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

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

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

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

There is such a thing as scientific honesty.

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

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

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

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

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

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

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

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

W. BANKS MEACHAM, D. O.

Asheville, Aug. 23, 1916.
OSTEOPATHIC TRUTH

DIETETIC ADJUSTMENT.

Geo. W. Reid, D. O.

According to Dr. Still, "the human machine, like the locomotive, or any other mechanical contrivance, when properly cared for, will run smoothly; while if unpolished and carelessly run, will run poorly, perhaps not at all, and will sooner or later require repair." This statement is corroborated by our osteopathic physician. The human machine requires to be adjusted, nourished and otherwise properly cared for. The adjustment is one of the fundamental considerations of the osteopathic school.

The problem of nutrition embraces the subject of diet, as well as that of mastication, digestion, and assimilation. Structural adjustment places the body into condition so that digestion and assimilation may take place without let or hindrance. In other words, it establishes an environment within the body favorable to the normal or healthy expression of all its cells and tissues. Proper diet may be in an exquisitely adjusted, nourished and cared for machine, like the locomotive, or any other mechanical contrivance, when properly adjusted, nourished and taken care of, will run smoothly. Most of the minor and less apparent consequences of dietetic errors. There are few people who eat properly. Those whose diet consists mainly of highly polished corn products.

In the treatment of these diseases, no dope, drugs, serums or vaccines are necessary, notwithstanding the fact that they have been generously employed by our medical friends in their endeavors to cure what they class as "reactionary", as in the days of yore. The undermining influence of the self-styled advanced (?) thinkers constitutes a constant menace to our organized effort. Let us stand squarely back of and pledge ourselves to an unceasing effort along progressive lines. The "osteo-pathic" osteopath still remains the "progressive", as in the beginning. The advent of drugs as materia medica must necessarily be classed as "reactionary", as in the days of yore.

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

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

It has always been an open question in my mind as to how much of a medic a physician could be and yet remain an osteopath. In spite of the immense enrollment of osteopaths and students, every one of which means a step towards the goal, it is a truism that the osteopath must think osteopathic. In the osteopathic profession, otherwise he cannot secure the results with the pro-osteopathic osteopath, otherwise he cannot secure the desired results. How, then, can a true medical osteopath expect to secure equal results with the pro-osteopathic osteopath?

The undermining influence of the self-styled advanced (?) thinkers constitutes a constant menace to our organized efforts. Let us stand squarely back of and pledge ourselves to an unceasing effort along progressive lines. The "osteo-pathic" osteopath still remains the "progressive", as in the beginning. The advent of drugs as materia medica must necessarily be classed as "reactionary", as in the days of yore.

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

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

It has always been an open question in my mind as to how much of a medic a physician could be and yet remain an osteopath. In spite of the immense enrollment of osteopaths and students, every one of which means a step towards the goal, it is a truism that the osteopath must think osteopathic. In the osteopathic profession, otherwise he cannot secure the results with the pro-osteopathic osteopath, otherwise he cannot secure the desired results. How, then, can a true medical osteopath expect to secure equal results with the pro-osteopathic osteopath?
believe that we are as yet but upon the threshold of this mighty truth, based upon the eternal laws of nature itself. In short, it should be welcomed by all who stand for genuine osteopathic practices and the full development of this philosophy. Long may it live to labor along constructive lines for the benefit of all concerned.

"WRONG TEACHING", THE COLLEGES AND THE PROFESSION.

H. M. VASTINE, D. O.

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

We shall continue to labor along constructive lines for the benefit of all concerned. We have the number of colleges we now have must exist a competitive spirit. We shall continue to labor along constructive lines for the benefit of all concerned. We have the number of colleges we now have must exist a competitive spirit. We shall continue to labor along constructive lines for the benefit of all concerned. We have the number of colleges we now have must exist a competitive spirit.

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

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

[Dr. Robert W. Rogers in a communication published elsewhere quotes Dr. Griffin's question in the July number of Osteopathic Truth: "Why all this clamor for an M.D. and osteopathic colleges?"

