SUNDAY, JUNE 27, 1920
4:00 p. m.—Conference of the National Committee and State Chairmen
Women's Bureau Public Health.

MONDAY, JUNE 28, 1920
10:00 a.m.—Invocation.—Rev. William Chalmers Covert, D. D., Chicago, Ill.
Chicago's Greeting to visiting osteopaths.—Dr. Frank C. Farmer, Chicago, Ill.
10:20 a.m.—Osteopathic Principles.—
Dr. Dain L. Tasker, Los Angeles, Cal.
11:00 a.m.—Sacro-iliac Movement.—
Dr. H. V. Halladay, Kirksville, Mo.
12:10 p.m.—Acute Infections.—
Dr. C. Earl Miller, Bethlehem, Pa.
12:30 p.m.—A Study of the Mental Troubles of Adolescence.—
Dr. L. Von H. Gerdine, Macon, Mo.

Women's Bureau Section
2:00 p.m.—Health of the School Child.
—Dr. Martha Petree, Paris, Ky.
2:45 p.m.—Health Talks to Factory Girls.—Dr. Aurelia S. Henry, New York, N. Y.
3:30 p.m.—The Gospel of Prevention.
—Dr. Elizabeth T. Broach, Atlanta, Ga.

Gynecological Section
2:00 p.m.—Perineal Lacerations.—Dr.
Ella D. Still, Kirksville, Mo.
2:30 p.m.—Disorders Associated with Menstruation.—
Dr. Julia E. Richardson, Minneapolis, Minn.
3:00 p.m.—Discussion.—Dr. Percy Woodall, Birmingham, Ala.
3:30 p.m.—Lesions Causing Pelvic Congestion.—Dr. Lola D. Taylor, Des Moines, Ia.
4:00 p.m.—Clinics.—Dr. Ella D. Still, Kirksville, Mo.

Obstetrical Section
2:00 p.m.—Osteopathic Handling of the Case up to the Time of Labor.
—Dr. A. R. King, St. Louis, Mo.
3:00 p.m.—Osteopathic Handling of the Case During Labor.—
Dr. R. P. Bachman, Des Moines, Ia.

Surgical Section
2:00 p.m.—Gas Pains and Post Operative Intestinal Obstruction.—
Dr. O. O. Bashline, York, Pa.
3:00 p.m.—Acute Dilatation of the Stomach. —
Dr. L. J. Blakeman, Chicago, Ill.
3:30 p.m.—Post Operative Care.—
Dr. S. L. Taylor, Des Moines, Ia.
4:00 p.m.—Shock and Hemorrhage.—
Dr. R. D. Emery, Los Angeles, Cal.

Gastro-Intestinal Section
2:00 p.m.—Diseases of the Colon with Clinic.—
Dr. C. E. Amsden, Toronto, Canada.
2:45 p.m.—Constipation and Obstipation.—
Dr. E. C. Bond, Milwaukee, Wis.

3:30 p.m.—Diet for Gastro-Intestinal Diseases.—Dr. C. W. Young, Grand Junction, Colo.
4:00 p.m.—Food as a Factor in the Cause and Cure of Disease.—Dr. James Cozart, Cannonsburg, Pa.
4:20 p.m.—Nervous Indigestion.—Dr. O. D. Baxter, Raleigh, N. C.

Eye, Ear, Nose and Throat Section
2:00 p.m.—Osteopathic Treatment of the Ear.—
Dr. C. C. Reid, Denver, Colo.
2:30 p.m.—Non-Operative Otitis Media.—
Dr. Leslie S. Keys, Minneapolis, Minn.
2:00 p.m.—Empyema of the Maxillary Antrum as an Etiological Factor in Otitis Media with case histories.—Dr. W. V. Goodfellow, Los Angeles, Cal.
3:30 p.m.—Relation of Diseases of the Ear, Nose and Throat to Gastro-Intestinal Conditions.—Dr. George Webster, Carthage, N. Y.
4:00 p.m.—Relation of Sinus Infection to Pyorrhea.—Dr. J. Deason, Chicago, Ill.

Nervous and Mental Disease Section
2:30 p.m.—Orificial Reflexes.—Dr. J. Oliver Sartwell, Boston, Mass.
2:45 p.m.—Clinic in Nervous and Mental Diseases.—Dr. L. Von H. Gerdine, Macon, Mo.
3:45 p.m.—Innominate Lesions as a Cause of Nervous Diseases.—Dr. H. H. Fryette, Chicago, Ill.

Evening
8:00 p.m.—Reception and Ball.

TUESDAY, JUNE 29, 1920
8:30 a.m.—Technic. (Strap.) At Theater.—Dr. Joseph Swart, Kansas City, Mo.
10:00 a.m.—Address by the President. —Dr. Hugh Conklin, Battle Creek, Mich.
10:15 a.m.—Osteopathic Principles.—
Dr. Dain L. Tasker, Los Angeles, Cal.
10:45 a.m.—The Backbone of Osteopathy.—
Dr. C. C. Teall, Kirksville, Mo.
11:15 a.m.—The Osteopathic Treatment of Scarlet Fever.—Dr. J. A. DeVienne, Brooklyn, N. Y.
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<tr>
<td>11:45 a.m.</td>
<td>Duty to the Public Health. Dr. Josephine Pierce, Lima, Ohio.</td>
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<tr>
<td>12:15 p.m.</td>
<td>Physical Diagnosis. Dr. T. R. Thorburn, New York, N. Y.</td>
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<tr>
<td>1:00 p.m.</td>
<td>Women's Bureau of Public Health.</td>
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<td>Luncheon.</td>
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<td><strong>Gastrointestinal Section</strong></td>
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<td>2:00 p.m.</td>
<td>Varicose Veins of the Broad Ligament. Dr. George J. Conley, Kansas City, Mo.</td>
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<td>2:30 p.m.</td>
<td>New Growths of the Pelvic Organs. Dr. Pauline R. Mantle, Springfield, Ohio.</td>
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<td>2:45 p.m.</td>
<td>Malpositions of the Pelvic Organs. Dr. Ella Gilmore, Sioux City, Ia.</td>
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<td>4:00 p.m.</td>
<td>Clinics. Dr. Lola D. Taylor, Des Moines, Ia.</td>
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<td><strong>Obstetrical Section</strong></td>
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<tr>
<td>2:00 p.m.</td>
<td>Anomalies of Pregnancy. Dr. B. D. Turman, Kirksville, Mo.</td>
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<td>3:00 p.m.</td>
<td>Ectopic Gestation and Caruncelation Section. Dr. George A. Still, Kirksville, Mo.</td>
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<td><strong>Surgical Section</strong></td>
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<td>2:00 p.m.</td>
<td>Bedside Methods in Treatments. Dr. J. B. Littlejohn, Chicago, Ill.</td>
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<td>3:00 p.m.</td>
<td>Acute Metastatic Arthritis. Dr. George Laughlin, Kirksville.</td>
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<td>4:00 p.m.</td>
<td>H. M. C. Chloroform Sequence Anaesthesia. Dr. H. C. Wallace, Blackwell, Okla.</td>
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<td>5:00 p.m.</td>
<td>Business Meeting.</td>
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<td><strong>Gastrointestinal Section</strong></td>
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<td>2:00 p.m.</td>
<td>Cause and Effect of Fecal Impaction and Specific Cure. Dr. Curtis Muncie, Brooklyn, N. Y.</td>
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<td>2:45 p.m.</td>
<td>Abdominal Palpation. Dr. C. C. Teall, Kirksville, Mo.</td>
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<td>3:30 p.m.</td>
<td>The Flexures of the Alimentary Canal. Pathology. Stereopticon Views. Dr. Dayton B. Holcomb, Chicago, Ill.</td>
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<tr>
<td>4:15 p.m.</td>
<td>Gall Bladder Infections and its Relation to Special Diseases. Clinical Demonstrations. Dr. W. C. Brigham, Los Angeles, Cal.</td>
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<td><strong>Eye, Nose, Ear and Throat Section</strong></td>
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<td>2:00 p.m.</td>
<td>Sluder-Edwards Technique for Tonsillectomy. Dr. J. D. Edwards, St. Louis, Mo.</td>
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<td>3:00 p.m.</td>
<td>Finger Surgery of Orbital Cavity. Dr. J. D. Edwards, St. Louis, Mo.</td>
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<tr>
<td>4:40 p.m.</td>
<td>Finger Surgery of Larynx (Surgical Anatomy). Pathology. Stereopticon Views. Dr. A. W. Still, Kirksville, Mo.</td>
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<td>3:00 p.m.</td>
<td>Abnormal Arrangements of the Pelvic Aponeuroses as shown by Radiogram. Illustrated. Dr. Earl Hoskins, Chicago, Ill.</td>
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<td>4:00 p.m.</td>
<td>Congestion as a Cause of Disease in Head. Dr. George M. Glasso, Warren, Ohio.</td>
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<td><strong>Nervous and Mental Disease Section</strong></td>
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<td>2:00 p.m.</td>
<td>Tic Doloreux. Dr. J. Deason, Chicago, Ill.</td>
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<td>2:15 p.m.</td>
<td>Neuritis Following Influenza. Dr. P. M. Agee, Independence, Mo.</td>
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<td>2:30 p.m.</td>
<td>Epilepsy. Dr. H. W. Conklin, Battle Creek, Mich.</td>
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<td>2:45 p.m.</td>
<td>Clinic. Dr. J. Ivan Dufur, Philadelphia, Pa.</td>
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<td>3:15 p.m.</td>
<td>Braehgi Aeuritis. Dr. George V. Webster, Carthage, N. Y.</td>
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**EVENING SESSION**

