What Do You Think of Vaccines and Serums Now?

SPREAD OF TYPHOID IN ARMY DUE TO GROSS NEGLIGENCE

Chief Surgeon of Expeditionary Forces Roundly Scores Many Medical Officers

SUBORDINATES Warned

Disease Increased Through Many Units After June, 1918, It Is Declared

Washington, April 4.—Charges of gross carelessness and negligence in preventing and controlling the spread of typhoid and paratyphoid fevers in the army are made against many medical officers serving with the forces overseas, in a circular published by the chief surgeon of the American expeditionary forces and made public here today by the Public Health Service in connection with a warning that vaccination does not give complete immunity from typhoid. The chief surgeon cites many instances where epidemics prevailed among troops, especially during the last offensive on the Western Front, and points out that the occurrence and distribution of diseases was constantly brought to the attention of the medical officers through weekly bulletins.

"It would appear," the circular continues, "that many officers utterly failed to grasp the significance of these reports and warnings, a fact which may be due to a false sense of security under the popular belief that vaccination against typhoid and paratyphoid gives complete immunity even in the midst of gross unsanitary conditions.

Gained Little Knowledge

"Notwithstanding the fact that typhoid and paratyphoid fevers are epidemics in the United States and in spite of our extensive experience with the diseases during the Spanish-American War and later during the period of mobilization on the Mexican border, it is evident that many medical officers have gained but little knowledge of the fundamental principles underlying prevention and control. It is also quite evident that some medical officers are grossly careless and neglectful of their duties and responsibilities as medical officers and sanitarians."

"It is fully recognized," the circular says, "that conditions brought about by the mobilization of millions of men and the active participation in the war of two million of these have at times rendered sanitary control extremely difficult especially during the stress of active combat. The high standards of sanitation and personal hygiene set by the army medical department during the previous decade, it adds, "were not lived up to during the past year and a half, due to a combination of factors, the more important of which was the lack of facilities and material transportation difficulties and insufficient training and personnel."

Handicaps Are Overcome

"However," the circular goes on, "many medical officers serving with combatant and S. O. S. units have been able to overcome all handicaps and have by wise counsel and eternal vigilance succeeded in keeping their units in excellent fighting trim."

The chief surgeon warns his subordinates that now the excuse "there is a war on" no longer will be tolerated and that they will be held responsible for proper supervision of the health of troops nearly all of whom are now in stationary training areas or in the army of occupation where proper instructions and measures can be instituted and enforced.

In a brief review of the occurrence of typhoid and paratyphoid fevers in the expeditionary forces, the chief surgeon says that until June, 1918, few cases developed and the rate was within the expected limit. From then on, however, it appears the disease spread through many units.

During the Chateau Thierry offensive the circular discloses, approximately 75 per cent of the troops engaged were afflicted with diarrheal diseases, such as simple diarrhea, bacillary dysentery, typhoid and paratyphoid.

Disregard Sanitary Rules

"The high incidence of intestinal diseases in this sector" the chief surgeon says, "was due to entire disregard of the rules of sanitation."

Both dysentery and typhoid—paratyphoid fevers were demonstrated to have prevailed to some extent after the St. Mihiel offensive, but the epidemics of pneumonia and influenza prevailing at that time overshadowed all other medical admissions.

Following the offensive in the Argonne, typhoid and paratyphoid began to be reported from virtually all divisions engaged and, according to the chief surgeon, it was quite evident the initial cases were due in large part to the drinking of infected water. In some instances either the initial exposure was not great, the organizations were under
good discipline or the medical officers had a proper conception of their duties and responsibilities and but few cases occurred. In other instances the contrary was true, and many cases occurred.

In July, 1918, a replacement unit consisting of 248 men from Camp Cody, N. M., reached England with typhoid prevailing extensively; 98 men or 39.5 per cent, had the disease and the death rate was 8.42 per cent.

Infected in America

From the investigation it was concluded that the men were exposed to infection through drinking water while traveling across the United States. The unit had been vaccinated a few months prior to the epidemic.

