa.

Program Committee

Dr. G. W. Krohn.....Harrisburg, Pa.
Dr. N. L. Swift.....Lancaster, Pa.
Dr. F. E. Wilcox.....Hanover, Pa.
Dr. O. C. Mutschler.....Lancaster, Pa.
Dr. Alice Huges.....Williamsport, Pa.

Make the Department of Education Real

Give It Power To Own and Control Our Schools

Earl J. Drinkall, D. O., Chicago

The following amendment to the By-Laws of the American Osteopathic Association will be sent to the secretary in time for its presentation before our annual convention in July. We would like to have you give it careful consideration and write us at once what changes would make it better. Perhaps you have been able to think out a better way of solving some of our school problems.

Co-operation is the true life of trade.

TO AMEND PART 8.
DEPARTMENTS

Section 3, by substituting the following for the aforesaid Section: to-wit—

Section 3. Department of Education. The Department of Education shall consist of six members of the Board of Trustees and the Secretary

of the American Osteopathic Association. The first Department following the adoption of this Section shall consist of two members whose terms as Trustees expire in 1920, two whose terms as Trustees expire in 1921, and two whose terms as Trustees expire in 1922, and thereafter the Board of Trustees shall elect each year two members whose term as Trustees will expire three years from that date. The members of the Department of Education shall hold their office for three years while serving as Trustees, unless by resignation they wish to withdraw, at which time the Board of Trustees shall elect a successor whose term as Trustee expires at the same time as the member who withdrew.

The Department shall elect their own chairman, whose duties shall con-

stitute him the chief executive of all the schools with power to act with the secretary in executing any and all legal documents necessary to the proper conduction of the same. The chairman, with the secretary, shall appoint members of the Board of Regents when a vacancy occurs between annual meetings subject to a ratification by mail from the other members of the Department.

The secretary of the American Osteopathic Association shall be the secretary of the Department of Education and beside the usual secretarial duties he shall be in direct charge of all the schools and hospitals owned by the Department. He shall organize and conduct the central office and have direct supervision over each and every school and hospital. He shall have the power to dismiss any employee of the Department and to appoint a temporary successor until the matter is reviewed and finally disposed of by the Department. The secretary shall visit the schools when necessary, and carry out all instructions of the Department. The Secretary shall receive a salary to be fixed by the Department.

The Department shall provide for the investigation of any college applying for election as a co-operating organization, and for such investigation of the already recognized colleges as may be deemed necessary to keep this Association and the colleges in general accord in their aims and methods; and shall report thereon to the Board of Trustees of this Association, as to the election, rejection, or suspension of any such college. No college teaching the subjects of materia medica or pharmacology, nor directly or indirectly connected with any school teaching said subjects, shall be eligible to election or further recognition by this Association.

The Department shall have the power of accepting any college and allied hospital, and to conduct the same for the advancement of Osteopathy as hereinafter set forth. The Department shall have the power to purchase, build, and equip colleges and allied hospitals either in these United States or foreign countries according to the laws of the states or countries in which the same is to be located, and to conduct them for the advancement of Osteopathy as here-

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W. Banks Meacham, D. O., Asheville, N. C.
Physician-in-Charge.

inafter set forth. The Department shall have the power to finance these institutions as the best business methods may dictate. The Department shall receive all monies from the schools and allied hospitals and direct its expenditure.

The Department shall appoint a president for each institution, with or without remuneration, who shall be responsible for the methods of teaching the student body under his charge and the nurses in the Nurses' Training School. The Department with the president of each institution shall select and dismiss the members of the faculty. Appointments on the faculty may be made with or without remuneration, and no individual who displays in the open or in secret the M. D. degree shall be eligible. Student assistants shall be appointed and dismissed by the president upon recommendation of the faculty member in charge of that department.

The Department shall employ a secretary or business manager for each college and allied hospital who shall conduct the business of the college and hospital, viz: the financial relationship of the student and the college; the financial relationship of the patients and the hospital or clinic;

the hiring of competent labor to keep the property in shape and repair; the purchase of current supplies or the requisitioning of the same from the secretary of the Department, and such other matters as may arise in the conduction of the business affairs of the college and allied hospital.

The Department shall appoint, with or without remuneration, a superintendent for each allied hospital and nurse's training school, whose duty it shall be to conduct the hospital and training school upon an up-to-the-minute basis according to the plans agreed upon by the Department.

The Department shall appoint, without remuneration, a Board of Regents for each college and allied hospital, consisting of five members, who shall be members of the National, State and Local organizations, for a term of one year subject to re-appointment, but for not more than three years in succession. They shall elect their own chairman and secretary, meet once a month for the transaction of such business as may come before them. They shall serve in an advisory capacity to the president of the college, the superintendent of the hospital, and the business manager. They shall at intervals, separately or to-

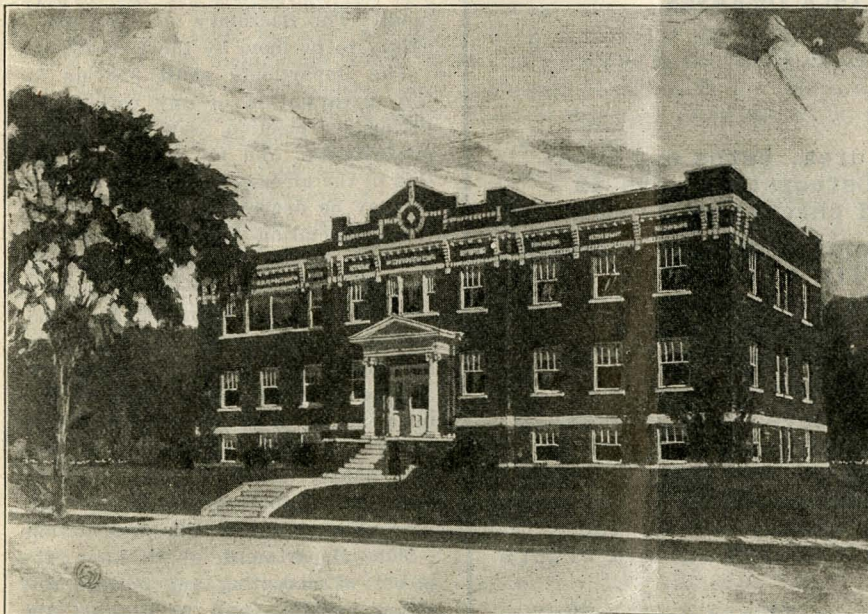
gether, visit the various classes with the object of noting whether the professors are adhering to the teaching of their subject as set forth by the Department and to advise improvements to the Department. They shall visit and inspect the hospital with the object of noting the conduction of business and the character of the same, advising improvements to the Department. The Board of Regents shall report at least once a month to the Department as to their work and as often as necessary to keep the college and allied hospital up to the highest point of efficiency.