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<td>8:00 p.m.</td>
<td>Public Lecture under Auspices Women's Bureau of Public Health. Lynn H. Hough, President of Northwestern University, will give the address of the evening.</td>
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<td><strong>WEDNESDAY, JUNE 30, 1920</strong></td>
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<tr>
<td>3:00 p.m.</td>
<td>Technic. At Hotel. Dr. Eliza Edwards, Cincinnati, Ohio.</td>
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<td>3:30 p.m.</td>
<td>Technic. At Hotel. Dr. R. Platt, Kirksville, Mo.</td>
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<td><strong>At Theater</strong></td>
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<tr>
<td>10:00 a.m.</td>
<td>Professional Ethics and Business Ideals. Dr. Charles L. Estey, Chicago, III.</td>
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<tr>
<td>12:00 p.m.</td>
<td>Luncheon. At Hotel. Dr. J. D. Edwards, St. Louis, Mo.</td>
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<td><strong>THURSDAY, JULY 1, 1920</strong></td>
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<tr>
<td>8:30 a.m.</td>
<td>Spinal Diagnosis. At Hotel. Dr. D. D. Clark, Des Moines, Ia.</td>
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<td>9:00 a.m.</td>
<td>Technic At Hotel. Dr. A. D. Campbell, Philadelphia, Pa.</td>
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<td><strong>At Theater</strong></td>
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<td>19:00 a.m.</td>
<td>Industrial Health Guardianship. Dr. H. M. Goehring, Pittsburg, Pa.</td>
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<td>10:00 a.m.</td>
<td>Osteopathic Hospitals (The necessity for). Dr. W. V. Goodfellow, Los Angeles, Cal.</td>
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<td>10:00 a.m.</td>
<td>Orthopedics. Dr. George Laughlin, Kirksville, Mo.</td>
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<tr>
<td>11:30 a.m.</td>
<td>New Age and the New Red Cross. Prof. George H. Laird, U. S. Health Service. Special Field Representative,</td>
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<td>12:00 a.m.</td>
<td>Vertebral Lesions in Gynecology. Dr. Louisia Burns, Los Angeles, Cal.</td>
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<td>12:45 p.m.</td>
<td>Simplified Technic. Dr. J. Oliver Sartwell, Boston, Mass.</td>
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<td>1:00 p.m.</td>
<td>Business of the A. O. A.</td>
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<td><strong>THURSDAY evening Fraternity Night</strong></td>
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<td>8:30 a.m.</td>
<td>Simplified Technic. At Hotel. Dr. J. O. Sartwell, Boston, Mass.</td>
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<td>Simplified Technic. At Hotel. Dr. C. H. Downing, Boston, Mass.</td>
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<td>9:00 a.m.</td>
<td>Technic Colon Impaction. At Hotel. Dr. Martha Pettree, Paris, Ky.</td>
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<tr>
<td><strong>At Theater</strong></td>
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<tr>
<td>10:00 a.m.</td>
<td>Osteopathic Publicity Among Laymen and Organizations Dr. Charles Wakeling, Boston, Mass.</td>
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**SURGICAL SECTION**

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<tr>
<td>2:00 p.m.</td>
<td>Differential Diagnosis in Acute Infections of Right Upper Quadrant of Abdomen. Dr. W. C. Brigham, Los Angeles, Cal.</td>
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<td>2:45 p.m.</td>
<td>Intestinal Obstruction. Dr. J. H. Long, Delaware, Ohio.</td>
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<td>3:30 p.m.</td>
<td>Radiology in Gastro Intestinal Disease. Dr. Earl Hoskins, Chicago, Ill.</td>
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<tr>
<td>4:00 p.m.</td>
<td>The Hospital and the Profession. General Discussion. Dr. W. V. Goodfellow, Los Angeles, Cal.</td>
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<tr>
<td><strong>Gastrointestinal Section</strong></td>
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<td>2:00 p.m.</td>
<td>The Colon and Rectum and its Relation to Special Diseases. Clinical Demonstration. Dr. S. V. Robuck, Chicago, Ill.</td>
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<tr>
<td>2:45 p.m.</td>
<td>Diagnosis and Treatment of Gastro Ulcer. Dr. A. M. Flack, Philadelphia, Pa.</td>
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<tr>
<td>4:15 p.m.</td>
<td>Useful Laboratory Methods in Digestive Diseases. Dr. Louisia Burns, Los Angeles, Cal.</td>
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<td>4:40 p.m.</td>
<td>Business Meeting.</td>
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<tr>
<td><strong>Eye, Ear, Nose and Throat Section</strong></td>
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<tr>
<td>2:00 p.m.</td>
<td>Dr. T. J. Ruddy, Los Angeles, Cal. Room A.</td>
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<td>2:00 p.m.</td>
<td>Dr. S. Merrill, Los Angeles, Cal. Room A.</td>
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<td>2:00 p.m.</td>
<td>Dr. W. V. Goodfellow, Los Angeles, Cal. Room B.</td>
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<tr>
<td>2:00 p.m.</td>
<td>The Examination. Dr. T. J. Ruddy, Los Angeles, Cal. Technic of Head and Neck.</td>
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<tr>
<td><strong>Nervous and Mental Disease Section</strong></td>
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<td>2:00 p.m.</td>
<td>Psychological Tests. Dr. Evelyn Bush, Louisville, Ky.</td>
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<td>2:15 p.m.</td>
<td>Traumatic Misfits. Dr. A. S. Bean, Brooklyn, N. Y.</td>
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<td>2:45 p.m.</td>
<td>Clinic in Nervous and Mental Diseases. Dr. Harry W. Forbes, Los Angeles, Cal.</td>
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<tr>
<td>2:45 p.m.</td>
<td>Psychophrenia. Dr. Edwin S. Merrill, Los Angeles, Cal.</td>
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<td>4:15 p.m.</td>
<td>Business Meeting.</td>
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<td>Osteopathic Publicity Among Laymen and Organizations Dr. Charles Wakeling, Boston, Mass.</td>
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**FRIDAY, JULY 2, 1920**

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<tr>
<td>10:00 a.m.</td>
<td>Osteopathic Publicity Among Laymen and Organizations Dr. Charles Wakeling, Boston, Mass.</td>
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Hundreds of the Foremost Osteopaths Are Using and Recommending Our EL-AR

Sacro-Iliac Supporter, for the relief of Sacro-Iliac sprain, luxation and dislocation of the sacrum, for men and women.

Another important service performed by our supporter is, that it acts as an abdominal Supporter, preventing rupture and relieving all of those symptoms resulting from an unsupported heavy, pendulous abdomen.

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Address All Communications to the Above Institution.

A. G. HILDRETH, D. O.
Superintendent
The Lymphatic Glands in Relation to Vaccine Virus

Illustrated Address, Given January, 1920, Before the Anti-Compulsory Vaccination League, in Forester’s Hall, Toronto

F. P. Millard, D. O., Toronto

It is with pleasure that I address an audience of several hundred people tonight who are sufficiently interested to listen to a discussion so technical in nature that it borders on research work.

To my knowledge this is the first time that these statements have been made, but we sincerely believe that in five years’ time the ideas presented tonight will be adopted by investigators the world over.