The chief surgeon declares that in many instances patients, some of whom were wounded, passed successively through camp, field, evacuation and base hospitals without any documentary evidence that typhoid or paratyphoid was even suspected in their cases. In not a few cases it remained for pathologists to make a diagnosis on the autopsy table.

A number of new regulations requiring all medical officers in forces overseas to report immediately even suspected cases of typhoid have been published by the chief surgeon.

Columbus, (O.), Evening Dispatch, April 4, 1919.

TYPHOID AND THE DRAINAGE CANAL

In the late '80s and early '90s it was not uncommon for Chicago to have a death rate of more than 100 for each 100,000 population from typhoid fever. In 1891 the rate was 173.8, and until 1900 it rarely fell below 30.

After 1900 the rate steadily declined until, as the American Medical association shows in its compilation, Chicago now has the lowest death rate from typhoid of any city in the country. The figure for 1918 was 1.4.

This great change was brought about chiefly by the opening of the drainage canal in 1900. Other factors, such as the pasteurization of milk, the chlorination of the water supply, and stricter supervision of typhoid cases, have had their effect, but it is mainly to our drainage system that the people of Chicago owe their freedom from this scourge. The diversion of sewage from Lake Michigan to the drainage canal has saved thousands of lives; without this system the efforts of the health department to control the disease would largely be nullified. In 1909, for example, after the system had been perfected by the installation of the north and south side intercepting sewers, the death rate went down to 12.6, the lowest rate Chicago had ever known up to that time.

Despite the imperative necessity of the drainage system to keep down the death rate in Chicago, the government has constantly placed obstacles in the way of its successful operation. The principal complaint has been that we are lowering the level of Lake Michigan, but the fallacy of such an objection is exposed by the government’s own reports. The latest lake survey made by government engineers shows that the level of Lake Michigan during March of this year was .86 of a foot above the average stage for March during the last ten years. Moreover, it was 1.63 feet above the lowest recorded stage, which occurred in March, 1896, four years before the drainage canal was built.

Chicago's case is complete, and it is time the government displayed a more sympathetic attitude.

-Chicago Tribune Editorial.

Preventing Typhoid

Chicago, March 17 (Editor of the Tribune.)—As a reader of the Chicago Tribune, I beg to protest against the reckless abuse and misstatements being made by Dr. W. A. Evans relative to vaccination against smallpox and typhoid fever.

In the Chicago Tribune for March 4 Dr. Evans refers to those who oppose vaccination as “either crazy, a fool, or a knave,” or as “some ill balanced, long haired crank or some sect who make their living out of human ills.”

Why all this abuse? Not long ago Dr. Evans was telling us they had vaccinated 3,000,000 soldiers or nearly so; that these men had had no typhoid, and would not have any. Now reports are coming in constantly of cases of typhoid among soldiers vaccinated against the disease. Even Dr. Evans refers to two small epidemics as he calls them. Dr. Evans also told us a while ago that vaccination “is far cheaper than boiling the water or treating it with chemicals,” but experience is proving that sanitation is the really important factor in the elimination of typhoid fever. The reduction of typhoid fever in the army can no more be attributed to vaccination than the reduction of the same disease in Chicago could be attributed to vaccination. The greatest reduction in the army took place before typhoid vaccination was introduced in the army. On the other hand, we are told by such men as Dr. Victor G. Heiser that to prevent preventable disease of intestinal origin “it is only necessary to provide for the safe disposal of the excrement of the entire population.”

Dr. Evans may be interested to know that the Journal of the American Medical Association for February 8, 1919, has an article on page 402 which refers to ninety-eight cases of typhoid out of a total of 248 men.

The recent action of North Dakota in wiping out any possibility of attempted compulsory vaccination against smallpox and the action of the Supreme Court of North Dakota in refusing to sustain compulsory vaccination are a good indication that the people are beginning to make a few investigations.

H. B. ANDERSON.

-Chicago Tribune, Wednesday, March 19, 1919.