The Department shall seek endowments to the several colleges and allied hospitals and shall carry out the spirit and letter of the endowment. They shall with all surplus funds remaining above current and financing expenses build endowments for the several colleges and allied hospitals.

The Department shall in connection with the Bureau of Publicity carry on a paid and unpaid advertising campaign each year to bring Osteopathy to the attention of all who are desirous of pursuing our course of study.

The Department shall require of all faculty members eleven months of

(Continued to page 127)



NOW OPEN The Laughlin HOSPITAL

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

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

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| 2. Orthopedic | 4. Obstetrics | 6. Nose and Throat | 8. X-Ray and Laboratory Diagnosis |

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

For further information address

DR. GEORGE M. LAUGHLIN

Kirksville, Missouri

The Proof of the Pudding

In this department it is intended to prove scientifically by X-Ray and other up-to-the minute laboratory methods that the Osteopathic Conception of Disease is correct

Edited by Earl R. Hoskins, D. O., of the A. T. Still Research Institute Staff
Address him at 4347 Greenwood Ave., Chicago, Ill.

ESSENTIAL FACTORS IN THE TECHNIC OF SPINAL LESION RADIOGRAPHY

The absorption of fluid by the disk as a result of chemical change in its environment would be expected to vary in amount with the quantity of disk substance present in the spinal articulation. As a result there is actually a greater amount of disk extravasation in the lumbar region than would result from a lesion of similar degree in the cervical area.

Yet the relatively small amount of disk swelling in the areas of lesser disk content may easily cause more symptomatology than similar amounts lower in the spine. This results because the area which can be imposed on is also proportionally decreased and because of the local geographic arrangement of spinal centers and of nerve distribution.

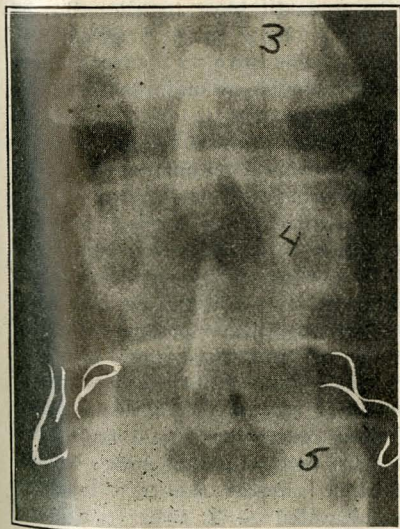
It is much easier to show on a radiograph these sort of changes where the "excursion" of structural pathology is greatest so that they are shown best in the lumbar spine. The arrangements of bone structure here

is favorable too as there is not much difficulty in avoiding overlapping of shadows of bone. It is only necessary to direct the rays through the median horizontal plane of the disk to show the condition antero-posteriorly. It is more difficult to show the desired structures in the lateral view because of muscles and portions of the digestive tract perforce lying between the spine and the plate.

In the dorsal area the better position would be the anterior posterior if it were not for the dense shadow cast by the heart and great vessels. These structures with their content possess more tissue density than do the disks even when fibrosis is extreme and only rarely can the tissues between and around the vertebral bodies be shown. In the lateral view the difficulty comes because of rib overlapping and the articular processes, as well as the impossibility of getting the plate close to the desired structures. The oblique positions with the patient on the left side on the plate gives probably the most accurate results in this region. It is necessary to use the fluoroscope to determine the angle of rotation which will best show the spine with least rib overlapping and yet keep the heart and aortic shadow off the spinal shadow.

One can get an accurate record of the fluoroscopic findings by using the fluoroscopic tube to take the radiograph substituting a plate in the position of the screen. The only disadvantage of this method being that in all fluoroscopes the tube is too close to the patient to give accurate projection save for small areas.

In the cervical region the angles of articulation vary from the horizontal markedly so that unless we can straighten out the normal curve of the region we have vertebral body overlapping of the entire disk area. For the lower segments we can place the plate anteriorly bringing the bodies of vertebrae closer to the plate. The compressible anterior structures allow the plate to be brought closer to them by momentary compression—giving really beautiful detail. The spinous processes and posterior spinal



Apparently normal disk between 3rd and 4th lumbar. Acute lesion between 4th and 5th lumbar obtained from a fall while playing basketball. Plate taken 36 hours after injury. Oedema in greater amount than fibrous proliferation.

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musculature are at greater distance and do not show clearly enough to bother as much as they do in the antero-posterior position.

The lateral view here gives more accurately detailed results than in any other part of the spine. Stereoscopic lateral cervical plates are really mines of information as there is sufficient difference in planes of density to give satisfactory foreground in combination with real detail of structure to enable one to connect the projection of these planes into an accurate vertical image of the area.

DR. ELIZABETH E. SMITH OPENS ASHEVILLE OSTEOPATHIC SANATORIUM

Another institution has thrown its doors open to our profession. The Asheville Osteopathic Sanatorium is the name of the new institution and Dr. Elizabeth E. Smith is responsible for its opening.

The sanatorium is located in the mountains.

We wish the greatest success for the institution.

DR. T. B. BONDUS LOCATES

Dr. T. B. Bondus, a graduate of the 1918 class of Chicago College, and who has been in the service, recently announced his location at 5 North Wash Ave., Chicago.

Dr. Bondus will specialize in syphilology and urology.

Osteopathic Truth

A MONTHLY JOURNAL OF
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FOR THE OSTEOPATHIC PROFESSION

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MARCH, 1920

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

—Abraham Lincoln.

