The influenza mask has received a great deal of notoriety of late. I notice that it has received the approbation of some of the members of our profession. One Osteopathic journal for example gave pictures showing how it should be worn, etc., to obtain “best” results.

This espousal of the mask on the part of members of the Osteopathic profession has come as a surprise to me. We as a profession are not given to the masking business. Dr. Still renounced his affiliation with the profession that is noted for its masking in various forms. He gave us the compass of truth to guide us in our therapeutic explorations and so long as we properly use this compass just so long will we be able to avoid getting lost in the mire of orthodox medical preconceptions.

The medical profession has its good points, but this does not justify our keeping quiet when they come forward with something that does not jibe with truth. They are in the habit of masking symptoms with drugs and therefore it is little wonder that they come forward in their present dilemma and advocate masking influenza patients. In San Francisco the public mind became so panicky that under the direction of the medical advisers the mask was made a compulsory adornment for all who dared step their foot out of doors. Certainly the god of ignorance must have smiled when he beheld the spectacle created by this ordinance.

What reason have we to believe that the mask as usually constructed does any good? Surely there can be no scientific reason for relegating any virtue to it. The germs according to bacteriological reports are ultra-microscopic. Now if we will bear this in mind and then examine the meshes of the gauze under the microscope we will find that the mask would be as much of a barrier to the influenza germ as a wide open window is to the ordinary house fly. Even though the meshes of the gauze did prove a barrier, the way the mask fits about the face allows plenty of room for germs to come and go as they please.

According to our Osteopathic teaching which we have had confirmed not only in our own practice and in our own research laboratories, but by scientists, both here and abroad, germs are not the primary cause of disease, except perhaps in rare cases. They are secondary. There must be the devitalized condition and the thing that produces the devitalized condition is the first or primary cause. Germs are scavengers. They come to clean up, not to torment, and it is our duty to teach people the principles upon which health depends and in a measure counteract the germophobia that is being created by our medical critics.

We, as a profession should be independent in our thinking. We are not hidebound by tradition, our mental vision is not deflected by orthodox conceptions as such. Dr. Still always advised his students to use their brains, not to say a thing because he said so, or to do a thing because he did. He was an apostle of independent thinking and that is the reason why we have Osteopathy today. That is the reason why we are medical non-conformists. Of course, as scientific physicians it behooves us to adhere to what we conceive to be Truth no matter whence its source, whether of orthodox or heterodox parentage. The allopathic school, however, has given birth to so many fallacious doctrines that we are justified in looking askance at anything originating within their ranks.

We are all familiar with the writings of Woods Hutchinson and Leonard Kene-Hirschberg, two of the most conspicuous medical propagandists before the American public today. Their claims are so extravagant, their statements so absurd that no reliance whatever can be placed in what they say. They, especially Hutchinson, would make a greater success at writing comedy. It was Hutchinson who put the mask over in San Francisco, I understand, which afterwards was repudiated. Such false prophets and teachers should have some suitable check put on their tongue and pen. They simply confuse the minds of their own tribe as well as the public and promote chaos and fear, also obscure the truth. Men of the type of these propagandic droopers will reflect discredit on the medical fraternity so long as they go unbridled or unrepudiated. People are doing more thinking for themselves now than at any other period in the world’s history and medical myths are gradually growing in disfavor as a result.

While possessing no virtue as a preventive of disease the influenza mask may be the source of harm. It may interfere to a certain extent with respiration and thus lead to trouble as a result. Some of the impurities exhaled from the lungs may catch on the gauze and be drawn back into the system during inspiration. Free respiration is essential if we are to forestall disease, and anything that interferes with this process is bound to work harm. It is quite possible that the gas masks used in fighting the Huns in World War I were adopted to prevent the ingestion of poison gas. But let us consider the influenza mask. It is not surprising that there should be no stability to medical practice, that the human body would simply wear out.

It is not surprising that there should be no stability to medical practice, that it should change with the seasons as it
SCHOOLS PUBLIC—NOT CHILDREN

An ant all this bunk and bull and fribbling about medical examinations in the public schools. We plant our feet firmly upon the platform that the schools in this land are public, not the children. Are the public schools in this country—supported by the taxpayers—established for the purpose of educating children or for the purpose of providing a clinical corral for a band of allopathic experimenters?

About once in so often through the American Medical Association horns of publicity blares forth the slogan, “School Children Must Be Examined.” Why? So that they can be sent home with a long list of imaginary polysyllabic diseases whose phantom cures will suck more dollars into the fathomless pits of allopathic greed! Don’t parents know if their children are ill? Can’t they call their own physician, of their own selection, for their own children? Who constituted the medical sect of allopathy the exclusive guardians of the health of public school children? Have parents no control over their own offspring? Must their children be “examined” by a horde of “Medicine men” in whom they have no confidence? Not long since and not more than a thousand miles from Bismarck a child was sent home from school with a note to the effect that, “Johnny ought to have his tonsils removed.” The mother replied that she “always believed Johnny was a smart boy, but now I know it because he must have grown a new pair of tonsils, the first pair having been removed several years ago!”

Why should allopathic examinations be forced upon children whose parents do not believe in allopathy but do believe in some other medical sect? If parents of children in the public schools believe in Osteopathy or Christian Science or homeopathy or chiropractic ought they be compelled to submit to examination by allopathic sectarianism? Why should children attending public schools be driven into the corral of the medical sect of allopathy any more than into the religious sect of Presbyterianism, or Methodism or Catholicism?

What business has medical sectarianism in a public school anyway? What public schools need and need the most is a good sturdy dose of de-Prussianization. They need to have the arrogant and greedy claws of allopathic sectarianism taken from out their control. Why should a modest boy—or a modest boy either for that matter—he subjected to the inquisition of some medical tyro when their parents are opposed to the medical witchcrafts he practices? Such doings are but the first step in an attempted graft of medical and surgical compulsion which parents have a right to, and should, resent. They are an interference with the natural and legal rights of parents. They are nothing but an attempt of medical sectarianism to reach into parents’ pockets and, under the guise of an authority which does not exist, require some chimerical treatment or some fool “operation” for a phantom complaint!

Schools are public, supported by taxpayers, for the purpose of educating their children and not for the purpose of sustaining any plundering medical propaganda. It is all summed up in the proposition that the schools are public, not the children.—January Jim Jam Jems.

THE THEORY OF OSTEOPATHY IN NEPHRITIC CASES

Arthur S. Bean, D. O., Brooklyn, N. Y.

In April, 1917, soon after the U. S. officially declared war against Germany, an old young patient of mine—Rodney B., 20 years old—a student at Amherst College, caught the spirit of the times, and came home from college to enlist in Co. K of Troop C, our Brooklyn Cavalry.

Rodney was about as fine a specimen physically as Amherst had in her Sophomore Class and had been complimented highly on his physical condition.

All went well until June 11, 1917, when he complained of a severe earache in his left ear.

I was called to see him and was able to give him some relief, but soon found that there was a decided middle-ear condition and advised his seeing a specialist as I was certain the drum of the ear would have to be sacrificed.

One Dr. S. was consulted and he pronounced it a furnace of the external auditory canal and prescribed irrigation and some mild applications.

Next, Dr. W. was called and he felt there was middle-ear infection, but he only advised warm irrigations and drops of something put in the ear, plus hot applications with hot water bottle.

Although the case was then out of my hands. I insisted that the boy was being badly treated; for ten days or so, this irrigation treatment continued. I was informed, that in all probability, a specialist knew as much about middle ear trouble as I did—an ordinary physician. I informed them that the evacuation of pus was one of the first principles of surgery, whether or no.

Finally, after two weeks of intense suffering (meantime abscess had ruptured ear drum), Dr. W. asked to have Dr. B. see the case.

Dr. B. said, “He must not wait 24 hours longer for fear the abscess would rupture into the cranial cavity.”

On July 2, 1917, Rodney was operated on for Mastoiditis. The operation was entirely successful except while in bed, following his operation he “took on flesh” rather rapidly, in fact, his increased flesh covered entire anatomy from tips of his toes to the top of his head.

This ear specialist did not seem to give this much attention and dismissed him from hospital about July 15th. Urinalysis negative then so reported. At 10 o’clock in the evening, July 30th, his father brought him to me for examination. I found him bloated from head to foot; flesh pale and pasty; legs easily pitted, and a blood pressure of over 200. I asked for a sample of urine and heated small amount in test tube and it turned to a solid gelatinous mass.

I told the father that I had no doubt that his son was suffering from acute parenchymatous nephritis. As I had my things all packed to go to Vermont for my vacation, the case was turned over to Dr. C, a kidney specialist.

Through August he was a very sick boy, but rest in bed and careful diet brought him out in very good shape except for the albumin in the urine.

He had no drug medication through this attack, though this Dr. C. was an Old School Graduate. Here, I stop to congratulate Dr. C. for not using drugs when he knew he had nothing of real value to use, and yet how sad after so many years of study the Allopathic School has found no drug of real value in these desperate type of cases.

Dr. C. considered this condition a streptococcus nephritis and I am sure his review of the case in a recent medical publication will be interesting as it
M. R. B. — Male, age 20, student at Amherst College. With a past history of minor illnesses; no scarlet fever, rheumatism, or quinsy, but tonsilitis for several years until six winters ago, since which time he has been free from any tonsilar disease, this patient on June 11, 1917, developed a left middle-ear abscess following and presumably due to swimming in the Brighton salt water tank. The abscess opened spontaneously after one week and was cared for by an ear specialist. The patient was in bed on and off. 