DISASTER FOLLOWS LACK OF SANITATION

English Publication Talks of Typhoid in Our Army

Under the head of “Failure of Inoculation in American Army—Sensational Admissions,” the “Inquirer” of London, England, in its issue of June 2nd, prints the following:

We have been surfeited by official praises of anti-typhoid inoculation and the wonders it has accomplished—in those parts of the war areas where the purity of the food and drink furnished to soldiers was strictly attended to. Where those precautions could not be, or were not, taken—Gallipoli, Mesopotamia, East Africa—a prudent veil of official obscurity has been draped as thickly as might be over the unwelcome results. Inoculation is a wonderful protection where the causes of typhoid are carefully eliminated, and we have no doubt that if all the civil population were inoculated typhoid at home would continue to be nearly as scarce as it is now. Let us keep reminding the bacteriological big-wigs that the Japanese army went through the Manchurian campaign without inoculation and with an unparalleled immunity from disease, trusting to sanitary precautions alone.

The medical officers of the American army have sung—none louder or longer—the wondrous efficacy of inoculation. Members of that body in this country have expressed their astonishment and disdain at our weakness in permitting conscientious objection on such a matter in the British army. Nothing of the kind was permitted in God’s Own Land, where soldiers with a mind of their own on that subject were sent to penal servitude—in one case of 20 years.
The great Sir Almroth Wright, in his "Times" manifesto of September, 1914, went to the American army for evidence in favor of his nostrum.

Dr. Woods Hutchinson, in his recent book (respectfully reviewed in the "Nation," March 1st) affirmed that "the American army has had scarcely a death from typhoid in the six years since anti-typhoid inoculation was made compulsory and complete."

It begins to appear, however, that the inoculation fanatics will have to look out another army for their purpose—maybe that of Nicaragua or Borneo.

In January we gave the account of 95 cases of indisputable typhoid in one company of much and recently vaccinated American soldiers, men vaccinated in various States by various doctors with various vaccine, so that an assembly of British and American doctors found themselves unable to offer any explanation, and gave it up as a bad job; the obvious explanation that vaccination was useless being, of course, ruled out. We fear they will really have to come to it, however.

There has now come into our hands one of the "Public Health Reports" issued weekly by the United States Public Health Service. It is dated March 28th, and deals with typhoid. The paper we quote from is headed "Typhoid Vaccination No Substitute for Sanitary Precautions," and is signed by Col. Walter McCaw, Chief Surgeon of the Expeditionary Forces.

The Chief Surgeon cites many instances where epidemics prevailed among troops, especially during the last offensives on the western front, and points out that the occurrence and distribution of diseases was constantly brought to the attention of the medical officers through weekly bulletins.

"It would appear that many officers utterly failed to grasp the significance of these reports and warnings, a fact which may be due to a false sense of security under the popular belief that vaccination against typhoid and paratyphoid gives complete immunity even in the midst of gross insanitary conditions."

We have always pointed out that one of the grave consequences of the present craze for artificial prophylaxis is that it leads to the neglect of common-sense precautions.

"Notwithstanding the fact that typhoid and paratyphoid fevers are endemic in the U. S. and in spite of our extensive experience with these diseases in the Spanish-American War, and, later, during the period of mobilization on the Mexican border, it is evident that many medical officers have gained but little knowledge of the fundamental principles underlying prevention and control."

And whose fault is it that these doctors neglected fundamental principles, and failed to realize that sanitation was the thing while vaccination is merely a fifth wheel to the coach?

Let Sir Almroth Wright and Co. answer.

Here are other excerpts from this startling report:

"During the Chateau-Thierry offensive diarrheal diseases were very prevalent in the troops engaged—approximately 75 per cent. It was demonstrated bacteriologically in this area that the prevailing intestinal diseases were simple diarrheal bacillary dysentery, typhoid, paratyphoid A and B. The sick and wounded from this sector were evacuated to base hospitals in various parts of France. Very soon thereafter this office began to receive reports of cases of typhoid, paratyphoid and bacillary dysentery from base hospitals. In practically all instances the patients had been evacuated from the Chateau-Thierry sector. ... The high incidence of intestinal diseases in this sector was due to entire disregard of the rules of sanitation."