We are going to deal with a subsidiary circulation, so to speak, a circulation within a circulation, wheels within wheels, circulation that exists without a direct propelling force—a heart—as is found in the pulmonary and systemic circulations. We are going to talk of a circulation that is seldom referred to in popular articles, yet one that concerns vitally every sufferer of toxic products from cancer to syphilis; every person, child or adult, who is suffering with any infectious disease.

In normal conditions we are not aware of a lymphatic system. Harmony reigns and no area of the skin is elevated with indurated nodules. The regions where we find groups of glands, that become swollen when disease is present, are comparatively free, in the healthy person, from any glandular swelling. These glands are best demonstrated in the neck, as that is the most accessible point. Going back, to illustrate, to a child with measles, or even a bad cold, you will notice the kernels in the neck if you run your finger tips lightly over the sides of the neck. As soon as the cold disappears these kernels go down, unless the system is poisoned.

These glands or traps are part of the great system of circulation, referred to as the lymphatic, which permeates the many tissues of the body.

Among its many functions it has one that concerns us deeply tonight. It is a conveyor of toxic products found or forced into the system.

Its duty is to counteract at its collecting agencies, the glands or nodules we may call “traps,” these poisons and destroy the germs or toxic products which, if allowed to be carried into the blood circulation, would cause almost instant death. Where these glands become so blocked, as they do in extreme cases of vaccine poisoning, that they overflow, the blood circulation takes up the blockage products and death from blood poisoning is the result.

The ability of the lymphatic system to handle toxic products, if not overtaxed, has been shown in the above reference relative to measles and colds.

In an ordinary vaccination where “it takes,” and no serious results follow, we may note that the auxiliary glands, in the arm pit are swollen and very tender, sufficiently to cause great distress on exertion upon the part of the patient, as in lifting the arm. After two or three weeks the soreness subsides and the glands may disappear, although they sometimes persist for months, even in the best test cases of successful vaccination.

Knowing that it is impossible to secure at all times a so-called pure lymph, there are many instances where a vaccine virus contains germs of a type that may produce within the system a variety of diseases, ranging from tetanus to a tubercular or syphilitic variety. I need but refer to one authority of national repute: Dr. Holt, in his latest edition of “Diseases of Children.”

He refers also to suppurating nodules in vaccination, sequella, but possibly has not connected up the idea of vaccine virus contaminating and poisoning the system through the lymphatic circulation.

And now we come to the real point of issue and that is: Following every wholesale vaccination there invariably follows an epidemic of diphtheria. Statistics gathered and published by the various health officers will prove this. In our own City of Toronto, the spread of diphtheria, sore throats, and even glandular epidemics, following wholesale vaccination, was most pronounced, as we suggested it would be early in the vaccinating campaign.

Before going any farther into this discussion I wish to state that I will answer my opponents on this subject. If they can prove that they have been fair-minded enough to be investigators. To talk to an opponent who will not do a little research work, and test out what I have stated regarding the lymphatic system, would be useless. It is as ridiculous as talking to a laboratory man who has never carried out his findings from a clinical point of view, but lives only with his test tubes.

I dare any number of “old-school” physicians to vaccinate, say, fifty children or adults and make a report with the one object in mind: that of
noticing the effects from a lymphatic standpoint and resultant throat complications. Out of fifty vaccinated (successfully) cases they would find that from four to six would either develop glanlar swellings in the throat, with ear trouble of some form, or a tonsillitis or diphtheria and possibly mumps.

In my twenty years of practice I have been constantly studying the lymphatic system, and I have noted several hundred cases that had been vaccinated by those who practice such procedure, and in going over these glands, I have noted the peculiar feeling when palpating, quite unlike the swelling found in these glands when nature left alone is combating some infection. In other words, the effect upon lymphatic glands from poisons forced into the system, as vaccine virus, is quite different from the enlargement of these glands due to any children’s disease of an infectious type. You can prove this yourself, but it will take time and patience and hundreds of cases to practice upon.

You must first familiarize yourself with the almost seeming absence of glands in the normal subject, and then the glandular swelling in cases of simple colds, wherein you find a soft, almost pleasing nodular rising, as the cushions of the fingers ride over the little bumps. Then you will note a chronic type, as found in the breast and axilla, where there is approaching malignancy.

Again you will find a different feeling in these glands if a tubercular condition exists, and again a still different one on palpation in venereal diseases, and so on, including appendicitis.

Some years ago I wrote an article, illustrated, on diagnosing appendicitis by palpation of the (inguinal) groin glands. I still insist this can be done.

While some twelve years ago I wrote an illustrated article on “Indications of Malignancy in the Breast, as Noted in the Glands of the Arm Pit (Axillary).”

### Figure II

**The glands of the neck are shown in this picture. They become enlarged along with those in the arm-pit after vaccination, lowering the vitality of the tissues so that diphtheric germs may be harbored, and diphtheria result.**

These two articles appeared in a technical journal in the States (“The Journal of the American Osteopathic Association”).

Let us follow up the paths of infection and illustrate with some photographs of my original drawings and others, photographs of children or adults, dead or in a crippled condition by blood poisoning through the lymphatic system, following vaccination, and see for ourselves the truths of these statements.

Figure I shows the lymphatic glands of the axilla, as well as those in the side of the neck and throat. You will notice the radicals or canal-like tubes or channels connecting the glands together. There is a superficial, as well as a deep system and axillary or arm-pit infection, you will note, resulting at a later date in throat infection.

We will show a slide in a few moments of a case where there is a chronic suppurating wound in the glands under the jaw.

This case was reported by Dr. Peebles, M. D., and was the direct result of the vaccination virus travelling upward from the arm-pit to the lymphatic glands under the jaw.

Figure II shows these same lymphatic glands, only more clearly than in figure I. In figure I you will no-
Figure III. Vaccination of the leg causes the glands of the groin to enlarge. This produces congestion around the ovary. Indicated by the top arrow, and sterility or an operation may follow.

Notice that the breast area is shown, and as we have pointed out already there is a close connection between the glands in the breast and armpit. It is easily understood why there has been such an increase in diseases of the breast since vaccination has been in vogue. Indurated glands in the axilla may in a few years convey repeatedly to the glands of the breast a substance that will produce swelling of the glands in the breast.

Gangrene of the hand, as referred to by Dr. Holt, is another confirmation of the blockage of the circulation by chronic or indurated or even suppurating lymphatic glands, as he refers to it.

In the case of the leg being vaccinated, as was carried out in a number of cases in this city, and countermanded by the health office when he found out the serious results ensuing, we refer to figure III to show the direct connection the vaccine virus in the lymphatic system has on the inguinal (groin glands), as well as those in relation to the ovary.

The arrow points to the ovary of the left side and the possibility of infection and resultant sterility.

In a number of cases vaccinated in the leg, during the epidemic, the glandular swelling was so great that the patients were bed-ridden, and when standing the swelling could be noted through the garments.

In some cases suppuration of these glands followed, and from the various open sores purulent matter poured for days and weeks. This was the effect upon the system as manifested by the lymphatic system by a vaccine virus pronounced "pure" by the city health officer.

After showing you the pictures of the vaccinated children and adults who were crippled or died through the effects of vaccination upon the lymphatic system, I want to thank you for your patience in listening so attentively to a discourse so new and of a technical nature.

(Reprint from Journal of the American Osteopathic Association, May, 1920.)
We Have $7,500 Toward Massachusetts College Fund


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

Earl J. Drinkall.............................................. $100
George W. Goode............................................. 100
J. Oliver Sartwell......................................... 100
W. Arthur Smith............................................ 100
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Laura Meader................................................ 10
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C. A. Lindquist............................................. 25
M. L. Hartwell............................................... 2
F. E. Moore................................................... 2
Edgar S. Comstock, Secretary
Chicago College............................................ 10

Dr. C. W. Estey, Westfield, Mass.; Treasurer, Dr. Benjamin F. Riley, New Haven, Conn.

MASSACHUSETTS COLLEGE GRADUATES FIRST FOUR YEAR CLASS

Exercises June 11th.

Dr. J. Oliver Sartwell, the dean of the Massachusetts College of Osteopathy, says, "This class, if only from the length of its college course, is a remarkable class. It has been carefully selected, hand sheared, thoroughly carded and combed, and is now presented a dyed-in-the-wool A. T. Still brand of Osteopathy, warranted to run true without admixture of medical bluff or bigotry."

The Hon. Thos. A. Mullen will give the principle address of the evening, and Dr. Geo. W. Goode will God-speed the departing class.