Towards the end of June, stiffness and slight tenderness developed behind the involved ear, and on July 1st, Dr. B., now in charge, incised the membranes, recovering streptococcus on culture, and on July 2d, opened and curetted the mastoid. The patient remained in bed twelve days at the hospital and one week more after his transfERENCE home. On or about July 6th his face was a urinalysis at the hospital was reported negative and the suspicions alayed. Then developed irregular bowels, indigestion, vomiting on two occasions and swelling of the abdomen. There was no headache. Referred to my office on July 27th, his weight was 157.75 pounds as against an average of 137 pounds, the skin pale and of an unhealthy appearance; he was edematous to the mid thigh. The heart was 11 c.m. to the left by palpation; at the apex was heard a faint systolic murmur, probably due to relative leak. The blood pressure was 190-120 mgm. The urine analysis showed a specific gravity of 1.013, was loaded with albumin, casts in abundance. Under adequate treatment the edema disappeared. The full circulatory compensation was established. After the 12th day feeding was liberal and the patient made steadfast improvement. Albumin continued in small amounts and casts were present on and off, and finally a fixed situation developed; the boy, pasty in complexion, tiring easily, the urinary changes persisting, the blood pressure 150-80 mgm. On October 19th the tonsils were dissected out by Dr. B., who reported pockets of pus in one tonsil. On November 1st the blood pressure was 131-82 mgm; the heart 9:5 C.M. to the left by palpation; no murmurs present; urinalysis — faint trace of albumin, no casts.

Don't Fail to Read
Justice Hodgkins Report on "Osteopathy"
THE BEST IS COMING

Still-Hildreth Osteopathic Sanatorium
MACON, MISSOURI
DEDICATED TO THE CURE OF NERVOUS AND MENTAL DISEASES

Address All Communications to the Above Institution.
A. G. HILDERETH, D. O.
Superintendent
Justice Hodgkins Report on “Osteopathy”

(This is the eighth part of the report made by Justice Hodgkins in reference to the Osteopathic Physician of Ontario. Read these reports carefully.—Editor.)

While Dr. Still disclaimed all connection with medicine as then practiced, and denounced drugs as poison, the modern Osteopath has advanced very far towards both of these things. It is curious to note the contrast of the curriculum in some of the more advanced Osteopathic schools with the statement that what should be known was how to use the bones as levers to relieve pressure on nerves, veins, and arteries, which was Osteopathy as Dr. Still viewed it. (See “Historical definition” in autobiography, preceding the preface.)

An interesting situation has arisen in the United States, as to which the following facts should be carefully studied. They relate both to the teaching in colleges of Osteopathy and to the status of Osteopathy itself. From them the general conclusions may be drawn that owing to State regulation the Osteopathic body has been forced to provide increased educational facilities and to lengthen the course in its colleges, while at the same time it’s very advancement on those lines has almost obliterated the difference between it and modern medicine, while its adherents are drifting from its philosophy.

Its future thus hangs in the balance from an educational standpoint.

I append here some extracts from the year-books of five of the most up-to-date Osteopathic colleges in the United States, of which four are (with another at Cambridge, Mass.,) according to the statement of R. B. Henderson, D. O., to me, those mostly attended by students from Canada.

Chicago College of Osteopathy. (Year-book, 1915-16.)

“By the practical application of the ideals of the Chicago College of Osteopathy, the Osteopathic branch of practice in the healing art has become established among the professions that require the highest educational standard.”

(p. 1.)

The curriculum of the above college is now given:

PROPOSED SCHEDULE
First Year. Per Semester
First Semester
Anatomy (Osteology, Myology, Arthrology) ........................................ 180 .....
Histology ......................................................................................... 36 72
Biology ............................................................................................ 36 36
Embryology ...................................................................................... 90 18
Chemistry (Inorganic) ..................................................................... 90 72
Physiological Physics ....................................................................... 36 18 630

Second Semester
Anatomy (Angiology and Neurology) ........................................... 90 90 Dissec.
Histology .......................................................................................... 36
Embryology (Application to Anatomy) ........................................... 90
Physiology (General, covering the Cell, constituents of body and body fluids) ........................................ 90 72
Chemistry (Inorganic and Organic) .............................................. 90 72
Pathology (General, Didactic and Laboratory) ............................... 36 72 654

(In the same way the schedule of the 2d, 3d and 4th year of this college is copied here and also the schedules of Philadelphia College of Osteopathy, Central College of Osteopathy, College of Osteopathic Physicians and Surgeons, as given in their catalogues.)

In a paper read by Dr. A. F. McKenzie, at the meeting of the Huron and Perth Medical Association on July 15, 1914, and published in the Dominion Medical Monthly in November, 1914, this statement appears in reference to the Littlejohn College and Hospital, now part of the Chicago College of Osteopathy.

“I have here the 1912-13 announcement of the Littlejohn College and Hospital. In looking through the list of text-books recommended, I find many which we all recognize as authorities: ‘Gray on Anatomy,’ ‘Foster on Physiology,’ ‘Osler on Medicine,’ ‘Rose and Careless Surgery,’ and so on through the whole list. Anyone looking at this part of the announcement alone would not be able to distinguish it from that of a regular, commonplace medical school. The only two subjects which are different are ‘Osteopathic Technique’ in connection with which no text-books are named and ‘Principles of Osteopathy’ in connection with which three text-books are named.”

The above is an outline of recommended courses from which the students may choose. Other subjects are available.

The courses are extensions of the regular work as outlined in the first three years, and are given at the option of the student. Each student in the fourth year

(Continued on page 118)
THE THEORY OF OSTEOPATHY IN NEPHRITIC CASES

Arthur S. Bean, D. O.

(Continued from page 115)

Osteopathic treatment plus rest. I am unable to say how great a factor the surgical work here was in the cure of this case and I am not inclined to belittle it, but I do feel that this case needed more than surgery to complete its cure. Granting that this was an infective nephritis and granting that the causative foci of infection were removed by the surgical work done there were still structural changes in the kidneys which needed some assistance for their correction.

The assistance that this case received was diet, some rest, and Osteopathic manipulation; and the results are a complete cure as attested by four of "Uncle Sam's" experts.

Now, in such a case what was there to do to effect a cure, and how was the cure affected?

While students in Flower Hospital, we were taught that when we found a patient suffering with dropsy, shortness of breath, weakness and urine with a Sp. Gr. of 1025-1030, smoky, albumin in large quantities, granular hyaline and perhaps bloody casts, and as a rule a high systolic blood pressure, we were justified in making a diagnosis of acute parenchymatous nephritis.

Also a person suffering from such a condition had three possibilities—death quite probable, recovery possible, or if not cleared up in three months—a chronic form.

This boy had gone well over three months, so he might be said to have chronic parenchymatous nephritis, and this, our same professor said, "Was never cured."

As causes he mentioned certain diseases or their toxins as: Scarletina, diphtheria, etc.; certain poisons as Phosphorous, cantharides, turpentine; extensive burns, tonsillitis, traumatism. He also said, "That it was a fact that in some cases, colds and exposure surely did cause nephritis, but how he could not tell."

In this paper I hope to show how colds do cause such conditions Osteopathically.

In a few words let me recall what we have pathologically to deal with. The kidneys are inflamed, they are swollen, engorged, more red in color than usual. The tubules are engorged, filled with epithelia, blood corpuscles and fibrin. The capsules are not attacked and are more opaque than normally.

I have gone over this history as briefly as I could, reviewed even more briefly the symptomatology, etiology and pathology, and now will attempt to show how Osteopathically lesions do cause nephritic conditions.

In the first place, let me define the word lesion.

Lesion in the strict medical conception is "an injury or hurt to a part," while the pathological concept is any local or circumscribed area of tissue undergoing abnormal functional changes, but these must be carefully distinguished from the Osteopathic concept, which may be defined as "any structural perversion which by pressure produces or maintains functional disorder."

Such Osteopathic lesions may be either bony, muscular or ligamentous. Please note that a structure may be perverted in a sense of being unusual and not be a cause for a change of function.

For example, we may find a spine which is exaggerated in its curves or the curves completely obliterated and no functional conditions result.

(Concluded next month)
Osteopathy
(Continued from page 116)
year is required to elect at least twenty hours per week of lectures in clinical branches besides laboratory work. The course extends five months, making a total of 560 hours in addition to the laboratory work. Original work must be presented on some subject assigned by the Faculty, the results to be embodied in a thesis.

In the latter year book is inserted an interesting comparative table of what is taught in the "old school" and the osteopathic schools.

I give it in full, with some comments from the same source upon it.

"Instead, as in the old school medical colleges, of studies relating to drugs and their administration, the Osteopathic student has Principles and Practice of Osteopathy and Osteopathic Diagnosis. Beyond this, the subjects handled are the same, and a glance at the table of subjects below will show that the instruction given in the osteopathic school is as comprehensive as that received by the students in the best of the old school medical colleges. The essential difference lies in the different presentations:"

Subjects Recommended By the Association of American Medical Colleges:
Histology.
Embryology.
Osteology.
Anatomy.
Physiology.
Chemistry and Toxicology.
Materia Medica.
Pharmacology.
Therapeutics.
Bacteriology.
Pathology.
Medical Zoology.
Clinical Microscopy.
Physical Diagnosis.
Practice of Medicine.
Surgery.
Obstetrics.
Gynaeology.
Pediatrics.
Eye and Ear.
Nose and Throat.
Mental and Nervous Diseases.
Electrotherapeutics.
Genito-Urinary Diseases.
Dermatology and Syphilis.
Hygiene and Public Health.
Dietetics.
Medical Jurisprudence.
X-Radiance.