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

"If we merged our colleges into one or two great colleges, we should soon find endowments coming to sustain them, and the student work, is that of the Deleil plan, and must be reckoned with on the basis of an overruling principle on the college curriculum. How is this possible? Well, there are two or three necessary means to this end. There must be a determination on the part of the faculty to teach this way, that must be a real act of faith on each one having taught the true inspiration of what osteopathy is, and then it must be grounded into the student from the very beginning of the branch taught. How can the student with grey matter enough to grasp the osteopathic type of reasoning dissect and digest the teacher and the branch taught. He can, and the student body would in a few years become what it ought to be, the greatest in any college of therapeutics, and our problem of our basic ill would be eradicated."

"A profession rests upon its producing source, its colleges. Until they become great, they can never stand up. A profession is no greater than its source, its colleges. Unless we make great haste and build osteopathy from the ground, by first making certain that we have well founded a great teaching college or two, osteopathy is doomed to speedily fall a prey to those who have damned the philosophy and held up to ridicule and mockery the great men who have fought for now they are slowly undermining our organizational structure, and any keen observer can see them working toward our philosophy from day to day, and woe betide us if we are unprepared, so let us get together, wipe out inter-collegiate jealousy and move mightily as one, and our body toward the great goal set for us by Dr. Still."

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

"Twenty-five years ago I received a medical degree from the Boston University School of Medicine. One year of that time has been spent as surgical interne in the Massachusetts Homeopathic Hospital, a few months in the Johns Hopkins Hospital and eleven years in active medical practice, and one year in studying and twelve years in practice, after having received the M.D. degree to an Osteopath?"

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

"It seems very difficult for many people
to grasp the idea that the osteopathic viewpoint is medically different from the medical viewpoint. A knowledge of the medical viewpoint is apt to be confusing unless the person has a clear understanding of the osteopathic philosophy, in that it obscures a clear vision of the osteopathic lesion as a cause of disease. I expected when I took up the study of osteopathy to use it as a substitute to medicine in certain conditions and certain cases, but when I became thoroughly imbued with its principle, I know that there would be no possible combination made, since osteopathy treated a mechanical cause while medicine treated symptomatic effects. If the cause was removed, the effect would disappear, so where would be the occasion for the medicine? I will say right here that as soon as I understood the osteopathic principle I discarded my medicine case, and up to the present time have seen no occasion for prescribing drugs.

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

Some states require a medical degree as a condition for eligibility for an examination for registration. In those states where a medical examination is required in order to register, osteopaths, by studying up for them, have been able to pass. But in cases where no medical examination is required, their desiring a medical degree in order to obtain clinical privileges. To an osteopath holding a medical degree with a few years of other work besides, before studying osteopathy, his degree in medicine means very little other than a sort of relic, a stepping stone to something better. But I am speaking of a successful osteopath, while it may not disturb his osteopathy, a medical degree would be of no practical value.

The osteopathic profession has not yet begun to realize the scope of osteopathy. Dr. Still gave it the key, but it is the public that has not been able to grasp the idea that this is in every way a more thorough treatment of disease.

A distinction we must be, is, since the viewpoint of osteopathy is diametrically opposed to that of the drug practice. Although our colleges are handicapped to a certain degree by not being endowed institutions, yet they have compared and raised their educational standards until the osteopathic course of instruction now compares favorably with that of the best medical schools. Moreover it is exceedingly practical in that it enables those who master its truths to successfully suffer humanity and this after all, is the essential test of any school of therapeutics.

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

By J. MARSHALL TAYLOR, M. D. (Professor of Applied Therapeutics, Medical College, Temple University; also the Executive Secretary of the Institute of Diseases of Children, Philadelphia Philanthropic Society; Author of "Manual of Diseases of Children.")

(Copyright, 1916, by The National Editorial Service, Inc.)

Fatal as has been the epidemic of poliomyelitis of the past and far in excess of all other epidemics, various other visitations, concern may well be most grave as to the secondary effects of the disfigurements and deformities. Strong ground already exists for apprehension that this year's epidemic of infantile paralysis may presage one the nation-wide recurrence next year, adding hugely both to future suffering and disablements.