If We Are To Be Big People, We Must Do Big Things

Dr. Louisa Burns

Dr. Louisa Burns uttered the above words recently before the Los Angeles Association and in their utterance she has sounded a slogan and a warning.

We are too prone to say that it cannot be done, or that there is no one in our great profession big enough to do it.

What to Do?

Did you inquire what big thing was waiting to be done?

The biggest thing on the horizon is the amalgamation or centralization of our schools as the foundation upon which the other big things can be built. If we are to be big our schools must be big.

With the schools centralized there would naturally follow the National Board of Osteopathic Examiners, a big idea with a bigger future. State laws would have to be written to comply with this new order of events. A big job for a big man to handle.

With the centralization of the schools there would naturally follow a greater development of our literature, and through it the possible working basis for a standardized technique. Big ideas for three story men and women.

With the centralization of the schools would come the A. T. Still Research Institute to work out our scientific problems and to be nucleus from which the teaching staffs of the various schools could receive an inspiration and new teachers. A big opportunity lies dormant.

With the centralization of the schools the educational campaign for new students now being started by Dr. Hartwell would take on a different aspect. The schools, of which we would have a vital part, would receive our enthusiastic support and we would not feel that our money was being spent to benefit any particular school, but all. A manufacturer who does not go out after business either by advertising or through personal solicitation by salesmen can count the months when he will be out of business. You have more business than you can care for and keep your health but a few more doctors in your town would relieve the strain and then a little educational work with the "flu" statistics would not mean death to you. The best seller to-day is the best advertised article.

A Potent Reason

The drug doctor and the drug schools are trying to steal Osteopathy without giving credit to Dr. Still. We know of several drug doctors who are trying to treat their patients osteopathically, and another who has a Swedish Masseur in his office and he tells his patients that that is osteopathy.

Doctor, it is clearly up to you as to what will become of Osteopathy!

Dr. Burns also said, "If we do in the next ten years what we should do we must give Osteopathy to the world NOW."

Doctor, you dare not educate more people in your locality because it will increase your practice beyond the point of human endurance, but—we can put new doctors in the field to care for the increased business.

The Psychological Moment

The prestige we have gained through the influenza epidemic of last year has placed us in a most advantageous position over the drug doctor, and has presented us with the great psychological moment to interest new recruits in the study of Osteopathy.

We must have those new students. We must have more doctors, and as quick as we can get them.

Now is the golden opportunity to strike a death blow to allopathy by keeping students out of drug schools. If the schools have no students, there can in time be no new doctors. No new doctors will in time mean the death of the profession and the consequent reversal of position as to all the public institutions.

But little effort is needed to swing thousands of young men and women into the Osteopathic schools now. All they lack is the invitation and their previous experience or knowledge of osteopathy will not enter into the equation. You cannot see or know of those new recruits, but a national educational campaign would find them.

Those new students must be directed to schools that are teaching unadulterated A. T. Still Osteopathy and not to drug tainted ones, therefore, to insure that, all the schools our national association advertises must be under the absolute control of the Department of Education of the A. O. A.

The biggest opportunity ever offered to the Osteopathic profession is

at hand, and no buck passing set of officials will be big enough to handle the job. The actual future of Osteopathy versus drug therapy hangs in the balance. Therefore, send your brainiest men and women to the House of Delegates that they may choose officers who are not afraid to step out into the open and fight for Osteopathy.

Doctor, "If we are to be Big People we must do Big Things."

BRITISH OSTEOPATHIC ASSN.

Would Start a Clinic in London and Desire Someone to Take Charge

Dr. Harvey R. Foote, president of the British Osteopathic Association, has inaugurated a League for the Prevention of Spinal Curvature, and sends us the following communication:

"The League for the Prevention of Spinal Curvature will be incorporated under British law and the Articles of Association will give the right to have a clinic under the auspices of the League where and when required.

The first clinic will be started in London. We have the support of many influential people and the cash in the bank to guarantee the working costs and expenses for the first year.

Suitable premises will be secured in London in which to carry on the clinic and be the headquarters for the League. A competent nurse will be in charge and a secretary will be appointed to look after the interests of the League.

The majority of the osteopaths practicing in London will attend the clinic at stated times. In addition to the professional assistance we are able to give, it is our plan to invite an osteopath to come over from the States or Canada to be in attendance at the clinic during the usual office hours. Under his contract he will have the privilege of starting a practice for himself at the end of twelve months or two years; the support given him during this time should be of inestimable value. After the expiration of his contract, should he desire to practice in London he would be required to continue supporting the League by giving up a couple of hours per week treating at the clinic the same as other practitioners here in London are doing, or pay in cash what would be equivalent to the two hours' work if he so preferred.

I am prepared to receive applications from osteopaths who may desire to come over under this scheme. A

fair living wage will be paid and the privilege of having a few private patients.

The applicant chosen by the League Directors must be a good operator and possess a spirit of enthusiasm for his work, which will give confidence and gain additional support for the League and the clinic."

An Opportunity

Dr. Foote, Harewood House, Hanover Square, London, W., would be glad to hear from someone looking for such an opportunity.

ADVANCE OSTEOPATHY THROUGH AMERICAN LEGION

Valuable Suggestion by Dr. Virginia-Gay-King, Augusta, Me.

The suggestion has come to us by a member of the American Legion that progress could be made for Osteopathy. The American Legion may hold for us the keynote. The soldiers are forming this Legion; a vast body of men, thoroughly organized. No one better than they know the fallacies of medical treatment as proven in their camps and cantonments. I personally have heard some bitter criticism along this line.

This is the suggestion: "The D. O.'s to apply every bit of influence each one has to bring pressure on members of this American Legion to demand from the Government Osteopathic care (for those in this Legion who so desire) and I believe there are many, and let such be appointed by the Government as they are now establishing them medical care free, etc.

"This is a second point: (2) We D. O.'s not to appear as the **Demanders** for recognition. **It to be asked for by the Legion** in one of its bills. We will only use our influence with the individual member or members of this big body. (3) It must be done very cautiously; if known the Drug Doctors will fight stronger than they are doing now."