In dealing with this table the yearbook says:
"Osteopathy is based upon the belief that health depends upon the structural integrity of the body, and that disease is caused by bony or muscular lesions.

"Medicine is based upon empiricism, except in the cases where disease is caused by germs. The Osteopath believes that health can be restored by correcting the anatomical lesions. The medical man has learned by experiment that certain nerves can be affected by certain drugs, so, to cure disease, he introduces these into the stomach, the blood becomes impregnated with the drug, it is carried to the affected nerve, as well as to every other nerve in the body. This is why the Osteopath is so strongly opposed to drugs—they may stimulate or inhibit the desired nerve, but what do they do to all the rest? Of course, the anatomy studied is the same in the different schools, but it is taught much more thoroughly and minutely in the Osteopathic schools. The Osteopath must see his anatomy every day, while the medical man forgets most of his as soon as he has passed his last examination. The study of symptomatology, of course, is entirely different, as the two theories of disease are radically different. The medical student is taught materia medica, the nature and effect of the drugs used in his practice. This the Osteopathic student does not have to learn, but he has instead the Principles and Practice of Osteopathy. This is a much more subtle and intricate subject, and requires the most careful teaching. The technique of an Osteopath is quite as complex and infinitely more important than that of the most highly trained pianist.

"Beyond this, the subjects treated are the same, but the basic difference in principle gives an entirely different viewpoint, even with the same subjects taught from the same text books, so that an Osteopath could not possibly get adequate training in a medical school."

This statement is, as are almost all the Osteopathic pronouncements, based upon the idea that medicine as generally understood is bound by the use of drugs, and that if it sees nothing else and ignores the fact that at present Osteopaths are being taught the uses and effects of drugs.

The Kansas City College of Osteopathy year-book says:
"While it is true that most of the subjects taught in an Osteopathic college are identical with those taught in a medical college, in the latter the whole thought is flavored with the deep-seated, centuries-old prejudice for the superstition of drug therapy."

The Chicago College of Osteopathy year-book says:
"Anatomy, of course, is fundamental or should be to a thorough understanding of disease, or better still disordered anatomy. But the simple fact that the drug schools do not fully recognize this truth, and place their faith in a blind belief in drugs, has been the primary cause of the public's lack of faith in the medical schools, and this fact is also the reason why the demand of prevention, palliation and cure has not been met by the older schools.

"Likewise, in physiology, pathology and chemistry the Osteopathic school thoroughly appreciates the many facts gleaned by the other schools, but again it is the interpretation, correlation and application of these facts that is frequently different."

I do not think that the statements I have noted can be fairly said of modern medicine. Sir William Osler has, I think, given very clearly this attitude of medical men at the present time, and his remarks about diagnosis might, with propriety, be pondered by Osteopaths as well as others.

Diagnosis, not Drugging.
He says (p. 190): "In the fight which we have to wage incessantly against ignorance and quackery among the masses, and follies of all sorts among the classes, diagnosis, not drugging, is our chief weapon of defense. Lack of systematic personal training in the methods of the recognition of disease
leads to the misapplication of remedies, to long courses of treatment when treatment is useless, and so directly to that lack of confidence in our methods which is apt to place us in the eyes of the public on a level with empirics and quacks."

New School of Medicine:

"The Nineteenth century has witnessed a revolution in the treatment of disease, and a growth of a new school of medicine. The old schools—regular and homeopathic—put their trust in drugs, to give which was the alpha and omega of their practice. For every symptom there were a score or more of medicines—vile, nauseous compounds in one case; bland, harmless dilutions on the other. The characteristic of the new school is faith in a few good, well tried drugs, little or none in the great mass of medicines still in general use.

"Imperative drugging—the ordering of medicine in any and every malady—is no longer regarded as the chief function of the doctor.

"The battle against polypharmacy, or the use of a large number of drugs (of the action of which we know little, yet we put them into bodies of the action (Continued on page 123)"

THE OSTEOPATH—NATURE'S MASTER MECHANIC

(Foreword—Everything and everybody needs adjusting, at one time or another, for nothing has yet been perfected, except in the mind. Material representations of the ideal have been defective to a greater or lesser degree since time began, and what the skilled workman is to your impaired watch, what the expert tuner is to the discordant wires of your harp or piano, the Osteopath is to your misplaced vertebrae, nerve, or ligament, that causes hours of pain and suffering until it is adjusted. And then, when medicine, surgery and all else fails, you go to the Osteopath and ask him if he can fix you up. Why not go at first?)

The Shoemaker plans a perfect shoe.
(The stitcher may some part undo.)
The Architect draws a flawless bridge.
(The workman may omit a wedge.)
The Composer writes a finished theme.
(Some note by player is unseen.)
The Minister pictures a lesson true.
(His thought some hearer may misconstrue.)
The Florist conceives a perfect flower.
(The buds destroyed by heavy shower.)
The Sea Captain has his course mapped out.
(Strong winds may turn his ship about.)
The Inventor designs a strange machine.
(The mechanic may fail to work a spring.)

So God creates a perfect man,
To carry out His noblest plan.
Men drop a stitch, their spines misplace,
It may take years to fix the place;
Unless they go at once and see
A Doctor of Osteopathy.
His practiced hand and well trained mind
Each part disturbed doth quickly find;
And by his treatment makes secure
A normal spine, of that I'm sure.
He pulls your leg, he twists your back,
Ah! well indeed he knows the knack!
Perhaps your spine's been "on a spree."
'Tis cured by Osteopathy.
And so the Osteopath each day
Pushes and snaps your pains away.
The rheumatiz that's in your knee
Through his caress will cease to be.
Now if you're sick, do not delay,
But see an Osteopath to-day;
Then spread the news among your friends,
Till over all the world extends
The knowledge of this Science Grand,
Which some day, first of all, shall stand!
—Jennie Glover Brown.
Osteopathic Truth

A MONTHLY JOURNAL OF OSTEOPATHIC PROGRESS

EDITED AND PUBLISHED BY
PRACTICING OSTEOPATHIC PHYSICIANS
FOR THE OSTEOPATHIC PROFESSION

President
102 Locust St.

Vice-President
Richard W. Sandham, D. O., N. Y., N. Y. 
347 Fifth Ave.

Secretary-Treasurer
Oliver C. Foreman, D. O., Chicago, Ill.
76 Monroe St.

Address all correspondence to
THE OSTEOPATHIC TRUTH PUBLISHING CO.
1421 Morse Ave., Chicago, Ill.

Editor
Earl J. Drinkall, D. O., Chicago, Ill.
1421 Morse Ave.

Business Manager
George W. Geode, D. O., Boston, Mass.
687 Boylston St.

Circulation Manager
1421 Morse Ave.

CONTRIBUTING EDITORS
Caro P. Mckinnon, D. O., Chicago, Ill.
Francis A. Caver, D. O., Boston, Mass.
Geo. F. Burton, D. O., Los Angeles, Calif.
Louise A. Griffin, D. O., Boulder, Colo.
W. Banks Meacham, D. O., Asheville, N. C.
Herbert E. Elder, D. O., Detroit, Mich.
E. Florence Gair, D. O., Brooklyn, N. Y.
E. K. Booth, D. O., Cincinnati, O.
Walter J. Novinger, D. O., Trenton, N. J.
Asa Walmey, D. O., Peterborough, Ont.
F. J. Feidler, D. O., Seattle, Wash.
A. L. Evans, D. O., Miami, Fla.
Asa Willard, D. O., Missoula, Mont.
Josephine L. Pierce, D. O., Lima, O.

SUBSCRIPTION PRICE $1.00 a year, in advance. Single copies 10 cents.
Back numbers not over three months old, 25 cents each; over three months old, 50 cents each.

Instructions for RENEWAL, DISCONTINUANCE, or CHANGE OF ADDRESS should be sent in two weeks before they are to go into effect.

PRESENTATION COPIES. When making a subscription for a friend and you desire the magazine to stop at the end of the year, please make a statement to that effect when addressing us.

ADVERTISING RATES
Advertising rates will be submitted upon application to the Business Office in Chicago.

MARCH, 1919

THE GOSPEL ACCORDING TO YOU

"You are writing a Gospel.
A chapter each day.
By deeds that you do,
By words that you say.
Men read what you write
Whether faithless or true.
Say! What is the Gospel
According to YOU?"

WHICH DO YOU WANT?
Is It Just an M. D. degree, or
The Added Knowledge

A desire always precedes an act to accomplish that which is desired, at least Psychologists would tell us so.
If that is so, what was the desire that actuated the act of securing an M. D. degree?
We have noted that since the War Department ruled against the D. O. degree as an entrance to the Medical Corps, many of our people have entered other than First Grade Medical Schools.

Two things stand out clearly by such action—either those people have not the "gumption" to fight for Osteopathy, and in such a fight to take what persecution might be meted out to them, or they are seeking a title to aid them in taking the path of least resistance and also to secure an extra dollar or two by patients calling under the guise of Medical Doctor.

Which Do You Want?

Of course, the public do not, as a rule, care a snap of their fingers about the school from which you were graduated, and therefore, a nineteenth rate medical school D. degree is just as good for all practical purposes as one from a really good school.