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

At present, complete statistics have not been assembled. There are probably 20,000, and there may be 25,000, 30,000, 40,000, 50,000, victims from this disease during the current year. It is but fair to surmise that not by the close of 1917, the comprehension of a great epidemic next year be fulfilled. The Temporary Emergency Board of the continental population of 100,000,000, or 800 of 1, died, confronting slow convalescence and ultimate paralysis or total disablement present. Such a great number will be accounted for, unless prompt and consistent care and treatment shall be applied and shall be maintained over a period of years. And, so far as we have no extensive epidemic in 1917, the demands of from 20,000, to 25,000,000 men and cripples in the east is ample warrant for immediate action.

The state is but a fraction of the cases equal in number to the disabled wound in a battle of the first magnitude on the bloody fields of Europe. But, whereas the wounded in the battle can only be restored to full usefulness when the war is over, the disease can be, and will be, completely restored, provided they are given right care from the start. Their impossibility, and non-winnable patience in the transition to another disease.

Precisely what is needed? The medical profession can be relied upon to do all that skill and devotion can for the individual sufferer. Of hospitals there are possibly enough in the land to meet this "emergency" for the emergencies most commonly recurring, but none for this.

What is required for this exceptional emergency will serve the needs of other emergencies, while providing also for a steady state. Providing that when no such necessity prevails. Every community should have its own special hospital or special ward to care for the needs of its injured. It is to be hoped that, even the city limits on which should be carried on various hospital work. In some small cities, the buildings might be in the county and not be able to bear the cost of these "emergency" institutions.

One of the most striking of the epidemics of infantile paralysis—with the permanent utilities included—is that which has been so prevalent in Europe and in the New World. This is due to the food, the medicine, the special applicant to the nursing, the diet and the system, employed with a systematized economy which will reduce to its minimum the running cost. So that the community is benefiting from this with this most severe menace to its own welfare, so that in the field of infantile paralysis wholly at haphazard. Some local charities, some local philanthropists, do not appear to be dealing with the aftermath with a completeness and a thoroughness impossible by any other means. They may, occasionally, be idle. But then they would serve vital use as out-patients for poor infants, children and adult convalescents and greatly hasten restoration to health. Wasteful savings could be affected among workers of every community under conditions of sickness for which there is now little or no provision. The obligation rests on every community to take every step towards preventing the propagation of this disease. The obligation would be found as a sort of byproduct from these "emergency" institutions.

One of this attitude toward the emergency of infantile paralysis—with the permanent utilities included—is that which has been so prevalent in the New World. This is due to the food, the medicine, the special applicant to the nursing, the diet and the system, employed with a systematized economy which will reduce to its minimum the running cost. So that the community is benefiting from this with this most severe menace to its own welfare, so that in the field of infantile paralysis wholly at haphazard. Some local charities, some local philanthropists, do not appear to be dealing with the aftermath with a completeness and a thoroughness impossible by any other means. They may, occasionally, be idle. But then they would serve vital use as out-patients for poor infants, children and adult convalescents and greatly hasten restoration to health. Wasteful savings could be affected among workers of every community under conditions of sickness for which there is now little or no provision. The obligation rests on every community to take every step towards preventing the propagation of this disease. The obligation would be found as a sort of byproduct from these "emergency" institutions.

One of this attitude toward the emergency of infantile paralysis—with the permanent utilities included—is that which has been so prevalent in the New World. This is due to the food, the medicine, the special applicant to the nursing, the diet and the system, employed with a systematized economy which will reduce to its minimum the running cost. So that the community is benefiting from this with this most severe menace to its own welfare, so that in the field of infantile paralysis wholly at haphazard. Some local charities, some local philanthropists, do not appear to be dealing with the aftermath with a completeness and a thoroughness impossible by any other means. They may, occasionally, be idle. But then they would serve vital use as out-patients for poor infants, children and adult convalescents and greatly hasten restoration to health. Wasteful savings could be affected among workers of every community under conditions of sickness for which there is now little or no provision. The obligation rests on every community to take every step towards preventing the propagation of this disease. The obligation would be found as a sort of byproduct from these "emergency" institutions.