Dr. Clara DeGress McKinney has removed from 510 Fourth National Bank Bldg., Cincinnati, O., to 3009 Franklin Ave., Houston, Texas.

Dr. Cecil R. Rogers has changed his downtown office from the Marbridge Bldg. to 314 Madison Ave., corner of 44th Street, New York City. The uptown residence offices will remain the same. Dr. Rogers has installed a McManis table.

ON TO CHICAGO

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Osteopathic Truth
A MONTHLY JOURNAL OF
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President
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Vice-President
Richard Waneless, D. O., N. Y., N. Y.
347 Fifth Ave.
Secretary-Treasurer
Oliver C. Foreman, D. O., Chicago, Ill.
27 E. Monroe St.
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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
Francis A. Cave, D. O., Boston, Mass.
Geo. F. Hurley, D. O., Los Angeles, Cal.
Louise A. Griffin, D. O., Boulder, Colo.
Nettie O. H. Stingle, D. O., Rocky Mt., N. Y.
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Advertising rates will be submitted upon application to the Business Office in Chicago.

JUNE, 1920

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

Keep Your Ear to the Ground of Public Opinion
Is this the California Idea? If so, Let's Stop Before It Is Too Late,

The Los Angeles Times, one of the foremost newspapers of California had this to say in its editorial columns recently:

"Osteopathy"

"The osteopaths propose a million dollar hospital in Los Angeles. We shall soon have almost enough hospitals. They pay big dividends to physicians who hold stock in them.

"Time was when the osteopaths boasted of the successes of their 'bloodless surgery.' Now, a majority of them have embraced medical fallacies—vivisection, drugging, unnecessary operations and all the rest of it. In short, they have become 'ethical,' although the 'regulars' still retain the juicy political plums for themselves. A minority protest at this sacrifice of ideals, but it avails little to stem the wave of commercialism.

"Merely from the low viewpoint of money the osteopaths are unwise. They are backing the wrong horse. The ranks of the drilling school are overcrowded, and there is a rapidly growing demand among the people for rational healing that heals."

"Hits the Nail on the Head."

We are prone to forget that the layman gets an idea once in awhile and that he can tersely express the same in unmistakable terms. This short discourse hits something squarely on the head with no mincing of what is meant.

"Bloodless Surgery."

Not many years past we heard a great deal about the wonderful cures of Osteopathy, the Bloodless Surgery. Recently a hospital was opened and called the Rocky Mountain Hospital with the word osteopathy left out of the name, because the founders decided that the word "Osteopathy" would detract from the value of the institution since it might keep surgical work away.

"Listen."

It pays to keep your ear close to the ground and listen to what the editors of newspapers say. Then, if we want their co-operation, we must pay attention to the handwriting on the wall.

"Truly the world is crying for a rational healing that heals. That birthright is ours to foster and develop, or will we sacrifice it on the altar of gold, hiding its light under a bushel. The drug doctor has failed in his high mission and are we to be dragged down in the whirlpool of his sinking. Will we let money kill out principles."

"Afraid! Afraid of what, if you stand on the high ground of principle and fight for those principles. The word "Osteopathy" will never degrade any hospital if real osteopathy is given to those who seek health, but it truly will if osteopathy is not given to those who seek and do not find. When the word "Osteopathy" is left out of the name of an osteopathic institution then the public drops its estimation also, for. "As a man thinketh in his heart, so is he." If we think little of our own institutions then we can expect only the same measure from the public.

A word to the wise is sufficient.

SIGNS OF THE YEAR'S PROGRESS

A New History

Dr. E. R. Booth of Cincinnati is preparing a revised edition of the History of Osteopathy, which from inside information we know to be quite a marvellous book. Every doctor should have one or two to loan to interested patients and prospective students. Our old one has the cover nearly worn off.

Health Information is the topic for a series of ten booklets written by Dr. Booth. They are exceptionally high class and complete.

Dr. Booth also has a case record and history sheet which he is putting on the market. The skeletons enable one to chart the lesions for future reference.

S. O. S. New Catalog.

S. O. S. stands for help through the efficient Southwestern Osteopathic Sanitarium. The new descriptive booklet is very attractive and a credit to the best institution in the country. They cannot help but succeed because they have the right people and the right spirit behind the institution.

THE BIGGEST CONVENTION
JUNE 28-JULY 3
CHICAGO
Training School for Nurses.

The Training School for Nurses of the Osteopathic Hospital of St. Joseph, Mo., would like to have you refer eligible young women desiring to become nurses to them. Classes are enrolled May 5th and September 1st. The hospital is of seventy beds.

**Still-Hildreth Reports 49% of Cures.**

The report just issued by the Still-Hildreth Osteopathic Sanatorium shows a recovery of 356 out of 724 mental cases treated and used for statistical purposes.

Think of it, ten-fingered osteopathy did it. If osteopathy will cure the disordered mind to the extent of 49% then most other conditions should register near the 100% mark.

We rejoice with the institution in their success.

**Dr. John Ogle in Silver Black Fox Co.**

The Anglo-American Silver Black Fox Co., with offices in Moncton, N. B., Canada, has a fox ranch at Colpitts for the raising of the silver black foxes, and the sale of their pelts.

Dr. John Ogle of Moncton has become interested in the company as a stockholder. The men of the company are personal friends of Dr. Ogle. Since fox furs are selling for fabulous prices we can now count the profits.

**Dr. Swart Develops Spine and Rib Fixer**

Dr. Joseph Swart of Kansas City, Kan., of Strap Technic fame has developed a spine and rib fixer which is used in the adjustment of the ribs and vertebrae. The patient helps to adjust his own refractory vertebrae or ribs after you have adjusted the apparatus.

**INDUSTRIAL ENGINEER USES OSTEOPATHIC CONCEPTION OF MAN AS AN ILLUSTRATION FOR A BOOK**

C. E. Knoeppel, New York, the Author

"The Most Effective Type of Industrial Organization" is the title of a sixty-four page booklet written by C. E. Knoeppel of New York in which he uses the body as an illustration all the way through the book as the most effective type of industrial organization. The analogy is very aptly applied, and in the back of the book the human body as an organization is charted with the cerebrum as the beginning or controlling unit.

Dr. Wanless sent the book to us and reports that Mr. Knoeppel is a thorough believer in Osteopathy. Mr. Knoeppel could not conceive of a better illustration than the body to further his work as an industrial engineer.

The osteopathic physician is the industrial engineer of the greatest industrial plant in the world.

**"YE GODS AND LITTLE FISHES"**

The Skunks Would Steal the Coins From Dead Men's Eyes

GET THIS LATEST

Philadelphia, Pa.,
May 6, 1920,
Dr. B. J. Palmer.

Dear B. J.: In reading the latest issue of the F. H. N., I find that the story of the Prince of Spain having his hearing, and speech, restored through a Chiropractic adjustment also appeared in Chicago papers.

It appeared in two Philadelphia papers on Sunday, April 25th.

I thought this very good publicity, so wrote in an ad (copy enclosed), which will appear in one of the Philadelphia papers in which the Prince of Spain story appeared, on Sunday next.

As the expense of this ad will be $100 and too heavy for me alone, I induced Dr. Fought of Philadelphia to go 50-50 with me. He jumped at this like a fish jumps for a fly, for Dr. Fought knows the value of publicity, for is he not a student of yours? You who are the biggest advertiser in the Chiropractic World.

I am sending you this for publication in the F. H. N., because I think it is a good ad, and as no doubt the Prince of Spain story was printed in many papers all over the country, it may suggest to fellow chiropractors to follow the story up with educational advertising, such as this. If it costs too much for one, let two or three or more club together, but the thing is to follow it up and not lose the impression created in the public mind and to use it to the advantage of Chiropractic.

It is not often that the large newspapers offer an opportunity like this one.

Best wishes to the F. H. N.

Chiropractically yours,
J. F. Rausch, D. C., Ph. C.

We are advised that Dr. Tomi of Muscatine, Iowa, has put this story up into a 4 sheet folder and is selling them at a very reasonable price.

"Fountain Head Snooze, Vol 9, No. 37."

**ENGLAND IS WAKING UP**

Copy of Clipping from London Daily Chronicle

I hear that Don Jaime, the little Spanish Prince, is benefiting greatly by his prolonged stay in England.

It is fairly common knowledge that he has never been strong, and has suffered from defective speech and hearing. He has lately been in the hands of a world-famous Osteopath in London, and is showing marked improvement.