In which did you want, just as the degree, or the knowledge to be gained by study in a well equipped institution?

If you really want the knowledge, why not comply with the entrance requirements and attend the very best school in the country. When you studied Osteopathy you tried to find the very best school. You wanted the knowledge to be gained from a school having a well informed and experienced faculty and good equipment. You did not want just any old D. O. degree, or else one from Murray's diploma mill would have done the trick.

You wanted the knowledge.

Reason

Knowledge is power, and we would not de cry anyone seeking all the knowledge it is possible to get along healing lines. What we do fight against is the money grasping methods of some people in using certain titles to gain a few paltry dollars at the expense of Osteopathy. If Osteopathy had been established on this earth for a century or two, it would make but little difference, but it is in its infancy, and above all, we need men and women of courage to fight for the principles of Osteopathy as given to the world by Dr. Still.

Just reason a little.
What sort of an idea do people get of Osteopathy when in the course of a few weeks or year they call upon an Osteopathic physician for treatment. He gives them a specific corrective treatment—adjusting the deviated structures—then they secure the services of another physician and he gives them a specific corrective treatment but also tells them to take Castor Oil, Citrate of Magnesia, then, occasion makes it necessary that they come under the jurisdiction of another physician and he just muses over the spine correcting nothing. The patient going through such an experience certainly comes out with a jumbled idea of Osteopathy.

Do you need an M. D. degree to bolster up the weak spots in order to get patients upon whom you may practice, or do you need knowledge?

What Kind of Knowledge?

No Osteopathic physician needs the knowledge to be gained either in a first class medical school or a nineteenth class school, but he does need the knowledge as to how Dr. A. T. Still would have handled the cases that came to him. Any man or woman who knows Osteopathy as Dr. Still gave it to the world need never wish for the other man's cornfield which is choked with weeds, the stocks covered with snut and the ears incapable of producing good corn.

It is the real knowledge of Osteopathy that will carry us to the ends of the earth.

We congratulate the M. D. who, was big enough to see the marvelous worth of Osteopathy and in the realization gives up his drug practice and becomes a real Osteopathic physician. Osteopathic practice is hard, hard work as compared to prescription writing, and the man who is red blooded enough to give up an easy job for a hard one is entitled to credit—to him we give that credit.

We further congratulate those who are still bigger, and as far as their patients are concerned, and the world at large the former M. D. degree is nowhere visible.

Dr. Andrew Taylor Still never signed his name, in recent years, with the M. D. behind it. Will we follow in his footsteps?

We men and women who stand for the principles as given to the world by Dr. Still, let us put our combined strength to the wheel, and in the raising of Osteopathy to where it should be, we will at the same time make it impossible for the mixer to belong to any of our organizations—national, state or local.

Where there is a will there is a way.
THE THINKER

The Osteopath's first and last duty is to look well to a healthy blood and nerve supply. He should let his eye rest day and night on the spinal column to know if the bones articulate truly in all facets and other bearings, and never rest day or night until he knows the spine is true and in line from atlas to sacrum, with all the ribs in perfect union with the processes of the spine.

(M. 121)

Osteopathy proclaims and proves that success in cures comes when all joints in the body move as Nature ordered.

An Osteopath in his search for the cause of diseases starts out to find the mechanical cause. He feels that the people expect more than guessing of an Osteopath, that he must put his hand on the cause and prove what he says by what he does; that he will not get off by the feebleminded trash of state habits that go with the doctors of medicine. By his mind he must show his ability to go beyond the misty bread of symptomatology.

The rule of the artery is absolute, universal and it must be unobstructed, or disease will result.

There is no such disease as fever, flux, diphtheria, typhus, typhoid, lung fever or any other fever classed under the common head of fever, or rheumatism, sciatica, gout, colic, liver disease, nettle rash or gout, or to the end of the list, they do not exist as diseases. All these separate and combined are only effects. The cause can be found and does exist in the limited or excited action of the nerves which control the fluids of part or the whole of the body.

You should know the cause of a disease and be able to remove it. You know the course of an artery, nerve and vein and before you take your hands off your patient, you should know that you have removed every obstruction to the nerve, vein or artery which give force and nourishment to the depleted locality.

If we observe any variation from the normal center, our work is never complete, nor the reward due us until by adjustment, we have reached the normal.

The word treat has but one meaning; that is, to know that you are right and do your work accordingly.

Treat that neck by pushing each bone of the neck in place, from the atlas to the first dorsal, and go away. You have done the work and all the good you can do. Begin at the head and start at the first bone of the neck and don't guess but know that it fits to the skull properly above. Then see and know that it sits squarely on the second bone. Then go to the third, fourth, fifth, sixth and seventh bone. Now go up that neck with your finger and push all the muscles of the neck into their places. Blood and nerves will do the rest of the work. Follow this course once or twice a week, and don't fool away any time fumbling, to stimulate or inhibit.

There is no need for an operator to unnecessarily tire himself and his patient when no good is to be derived from the effort. (M. 40)

Use force enough to remove all obstructions; be careful that you do not bruise any of the delicate parts such as glands and membranes, because an ignorant head and a heavy hand could bruise a kidney, spleen, gall duct, omentum or some of the lymphatics. An intelligent head will soon learn that a soft hand and a gentle move is the head and the hand that gets the result.

Basic Principles
A. (1) Every articular surface roughly approximates to the arc of a circle.
(2) All force applied toward the reduction of a bony lesion must be applied along the arc of a circle.
(3) All force applied to the reduction of a bony lesion must be applied in the same arc as, or in an arc parallel to that of the articular surface.
B. (4) All related voluntary muscles must be relaxed.
(5) The articulation under consideration for adjustment must be moved to the full extent possible without force, and in the direction along which the force is to be applied.
(6) When the full extent of motion has been achieved, force may be applied with a continuation of the motion to adjust.
(7) This force may be applied suddenly or gradually according to the desire of the operator.
(8) If applied gradually there will be no shock appreciable nor noise audible, but there is a greater tendency for the muscles to contract, thus requiring several attempts at adjustment.
(9) If applied suddenly the patient may experience a shock, or a noise may be audible, but adhesions are thus readily removed, and the contraction of the muscles is forestalled.

GOSSIP
New Washington Board of Examiners
Acting Governor Hart of the State of Washington has just appointed the following doctors to membership on the State Board of Osteopathic Examiners:
Dr. E. A. Archer, Pullman; Dr. F. J. Feidler, Seattle; Dr. Frank Holmes, Spokane; Dr. Caryll Smith, Aberdeen; Dr. W. T. Thomas, Tacoma.

The first meeting of the board will be held August 5th, and thereafter on the first Tuesday in January and July.

Dr. Coffey Moves
Dr. Eva Kate Coffey announces the removal of her office and residence to the Wilhelm Apartments, 639 South Grand Avenue, Los Angeles, Calif.

Jean Claverie Coming to Convention
Jean Claverie has received his discharge from the French army and hopes to be here for the A. O. A. convention.

Great rejoicing took place in the Claverie home upon the return of Jean's brother who has been a German captive since October, 1912.

Mrs. Oliver Foreman is the recipient of a kershief embroidered with four German bullet holes. This kershief received its baptism as Jean went "over the top," It had been given to him October 24, 1914, at Paau. His first aid kit was shot to pieces at the time when he needed it most.

We welcome him to U. S. A., and Osteopathy.

Hiss address is, 20 bis, rue Darn, Paris.

OUR NEW ADVERTISERS

Weissfeld Manufacturing Company
Most of the profession are acquainted with the veteran coat makers, M. Weissfeld Mfg. Co., of New York, whose advertisement appeared for the first time last month.

Since we wear their coats and have found them satisfactory, we can cheerfully recommend them to you.

Merry Optical Company
The Merry Optical Company is also well known to our profession and needs no introduction.

Those who are doing refraction work will want to patronize this reliable firm, either through their general office in Kansas City or one of the branches.

Bernard, Hewitt Company
Clothes, of course, do not make the man, but they do enhance his personal appearance and make his patients and friends seek his company.

We have been assured that this company will do their best to please you with their suits and accessories.

Subscribe for "TRUTH" Now
THE MASKED BAWL

Millions of people in this land, by force, by threats and by persuasions of Medical Asininity—we almost wrote it Assassinity—were induced to go about wearing a filthy disease-generator in the shape of a gauze mask during the onslaught of the influenza epidemic.

Look at this matter calmly. The lungs with every exhalation throw off carbon-dioxide and other poisonous gases from the body. The lungs are one of nature's routes of poison elimination. Constantly re-breathed air is a method of suicide by poison. That is a fact so rudimentary that even a race of putty-pated medics could grasp it. Also the dampness formed upon the gauze by the breath makes it mucilaginous, whereby not only the poisons exhaled by the breath, but any poisons in the outer air adhere to it. No finer culture bed of poison could have been devised than the masked bawl of germ catchers. It insured re-inhalation of poison from the lungs reinforced by any other wandering germs.

Or be impaled on the other horn of the dilemma. It has been pounded into the public that literally millions of these influenza germs could rest on the point of a cambric needle so infinitesimal were they. And if so, couldn't billions of them find entrance through the holes in the gauze mask? The whole proposition is too "gauzy" to befool anyone a first grade kindergartner!