Silently, but surely and swiftly, let's move to work **NOW**. **Go ahead.**

DR. FRED GAGE ILL

Dr. Fred W. Gage of Chicago, well known in the profession as one of the old-time fighters for Osteopathy, has been forced to retire from active practice due to poor health. Dr. Gage was in quite a serious condition for a time but last reports give encouragement for his recovery.

Dr. Walter Elfrink has taken Dr. Gage's practice.

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183 more needed

HURRY!

Read the editorials in November "Truth."

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

It is your move!

Which way?

How much?

LAUGHLIN HOSPITAL PROGRESSES Dr. George Laughlin Deserves Credit

The Laughlin Hospital at Kirksville, Mo., which was built by Dr. George Laughlin, is the only general hospital of the profession to be built and equipped by a single individual without aid from any other source. Dr. Laughlin deserves credit for building such an institution.

The pamphlet recently sent out by Dr. Laughlin contains some valuable information as to the best time for orthopedic operations and the probable results. No deaths in sixteen months' operation of the General Surgical Department is attributed to daily Osteopathic treatment, and the fact that the surgery is an adjunct of Osteopathy.

Where Osteopathy is paramount—Success attains.

DR. CORA WEED MOVES

Dr. Cora B. Weed is now located at 57 West 45th St., New York City.

DR. GERTRUDE GAYLORD MOVES

Dr. E. Gertrude Gaylord has removed her office from 11122 South Michigan Ave., Chicago, to 11415 South Michigan Ave.

LOS ANGELES OSTEOPATHIC SOCIETY

Meeting of January 12

Again the "yellow scream" officially known as "Team Work," announced the "Biggest Meeting of the Year," a combined meeting of Dr. Spencer's Legislative team and the "leader" in the "Circuit Clinic Tandem," Dr. Ruddy. Our President, Dr. W. V. Goodfellow, having no desire to spend even one Yuletide in the environs of the wily chief "Icicle," hied away from "St. Joseph's," leaving his Assistant, Brophy, to look after his big clinic in "Oral Knifery" and was among the "Wise Men" of the West on this occasion. Dr. L. E. Wyckoff, Vice-President, had kept things simmering in the President's absence, but now they do bubble. Dr. Myrtle W. Fryette and Dr. H. H. Fryette honored us with their presence and in turn scattered a few roses along our path in announcing that "they were native sons" and that while "Osteopathy and Enthusiasm" were synonymous "they" had concluded that "they would have to come West to get it" (applause, applause, applause). Of course, we knew it, but we like to have 'em say so.

Dr. D. L. Clark of Denver, member of the State Medical Board, was introduced. He drove home some pertinent advice on co-operation regardless of the nature of the work. He said, "Determine the fundamentals. Get behind them. Yes, every red-headed, black-

headed, bald-headed one of you get behind them, and if you can't say a good word for them, for God's sake, keep quiet. Do this and you'll win."

Dr. Charles Finley of Atlantic, Iowa, said, "Never before in the history of the world, has the weather been so cold in Iowa." "He's a —. He's a —," by the chorus. We were all from Iowa.

"Session Sixteen" or "Station Sixteen" of the "Circuit Clinic" or Traveling Post-Graduate School, under the auspices of the Western Osteopathic Association, was announced and the meeting was turned over to the "initial speaker," Thomas Jefferson Ruddy.

Dr. Chas. Spencer took charge of the legislative session and awakened an interest that promises a state-wide movement that will be a winner. The following took part:

- Dr. Dain L. Tasker—"The Uncertainties of Our Present Legal Standing."
- Dr. E. G. Bashor—"The Initiative vs. Legislative Action."
- Dr. H. F. Miles—"Preparedness."
- Dr. Elizabeth McLaughlin—"Additional Requirements for Surgeons and Specialists."
- Dr. C. H. Spencer—"The Relative Merits of Partisan Board, Composite Board, and Lay Commissioner as Means of Administering the Medical Law."

**10,000 STUDENTS
BY FALL**

OSTEOPATHIC SOCIETY OF NEW YORK CITY

Dr. Russell Addresses February Meeting

Dr. Hugh L. Russell, of Buffalo, N. Y., was the guest of honor at the February meeting of the Society. He spoke on the subject, "Why Osteopathy Has Been So Universally Accepted; Its Greatest Need Will Be With You."

Dr. Joseph Ferguson spoke on "Modern Blood Pressure: Its Technic and Significance to the Osteopath."

March Meeting—Chicago College Night

The March meeting was held Saturday evening, March 20th, at the Hotel Knickerbocker and was in the nature of a Chicago College meeting.

Dr. Geo. H. Carpenter, president of the school, spoke on "Osteopathy in Its Relation to the Treatment of the Heart," and "History and Purposes of the Chicago College of Osteopathy."

Dr. Edgar S. Comstock, secretary of the school, spoke on "The College and Student Recruiting Campaign, and Osteopathic Technique."

The Society reports excellent progress at the Osteopathic Clinic.

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(Continued from page 122)

time. After the close of the school year, the Department shall conduct a Teachers' Training or Conference School, which all members of the faculty of the various schools are required to attend for uniform concerted study. Every subject taught in the college curriculum shall be reviewed, if possible, by the best talent obtainable in order that each teacher upon returning to his respective school will teach the subject as it is taught in the other colleges, thereby giving uniformity of education. The Department may at its discretion send the faculty members to some college or university for uniform instruction. The tuition for this special work shall be paid by the Department. Practitioners may attend these Conferences or Training Schools upon the payment of a fee agreed upon by the Department.

The Department may in conjunction with the A. T. Still Research Institute conduct a teacher's training school for those who would desire to teach in the colleges and for the training of public lecturers.

The Department shall do all in their power to advance the teaching of Osteopathy as desired by our beloved founder, Dr. A. T. Still, both in the schools owned by the Association and those under private control.

The Analysis

We might use the United States Steel Corporation as an illustration. First, there are the stockholders scattered all over the world. The stockholders elect a Board of Directors and they select the men who will head the different factories throughout the world. It matters not where the factory is located, on the Iron Range or in Calcutta, India, the control is from the Board of Directors as represented by Judge Gary, its chairman in New York.

The above amendment will make every member of the American Osteopathic Association a stockholder in fact in our schools. Until that is brought about no one school has the right to say it is owned by the profession.