Osteopathy came to us from America, but it is surely, if slowly, becoming to be recognized as the panacea for almost all ills. I know a large number of persons who have been treated, and have been astonished at the results. They include many soldiers, and also a large number of women who could not for the life of them have said from what they suffered, but who feel much better.

**TWENTY-SECOND ANNUAL MEETING OF THE IOWA OSTEOPATHIC ASSOCIATION AT CHAMBERLAIN HOTEL, DES MOINES, IOWA**

**May 19, 20 and 21, 1920**

**Wednesday, May 19th**

9:00 a. m.—Surgical Clinics, Dr. S. L. Taylor, at Des Moines General Hospital.

1:30 p. m.—Child Welfare and Public Health, in charge of Drs. Mable Andrew and Lilian Wagoner, at General Hospital.

**Thursday, May 20th**

9:00 a. m.—Osteopathic Business and Legislation, National and State Attorney Hon. Perry S. Paterson of Chicago, Ill.

9:30 a. m.—Business session of the I. O. A., members only. Discussion.

1:30 p. m.—Eye, Ear, Nose and Throat in General Practice, Dr. Roy Quick, Sioux City. Discussion.

2:30 p. m.—Advertising, Dr. H. S. Bunting of Chicago, Ill. Discussion.

3:30—Technic, Dr. Chester H. Morris of Chicago, Ill. Discussion and clinic.

6:30 p.m.—Banquet at Chamberlain Hotel.

Toastmaster, Dr. A. H. Hildreth, Macon, Mo.

**Friday, May 21st**

9:30 a. m.—Orthopedics and Clinics, Dr. George Laughlin, Kirksville, Mo.

11:00 a. m.—Dietetics, Dr. M. E. Bachman, Dean of Des Moines.

1:30 p.m.—Gynecology, Dr. Lola Taylor, Des Moines. Discussion and clinic.

2:30 p.m.—High Heels in Relation to Anatomy, Dr. S. J. Olsen, Des Moines.

3:00 p.m.—Round Table. Discussion and clinics.

Museum of Osteopathic Medicine, Kirksville, MO
The Mechanical Effects of Typhoid Inoculation
Perrin T. Wilson, D. O.

After reading Dr. Millard’s article on “The Lymphatic Glands in Relation to Vaccine Virus,” I dug up the following article which I wrote in 1918. I titled it “Hyperemia” as a blind, hoping to get it past the military censor. I prepared it to give at the New England division of the A. O. A. convention held in Boston in July, 1918. The reason I did not give it was two-fold. First, the commanding officer advised me, “In view of the facts in regard to typhoid inoculation he thought it best to say nothing against it.” Second, he refused to give me a few additional hours that would have given me time to be at the convention.

I am going to let the article stand just as I wrote it in 1918 including the title, but I want to state that I very much doubt the efficacy of typhoid inoculation because I handled a great many boys while in France who had typhoid fever. The military authorities would lead us to believe that there was not much typhoid among the A. E. F. and what there was, was among the boys at the front, where the water could not be guarded. We had boys sick with typhoid in our hospital who had never seen the front. My observations have led me to suspect that there is no such thing as a typhoid bacillus separate and distinct from a colon bacillus. Can you tell me why if typhoid is an intestinal disease you can discover millions in the urine but very few in the feces. A. T. Still gave me the idea that has cleared up the typhoid bacillus for me. Breathing putrefactive products fills the blood with putrefactive chemicals. There is putrefaction in the intestines. The intestinal cells are protected by good blood but if we deliver putrefactive chemicals in that blood we put putrefaction on both sides of the intestinal cells and the cells themselves putrefy, allowing the colon bacillus to enter the blood stream. The colon bacillus absorb quantities of this putrefactive chemical in the blood and become typhoid bacillus, to be excreted by millions by the kidneys. Am I crazy? A typhoid patient is lame all over a week or so before he gets bad enough to call a doctor. Why not, if putrefactive chemicals are coming in contact with every muscle in his body. He calls a doctor and the Widal test is taken and found negative. A week later taken again it is found positive. If typhoid bacilli were in the blood the first time why was it not positive? What I say is that it took from one to two weeks for those intestinal cells to break down sufficiently to allow the colon bacilli entrance to the blood stream. Then they sop up this poison and become typhoid bacilli and having putrefactive chemicals in concentrated form will agglutinate. Has this theory been presented before? Has it been exploded? Am I bug house?

Hyperemia

The subject of hyperemia is so extensive that it will be necessary for me at this time to confine my attention to one little branch of it. Hyperemia can scarcely be called a disease but is a symptom of a physiological process of readjustment. We will take a normal hyperemia as one brought about by an irritant while the structure of the body is maintained correctly. An abnormal hyperemia is, then, one where the structure of the body is not correctly adjusted and permits or causes an abnormal physiological response to the stimulus or irritant. Function may outrun itself and cause a structural abnormality where none previously existed, and although it is the tendency of structure to return to normal after the irritant is removed, it may not do so but may persist and be a permanent osteopathic lesion. To these oft repeated ideas I wish to add that Dr. A. T. Still cautioned against an excess of blood to a part.

If you will bear these ideas in mind I wish to take up what I believe to be the most important factor in the deaths from pneumonia and measles in our cantonments, namely, the various vaccinations, taking in this paper the particular one of typhoid inoculation and discussing it as a cause of pneumonia and throat disease from a purely mechanical standpoint. Let me digress here to state that this is no discussion of the inefficacy of the vaccines nor is it an attempt to show that it is the sole cause of these diseases but I wish to emphasize the fact that until Dr. A. T. Still proclaimed osteopathy, the mechanical abnormality did not hold a place in the chain of causes of disease which it deserved. Seldom, if ever, does one event cause disease, but it is like a cable where
one strand breaking puts more strain on the other strands. Finally, another strand breaks, and so forth, until the cable loses its function. Thus I believe several events take place to produce disease and I am convinced that the mechanical defect is the most vital cause, and I wish to show how through the simple typhoid inoculation dire results might even be foretold.

When skilfully done the prick is not very painful as long as the arm is held perfectly limp. There is a prevalent idea that "If one of the jabs don't 'get' you another will." To this I wish to state that each individual reacts differently. With some each of the three is prostrating, with other patients only two, others one and some have no sensations at all other than a slightly stiff arm. To present to you a typical case I will take my own which seemed to be a reasonable medium. About one-half hour after the first inoculation there seemed to be a constriction about my arm at the point of injection and a sense of fullness in the deltoid region. This grew worse until I was unable to raise my arm from my side without pain and without assistance from my left hand. I could not raise it above the horizontal position even with pain. About four hours later, while receiving a lecture, one of our number fell to the floor unconscious, soon followed by another. Up to this time I had thought of no such thing but the psychic effect was too great, and I lay down as a precaution; however, I did not swoon, nor was I affected in that way at any time. About eight hours after inoculation I got a decided chill and a sensation of weakness all over, although not severe. All night I felt cold and it was 48 hours before I felt life myself again. Meanwhile there was a decided lump in my axilla, a soreness about the right side of the chest, a tightness and dull pain throughout the extent of the right side of my neck, and a cough developed. The morning after the inoculation one barracks sounded like a dog kennel there was such a chorus of barking.

The second inoculation acted in about three hours with a chill and much more soreness and weakness in my muscles, although the lump in the axilla was not so great. It was easily three days before I felt normal again. The third inoculation had very slight effect other than the painful lump in the axilla. All of the inoculations caused a stoppage of bowel evacuation. This seemed to be quite general for there was a great demand on the sergeant for c. c. pills. A very few, however, were affected by an overactivity of the bowel.