If there were any bacteria in the air you could get billions of them through the meshes in the gauze mask, but any event you would be certainly poisoned by constantly re-breathing carbon-dioxide from your own lungs. Great scheme, wasn't it—for the doctors? If there was any poison in the air you could suck it in through the meshes and if there wasn't any you could rebreathe your own poison! And incidentally we didn't notice any doctors wearing masks!

Screened windows in a sick room are always thrown open to obtain pure air and why screen and muzzle well people? Such stuff is nothing but witchcraft or disease-producing medical graft! It is neither sense, sanitation nor science.

In the presence of this influenza scourge the Allopathic owl of omniscience has practically folded its wings, dropped its head with its blinded eyes on its mutiling breast and gone into a trance, except for the extended claw grasping for fees!

At this writing the reported deaths from all causes in a body of upwards of two millions of men engaged in the most merciless war of all history, number but about sixty thousand, and in but a few brief months influenza has carried off over three hundred thousand in this land, with many returns not yet in. The medical authorities knew that this scourge was coming but they stood before it as helpless as if it were a bolt from heaven. We spend hundreds of millions succoring the sick and wounded overseas and then let it into our own ports—with no quarantine whatever against it—one of the deadliest scourges which ever devastated the earth. Cases of influenza coming from abroad were taken off ship and placed in open wards of hospitals whence the disease was most methodically spread! Mild cases of influenza left ships and mingled with the general public. Is quarantine against disease a lost art? The scourge has devastated Europe and we threw wide open our gates to welcome it!

Influenza has taken five times more death tolls in America than the world war has taken of Americans, and the only barrier set up was a gauze mask to catch the outside germs and imprison and force the wearer to breathe his own poisonous exhalation! If this isn't medical witchcraft carried to the height of inane idiocy, what is it?

—January Jim Jam Jems.

ON TO CHICAGO
JUNE 30th-JULY 3rd

Looking in the Glass
or
Looking in a Book

If "Concerning Osteopathy" was at her hand—she would be reading it while waiting for treatment. It has a convincing appeal. It is just what you want in the hand of every patient. It is just what your patient wants, too.

"Better convince one than to talk to many."

Order a hundred now.

PRICE LIST

(Prepaid in U. S. and Canada)

<table>
<thead>
<tr>
<th>Copies</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leather</td>
<td>Cloth</td>
</tr>
<tr>
<td>100</td>
<td>$150.00</td>
</tr>
<tr>
<td>50</td>
<td>77.50</td>
</tr>
<tr>
<td>25</td>
<td>40.00</td>
</tr>
<tr>
<td>10</td>
<td>16.50</td>
</tr>
<tr>
<td>1</td>
<td>1.75</td>
</tr>
</tbody>
</table>

Terms.—Check or draft to accompany the order or post-dated checks accepted on all orders amounting to more than Ten Dollars. If $10.00 with the order and the balance in 30 days post-dated checks for $10.00 each or less if the balance is less than $10.00.

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

Do You Know All About Osteopathy?

Then you should Read OSTEOPATHIC BOOKS

Read CLINICAL OSTEOPATHY if you need help in treating patients. Edited by C. P. McConnell, D. O. Price...........$4.00

Read BULLETIN No. 4 if you want to know more about bony lesions. Fully illustrated. Price..............$2.00

Read BULLETIN No. 5 if you want to know what lumbar lesions may do. Fully illustrated. Price..............$2.00

Read PUBLIC SANITATION AND OTHER PAPERS by Clement A. Whiting, D. Sc., D. O., if you need a wider understanding of Osteopathic Principles, or if you wish to know the reasons for sanitary requirements, or if you wish to become acquainted with one of the most thoroughly scientific of osteopathic teachers. Price............$3.00

For any of these books, address, enclosing price,

The A. T. Still Research Institute
27 Monroe Street Chicago, Ill.

This Space Donated by "Osteopathic Truth"
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.

FOURTH LUMBAR LESIONS AND COLOPTOSIS

There is an intimate relation between many cases of "auto-intoxication" and lesions of the fourth lumbar segment. Of all the lesions shown at the Institute Laboratory more than half are between the fourth and fifth lumbar. There are several modifying circumstances, the technique so far is much better developed for the lumbar spine than it is for cervical or dorsal regions. Abdominal contents can be cleaned out or pushed to one side but the ribs, heart, and aorta cannot be gotten rid of so easily in the dorsal region. The discs are much thinner and there is more bone overlapping in the cervical region. Osteopathic lesions can be shown in these regions but it is only fair to admit that probably more have not been shown on plates in these regions than have in the lumbar. The run of cases, however, were not selected to show lumbar lesions, as the work was done on all sorts of cases that could obtain any aid from radiography. There are no greater difficulties in showing the other lumbar segments than the fourth, yet of the recorded, 356 Osteopathic lesion cases, 226 were in the lumbar and 197 were between the fourth and fifth segments.

Sixty-nine digestive tract cases showed fourth lumbar lesions, and extreme coloptosis. All of these had clinically and radiographically other lesions as well as the fourth. Fifty-seven showed an immense dilatation of the sigmoid. Of the remaining twelve cases, seven had small sigmoids, and five apparently normal in size.

It would seem that irritation to the muscles of the wall of the sigmoid thru interference with the fourth lumbar segment, at first leads to contraction of the lumen of this particular part of the colon. In keeping with the vicious cycle habit, disturbance of the viscera leads to contraction of the muscles of the spinal segments involved. This is shown by Dr. Burns' work in Bulletin 4, of the Institute, and holds true for electrical, mechanical, or chemical irritation of the viscera. Probably both mechanical and chemical factors are at work in the sigmoid.

The narrowing of lumen would make it more difficult for material to pass on, tending to increase sluggishness of the current in the whole colon. This would tend to stasis, and if usual intake of food is maintained, enlargement of the colon becomes necessary. This takes place partly in increase in diameter, but more readily in length. As the colon increases in length the least resistance, in fact invitation, often, is downward. The constant lesion effects would interfere with function of the sigmoid and eventually the constriction gives way to relaxation of the sigmoid or dilatation. General dilatation of the colon would be accompanied by chronic fatigue effects of the lesion on the sigmoid, leading to still further loss of tone in this organ.

Avallez causes symptoms of so-called auto-intoxication by the distention of the colon or sigmoid with air. If as inert a substance as air can cause these symptoms, certainly the varying consistencies of fecal matter, plus varying gas formation to an equal or greater amount of distention is an equally potent factor.

Thorough cleansing of this part of the colon gives relief, diet may aid in postponing the recurrence of the condition but correction of the Osteopathic lesion is an important factor in obtaining a return toward normal.

The seven small sigmoids all had recently acquired lesions, extremely tender to palpation, clinically and radiographically acute irritative lesions. In one of these cases the process was repeated under as nearly identical conditions and technique as possible one week after the first examination and six days after correction of a fourth lumbar lesion. A slight improvement in colon position was noted, and a much better functioning sigmoid.

The five seemingly unaffected sigmoids may have had irritation and relaxation impulses, balances or else have been some of those fortunate individuals who can adapt themselves to abnormalities without losing their equilibrium of function.

These cases are too few in number for anything more than a suggestion as to why some cases of distended drooped colons with huge sigmoids do not get well with proper hygiene when Osteopathic treatment is applied only to the higher segments usually associated with colonic disturbances.

Next month's article will be illustrated with several X-ray pictures.

OSTEOPATHY

(Continued from page 119)

of which we know less) has not been brought to a finish.

“One of the most striking characteristics of the modern treatment of disease is the return to what used to be called the natural methods—diet, exercise, bathing, and massage. There probably never has been a period in the history of the profession when the value of diet in the prevention and the cure of disease was more fully recognized.”

But I do not think the matter rests entirely upon theory. In practice, the more advanced Osteopaths have, as I have shown, laid down courses of study which differ hardly at all from those of our present medical schools. What is called the fundamental difference in viewpoint hardly exists in fact, or if it does, there seems to be no harm in a person possessing knowledge of both. But Osteopathy has so modernized its system that the difference has almost disappeared.

“Osteopathy as a school of practice takes no stand for or against vaccination or serum therapy.” (Kirkville College year-book, p. 47.)

“In every case surgery is the complement of Osteopathy. * * * Hence the comparatively thorough course in the subject given by the American School of Osteopathy,” (ibid. pp. 59, 60.)

The Los Angeles College has a course of Pharmacology and Materia Medica, to which 196 hours are devoted, described in its year-book thus:

“This is a didactic course, covering the physiological and pathological action of drugs.” (p. 29.)

But the most important fact of all is that the best Osteopathic colleges have in fact recognized that they must provide the usual medical education and be recognized by State Medical Boards as doing so.

The American College of Osteopathy in Kirkville, Mo., has now a course on the action of drugs and on comparative methods. (p. 1184.)

The Philadelphia College of Osteopathy thus refers to its action:

“In order that the graduates of an Osteopathic college may be admitted to the examinations for license to practice Osteopathy in New York State, it is necessary that the college be ‘registered’ under the rules and regulations of the New York State Education Department, and in order to qualify for ‘registration’ it is necessary to have an entrance requirement in accordance with the rules of the Board of Regents of the State of New York, to maintain a four- (Continued on page 124)
Oh! You Banquet At Chicago

Everything from soup to the Printer's name.

Did you ever hear this story?

Pat and Mike were attending a banquet one evening and, as is natural, they carefully scrutinized the menu card beginning with soup, etc.

Pat says Mike, "Faith an' what is this—Demi Tartse?"

"Oh!" says Pat, "that, why that is the printer's noime."