One of this attitude toward the emergency of infantile paralysis—with the permanent utilities included—is that which has been so prevalent in the New World. This is due to the food, the medicine, the special applicant to the nursing, the diet and the system, employed with a systematized economy which will reduce to its minimum the running cost. So that the community is benefiting from this with this most severe menace to its own welfare, so that in the field of infantile paralysis wholly at haphazard. Some local charities, some local philanthropists, do not appear to be dealing with the aftermath with a completeness and a thoroughness impossible by any other means. They may, occasionally, be idle. But then they would serve vital use as out-patients for poor infants, children and adult convalescents and greatly hasten restoration to health. Wasteful savings could be affected among workers of every community under conditions of sickness for which there is now little or no provision. The obligation rests on every community to take every step towards preventing the propagation of this disease. The obligation would be found as a sort of byproduct from these "emergency" institutions.

One of this attitude toward the emergency of infantile paralysis—with the permanent utilities included—is that which has been so prevalent in the New World. This is due to the food, the medicine, the special applicant to the nursing, the diet and the system, employed with a systematized economy which will reduce to its minimum the running cost. So that the community is benefiting from this with this most severe menace to its own welfare, so that in the field of infantile paralysis wholly at haphazard. Some local charities, some local philanthropists, do not appear to be dealing with the aftermath with a completeness and a thoroughness impossible by any other means. They may, occasionally, be idle. But then they would serve vital use as out-patients for poor infants, children and adult convalescents and greatly hasten restoration to health. Wasteful savings could be affected among workers of every community under conditions of sickness for which there is now little or no provision. The obligation rests on every community to take every step towards preventing the propagation of this disease. The obligation would be found as a sort of byproduct from these "emergency" institutions.

One of this attitude toward the emergency of infantile paralysis—with the permanent utilities included—is that which has been so prevalent in the New World. This is due to the food, the medicine, the special applicant to the nursing, the diet and the system, employed with a systematized economy which will reduce to its minimum the running cost. So that the community is benefiting from this with this most severe menace to its own welfare, so that in the field of infantile paralysis wholly at haphazard. Some local charities, some local philanthropists, do not appear to be dealing with the aftermath with a completeness and a thoroughness impossible by any other means. They may, occasionally, be idle. But then they would serve vital use as out-patients for poor infants, children and adult convalescents and greatly hasten restoration to health. Wasteful savings could be affected among workers of every community under conditions of sickness for which there is now little or no provision. The obligation rests on every community to take every step towards preventing the propagation of this disease. The obligation would be found as a sort of byproduct from these "emergency" institutions.
by the commonwealth or by private benefaction? Clearly, it is the commonwealth obligation to furnish the ground and the buildings. Any exceptional expenses incurred might be supplemented by individual gifts. But, somehow, from some source, systematic and adequate funds must be provided for minimizing the burden that will rest upon the nation by reason of the epidemic. If we forecast against the probable consequences of the disease, the mark of deformity and the social economic disability caused by illness shall be found in homes by the tens of thousands today.

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

Medical Treatment Equally Putsile in Other Contagious Diseases.

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

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

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

The Conclusion.

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

WHAT IS OSTEOPATHY?

Neville E. Harris, D. O.
(Melbourne, Australia.)

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

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

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

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

Adjustment to Nature's forces is the basis of the osteopathic philosophy and the survival of the fittest. Osteopathy may survive as osteopathy only if it really embodies this basic truth which touches on the living being and makes it the complete adjustment to all of Nature's forces, playing on, in and thru the human organism.

Osteopathy is adjustment. Adjustments are the battle-cry, "Emphasize the anatomical adjustment, it is the one and only complete school of medicine, and we trust no one has ever heard of." But, on the other hand, is the basic principle of osteopathy too broad and deep to be firmly grasped by the majority of osteopaths and proclaimed as the living rock on which osteopathy, the complete school, is being built? Certainly there are unmistakable signs that not all is well with osteopathy, and there is much groping about for the cause. There are internal stresses which will inevitably produce serious splits, unless the cause is recognized and removed. Osteopathy's real danger is within, in the narrowness and shallowness of the osteopaths themselves. There has been too much of this spread-eagle "We-have-chosen-ourselves" sort of pose. We are not the "chosen people" only if we prove worthy of our stewardship. Osteopathy must not be betrayed by well-meaning but blundering disciples.