Now then, the lymphatic drainage of the area of injection will be seen to be the axillary lymphatic glands, the pectoral group, the central group and the posterior group. There is such a reaction, to the irritant as to swell these glands, particularly the pectoral and central groups. With these glands swollen we have a direct mechanical irritant to all structures in the neighborhood; for instance, the intercosto-nerve passes directly through the central set of glands and can account for pain in its distribution. The external and internal anterior thoracic nerves are affected and account in some way for the decreased excursion on the right side of the chest which is noted. In addition to this, the lymph glands, already overfull, cause a stasis of lymph in the pectoral and intercostal muscles thus adding to their inefficiency. This decreased excursion causes an imperfect aeration of the lung suboxidation and hence an obviously fine pneumonia culture and a direct break in our immunity against pneumonia. In addition I note that these conditions may readily cause a rib lesion which may not return to normal after the irritant subsides, but be a constant menace tending toward pneumonia. These lymphatic glands are in direct contact with the subclavian vein and their enlargement causes a passive hyperemia in its tributaries. Because of the proximity of the inner cord of the brachial plexus and through the continuity of tissue these enlarged glands act as a mechanical irritant to the entire brachial plexus. This plexus passing through the scaleni muscles coupled with the contact of the chain of lymphatics following the subclavian vein as it comes in contact with the lower end of the scalenus anticus is an obvious mechanical irritant causing the contraction of these scaleni muscles. These muscles are always under more contraction than other muscles in the body and by looking at the attachment we must see the probability under this added stimulation of either raising the first and second ribs or causing a lesion between the second and third cervical vertebra. Knowing that the superior cervical sympathetic is in contact with the transverse process of the second and third cervical vertebra, we can foretell a direct irritation to this, hence the structures of the throat are affected and the sore throats leading to measles and scarlet fever are easily accounted for.

Being in camp where I have been unable to have access to books, I have not by any means covered the possibilities of the applied anatomy in this case, but hope that I may have mentioned a few points of interest and shown how, by direct mechanical interpretation of the physiological effects and anatomical aspects of the case such disorder as specified may arise. Let us then ask ourselves honestly if more boys have not lost their lives through the inoculation against typhoid than would have succumbed from the disease itself, under the wonderful system of sanitation now in force in the army.

Looking in the Glass
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.

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G. V. WEBSTER, D.O.
Carthage, N. Y.
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 Avenue, Chicago, Ill.

AN UNUSUAL NECK INJURY

People who do not wish to believe that the Osteopathic concept of disease can possibly be an etiological factor in causing disease, frequently make the statement that a subluxation of the vertebra, especially in the cervical area cannot occur without an accompanying fracture, and that such a combination cannot result otherwise than in paralysis, sensory disturbances or other spinal cord symptoms due to actual pressure on the cord. This same line of reasoning is pursued to the effect that since in most Osteopathic lesions there are not definite localized pressure cord symptoms and rarely a fracture, therefore, a subluxation or Osteopathic lesion cannot exist.

At the time the accompanying plate was made, three months after the injury, his only complaint was the stiffness of his neck. It was embarrassing and disagreeable to have to turn the whole body to see at his side or behind him. Flexation and extension of the cervical area was limited but not enough to disturb him. He held the head forward on the shoulders markedly.

He came to an Osteopath because he had heard that these people could loosen up stiff necks. His estimation of Osteopathy received an affront when told that an X-ray was essential before treatment could be undertaken. He had expected to have his neck "popped" and have it thenceforth assume swan-like flexibility.

In this line of thought a recent case seems interesting. A young farmer, 27 years of age, was struck on the back of his head by a falling wagon body and was, as he put it "all crumpled up" by its weight. He was unconscious for about an hour, was put to bed and recovered consciousness before his physician arrived. He had at this time an intense headache. He was given some "powders and tablets" to relieve this headache. In a couple of days he was able to feel well enough to work for two weeks and found that a little exertion increased the headache.

This diminished until he was able to do his regular work without discomfort in about a month.

The accompanying plate shows a forward dislocation of the sixth upon the seventh cervical vertebra and leaves open to conjecture how the spinal cord can worm its way through such a marked kink in its canal and yet not show actual cord phenomena.

He was advised to forget his neck and put in his time being grateful that he was alive to have a stiff neck.

To be equally frank, one must consider the wonderful degree of adaptability which apparently has compensated for its structural derangement sufficiently to even prevent the usual symptoms which would be expected from an ordinary lesion at this point. Nature sometimes is surprisingly good to people and their physicians, no matter what branch of therapy they consider rational.

DR. HARRY M. GOEHRING ELECTED PRESIDENT PENNSYLVANIA ASSOCIATION

Adopt Resolution Against Tampering With the Law from a Therapeutic Standpoint.

The Pennsylvania Osteopathic Association held their 21st annual convention in the Hotel Schenley, Pittsburgh, on May 28 and 29.

The Program.

Friday Morning
9:00—Call to Order.
Diseases of the Colon and Rectum and Their Etiological Relation to Other Human Ills.—C. Ethelwolfe Amsden, D.O., M.D., Toronto, Can.

10:00—Dr. Swart's "Strap Technique."—Dr. E. Clair Jones, Lancaster.
11:00—Osteopathy Today as Compared with Twenty Years Ago.—A. G. Hildreth, D.O., Macon, Mo.
12:00—Announcement of Committee Appointments.
Recess.

Lunch.

Friday Afternoon
1:30—Call to Order.
Enlarged Cervical Glands and Their Relation to Tuberculosis.—Dr. E. M. Downing, York.
2:15—Osteopathic Institutions.—Dr. D. S. B. Pennock, Philadelphia.
3:00—Lesions Causing Congestion and Mal-Position of the Pelvic Viscera.—Dr. Cecelia Curran, Philadelphia.
3:30—Woman's Bureau of Public Health of the A. O. A.—Dr. Nettie C. Turner, District Chairman.
4:30—Symposium on Technique, Demonstrations in Sections.
Cervical, E. M. Downing; Dorsal, C. J. Muttar; Strain, E. Clair Jones; Inominate, B. W. Sweet; Dorsal, W. S. Nichol; Lumbar and Sacral, Frank Goehring.


Friday Evening
7:00—Banquet.

Saturday Morning
9:00—Call to Order.
Kindergarten Osteopathy.—George W. Goode, D.O., Boston, Mass.
10:20—Osteopathic Shops.—Dr. Harry M. Goehring, Pittsburgh.
11:00—Acute Infections.—Dr. C. Earl Miller, Bethlehem.
11:40—Osteopathy in Nervous and Mental Diseases, with Clinical Demonstrations.—Dr. J. Ivan Dufur, Philadelphia.
Recess.

Lunch.

Saturday Afternoon
Adjournment Sine Die.
DR. GOEHRING, PRESIDENT

We congratulate the Pennsylvania Association upon electing such a man as Dr. Goehring to guide its destinies during the coming year. From his past record in pushing real Osteopathy to the front we are assured that the same high record will be maintained while he is in office.

The other members of the official family are as follows: Dr. W. A. Sherwood, vice-president; Dr. G. W. Krohn, secretary; and Dr. L. Guy Baugher, Treasurer. The executive council is composed of Dr. Nettie Turner, Dr. C. J. Muttart, and Dr. H. J. Dorrance.

Dr. Arthur M. Flack was elected delegate to the House of Delegates with Dr. Harry M. Vastine as alternate.

The Resolution.

The following very important resolution was presented by Dr. John T. Downing of Scranton following a paper read by him, but not scheduled on the program.

Resolved: That the Pennsylvania Osteopathic Association in convention assembled hereby instructs our Legislative Committee to endeavor, at the next session of our legislature, to amend the osteopathic law so as to compel recognition and acceptance of our certificates by the Compensation Boards, the Lunacy Committee, and the various Health Boards to which they are submitted.

Further resolved: That our Legislative Committee shall always strive to protect and perpetuate the present wording of the osteopathic law as defining the practice of osteopathy, to wit: “The practice of osteopathy as taught in the reputable colleges of osteopathy.”

Be it further resolved: That the Pennsylvania Osteopathic Association demand that our osteopathic colleges in their curricula adhere strictly to those subjects that are essentially germane to the practice of osteopathy.

The Opportunity.

The coming year will give Pennsylvania, with Dr. Goehring at the helm, the opportunity of clearing the previously darkened skies, setting the ship aright and advancing toward the harbor of progress.

SOMETHING TO THINK ABOUT?

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

LANCASTER OSTEOPATHIC ASSOCIATION ORGANIZED

Lancaster, Ohio, is a little city of about 15,000 population and the four osteopathic physicians located there have organized themselves into a society, the object of which is “the promotion of harmony and fellowship among the osteopathic physicians in the community, the advancement of the science of osteopathy and increase of efficiency in serving the public.”

Meetings are held monthly, at which times subjects of interest to the osteopathic physicians are discussed. A realization of its object is becoming quite manifest.

ALICE G. MALONE, Secy.

CHICAGO OSTEOPATHIC ASSOCIATION ELECTS DR. FRED BISCHOFF PRESIDENT

The Chicago Osteopathic Association elected Dr. Fred Bischoff president for the coming year. The May meeting at which he was elected was addressed by Dr. George MacGregor upon the subject of Diet.