"Both dysentery and typhoid-paratyphoid fevers were demonstrated to have prevailed to some extent in our troops after the St. Mihiel offensive, but the epidemics of influenza and pneumonia prevailing at the time overshadowed all other medical admissions. ... Following the offensive in the Argonne sector, typhoid and paratyphoid began to be reported from practically all districts engaged in that offensive... A small but severe epidemic occurred in the Joinville concentration area in December and January. In a group of Medical Department units (evacuation and mobile hospitals and sanitary trains) concentrated there 75 cases occurred with a case death-rate of approximately 20 per cent. ... Many cases originally diagnosed as influenza in the A. E. F. have subsequently proved to be typhoid. ... Typhoid fever is increasing in the A. E. F.—so are all the paratyphoid fevers. ... Faulty conditions of sanitation that may not be dangerous now will become serious menaces when the warm weather sets in. There is still time to correct many of these conditions. If this is not done many soldiers will not get back to the United States. ... When two or more cases occur in the same command within the same two weeks, revaccinate the entire command in addition to above precautions."

The Chief Surgeon declares that in many instances patients, some of whom were wounded, passed successively through camp, field, evacuation and base hospitals without any documentary evidence that typhoid or paratyphoid was even suspected in their cases. In not a few cases it remained for pathologists to make a diagnosis at the autopsy table.

We can guess the value of statistics from an army thus controlled. It is at any rate now proved to demonstrate that while an army can neglect vaccination and show a good health record, it can only neglect sanitation at its deadly peril.
Those of us who are constantly depressed and disturbed by the conviction that the orthodox medical fraternity is largely engaged in disseminating (as well as obviating) disease and hindering (perhaps oftener than aiding) the recovery of the sick, think a good deal about how this state of things might be remedied and the perversities of the interested expert brought to heel by the common sense of the community. The community is heedless, credulous, preoccupied, and its heedless credulity makes it possible for the expert to obscure himself in a mist of technical jargon, behind a screen of facts and figures which are largely under his control to conceal, reveal or manipulate. But though the expert with his elaborate technical methods and traditions cannot easily be followed and checked by the public in his procedure, yet his theories can often be tested by first principles and, in the last resort, he can, and must, be judged by his results.

The trouble is to get the public to give any serious examination to results. To do so we must alarm and disillusion it. It has fashioned for itself and for its own comfort a figment of medical wisdom and disinterestedness—a figment which we have to dispel. Just as the doctors get their way, and enlarge their powers and authority by exploiting the fear of death and disease, so we must rouse the public to question that authority and restrict those powers by showing them how death and disease follow too docile an acceptance of medical dogmas.

Now that the orthodox allopathic school of medicine has been newly exalted and given a Ministry of State which announces its intention of “coming down and asking for more powers” and “going ahead and drawing upon the public purse,” it is more than ever necessary that some check by way of candidly verified results should be imposed upon its enterprise. It will be untrue to type and tradition if it renders us facilities in that respect. Our readers will know with what difficulty our representatives in Parliament pry open its oyster-like officials in quest of the pearls of truth. The influenza epidemic now abating—what a lot of light that might have thrown upon various vexed questions of treatment and prophylaxis. But our hierophants of esoteric medicine prefer to dig in the entrails of living dogs rather than observe, classify and compare data furnished by the far-ranging experiments of Nature.

What was the comparative incidence of the epidemic on various classes of the community and on various localities?

What was the fatality as between patients of orthodox and of unorthodox interest and instructive to know how our soldiers fared, for here is a class medicine? Especially would it be incomposed entirely of men in the prime 34790—Federal Ptg Co 3697—Four

—Holq. . . . . . 7-28 . . . . Holq—of life and picked for physical fitness which has been under the close and exclusive supervision of the orthodox allopathic State doctors for four years. How does their disease and fatality rate since the Armistice compare with that of the civilian population with its poorer dietary, its infants and aged and weakly, and its over-work strain? These are things it would be useful to know, but which for some reason it is not easy to get at.—The Truth Teller, July 15, 1919
All Dope Derivatives Are Useless, Says Dr. Robertson

Opium and its derivatives—cocaine, heroin, and codeine—are unnecessary in the medical profession. Fifty thousand drug users might be salvaged for the good of Chicago if this theory were put in practice.