We're There

The coming banquet at the annual convention is going to be held on Wednesday evening, July 2nd, and it is going to be "some" banquet.

Bring your "glad rags" with you, but don't let the possession of a spike tail or a low cut dress deter you from attending the banquet. Bust a trace or two this year and eat with the gang. Everybody is going.

Big Speakers

The speakers at this banquet will be men of note. It was refreshing to sit and listen to the men who addressed the banquet at Boston. But we will excel that banquet with better speakers, and when you leave the room you will feel as refreshed as a daisy in the morning dew.

Some men of national note are being invited, but at this moment we can not tell you just who will be on the program. The Immortal J. N. and General Coxie will not be invited this year and not even Billy Sunday. The remainder of the program promises to be the best ever.

Reserve Now

We are expecting about two thousand at that banquet so it might be well to address Dr. Alex. Walker, 27 E. Monroe St., chairman of the Banquet Committee and have him reserve you a place for your family and yourself. The price, well no one cares what the price will be, we are all going anyway for it comes but once a year.

Bathing

No we don't mean that you are to go bathing in the finger bowls, for you might run the water over the edge, but we are just changing the subject.

If you like bathing be sure you put your bathing suit in with the other traps. Our censor is real liberal, so bring any old thing. A dip in the waters of Lake Michigan is great. The municipal bathing beaches are free to the public, and your whole family and yourself can enjoy a dip or two every day. It is the greatest sport for the children to romp and play in the sand. At Lincoln Park they have a beach especially for the kiddies where the water is very shallow. Splash! Splash!

Don't Forget

Remember the dates for the convention are from June 30th to and through July 3rd. The place is Chicago.

Oh! You Banquet.

SAVE THE "SHEKELS"

FOR

C-H-L-C-A-G-O

Osteopathic Propaganda

Osteopathic propaganda is the key that unlocks the door of opportunity for Osteopathic practitioners.

Osteopathic propaganda makes all of our problems more easy of solution.

Osteopathic propaganda creates a better understanding between patient and physician.

Osteopathic propaganda helps to dispel the doubts of the doubting.

Osteopathic propaganda helps to offset the destructive influence of our critics.

Osteopathic propaganda is one valuable way of letting your Osteopathic light shine before men, that they may know of your good works and patronize you when necessary.

For real, ethical, effective Osteopathic propaganda, use the

HERALD OF OSTEOPATHY

Sample Copy on Request

KIRKESVILLE, MISSOURI

Osteopathic Truth is for the Profession Only
Laboratory requirements of the above hours shall be:

<table>
<thead>
<tr>
<th>Subject</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pathology</td>
<td>11</td>
</tr>
<tr>
<td>Surgery</td>
<td>11</td>
</tr>
<tr>
<td>Pharmacology and</td>
<td>11</td>
</tr>
<tr>
<td>Therapeutics</td>
<td>11</td>
</tr>
<tr>
<td>Dietetics</td>
<td>11</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>11</td>
</tr>
<tr>
<td>Physical Diagnosis</td>
<td>11</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>11</td>
</tr>
<tr>
<td>Gynecology</td>
<td>11</td>
</tr>
<tr>
<td>Hygiene</td>
<td>11</td>
</tr>
</tbody>
</table>

Six obstetric cases in either the third, fourth or hospital year.

Additional light is thrown upon this approximation of medical and osteopathic colleges by a comparison furnished to me by the Chicago College of Osteopathy of the number of hours allotted to the various studies by that college and four medical colleges in Chicago:

<table>
<thead>
<tr>
<th>Subject</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Histology</td>
<td>128</td>
</tr>
<tr>
<td>Anatomy</td>
<td>528</td>
</tr>
<tr>
<td>Physiology</td>
<td>280</td>
</tr>
<tr>
<td>Embryology</td>
<td>128</td>
</tr>
<tr>
<td>Biological</td>
<td>120</td>
</tr>
<tr>
<td>Pathology</td>
<td>180</td>
</tr>
<tr>
<td>Bacteriology</td>
<td>90</td>
</tr>
<tr>
<td>Physical Diagnosis</td>
<td>128</td>
</tr>
<tr>
<td>Hygiene</td>
<td>16</td>
</tr>
<tr>
<td>Autopsies</td>
<td>60</td>
</tr>
<tr>
<td>Gynecology</td>
<td>90</td>
</tr>
<tr>
<td>Genito Urinary</td>
<td>96</td>
</tr>
<tr>
<td>Roedgenology</td>
<td>56</td>
</tr>
<tr>
<td>Surgery</td>
<td>480</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>180</td>
</tr>
<tr>
<td>Obsteprics</td>
<td>180</td>
</tr>
<tr>
<td>Hygiene</td>
<td>16</td>
</tr>
<tr>
<td>Autopsies</td>
<td>60</td>
</tr>
<tr>
<td>Gynecology</td>
<td>90</td>
</tr>
<tr>
<td>Genito Urinary</td>
<td>96</td>
</tr>
<tr>
<td>Physiology</td>
<td>56</td>
</tr>
<tr>
<td>Surgery</td>
<td>480</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>180</td>
</tr>
<tr>
<td>Obsteprics</td>
<td>180</td>
</tr>
<tr>
<td>Hygiene</td>
<td>16</td>
</tr>
<tr>
<td>Autopsies</td>
<td>60</td>
</tr>
<tr>
<td>Gynecology</td>
<td>90</td>
</tr>
<tr>
<td>Genito Urinary</td>
<td>96</td>
</tr>
<tr>
<td>Physiology</td>
<td>56</td>
</tr>
<tr>
<td>Surgery</td>
<td>480</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>180</td>
</tr>
<tr>
<td>Obsteprics</td>
<td>180</td>
</tr>
<tr>
<td>Hygiene</td>
<td>16</td>
</tr>
<tr>
<td>Autopsies</td>
<td>60</td>
</tr>
<tr>
<td>Gynecology</td>
<td>90</td>
</tr>
<tr>
<td>Genito Urinary</td>
<td>96</td>
</tr>
<tr>
<td>Physiology</td>
<td>56</td>
</tr>
<tr>
<td>Surgery</td>
<td>480</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>180</td>
</tr>
<tr>
<td>Obsteprics</td>
<td>180</td>
</tr>
<tr>
<td>Hygiene</td>
<td>16</td>
</tr>
<tr>
<td>Autopsies</td>
<td>60</td>
</tr>
<tr>
<td>Gynecology</td>
<td>90</td>
</tr>
<tr>
<td>Genito Urinary</td>
<td>96</td>
</tr>
<tr>
<td>Physiology</td>
<td>56</td>
</tr>
<tr>
<td>Surgery</td>
<td>480</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>180</td>
</tr>
<tr>
<td>Obsteprics</td>
<td>180</td>
</tr>
<tr>
<td>Hygiene</td>
<td>16</td>
</tr>
<tr>
<td>Autopsies</td>
<td>60</td>
</tr>
<tr>
<td>Gynecology</td>
<td>90</td>
</tr>
<tr>
<td>Genito Urinary</td>
<td>96</td>
</tr>
<tr>
<td>Physiology</td>
<td>56</td>
</tr>
<tr>
<td>Surgery</td>
<td>480</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>180</td>
</tr>
<tr>
<td>Obsteprics</td>
<td>180</td>
</tr>
<tr>
<td>Hygiene</td>
<td>16</td>
</tr>
<tr>
<td>Autopsies</td>
<td>60</td>
</tr>
<tr>
<td>Gynecology</td>
<td>90</td>
</tr>
<tr>
<td>Genito Urinary</td>
<td>96</td>
</tr>
<tr>
<td>Physiology</td>
<td>56</td>
</tr>
<tr>
<td>Surgery</td>
<td>480</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>180</td>
</tr>
<tr>
<td>Obsteprics</td>
<td>180</td>
</tr>
<tr>
<td>Hygiene</td>
<td>16</td>
</tr>
<tr>
<td>Autopsies</td>
<td>60</td>
</tr>
<tr>
<td>Gynecology</td>
<td>90</td>
</tr>
<tr>
<td>Genito Urinary</td>
<td>96</td>
</tr>
<tr>
<td>Physiology</td>
<td>56</td>
</tr>
<tr>
<td>Surgery</td>
<td>480</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>180</td>
</tr>
<tr>
<td>Obsteprics</td>
<td>180</td>
</tr>
<tr>
<td>Hygiene</td>
<td>16</td>
</tr>
<tr>
<td>Autopsies</td>
<td>60</td>
</tr>
<tr>
<td>Gynecology</td>
<td>90</td>
</tr>
<tr>
<td>Genito Urinary</td>
<td>96</td>
</tr>
<tr>
<td>Physiology</td>
<td>56</td>
</tr>
<tr>
<td>Surgery</td>
<td>480</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>180</td>
</tr>
<tr>
<td>Obsteprics</td>
<td>180</td>
</tr>
<tr>
<td>Hygiene</td>
<td>16</td>
</tr>
<tr>
<td>Autopsies</td>
<td>60</td>
</tr>
<tr>
<td>Gynecology</td>
<td>90</td>
</tr>
<tr>
<td>Genito Urinary</td>
<td>96</td>
</tr>
<tr>
<td>Physiology</td>
<td>56</td>
</tr>
<tr>
<td>Surgery</td>
<td>480</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>180</td>
</tr>
<tr>
<td>Obsteprics</td>
<td>180</td>
</tr>
<tr>
<td>Hygiene</td>
<td>16</td>
</tr>
<tr>
<td>Autopsies</td>
<td>60</td>
</tr>
<tr>
<td>Gynecology</td>
<td>90</td>
</tr>
<tr>
<td>Genito Urinary</td>
<td>96</td>
</tr>
<tr>
<td>Physiology</td>
<td>56</td>
</tr>
<tr>
<td>Surgery</td>
<td>480</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>180</td>
</tr>
<tr>
<td>Obsteprics</td>
<td>180</td>
</tr>
<tr>
<td>Hygiene</td>
<td>16</td>
</tr>
<tr>
<td>Autopsies</td>
<td>60</td>
</tr>
<tr>
<td>Gynecology</td>
<td>90</td>
</tr>
<tr>
<td>Genito Urinary</td>
<td>96</td>
</tr>
<tr>
<td>Physiology</td>
<td>56</td>
</tr>
<tr>
<td>Surgery</td>
<td>480</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>180</td>
</tr>
<tr>
<td>Obsteprics</td>
<td>180</td>
</tr>
<tr>
<td>Hygiene</td>
<td>16</td>
</tr>
<tr>
<td>Autopsies</td>
<td>60</td>
</tr>
<tr>
<td>Gynecology</td>
<td>90</td>
</tr>
<tr>
<td>Genito Urinary</td>
<td>96</td>
</tr>
<tr>
<td>Physiology</td>
<td>56</td>
</tr>
<tr>
<td>Surgery</td>
<td>480</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>180</td>
</tr>
<tr>
<td>Obsteprics</td>
<td>180</td>
</tr>
<tr>
<td>Hygiene</td>
<td>16</td>
</tr>
<tr>
<td>Autopsies</td>
<td>60</td>
</tr>
<tr>
<td>Gynecology</td>
<td>90</td>
</tr>
<tr>
<td>Genito Urinary</td>
<td>96</td>
</tr>
<tr>
<td>Physiology</td>
<td>56</td>
</tr>
<tr>
<td>Surgery</td>
<td>480</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>180</td>
</tr>
<tr>
<td>Obsteprics</td>
<td>180</td>
</tr>
<tr>
<td>Hygiene</td>
<td>16</td>
</tr>
<tr>
<td>Autopsies</td>
<td>60</td>
</tr>
<tr>
<td>Gynecology</td>
<td>90</td>
</tr>
<tr>
<td>Genito Urinary</td>
<td>96</td>
</tr>
<tr>
<td>Physiology</td>
<td>56</td>
</tr>
<tr>
<td>Surgery</td>
<td>480</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>180</td>
</tr>
<tr>
<td>Obsteprics</td>
<td>180</td>
</tr>
<tr>
<td>Hygiene</td>
<td>16</td>
</tr>
<tr>
<td>Autopsies</td>
<td>60</td>
</tr>
<tr>
<td>Gynecology</td>
<td>90</td>
</tr>
<tr>
<td>Genito Urinary</td>
<td>96</td>
</tr>
<tr>
<td>Physiology</td>
<td>56</td>
</tr>
<tr>
<td>Surgery</td>
<td>480</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>180</td>
</tr>
<tr>
<td>Obsteprics</td>
<td>180</td>
</tr>
<tr>
<td>Hygiene</td>
<td>16</td>
</tr>
<tr>
<td>Autopsies</td>
<td>60</td>
</tr>
<tr>
<td>Gynecology</td>
<td>90</td>
</tr>
<tr>
<td>Genito Urinary</td>
<td>96</td>
</tr>
<tr>
<td>Physiology</td>
<td>56</td>
</tr>
<tr>
<td>Surgery</td>
<td>480</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>180</td>
</tr>
<tr>
<td>Obsteprics</td>
<td>180</td>
</tr>
<tr>
<td>Hygiene</td>
<td>16</td>
</tr>
<tr>
<td>Autopsies</td>
<td>60</td>
</tr>
<tr>
<td>Gynecology</td>
<td>90</td>
</tr>
<tr>
<td>Genito Urinary</td>
<td>96</td>
</tr>
<tr>
<td>Physiology</td>
<td>56</td>
</tr>
<tr>
<td>Surgery</td>
<td>480</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>180</td>
</tr>
<tr>
<td>Obsteprics</td>
<td>180</td>
</tr>
<tr>
<td>Hygiene</td>
<td>16</td>
</tr>
<tr>
<td>Autopsies</td>
<td>60</td>
</tr>
<tr>
<td>Gynecology</td>
<td>90</td>
</tr>
<tr>
<td>Genito Urinary</td>
<td>96</td>
</tr>
<tr>
<td>Physiology</td>
<td>56</td>
</tr>
<tr>
<td>Surgery</td>
<td>480</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>180</td>
</tr>
<tr>
<td>Obsteprics</td>
<td>180</td>
</tr>
<tr>
<td>Hygiene</td>
<td>16</td>
</tr>
<tr>
<td>Autopsies</td>
<td>60</td>
</tr>
<tr>
<td>Gynecology</td>
<td>90</td>
</tr>
<tr>
<td>Genito Urinary</td>
<td>96</td>
</tr>
<tr>
<td>Physiology</td>
<td>56</td>
</tr>
<tr>
<td>Surgery</td>
<td>480</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>180</td>
</tr>
<tr>
<td>Obsteprics</td>
<td>180</td>
</tr>
<tr>
<td>Hygiene</td>
<td>16</td>
</tr>
<tr>
<td>Autopsies</td>
<td>60</td>
</tr>
<tr>
<td>Gynecology</td>
<td>90</td>
</tr>
<tr>
<td>Genito Urinary</td>
<td>96</td>
</tr>
<tr>
<td>Physiology</td>
<td>56</td>
</tr>
<tr>
<td>Surgery</td>
<td>480</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>180</td>
</tr>
</tbody>
</table>