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

Adjustment to Nature's forces is the basis of the osteopathic philosophy and the survival of the fittest. Osteopathy may survive as osteopathy only if it really embodies this basic truth which touches on the living being and makes it the complete adjustment to all of Nature's forces, playing on, in and thru the human organism.
Osteopathic Truth

A MONTHLY JOURNAL OF
OSTEOPATHIC PROGRESS
EDITED AND PUBLISHED BY
OSTEOPATHIC PHYSICIANS for
the OSTEOPATHIC PROFESSION

Editor.
Associate Editors.
George W. Reid...........Worcester, Mass.
George F. Burton......Los Angeles, Cal.
Business Managers.
George W. Goode.........Boston, Mass.
Horton F. Underwood..Brooklyn, N. Y.
Richard Wanless.....New York; N. Y.
Chairman Advisory Committee.
Harry M. Vastine.....Harrisburg, Pa.

Subscription Price $1.00 Per Year

SEPTEMBER, 1916

IN
HOC
SIGNO
VINCES.

What picture was once recognized as the characteristic osteopathic symbol?

The human spine, of course.

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

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

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

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

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

And so we lost our back bone.

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

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

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

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

In hoc signo vinces!

THE KANSAS CITY
CONVENTION.

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

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

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

One was the large number of familiar faces of the Old Timers. As we sat together on the opening evening, just outside the ballroom, George Laughlin, replying to a comment on the number of old acquaintances, said "I've sat here about an hour, and I believe I know everybody that has passed". Men and women who were pioneers in osteopathy attended this meeting in larger numbers than for years.

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

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

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

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

ONE DOLLAR A YEAR.

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

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

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

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

Please send your subscription promptly if you have not already
done so, enclosing one dollar with same, to Dr. George W. Goode, 687 Boylston St., Boston, Mass. Having no personal axe to grind, no other publication to boost, no goods to offer for sale, Osteopathic Truth depends wholly upon subscriptions, and shall try to merit a large number of them from those of the profession who want the truth.

A GREAT TRIBUTE.

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

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

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

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

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

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

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

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

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

INTENSIVE OSTEOPATHY.

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

INTENSIVE OSTEOPATHY.

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

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

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

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

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

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

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

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

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

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

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

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

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

Here is a book which ought to be in the hands of every osteopath in the world. No osteopath can know all of osteopathy. But all can and should have at their command a text such as this work affords, to give them the best and latest scientific knowledge of conditions they are called upon to treat.

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

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

"PATIENT NUMBER 24".

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

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

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

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

A NEW NATIONAL OSTEOPATHIC ORGANIZATION.

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

1. "Believing that the time has arrived for a special organization in the Osteopathic profession along the line of Eye, Ear, Nose and Throat, be it resolved by the body of Doctors now assembled that we now proceed to organize, and be known as the American Osteopathic Association of Ophthalmology and Oto-Laryngology."

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

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

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

5. "That the meetings of the Association
TWILIGHT SLEEP ABANDONED

AT JOHNS HOPKINS.

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

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

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

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

BIRTHS.

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

Mrs. James P. MacAlister, of Munholland, Ill., has had a daughter, born June 10th, 1916, to Dr. John C. and Elisabeth M. (Siehl) Taylor, at Mt. George, Mussoorie, India.

MARRIAGES.

Married: Dr. Walter H. Siehl of Covington, Ky., and Miss Flora L. Sontag, of Cincinnati, O., June 10, 1916.
other equally important lesions or causative factors in the chemical, vital and mental planes.

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

There is growing up in the osteopathic profession another class, who are the true sons of osteopathy, the complete school of medicine. They realize fully that anatomical adjustment is an essential part of the complete school of medicine. They will not stand in the way of the complete school of medicine. They define osteopathy in terms of manual manipulation of anatomical lesions, and claim that comprises the complete school of medicine. Any adjustment of the chemical, vital and mental planes as well. Anatomical adjustment is all right in its own particular field, and nothing else can fill its place. To define osteopathy in terms of manual manipulation of anatomical lesions, and claim that comprises the complete school of medicine is a logical absurdity. This is the primary lesion in osteopathy, and must not be ignored longer. Is addition the complete system of mathematics? Osteopathy is adjustment, adjustment to the physical, chemical, vital and mental forces playing on, in and thru the human organism.