You stockholders then elect your Board of Trustees and they in turn elect the Department of Education who control and govern our seven or eight factories located in various parts of the United States.

Our Factories

Our schools and hospitals are fac-

tories turning out students and cured patients. There is practically little difference between our schools and a steel foundry. We take the uneducated young man or woman and turn them out a few years later as the finished product—a doctor. You know the other.

Our factories should be run on a strictly business basis and they can just as easily be run together as separately, in fact more economically because when buying supplies in quantity the cost is reduced. All factories turning out the same finished product require the same kind of machinery to do the work, therefore, centralized power for our schools will advance them by leaps and bounds. As the factories earn and return dividends so will the stockholders be benefited.

The surplus cash earned by our factories, instead of being converted into dividends of cash, will be used to build endowments. Along with the advertising campaign to get students, of which you do not contribute one cent, as it is paid for by the schools, your business will be increased, if you deliver the goods when a patient comes to you.

Research Institute

Under this plan we would provide for a greater use of the A. T. Still Research Institute. The Institute would practically become a Training School for Teachers and Lecturers. The individuals who work in the laboratories of the Institute can be sent to any of the schools as substitute teachers and later, if they desire to teach, may be placed on the faculty to fill a vacancy. A nation-wide advertising campaign will call for lecturers and these same individuals can be sent over the country to give lectures.

The Research Institute becomes a producing factor in the preparation of histological, pathological, and biological slides. Having this work done in one central place would save hundreds of dollars now spent by the different colleges.

A Central Location

We would suggest that the general offices of the A. O. A., the Department of Education, and the Research Institute all be located under one roof in Chicago. Chicago is centrally located and conference expenses will be lowered by the equalization of railroad distances. Chicago would lessen the time now required on a longer mail haul, which would put the Association and its members in closer touch. This point can be worked out later.

Don't Talk—Do

The condition existing in our schools and the profession demands real action. Each of us are vitally interested and should give these problems the best that is in us to give, in order that we may advance.

We have opened the question for you to discuss and let us during the next few months give the matter our thoughtful attention. Please feel free to write whatever may be on your mind with reference to the solution of these problems. Don't put the matter off until next week, but sit down and write us your views today for our next issue. Let's put our shoulders to the wheel and lift our science to the mountain top where it should be—the flaming beacon to all suffering humanity.



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

Food and Diet As Related to Osteopathic Practice

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

SERIES No. 4

Feb. 1, 1918.

Dear Doctor: Since I wrote last the baby's face has cleared up better but the body continues about the same—dry and red, better at times, then back to where it was. For the past few days she has not seemed quite so well and I think it is all due to the milk having been slightly frozen. Her bowels were fine—two very good movements each day—but since this last cold spell I have noticed they were not so good. I understand frozen milk is bad, but I don't know how harmful. I have been getting the milk from a good dairy and I have the man leave it inside the front vestibule, so that if it is frozen at all it is done so before reaching here. It is delivered about 5:30 a. m. I get what they call "babies' milk," the milk coming from one farm, and it seemed to agree fine until the past week. It seems impossible to avoid this freezing during the extreme cold. I have inquired of other dairies and they can do no better and most of them have a later delivery which would necessitate my holding over milk for the morning feed. I wondered if there was anything I could do to the milk when it is frozen. Of course it is never frozen solid, but will be slightly frozen.

Yesterday one of her bowel movements showed undigested curd, the

first for some time. Today she seems better. She has not been sleeping so well at night. At first she would sleep six, seven and eight hours at a stretch, but for the past week she is quite wakeful, waking every two or three hours. She is wakeful enough during the day, I think, to cause her to sleep good at night. Last night she had colic. I think it was due to her getting so much milk, as she took more last night, but she has been taking eight ounces and I thought possibly her fretfulness was due to not getting quite enough to satisfy her all night. She took eleven ounces last night and I suppose it was too much increase at first. I will be careful about this. She seems to have quite a bit of gas at times.

The second week of this method of feeding she gained seven ounces. Her face is still a little dry, but not so bad. I will try Dr. Parker's lotion.

She takes lots of water, especially at night when she is so wakeful. Is there such a thing as giving them too much? She is not constipated any more.

Thank you for your suggestions about the temperature of the rooms. I always keep a window open where she sleeps. She sleeps well during the day. I feel that as soon as the milk is the same every day she will improve, but let me know if there is

anything I can do about it. The fact that the milk was alright yesterday and today and that her bowels are better today makes me feel sure the frozen milk must be her trouble for the past few days and possibly the cause of the restlessness at night, although she sleeps well during the day.

Very truly yours,

Feb. 4, 1918.

Dear Madam: The frozen milk is sufficient to account for the trouble you are now having. There is nothing you can do with the milk to correct the matter, unless you might provide the dairyman with a bottle container of some kind that would prevent the milk freezing until it reaches you. You might explain to him that the baby's physician is blaming the frozen milk for its present illness. It is to be hoped that this very cold weather will not last much longer, for it is a fight for all of us to keep in health against unreasonable cold and exposure. The freezing of milk will change it just as surely as overheating it will.

In case the baby sleeps from 6 o'clock in the morning, as reported in the last letter, until almost her noon feeding time, I would omit the orange juice for that day, or substitute it for the vegetable juice in the afternoon. In case she slept at any time until it would jumble things to give all the meals, I would omit one.

If she handles the milk perfectly there will be no need to give the other juices with the idea that they are necessary to rid her of the eczema. But if she handles the milk well and the fruit and vegetable juices well also, I would continue to give the food as you are.

You are using good judgment and that is why we are getting along as nicely as we are. And I assure you I think the baby is doing about as well as it can under the circumstances. I think you will have much trouble with the eczema and the only way to conquer it is by building the nervous and entire body mechanism up to resist it. But with the care you are exercising, as the child grows and improves in health the eczema will in a large measure, if not wholly, disappear.

When there is undigested curd in the stools the baby is probably getting too much food. At any rate she is not digesting it properly and trou-

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Address: F. L. LINK, Kirksville, Missouri

ble will follow if there is not a change. So, if the cause is frozen milk, and no other can be obtained I would reduce the quantity of the frozen milk. If frozen milk is all you can get and it keeps so cold that you have to continue to use it, I would make a change in the food, probably using HEMO which is a malted milk.