The June meeting will be held with the Osteopathic Woman’s Club at Washington Park with a picnic and dance.

Keeping Pace with Osteopathy

The Kansas City College of Osteopathy and Surgery announces

Erection of a $60,000 College Building

To be ready for occupancy next September, and immediate plans for erection, in the near future, of a

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Address: F. L. LINK, Kirksville, Missouri
EXPANSION OF THE KANSAS CITY COLLEGE OF OSTEOPATHY AND SURGERY

Four years ago, a few members of the profession in Kansas City saw the light sufficiently and had the necessary faith to organize a college of Osteopathy, believing that Kansas City, the Gateway to the great Southwest, holds many possibilities and opportunities for such a school based upon purely Osteopathic teachings and principles. And out of that meager beginning a real college is growing—has already developed. The original quarters were outgrown the first year and now another move must be made.

Plans and specifications are now in the hands of the architect for a modern school building; a site for the erection of same having been purchased some time ago. In connection with the expansion and enlargement of the college, plans are being prepared for the erection of a 100-bed hospital, which will be completed next year. The new $60,000.00 college building is to be completed by the middle of September, in time for the opening of the fall session.

The site for the new building is an ideal location, being situated near the intersection of Admiral and Highland Boulevards, being 216 feet deep with a frontage of 100 feet on Admiral. The location is most valuable from a clinical standpoint, being within easy access of various classes of clinical material. It is also removed from the noise of the commercial district and yet close enough to make it easy of access to the various members of the profession who are serving on the faculty.

The instructions to the architect call for a two-story building with basement 40x50 feet, with a wing 30x50. It is to be a fireproof construction to contain four large class rooms and auditorium, laboratories, clinic rooms, specialty departments, offices and heating plant. The building is to be completed ready for occupancy in September.

In order to finance the proposition, the Board of Control decided on a $60,000 ten year first mortgage building bond issue at six per cent. This issue will be sold among the members of the profession who have already a lively interest in the matter, practically one-third of the issue being subscribed without any effort on the part of the college.

Immediately this issue is subscribed the college expects to put into action plans for financing and erecting a hospital of 100 beds or more capacity. It is expected that the financing of this proposition will be taken care of by lay friends of Osteopathy in Kansas City and vicinity. In fact, many of those who are pushing the erection of the hospital are reporting voluntary offers of assistance from among their friends and patients. There is little doubt but what the Osteopathic profession of Kansas City is going to be able, in a very short time, to erect a hospital second to none in the city.

At a recent meeting of the faculty of the College, Dr. S. H. Kjernar was elected president for the coming year and Dr. Hanna Leinbach was elected vice-president. Dr. J. L. Lowe succeeded himself as dean of the faculty.

CHICAGO COLLEGE GRADUATES TWENTY-SIX, MAY 31st

The Chicago College of Osteopathy held their graduating exercises on Monday evening, May 31st, at which time twenty-six were graduated, three of whom were post-graduates.

Mr. Francis V. Sheppardson, director of the Department of Education and Registration of the State of Illinois gave the principle address of the evening.

Dr. Geo. Carpenter, president of the college presided and presented the diplomas to the graduates.

BUSY OSTEOPATH GAINS $60,000.00 ASSET

Dr. C. E. Amsden of Toronto, Canada, has increased his previous income $300.00 a month (representing 6% on a $60,000.00 investment) as a direct result of his study of our Correspondence Course in Orificial Surgery.

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## The American Osteopathic Society of Ophthalmology and Oto-Laryngology

**June 21 to June 26 at Chicago College of Osteopathy**

### Monday, June 21, 1920
- 8:00 to 12:00—Examination of Clinic patients.
- 12:00 to 1:30—Luncheon.
- 1:30 to 5:00—Examination of Clinic patients.

### Tuesday, June 22, 1920
- 8:00 to 12:00—Examinations, Surgery and Treatment of Clinic patients.
- 12:00 to 1:30—Luncheon.
- 1:30—President’s Address, Dr. L. S. Larimore.
- 2:30—Refractive Errors and Retardation in School, Dr. C. L. Draper. Thirty minutes, 15 minutes for discussion.
- 3:15—General Practitioner and the Eye, Dr. J. S. Baughman. Thirty minutes, 15 minutes for discussion.
- 4:00—The Osteopathic Management of Glaucoma, Dr. George W. Goode. Thirty minutes, 15 minutes for discussion.
- 4:45—Public Welfare Round Table.

### Wednesday, June 23, 1920
- 8:00 to 12:00—Examinations, Surgery and Treatment of Clinic patients.
- 12:00 to 1:30—Luncheon.
- 1:30—Osteopathy Replacing the Nasal Surgeon, Dr. L. M. Bush. Thirty minutes, 15 minutes for discussion.
- 3:00—Applied Anatomy of Head and Neck with Stereopticon, Dr. Glenn Moore.
- 4:00—The Examination of the Eye, Ear, Nose and Throat Conditions of Over 400 School Teachers, Dr. R. E. Hamilton. Thirty minutes, 15 minutes for discussion.
- 4:45—Public Welfare Round Table.

### Thursday, June 24, 1920
- 8:00 to 12:00—Examinations, Surgery and Treatment of Patients.
- 12:00 to 1:30—Luncheon.
- 1:30—Intra Laryngeal Technique. Thirty minutes, 15 minutes for discussion.
- 2:15—Finger Surgery of the Eye, Ear, Nose and Throat, Dr. Edwards. Thirty minutes, 15 minutes for discussion.
- 3:15—Some Fundamental Points of Consideration in Diagnosis of Diseases of the Eye, Ear, Nose and Throat, Dr. C. C. Reid. Forty-five minutes, 30 minutes for discussion.
- 4:15—Warm, Moist Ether Vapor in Tonsillectomies, Dr. E. A. Fenner. Thirty minutes, 15 minutes for discussion.
- 5:00—Public Welfare Round Table.

### Friday, June 25, 1920
- 8:00 to 12:00—Examinations, Surgery and Treatment of Patients.
- 12:00 to 1:30—Luncheon.
- 1:30—Graphic Representation of Results Obtained in Deafness by Osteopathy, Shown by a System of Charts, Dr. C. A. Ross. Thirty minutes, 15 minutes for discussion.
- 2:30—Chronic Diseases of the Middle Ear and Mastoid Cells, Dr. L. S. Larimore. Thirty minutes, 15 minutes for discussion.
- 3:00—Preventative Diagnosis, Dr. T. J. Ruddy. Forty-five minutes, 15 minutes for discussion.
- 4:45—Public Welfare Round Table.

### Saturday, June 26, 1920
- 8:00 to 12:00—Examinations, Surgery and Treatment of Patients.
- 12:00 to 1:30—Luncheon.
- 1:30—Dental Foci of Infection, Its Importance, Who Is Responsible; An Arraignment of the American Dentist, Dr. W. V. Goodfellow. Forty-five minutes, 15 minutes for discussion.
- 2:30—Gastro Intestinal Intoxication and the Relation to Diseases of the Eye, Ear, Nose and Throat, Dr. J. Deason. Forty-five minutes, 15 minutes for discussion.
- 3:30—Open meeting for everyone.
- 4:30—Public Welfare Round Table.

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Osteopathic Achievements Justify an Aggressive Program for the Immediate Future

Geo. F. Barton, D. O., Los Angeles, Cal.

When we consider that Osteopathy started with one lone man, the late Dr. A. T. Still, our beloved founder, a trifle longer than one-quarter of a century ago, and that now the roll of personal devotees practitioners number six or seven thousand, with only a slight defection of perhaps less than two per cent from the original number with probably nearly as many medically-trained accretions as we have had defections in our ranks, we have reason to be proud.

Also, we have a fairly good number of Osteopathic colleges stragically located for the most efficient seasoning of new material; from whose portals hundreds of graduate students emerge annually equipped with knowledge, power and enthusiasm for the unsullied unfurling, waving and high-holding of the banner of osteopathy over a free people.

Osteopathy has laid the foundations for world-wide educational therapeutics bettment.

The empiricism of fetishism and guessing; the tyranny of subjecting human beings to the uncertainty of experimentation in order to prove a theory; the ignominy of dispensing myriad poisonous products of vegetable, animal and mineral kingdoms gathered from every quarter of the globe in the hope of counteracting or driving out the venom which is supposed to be the cause of all the heartaches and bodily pains of which the highest order of intelligence is heir. These and all kindred pseudo-philosophies and irrational practices are not only tabooed and sidetracked, but are products of the "Dead Past"; whereas, the common sense philosophy of osteopathy compels complete engrussment of the intelligence of her followers with the problems of "the living."