DR. KENDALL L. ACHORN DEAD FROM AUTO ACCIDENT.

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

Dr. Kendall L. Achorn, an osteopathic physician, with an office at 687 Boylston street, died at the Massachusetts General Hospital early last evening as a result of injuries which he received yesterday morning when the automobile which he was driving swerved to one side on Brook road, Milton, and crashed into a telephone pole and the trunk of a tree. Dr. Achorn, it was said, mistook the shadow cast by the tree for a curve in the road. Dr. James Herbert Young, an associate of Dr. Achorn in the Harvard Medical School, his companion in the car, was practically unhurt.

Turned Completely Over.

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

Dr. Achorn was picked up and rushed to the Massachusetts General Hospital by Dr. Frank P. McCanny, and his name was placed on the danger list soon after his arrival. It was found that his injuries included a fracture of the skull, fractures of the arm and leg, and possible internal hurts. He died at 7:50 P. M.

Dr. Young, although suffering from shock was not injured. After giving his name to the police he went to the Harvard Club and retired. His home is at 19 Baldwin street, Newton. Dr. Achorn was unmarried.

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

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

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

DR. F. MYRELL PLUMMER DEAD.

F. Myrel Plummer, D. O., of Orange, N. J., died on August 18th at Harrington, Maine, where he had gone in the hope of regaining his health. We are not informed as to the exact nature of his illness, but understand that he was in very precarious state during the latter part of July, his heart action being at times as low as twelve to sixteen beats per minute, the bradycardia resulting from a toxic condition and overwork.

Dr. Plummer has been in practice for ten years. He graduated from the A. O. in 1909, and located at once in Orange, N. J. He was active in all professional lines, taking great interest in local, state and national organizations. He served during the 1913-1914 as the president of the New Jersey State Society. His early death is a distinct loss to his community and to the profession.

PERSONAL AND SOCIETY ITEMS.

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

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

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

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

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

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

Dr. Alfred W. Young, of Chicago and Harry M. Vustine, of Harristown, Pa., spent two weeks during August fishing for trout at Yohe Pond Camps, Maine.

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

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

The Kiwanis club is a business and professional men's club similar in purpose to the Rotary club. At the present time, there are about seventy Kiwanis clubs in different parts of the United States, with a membership of seven thousand. Osteopaths should avail themselves of the opportunity to become members of the Kiwanis as well as the Rotary clubs, as they offer exceptional opportunities for presenting the claims of Osteopathy to a preferred class of business and professional men.
PUBLICITY FOR OSTEOPATHY
Free Hay Fever Clinic Subject of Much Comment.
Dr. John H. Bailey, of Philadelphia, has opened a free Hay Fever clinic in the Philadelphia Osteopathic Hospital, 832 Pine St. It will be remembered that Dr. Bailey last August established a similar clinic and accomplished results that are almost unbelievable. His work has been receiving much publicity in the Philadelphia papers. The clinic meets on Tuesdays and Fridays, under the direction of Prof. Bailey. Dr. Bailey is assisted by Dr. R. K. Eldridge, of Philadelphia, and Dr. Morris M. Brill, of New York.

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

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

This is in accordance with the announced policy.

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

AUGUST PATTERSON SHUBERT.

WE'LL SUPPLY THEM. SPEAK UP.
Number one of volume one of Osteopathic Truth should be in the hands of every osteopath in the world.

WALTER J. NOVEGGER.

PREDICTS A GREAT YEAR.
The first issue of Osteopathic Truth is at hand. Words fail to convey the impression. The subject matter is all that could be desired, the paper good, the type perfect.

Am preparing an article long overdue. The spirit was willing, but had not been in physical condition to write. The enclosed check is for the good of the cause.

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

NETTIE OLS-HAUG.

THINK OF OUR PATIENTS.

Indeed you may make me as a member of the "A. T. Still Osteop. Legion".

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

J. D. DESHAIR.

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

F. E. ROOG.

CONGRATULATIONS.
Congratulations to your staff upon launching Vo. I, No. 1 of Osteopathic Truth.

F. P. MILLARD.

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

F. C. LINGLEY.

THIS HELPS.
More power to your elbow. The much needed apostles have arisen. Long Live to you.