The baby took eleven ounces and did not rest well. You are right in thinking it was too much. Now don't worry if the baby does not gain continually. She will not gain if the digestion is not good, if the stools are not free from curd, and if bloating is present very much of the time. Watch its comfort more than its weight. A baby that is doing as nicely as yours was will grow and gain and soon be free from diseased conditions. When bloating, curds, and distress is present it means less or no food for a time, and a gain in weight will not result even though there is a gain in health.

Her restlessness at night is not right and is not due to too little food, but it may be due to improper or too much food. When she is restless and takes much water it is all right to give it to her. If she has bloated much one day or night, then reduce the quantity of food until bloating is not so apparent. And if bloating, curds, and feverish conditions are present take all food away but pineapple juice until the fever has gone for several hours, then only a little milk, and if trouble results give her another period of rest from all food but the pineapple juice.

I am giving these ideas to be carried out later so as to prevent any threatening illness from taking on a serious nature. Serious illness can be prevented in children by courage, judgment, and the knowledge of what to do.

I shall await with interest your next report.

Yours very truly,

DR. ELMER T. PHEILS MOVES

Dr. Elmer T. Pheils announces the removal of his office to 92 Newhall St., Birmingham, England.

Pheils & Gradwell are Anglo-American agents, using the words "Osteopathy, Birmingham" for their telegraphic code.

**MAKE YOUR RESERVATION IN
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Chicago College of Osteopathy Progressing

Secretary's Annual Report

March 6, 1920.

Officers Elected

At the meeting of the Board of Trustees, following the Annual Meeting of last year, the following officers were elected by the Board: President, Dr. Geo. H. Carpenter; Vice-President, Dr. J. B. Littlejohn; Secretary, Dr. E. S. Comstock; Treasurer, Dr. Fred W. Gage and Dean of the Faculty for the year beginning July 1, 1919, Dr. E. S. Comstock.

On June 25th the Dean sent a communication to the Board of Trustees urging the appointment or election of a full time Dean, who should be an educator by profession and who could devote his entire time, thought and energy to the duties of that office, stating that the experience of a college year as Dean of the Faculty had convinced him of the absolute impossibility of a person being an efficient Dean without giving full time, thought and energy to that office; and the Dean, therewith, handed in his resignation to become effective at such time as a qualified individual could be secured for the Deanship and prepared for the work.

On August 14th that Board authorized the appointment of a committee, with full power to act, to find and employ a qualified person as Dean of the Faculty. On August 28th the Committee reported the employment of Jerome Hall Raymond, graduate, Doctor of Philosophy, from Chicago University, and formerly president of West Virginia University and also of Toledo University. Dr. Raymond immediately appeared at the college and was taken in hand by the former Dean to prepare him for the work of the ensuing year. The resignation of the former dean was accepted as of September 1, 1919, and Dr. Raymond became officially Dean upon that date.

Board Meetings Held

The Board of Trustees met in session 34 times during the year and spent 76½ hours in actual session, to which should be added not less than 25 more hours in informal meetings. These hours do not include the time spent in going to and from the meetings. Beside these, there were many committee meetings, the time consumed at which was not recorded. To give the members of the corporation an idea of the time spent by your representatives, the hours spent in

formal and informal meetings of the Board is the equal of 12½ full days of 8 hours each. Consider your average daily income and then realize the time and money sacrifice of your Board. Your Secretary calls this to your attention, for too often some members of the corporation do not appreciate the services given by the Board members even when considered in time valuation only.

Institutional Benefits

There were at least five benefits given during the past year to aid our college and hospital. They were the City Wide Tag Day, on March 31st; the Galli-Curci Benefit Concert given at the Auditorium on June 8th; the Bazaar given by the Women's Auxiliary at the Blackstone Hotel in November; the benefit recital given at the college building and arranged for by Dr. Lychenheim; and the benefit at the Chicago Arena arranged for by Dr. Fraser and Dr. Sands. Each of these netted handsome sums of money and further details of them will be given in other reports.

Women's Auxiliary

The organization of undoubtedly the most practical and material benefit to our hospital is the Women's Auxiliary, a report of which organization will be given this evening. Appreciating the modesty of the members of this auxiliary your Secretary wishes to state that the co-operation and enthusiasm of this organization has been of inestimable value to our hospital and if one-half of the support had been given by an equal number of the members of the profession in Chicago as the members of this auxiliary have given, our institution would be about on "Easy Street." We, as an organization, can not express our appreciation half earnestly enough to the members of the Women's Auxiliary.

The Year's Record

The past year has been an unusually hard one for the Board, there being very many difficult problems to consider and settle. The indebtedness contracted during the war period, when the college was running with less than 50 students, costs of materials and supplies rapidly increasing, demands for new equipment becoming more pressing, requirements of the City and State health and educational bodies meaning the added increase of expenditures and other con-

ditions that existed, has brought about a serious financial problem during a large part of the year. A student enrollment this year in excess of our capacity and the necessity of adding considerable equipment to meet the demands of this large student body have been other problems that needed careful attention. Also it was necessary to reconstruct the third floor of the hospital in order that we have an adequate operation room and surgical department, for with the limited hospital space that was usable before this reconstruction the overhead expenses of the hospital was greater than the possible income. It became necessary, therefore, that a considerable expenditure of money be made in order that we be able to use our building to its maximum capacity. The increased tuition income has aided greatly in cleaning off considerable of the old indebtedness and carrying a part of the great expenses of this year, but there is yet a large amount of indebtedness which must be met very soon. These problems, with many, many others, have occupied the close and careful attention of your Board during the past year.

Some Important Actions Taken

The Board authorized the Women's Auxiliary to apply for and conduct a Tag Day for the benefit of the Children's Department of the Hospital. This was awarded by the City Council, through the influence of Alderman John A. Richert, Chairman of the Finance Committee, who is an enthusiastic osteopathic patron. The tag day was held March 31st, a blustering, blizzard day, but a large corps of women workers turned out and a good sum was collected.

The Board authorized the establishment of a Contributing Membership which was to be granted to the contributor of \$100 to the corporate funds, membership to be good for one year, and five Contributing Membership certificates issued to and held by the same individual would entitle that individual to a Life Membership with all its rights and privileges. The contributing member to have the same standing as an Associate Member.