Osteopathy denominates man the most intricate and complex and wonderful element in the universe—an entire entity; a three-fold being: Vitality, God-given; Intelligence, self-aroused, self-educated and self-sustained; physically nurtured, developed, matured, preserved and conserved according to the highest and most rational laws of intelligence.

Concerning the God-given quality, vitality, we must be so engrossed with the use and adaption and correlation of the mental and physical that not one spark of that potency may be misdirected or non-appropriated.

"Eternal vigilance is the price of liberty." "A sound mind in a sound body," is the sumnum bonum of personal entity-development, and only through such a perfected being can the rays of divine effulgence disseminate equitably or permeate advantageously.

Osteopathic philosophy acknowledges the all-sufficiency of Divine Power and Guidance.

Osteopathy recommends the highest and best intellectual development and a complete application of all psychological truths. But the chief problem of osteopathic unfoldment of the few years of her marvelous history is to clarify the physical man. Thus she has revealed to the world in a peculiar manner the ideal physical man.

Here follow some of the striking tenets of her philosophy:

1. Man is the most perfect specimen of organism in the universe.
2. Man is the most intricate, complete and perfect piece of machinery extant.
3. Correlated or coupled with his intellectual and divine attributes the perfect physical man needs only rest, exercise and food proportionately correlated for self-repair, and self-maintenance.
4. Osteopathy relies upon the unobstructed artery kept balanced by the vito electrical force, supplied through the marvelous and intricate and all-sustaining vaso-motor nerves for the delivery of all food products.
5. The keynote of practical osteopathic delivery is wrapped up in the one word, adjustment.

"Find it, fix it and let it alone," has grown to be a classical phrase in osteopathic literature.

Manual manipulation is the chief reliance of the osteopathic practitioner. As all scientific and helpful methods of accessory or confirmatory diagnosis are used so all unharful agents of correction, including surgery with its manifold ramifications are also employed.

The great and crying needs of the osteopathic profession today are, viz:

1. More complete democratic organization.
2. More effective administration of governing rules from the House of Delegates of the A. O. A. to the cabinets of all local county or subsidiary organizations.
3. A constant and glowing enthusiasm commensurate with the signal victories of osteopathic achievement.
4. Hearty endorsement of specialists who develop or mature in our profession.
5. Special emphasis and encouragement and education to be given the general osteopathic practitioner. In all probability he is the most important factor in the system. He is the foundation-rock upon which the whole superstructure is built. The best man must be selected and educated and trained and kept for that very purpose. Then the foundation is amply sufficient to support or sustain every class of specialist; but without this basic support the superstructure becomes top-heavy and sooner or later must tumble.
6. Uniformity of legislation is requisite.
7. The foregoing needs are almost tantamount to the suggestion that the great osteopathic fraternity with its germs of educationally-governed and universally-endowed colleges and hospitals is just about ready to emerge from the fogs and clouds of doubt, of superstition and of ignorance and stand out a positive Beacon Light of effulgence and glory. Is it not almost time for our dreams to come true?

SAN DIEGO OSTEOPATHIC SOCIETY HOLDS MAY MEETING

A meeting of the San Diego Osteopathic Society was held at the Hotel Churchill Saturday evening, May 8th. Dr. C. B. Atzen of Omaha was the principal speaker, taking as his subject: "A Systematic Method of General Diagnosis," in which he pointed out the value of going over the ten systems of the body, followed by a physical examination, thus determining the actual cause of the illness and the proper method of correcting the condition that is causing the disease. Dr. Atzen is a former president of the A. O. A.
the Nebraska and the American Osteopathic Associations. He served for two terms as a member of the official board of the national association, and is at present president of the board of trustees of the Osteopathic Research Institute of Chicago.

Dr. Isabel E. Austin, secretary of the San Diego Osteopathic Society, was in charge of the arrangements for the meeting.

Dr. Vernon R. Lee has been appointed chairman of the program committee.

TOM SKYHILL THRILLS HARRISBURG

Guest of Central Pennsylvania Society

The Central Pennsylvania Osteopathic Society meetings, which were held in Harrisburg monthly since November, 1919, had their last meeting for the fiscal year May 22, 1920, at Hotel Penn Harris, Harrisburg.

The newly-elected officers were as follows:

PRESIDENT, Dr. H. H. Walpole, Lancaster, Pa.
VICE-PRESIDENT, Dr. J. F. Yeater, Altoona, Pa.
TREASURER, Dr. S. L. Grossman, Williamsport, Pa.
ASSISTANT TREASURER, Dr. J. M. Shellenberger, York, Pa.

SECRETARY, Dr. Bertha Maxwell Huntington, Williamsport, Pa.
ASSISTANT SECRETARY, Dr. F. E. Wilcox, Hanover, Pa.

Following the meeting a dinner was served for which forty covers were laid.

Mr. Thomas Skyhill, Soldier-Poet, who had been lecturing in Williamsport and Harrisburg for two days under the auspices of the Central Pennsylvania Osteopathic Society, addressed a large audience at 8 o'clock at the Boys' Technical High School, on "Rebuilding the World."

Mr. Skyhill informed us that he was two years and five weeks in active service on four battle fronts. He enlisted with the Eighth Australian Infantry Battalion, Anzac Division, and assisted in making history at Gallipoli, where his eyesight was lost through a bursting shell. Mr. Skyhill said, "I had eminent doctors from Egypt, France, England and my own country, and they gave me up. I came to America to talk for Liberty Loans. I was in Washington, where I became ill. Somebody recommended an osteopath. I went to the osteopath blind. Thirty-six hours later I could see. An American an osteopath of Washington, D. C., Dr. Riley Moore, cured me.

That is what osteopathy did for me and that is what I believe could have been done for hundreds of fine chaps who were afflicted as I was."

Mr. Skyhill suggested remedies for world unrest and tools for rebuilding. He recommended "the spirit of optimism, fraternality, the brotherhood and sisterhood of humanity, idealism, the service above self; more simplicity, less luxury; education, adequate pay for teachers, health and, finally, religion and a better democracy, and he closed with an appeal for worldwide peace that left his hearers profoundly moved.

The newspapers devoted much space to Skyhill and his recovery.

Dr. Sanford T. Lyne has removed his office from 303 Eckert Bldg. to 735 Hamilton St., Allentown, Pa.
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The scene of Nero fiddling while Rome was in flames, is replayed again and again throughout the routine of our present existence. Surely those osteopaths who remain apathetic when the fundamental principles of their profession are at stake are almost as much to blame as the old Roman tyrant.

My recent tour which took me through each of the forty-eight states and familiarized me with thousands of osteopaths convinced me that if osteopathy wishes to triumph over the sinister forces which are endeavoring to choke it out of existence, it will have to infuse new blood into its controlling body, and it will certainly have to assume a more aggressive programme.

The principles of osteopathy are absolutely right—there is no doubt about that and as sure as the skies are above us right will prevail; but only if it’s crusaders are wide-awake and loyal. There can be no compromise, no middle ground. The old teachings of Dr. Still must prevail or osteopathy must fall. The road is long and narrow—the obstacles are many and difficult, but the goal is sure, if the osteopaths of America roll up their sleeves and get busy; if they stand shoulder to shoulder and blade to blade, loyal to themselves, loyal to their old founder, and loyal to the principles of their splendid profession.

May 23, 1920

Tom Skeyhill

June, 1920
Los Angeles College of Osteopathic Physicians and Surgeons Makes Marvelous Stride Forward

This Night Letter of June 9 Explains Itself
It is Now up to California to Clean the Statute Books

DR. EARL J. DRINKALL,
27 East Monroe St., care of Osteopathic Truth, Chicago, Ill.

The following is for publication in your Pre-Convention issue: The Board of Trustees of the College has this date resolved as follows: That the policy of the College of Osteopathic Physicians and Surgeons shall be the strict adherence to the principles of Osteopathy as taught by the founder, Andrew Taylor, still in connection with the practice of its several branches, employing in a limited way such agencies as anesthetics, antiseptics, antidotes, narcotics and parasiticides. Furthermore, we stand opposed to the teachings of medical therapeutics in the manner now made necessary by the California medical law and will teach such medical measures only until such time as the California State Osteopathic Association can secure legislation which will make possible the presentation of a course strictly Osteopathic in nature.

LOUIS C. CHANDLER,
President of the College.

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