H. POOG.

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

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

The last part of the official pledge reads, "Thus shall Osteopathy be known and accepted for what it is—a complete system of healing". Contrast this with Dr. Alfred W. Young's comments, he says, "This is the day of the specialist and the osteopathic specialist may stand at the head in the accomplishment of good work, rightly done, if he will. No man can place himself in all branches of the healing art and do the work of one who is devoting his entire time to one thing. Hence specialists can attain far greater efficiency than any general practitioner who attempts everything and blunders fifty per cent of the time.

"Little further on he says, "It is no admission of weakness if you cannot handle everything that comes to your door ".

The writer finds himself in accord with Dr. Young's views in many respects. He believes that osteopathy owes all that it has achieved so far and will continue to secure its greatest triumph, in the application of its basic and unique principles of adjustment of the structure of the human machine". We have no more right to claim dietetic, environmental, mental, and so-called curative treatments than the other schools have to claim it as a legitimate part of their practice. They are in reality more entitled to do so by right of prior claim and practice. One D. O. says, "I will not be limited". Another one says, "This one thing I do, because I must for the relief of human suffering and the advancement of osteopathy, by so doing ".

I still beating about the bosh and look the facts square in the face. If we refuse to be limited and accept anything that comes to us, it is a self-evident truth that there will be times when we use our drugs. This being true it naturally follows that we should have some knowledge of the dosage, action, etc., and such things we will certainly learn if we do it much or less. Where are we to acquire this knowledge, if not in our own schools?

ERNEST C. BONDE.

THE PERSONAL EQUATION.
The official pledge of the Osteopathic Legion has something in it that I can't agree to. That is in regard to the "basic cause of most of our professional ills". I am sure there is a lack of ability in diagnosis, etc., in the field. But this I know, a class can go thru a whole course of study and still not understand it. Inadequate for many things and that we must be "broad" enough to include all the necessary knowledge. I have been much tried by those who insist upon trying everything in severe cases.

I wish that they taught that in any college of osteopathy?

ISABEL O. BARRON.

TOO MUCH MIXING. TOO LITTLE TEACHING OF OSTEOPATHIC FUNDAMENTALS.
I am glad to see the professions going back to Osteopathic Truth, for in the first place, you have gradually slipped away from the basic principles of osteopathy, there are no machines, much machinery, too much dependence upon the old school and its theories, too much readiness to advocate a drug, a serum, or a vaccine. One place to find a lesion in our profession do not impress upon the student, day after day, month after month, year after year, the inefficiency of the harmonious human machinery.

WM. H. SEYTON.

WILL CO-OPERATE IN EVERY WAY.
You are doing just what I have been wishing so many times somebody would do. The trouble with us all is that we are too busy in our own field to give the thought and attention to the subject in the proper way. You have my hearty co-operation in every way.

Fraternally yours,

ERNEST A. MILLARD.

HAS READ AND APPROVED EVERY WORD.
With pleasure I have signed the official Pledge of Osteopathic Truth. It appears good to me and I have read every word of the first issue of Osteopathic Truth. The editor has given me more spirituality than I had in my last issue of a journal in which contains my hearty support.

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

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

With best wishes for the success of Osteopathic Truth.

W. S. MILLIS, D. O.

ONLY ONE KIND OF OSTEOPATHY.
This is one of those yearnings that arepent and I am with you all the way to the end.

I say only one kind of osteopathy and that kind Dr. Still taught us all. We are too busy.

CHARLES M. BLISS.

LET EVERY OSTEOPATH DO HIS DUTY. SEND STUDENTS TO THOSE COLLEGES THAT ARE RIGHT.
The one thing we can do is to educate the profession and the one thing we all should do is to get students into the colleges that teach the right kind of osteopathy, those colleges, which we believe will give them the best osteopathy. Cut out sentiment, forget
AGITATION FOR "TEN-FINGER OSTEOPATHY" IS BIGOTRY AND HYSTERIA. THIS IS THE WORST PUBLICATION EVER.