In the appeal issued by the American Osteopathic Association for an endowment fund for the A. T. Still Research Institute, the following appears: "In its development to the present, Osteopathy has relied upon its own re-sources. The point is now reached where this will not suffice. If it is to meet the demands created by its very success, it must expand the scope of its activities far beyond their present limits. The specific needs arising from this situation are of two sorts: those relating to the scientific side of Osteopathy, calling for research, and those relating to the professional side, calling for post-graduate training.

"These needs can be met only as the most modern equipment and the most efficient methods are made available for the advancement of scientific knowledge and the higher training of practitioners and teachers. For these purposes, there should be provided a scientific and educational institution of the highest class, in which not only may Osteopathy contribute its share of investigation into the generally recognized problems of disease, but more especially where the many new problems raised by Osteopathy may be worked out to the benefit of society through their more efficient application in Osteopathic practice."

"The Three Departments:

"Its three essential features should be research laboratories, post-graduate school and hospital. We can do something worth while with all these housed in one building. We can do more with

(Continued on page 126)"
The Osteopathic Profession Must Have A
Definite Program

Edited by Geo. F. Burton, D. O., 220 Story Bldg., Los Angeles, Cal.
(Dr. Burton Invites Correspondence)

DEFINITIONS OF OSTEOPATHY
BY GRADUATES IN
OSTEOPATHY

These Definitions Are Not Found in
Dictionaries or Encyclopedias
With the Possible Exception
of One. Give Them Careful
Study

"Osteopathy is that school of medicine whose distinctive method consists in:
1. A physical examination to determine the condition of the mechanism and functions of all parts of the human body, and,
2. A specific manipulation to restore the normal mechanism and re-establish the normal functions. This definition lays stress (1) upon correct diagnosis. The osteopath must know the normal and recognize any departure from it as a possible factor in disease. There is not one fact known to the anatomist or physiologist that may not be of vital importance to the scientific osteopath. Hence a correct diagnosis based upon such knowledge is half the battle. Without it scientific osteopathy is impossible, and the practice is necessarily haphazard or merely routine movements.

The definition lays stress upon (2) removal of the cause of the disease. A deranged mechanism must be corrected by mechanical means, specifically applied as the most natural and only direct method of procedure. This work is not done by the methods of any other schools. After the mechanism has been corrected, little remains to be done to restore function; but slight relation or inhibition of certain nerve centers may give temporary relief and aid nature. The adjuncts used by other schools, such as water, diet, exercise, surgery, etc., are the common heritage of our profession, and should be resorted to by the osteopath if they are indicated.

E. R. BOOTH, Ph. D., D. O.,
Ex-Pres. A. O. A.

"Osteopathy is a method of treating disease by manipulation, the purpose and result of which is to restore the normal condition of nerve control and blood supply to every organ of the body by removing physical obstruction, or by stimulating or inhibiting functional activity as the condition may require."

WILFRED L. RIGGS, D. O.

"Osteopathy is that science which consists of such exact, exhaustive and verifiable knowledge of the structures and functions of human mechanism, anatomical, physiological, and psychological, including the chemistry and physics of its known elements as has made discoverable certain organic laws and remedial resources, within the body itself, by which nature, under the scientific treatment peculiar to osteopathic practice, apart from all ordinary methods of extraneous, artificial, or medicinal stimulation, and in harmonious accord with its own mechanical principles, molecular activities, and metabolic processes, may recover from displacements, disorganizations, derangements, and consequent disease and regain its normal equilibrium of form and function in health and strength."

MASON W. PRESSLY, A. B., Ph., D. D. O.