On March 26th the Board authorized the organization of the "Live Wire Club," which had 17 charter members and which was organized to boost the Chicago College and Hospital, and to guarantee the institution the active financial and moral support of the members.

In order to give our nurses more homelike living quarters and also to increase the capacity of the hospital, a Nurses' Home was leased at 5412 Ellis Avenue, and the same was furnished by the members of the Women's Auxiliary. The first floor of the home has a reception room and a classroom for the nurses, and the balance of the floor has been rented to tenants. The entire second floor is occupied by the nurses, and the third floor was renovated and furnished by the Women's Auxiliary and has been rented to women students of the college.

It is only necessary to mention the Galli-Curci concert, for the affair was of such moment and such a grand success that every member must be fully informed of it. The corporation thoroughly appreciates the wonderful generosity of the great singer in the magnificent benefit she gave our institution.

Arrangements were made to rent the X-Ray outfit that belongs to the Research Institute and which was in storage, and this is now in the building and is being used almost daily.

The Board ordered the employment of a competent Hospital Superintendent who was to be given full authority over the hospital and who was to be held responsible to the Board of Trustees through its Hospital Committee. Miss Anna Jones was employed for this position and undoubtedly you all know that the Chicago Osteopathic Hospital is one of the most efficient hospitals in the City of Chicago. None are giving better service.

On July 31st the Board received a letter from the Department of Education and Registration of the State of Illinois stating that "only those licensed to practice medicine in all its phases are permitted to perform major surgical operations." The Board asked Mr. Patterson for an opinion, which was that the City Department of Health could and would revoke the Hospital License if the ruling was not lived up to, and thereupon the Board voted to abide by the ruling of the Department of Education and Registration.

After long and thoughtful consideration of the question of financing, the Board recommended to the Corporation the issuing of \$400,000 of first mortgage bonds, to be subscribed in two issues, first of \$150,000 to pay off the entire present indebtedness, both real estate and current, and to have a working capital, and later

\$250,000 to build and equip a new hospital building on the north end of the property. This action was adopted by the corporation in a special meeting on September 9th.

The Board directed that the fiscal year of the corporation end August 31st, instead of March 1st, as formerly, because the college year's business really begins September 1st; and that a semi-annual meeting of the Corporation be held every year on the first Thursday evening following the ending of the fiscal year.

The College has been represented at the following conventions: A. O. A. and Illinois Osteopathic Association at Chicago.

New York State at Rochester and New York City.

Ohio at Toledo.

Michigan at Detroit.

Wisconsin at Milwaukee.

Rocky Mountain at Boulder, Colo., and several district meetings.

On November 14th the Board authorized the awarding of Honorary Life Memberships to all members of the profession who subscribed for or sold \$1,000 worth or more of C. C. O. bonds.

On February 12th of this year the Board was indeed sorry to receive the resignation of Dr. Gage as Treasurer, member of the Board of Trustees and Chairman of the Finance Committee, because of his ill health. Dr. Gage had been tireless in his work for the benefit of our institution, and he willingly sacrificed scores of hours of time and thought to the work of the treasurership of the institution. Undoubtedly the work, thought, and worry of this position is largely responsible for the undermining of his health and this corporation should go on record as showing its earnest appreciation of this work, and enough support from the profession and its friends should be given the Chicago College and Hospital so that a recurrence of this deplorable condition shall be avoided. Words of gratitude and appreciation will not bring back his health and we can not shirk the responsibility for his condition that rests upon the shoulders of each one of us who has not done his best.

The resignation was, of course, accepted and Dr. Bischoff was elected to serve out the unexpired term.

To meet the very urgent demands of the present crisis that is facing our institution, the Board authorized the appointment of an "Urgency Committee" to work out the solution of these

conditions, and the President appointed Dr. Bischoff, chairman, and Drs. Foreman, H. H. Fryette, Deason and Groenewoud.

This committee recommended and put in action a forceful campaign for Life Members, so as to meet the financial situation and to increase the representation of the profession in an active voice in the control of the institution. This campaign must continue in and around Chicago with all the energy we can put into it, for to a very large extent does the future of Osteopathy depend upon the perpetuation and growth of the Chicago College and Hospital.

The Future.

It is the earnest desire of the Board of Trustees that the Chicago College of Osteopathy and the institutions under its control be as thoroughly democratic as is possible, and the members of the Board wish the largest possible number of the profession and of the laity to have an active interest and a voice in its affairs. It is not the intention of the Board, nor has it ever been, that the control of the institution should be solely in the Board of Trustees, it has rather been our intention to be your representatives and

we have tried to determine our actions upon what we conscientiously believed to be for the good of our profession. If we have erred it is purely due to errors in judgment and to a large extent due to the fact that only a very small proportion of the profession have been interested enough to become members of the corporation or of those who were members to attend the corporation meetings and express their voices.

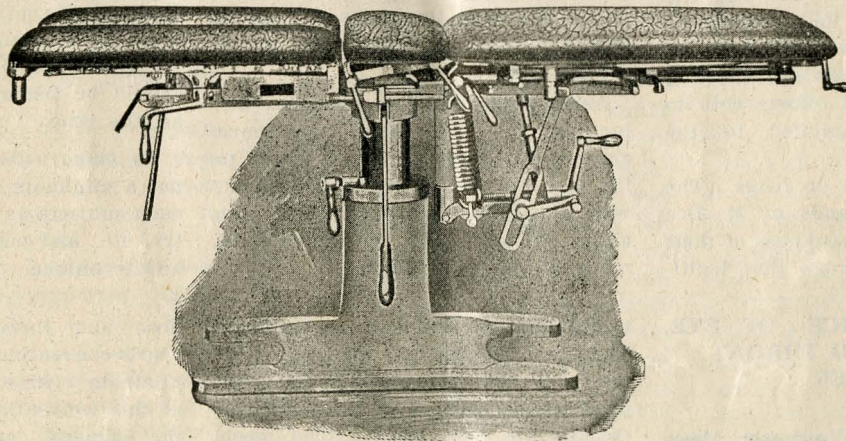
We must never forget that it is impossible to keep the members of a large corporation all informed of all the details and problems that come before the Board, and also we must remember that the view from within, knowing all the details, is vastly different from the view from without. There are always many circumstances and conditions that mould the decision of any matter, and the members of the corporation should be charitable enough to realize that every member of our Board is convinced that the success of the Chicago College of Osteopathy and the Chicago Osteopathic Hospital is of prime importance to his individual success, and that every action that he or she has taken has been so taken because he or she believed that under the circum-

stances, it was the wisest action to take.