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

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

I most certainly believe that materia medica and anatomy could be taught but that if we allow the evils to follow as they are, we are not in the least effective as osteopaths. I do not think that a knowledge of medicine would make us less efficient as osteopaths. For instance, we have an increasing number of medical schools. The study of materia medica and anatomy does not make a physician. The person who is a physician is the one that has both the knowledge of materia medica and anatomy. It is not a remedy or method applicable to some disease but to all the diseases of the body. It is not a relief from pain and disease regardless of the origin of the therapeutic agent.

In my July issue Louise A. Griffin, D. O., writes, "We believe that the technic of osteopathy that will include anything that may give relief to the average person that has a relief from pain and diseases regardless of the origin of the therapeutic agent," has not yet been accomplished.

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

Percy W. Woodall

CONSECRATE ON A NON-COMPRIME BASIS.

I have a word to say to the osteopaths who believe that osteopathy is a complete science and system of healing, but an often neglected and driven to the edge of desperation by reports of compromising practice and confession on the part of our fellow osteopaths of reputed good standing. Compromise destroys the very life germ in those practicing the great principles as given by our founder—-who never has compromised. My public service is the menace of a revivification and consecration.

ON THE RIGHT SIDE OF THE FENCE.

You may be sure that we were much interested in this first issue of your paper and put it over our heads as quickly as possible. The osteopaths of the left fence are to be highly commended. Osteopathic Truth has the right ring and is phial on the fence. You are not only right yourselves but also doing your part to help the fence and the osteopaths.

Dr. Clarke says he beat the legion to it.

STRONGLY URGES PLATFORM AS OUTLINED.

Dr. Clarke says he beat the legion to it. In his preliminary correspondence sent me, I have been continually urging such radical action and see the results which were predicted in this first number of Osteopathic Truth; and I am looking with the greatest delight at the order of the Bureau of Statistics I have been corresponding with other state representatives with the same object in view.

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

I believe their intentions are the best, but I doubt the wisdom of it. I wish the magazine every success and certainly its editor.

(The above was written by an officer of the A.O.A., who at one time was prominently identified with progressive movements for many years. Because the letter was printed, it is not published.

STRUCTURE DETERMINES FUNCTION. DRUGS ARE UN-SCIENTIFIC, BUT—

I have signed the pledge and will not use drugs. All such falls are up to us. If it means that osteopathy is to revert to its original state before medical man has any idea of and appropriate scientific truths that have originated and been proven most effective from the standpoint of osteopathy—"structure determines function" and that the internal administration of drugs and remedies is beneficial for the purpose of cure is unscientific but at the same time I believe that the doctors and the layman that misleads our people by putting it over and nothing but the kiddyest of medicines that are placed upon the personal mind whether right or wrong. They have entered "side stepping" and playing dumb in order to save the name of osteopathy. I certainly believe that materia medica and science as some think, "broader osteopathy" that attempts to give this wrong name to all disease unscientific but at the same time I believe that if it undertakes to operate on the person in the discovery of the disease to which the patient is entitled is much more astounded at the wonder osteopathy is to that the average person that has a relief from pain and disease regardless of the origin of the therapeutic agent.

I believe that there is yet for osteopathy to be accomplished the task for which it was launched. I believe the right side of our profession is being obscured and some practitioners is being too apologetic.

I believe the weak point in our system as well as our other methods in the treatment of disease and its cause.

I am glad to meet my friends and believe that some of our good writers who at the same time are skillful diagnosticians could be useful to the profession in clearing up disputed points.

L. C. Kingsbury.

FINDS OSTEOPATHY SUFFICIENT.

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

E. W. Sackett.

DOUBTFUL PRESTIGE IN MEDICAL DEGREE.

I wish to add my hearty support to the movement as outlined in the Osteopathic Truth, and the plea of Dr. Clarke for the abolishment of the medical degree, with no patience with the D. O.'s who get "cold feet" and fail to act according to a principle in order to have prestige in their community. Let them get back their degree if all there is yet for them to do in our field.

Eliza J. Lyman.

WE HOPE TO SUPPLY THE WANT.

The first issue of Osteopathic Truth was very fine and I sincerely hope you will publish something from which I can get an idea of your movement. Most of the literature is of an "onyx foot" and "side stepping" and playing dumb in order to save the name of osteopathy. It is very hard to find.

The dear public want results and so do I.

Katherine S. Myers.