"Osteopathy is that science of healing which emphasizes (a) the diagnosis of diseases by physical methods with a view to discovering not the symptoms but the causes of diseases, in connection with misplacements of tissue, obstruction of the fluids and interference with the forces of the organism; (b) The treatment of diseases by scientific manipulations in connection with which the operating physician mechanically uses and applies the inherent resources of the organism to overcome disease and establish health, either by removing or correcting mechanical disorders, and thus permitting nature to recuperate the diseased part, or by producing and establishing antitoxic and antiseptic conditions to counteract toxic and septic conditions of the organism or its parts; (c) The application of mechanical and operative surgery in setting fractured or dislocated bones, repairing lacerations and removing abnormal tissue growths or tissue elements when these become dangerous to the organic life."

J. MARTIN LITTLEJOHN,
L. L. D., M. D., D. O.

"Osteopathy is a system of medicine, characterized by close adherence to the physiological axiom that perfect health depends on a perfect circulation, and perfect nerve control in every tissue of the body. Its Etiology emphasizes physi-
Bernard-Hewitt & Co., Desk H-1003
424-434 S. Green St., Chicago, Ill.

Please send me your new men's wear Spring and Summer style book with samples of latest woolens and full details of your plan.

Name
Address

MAIL THIS
COUPON
Save Money on
Everything
You Wear

This $27.50 Suit $17.50
TAILORED TO YOUR MEASURE

An Amazing Offer! A high-grade suit cut to your individual measure—tailored with all the skill and style that only the best custom tailors can give. Finished with highest grade trimmings and linings—the kind that wear and give satisfaction. A special proposition to introduce to the readers of this magazine the wonderful values offered by our system of tailoring. Nothing else like it—no value to equal it.

How Our Plan Saves You Money
We have no agents, no dealers, no traveling salesmen. Our catalog is our only representative. Actual comparison will show that our plan saves $10 or more on every suit and gives you real individuality in your dress—clothes that are tailored to fit you and you alone—reflect your personal tastes. Our line includes a wonderful selection of fancy wool worsteds, cassimeres and all-wool blue serges, at unheard-of low prices.

Send Only $3.00
and your measurements, with cloth selection made from our catalog. We will make the suit to your measurements and you pay balance on arrival—we paying all transportation charges. So confident are we that we can please you that all we ask is that you make a trial of our system: that you learn how easy it is to take your own measure and save money on every suit. We take all the risk, you none, for this is our GUARANTEE: Complete satisfaction or all money refunded.

Catolog Free
Our big, new Spring and Summer book is ready for you—contains samples latest woolens—also lowest prices on men's hats, shoes and furnishings. It is your guide to correct and economical clothes buying. Mail coupon above or write, mentioning this publication so we can identify this special offer.

BERNARD-HEWITT & CO
424-434 S. Green St., Desk H-1003
Chicago, Ill.

We Specialize in Tailoring for Professional Men

We make a specialty of fine tailoring for professional men. If you are not satisfied with your clothes, all we ask is that you give us a trial. Our fabrics are the sort professional men like. Send for the catalog today. We know we can please—we guarantee to do so—we also guarantee to save you money.
CHICAGO COLLEGE POSTGRADUATE COURSE
HUGE SUCCESS

42 in Attendance

A Reception Tendered to the Members of the Class by the School and Profession of Chicago

The post-graduate course given by the Chicago College of Osteopathy from February 10th to the 22nd with Dr. George Laughlin, Dr. C. P. McConnell, Dr. J. B. Littlejohn, Dr. H. H. Fryette, and Dr. J. Deason as the instructors, was a huge success.

Forty-two busy practitioners decided that they needed added instruction, and the enthusiasm to be gained by attending such a course. They not only liked Chicago, but spoke highly of the course of instruction.

The school found the response so good that they have announced another course in June, from the 16th to the 30th. This course will precede the annual convention. They ask what you would like to have in the line of a post-graduate course. Don't be afraid to speak up and express yourself.

From Most Everywhere

The following doctors attended the course:

Dr. J. E. Baker, Brazil, Ind.
Dr. A. W. Brockway, Waukesha, Wis.
Dr. F. G. Burnett, Bellefontaine, O.
Dr. E. C. Chappell, Clear Lake, Ia.
Dr. Elmer Charles, Pontiac, Mich.
Dr. A. E. Charbanneau, Grauville, N. Y.
Dr. M. E. Church, Claygate, Alta, Can.
Dr. P. R. Collins, Douglas, Ariz.
Dr. H. L. Davenport, Altoona, Pa.
Dr. H. J. Dorrance, Pittsburgh, Pa.
Dr. A. H. Doe, Racine, Wis.
Dr. E. M. Downing, York, Pa.
Dr. W. O. Flory, Minneapolis, Minn.
Dr. Galbreath, Oakland, Ill.
Dr. W. C. Gordon, Newton, Ia.
Dr. M. J. Griences, Pocia, Ill.
Dr. E. Grothouse, Van Wert, O.
Dr. C. E. Hough, London, Eng.
Dr. P. W. Hoyt, Hoopston, Ill.
Dr. Preston R. Hubbell, Detroit, Mich.
Dr. T. M. King, Springfield, Mo.
Dr. W. M. Koons, Harington, Kans.
Dr. W. B. Linville, Middletown, O.
Dr. J. J. McCormack, Sheboygan, Wis.
Dr. Carrie Munde, Mendota, Ill.
Dr. Frank Nelson, Malden, Mass.
Dr. R. L. Park, Trenton, Tenn.
Dr. F. A. Parker, Champaign, Ill.
Dr. Francis Platt, Kalamazoo, Mich.
Dr. Emma Rector, Benton Harbor, Mich.
Dr. Byron LaRue, Zanesville, O.
Dr. T. C. Stephenson, Cedar Falls, Ia.
Dr. B. W. Sweet, Erie, Pa.
Dr. M. E. Taylor, Woonsocket, S. D.
Dr Maude G. Williams, Northampton, Mass.
Dr. M. F. Hulett, Columbus, O.
Dr. Frank J. McGuire, Binghampton, N. Y.
Dr. J. M. Fraser, Evanston, Ill.

The Reception

Thursday evening, February 26th, a reception was tendered those who attended the class by the college faculty and the profession of Chicago.

A well arranged program was carried out with Dr. E. S. Comstock acting as Master of Ceremonies. Drs. Fryette and Bunting were among the speakers.

Refreshments of ice cream and cake followed a social good time of which dancing was the chief amusement.

Dr. M. E. Church Joins Corporation

Dr. M. E. Church of Alberta, Canada, was so well pleased with the future prospects of Osteopathy through the medium of the C. C. O. that he contributed $500.00 to the school funds. This makes Dr. Church a Life Member of the corporation.

OSTEOPATHIC VERSUS MEDICAL DIAGNOSIS

J. A. Linnell, D. O., Chicago

One of the features of the practice of Osteopathy is the not infrequent situation wherein the operator is embarrassed by the family and patient attributing to him great personal powers, when the Osteopath knows the result was obtained by simply adhering to the truths and principles of Osteopathy as given us by Dr. Andrew Taylor Still. The following case is such a one, and is offered to demonstrate the success of and comparative merit of Osteopathic Diagnosis and Treatment as compared with that of the medical doctor. It also shows that the medical theory, as indicated in their pathology is infrequently erroneous, and I wish here to add that our special method of diagnosis and treatment is emphatically the most distinguishing difference in ours and other curative measures, as emphasized further on. Probably, off-hand, this case might be called by some as anything but Osteopathic inasmuch as it had become suppurative.

In December, 1916, Mr. H., who lived in a small town in Central Illinois noticed a disturbance with his teeth; he seemed otherwise to be in good condition physically, but was overworking. He consulted a dentist and had the offending teeth removed. However, almost immediately he was attacked by what his good friend, the family doctor, diagnosed as nephritis. He was given an anodyne, shipped to a Chicago Hospital and hisfan? and friends informed that he would never return alive.

At hospital, Mr. H. received a most thorough examination, both clinically and physically, by two noted specialists who pronounced his condition as acute nephritis with associated cystitis. The laboratory examinations showed no syphilis or tuberculosis, but a very large percentage of pus in the urine. There was complete paralysis of the bladder and sphincters, the urine passing without control or sensation. There was but a weak motor control of the legs, and the nerve derangement was traced to the LOWER DORSAL SEGMENTS. An added diagnosis of transverse myelitis was made, and the prognosis coincided with that of the family physician—"no hope." The treatment suggested was "rest in bed and bladder irrigation." Everything was done that they "knew" to do, but the "cause" had not been found so they had no true working basis.

After the patient had been in the hospital for some weeks, getting no better, the wife insisted upon the services of an Osteopathic Physician. The Osteopath provided the missing link in the diagnosis. He found that in spite of the most thorough clinical and physical examinations made by the specialists, they failed to discover a lesion at the fifth lumbar, a slight rotation at that point, this in addition to the condition at the three lower dorsals. Inside of an hour after the unlocking of these two lesions, the feet of the patient warmed for the first time in weeks. The patient was treated three days in succession; by that is meant, the lesions were watched and kept thrown to normal—a matter of a few minutes, probably two or three. The patient was removed from the hospital and treatment continued; within a week the bladder was functioning absolutely and the pus had largely disappeared. (Before treatment, the odor of pus was heavy in the room, irrigation had failed to check it.) The second week, Mr. H. was sitting up and the third week he was able to take short walks. At the end of the third week he was able to return home much to the surprise of his friends and family. Complete recovery followed. Osteopathic diagnosis and treatment succeeded where other treatment had failed.