There have been errors made, perhaps many of them, but they were errors and not malicious actions for the purpose of personal aggrandizement. It is barely possible that individual members may at some time have had personal reasons for action taken, but the action of the Board has always been for the welfare of the institution. No matter who your representatives on the Board of Trustees may be, you will always find that they will at times disagree with you or a large number of the corporate members as to what the proper solution of a problem is.

There is a wonderful future for the Chicago College of Osteopathy, or an inglorious failure. It all depends upon the action and support of the osteopathic profession in and around Chicago. We have many times more to fear from within the profession than from without, for lethargy is the beginning of decay, and the course of the osteopathic profession today is the large number of inactive, non-supporting members of that profession and their lethargy toward its institutions and organizations.

Respectfully submitted, March 6, 1920. E. S. COMSTOCK, Secretary.



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Where Are We At?

J. Oliver Sartwell, D. O., Boston, Massachusetts

Osteopathy is the greatest Panacea that the world has ever seen. The principle is broad and comprehensive and entirely scientific. The application of the underlying principles is an art requiring the greatest skill but because of an inability to apply the teachings of A. T. Still, we meet with failures occasionally.

It occurs to me that the Chiropractors are teaching the public the value of adjustments and corrective treatments better than ourselves.

With many of our profession, the technique has developed into a jumble of movements which could better be called Scientific Massage, Mechano-Therapy, Swedish Movements or passive exercises. Where in the name of common sense are we drifting with such aimless practitioners calling themselves Osteopaths? If Osteopathy means anything, it means specific adjustments of the skeletal tissues, and not belly rubbing, muscle stretching or modifying the functions of the body by stimulation or inhibition. Why this treating of the patient for twenty, thirty or forty, minute periods when ten minutes is sufficient to correct Vertebral Malalignment? Go to any competent Chiropractor and see his clean-cut technique. Rail at them all you wish but remember that with an inferior education, they are showing us what concentrated efforts will do when intelligently applied to the spine.

Relative to the use of drugs. The failure of the thousands of M. D.'s only emphasizes the weakness of their system. The only drugs that legiti-

mately can be used by Osteopaths, are anaesthetics, antiseptics and antidotes. These, however, are only necessary on rare occasions and then should be chosen very carefully. It is generally conceded that vaccines are failures.

The greatest danger to the profession comes within our ranks. It is the man with the jelly backbone, who has not the nerve to treat according to his convictions, but drifts along the lines of least resistance, that is a distinct menace to us. To such I would say, "Go to the Chiropractor, thou sluggard, consider his ways and be wise."

We have a school of practice which is founded on truths as solid and lasting as the Rock of Gibraltar. Why then tamper with such medical theories as are sprung on the public every few years, when we have such a great therapeutic gem? We know not its limitations and as many seemingly hopeless and incurable cases have been proved otherwise through the wonderful art of Spinal Adjustment.

Those who are delving into the mysteries of Materia Medica and radical surgery, are drifting like the mariners of old upon the rocks of "Scylla and Charybdis," which on paper, seem so alluring.

Aside from the few remedies belonging to the above mentioned classes, the whole system is rotten to the core and the Osteopath or student, who attempts to master both the above sciences, will, in the end, be more or less of a failure.

We are saving, every day, thousands of people from untimely and rash surgical operations. Why then go into the technique of surgery when the time would be more profitably spent studying the science and the technique of Osteopathy?

Since A. T. Still promulgated theories of Osteopathy nothing has developed to change these theories to the slightest extent. On the other hand, other systems have sprung up and disappeared. We, who have been enthusiastic practitioners of the Osteopathic art and science only grow more enthusiastic as time goes on and the beauty of our science grows greater and greater.

To sum up the crying needs of the hour, we must have a more enthusiastic teaching force of Simon pure Osteopathic teachers in our colleges. All of our teachings on practice should be from more distinctly Osteopathic sources and medical text books should be absolutely tabooed. We need, furthermore, fewer mixed Boards of State Examiners and to fight for independent Boards, even though we have to limit our practice somewhat. We should also make our State and National Societies mean something more to us than they do at present. Those who constitute the membership should be Osteopaths, first, last and all the time.

To make better D. O.'s, we should put a minimum amount of study into such subjects as bacteriology, chemistry, etc., and more time into practice and technique.

GENERAL PRACTICE OF EYE, EAR, NOSE AND THROAT DISEASES

Geo. W. Reid, D. O., Worcester, Mass.

The general practitioner is continually confronted with eye, ear, nose and throat conditions.

A certain percentage of these conditions call for the specialist, but by far the majority can be handled by the general practitioner, providing he is up to date.

The best way to keep up to date in the treatment of these conditions is to attend the Annual Convention of the American Osteopathic Society of

Ophthalmology and Oto-Laryngology. This year the Society meets in Chicago and the meeting will be the week prior to the meeting of the American Osteopathic Association. The meeting will be held at the Chicago College and Hospital, and according to present prospects this one will be far better than the one held last year at the same place. All who attended last year's meeting will realize that this means something.

We have many excellent specialists in deed as well as in name in our profession and it is always a great treat to see them demonstrate as well as hear them lecture and discuss the most up-to-date and efficient methods to pursue in the handling of eye, ear,

nose and throat conditions. Last year's convention was equal to a post-graduate course. As the attendance at this convention is smaller than at the general convention, there is greater opportunity for personal touch and greater freedom naturally abounds. The possibilities, therefore, for improvement are unexcelled. If you plan on taking in the big convention it will pay you to take an extra week and attend the nose and throat convention immediately preceding it.

If you aspire to keep up-to-dateness in the management of eye, ear, nose and throat conditions, it is imperative that you attend these annual conventions.