Dr. John Dill Robertson, commissioner of health, is ready to back the above statements with his medical reputation and stands ready to prove them to the medical world with an experiment, extending over six months, at the city tuberculosis sanitarium.

Dr. Robertson told The Tribune last night of his experiment, of its success, and of its tremendous importance if accepted generally by physicians and put in practice by them.

Explains Experiment

"Last November," said Dr. Robertson, "I called in Dr. Allen Rhuby, medical superintendent at the sanitarium, and Drs. N. A. Gray and E. B. Tuteur, supervisors. I told them I believed patients could be cared for, even under the extreme pain that often accompanies tuberculosis, without resorting to the opiates. "They declared, unanimously, that it couldn't be done.

"I felt certain, however, and issued an order that the experiment would be tried, and that a careful record would be kept. There are 1,100 patients in the sanitarium and whenever they needed it—that is, whenever, in the opinion of the medical attendants, the pain of their maladies made it advisable—they were given relieving potions of heroin, cocaine, or codein.

First Three Days Bad

"For the first three days after the 'no drug under any circumstance' order went into effect the sanitarium was almost a bedlam. But within a week conditions were quieter and within a month no single patient, apparently, was off normal. Today drugs are not missed.

"When pains developed in different locations various minor applications and treatments were used. All members of the hospital staff went in for the experiment. "It has been an axiom of medicine for years that drugs of opium derivation were necessary. I think our experiment has proved the fallacy of it. As far as I know, the sanitarium is the only hospital in America in which, under no circumstances, is administration of an opium drug permitted.

50,000 Drug Users Here

"There are 50,000 drug users in Chicago alone and untold thousands in the nation. They obtain their drugs, in many cases, through physicians. If the physicians will not prescribe a treatment that includes the desired drug in one form or another the patient changes physicians. And the general belief that drugs in some cases are necessary has, heretofore, warranted the physician in making the prescription desired.

"But I am ready to prove, by the condition of the 1,100 sanitarium patients, that the old belief is wrong, and to urge a nation-wide campaign to prohibit the importation of opium derivatives, for medical or any other purpose. It would revolutionize many existing medical practices, but it would unchain millions of drug addicts and reclaim them for society."

—Chicago Tribune, June 21, 1917.
PART I
MEMBERSHIP—FEES AND DUES

Membership

Section 1. Applicants for membership shall be graduates of those colleges recognized by this Association, must be licensed to practice in the States in which they maintain an office, where such license is required, shall be in good standing in their Division Societies, where such Division exists; shall make written application on the prescribed form with two endorsements from members of this Association from the same State as the applicant. If such application is satisfactory the applicant's name shall be published in the Journal, and if no objections are received within thirty days, the Secretary, with the approval of the Trustees, shall enroll the applicant as a member and notify the Division Society of such action.

The Board of Trustees shall have the power, in the exercise of its discretion, to elect to membership such applicants for membership, as in its judgment, are deemed worthy, and who have the prior endorsement of their Division Societies.

Delinquencies and Reinstatements

Sec. 2. A member whose dues remain unpaid for two months shall become suspended and forfeit all membership privileges, but may be reinstated before the expiration of four months by payment of current dues; otherwise said member shall be dropped from the rolls and his Division Society notified whereupon he shall also be dropped from membership in the Division Society.

Sec. 3. Members must retain their membership in their Division Societies, and failing to do so shall be dropped from the rolls with due notice of such action. Such members may be reinstated on evidence of having been placed in good standing in the Division Society. A member moving to another State must become a member of the Division Society of that State. Provided, that the double membership rule shall not be enforced as to single memberships dating prior to the admission of the respective State Societies as Division Societies, nor to new graduates for one year after their graduation or licensing in the State in which they locate, but shall be enforced as to delinquents applying for reinstatement whose names have been duly dropped from the rolls.

Discipline

Sec. 4. Members shall retain the rights and privileges pertaining to membership in the Association so long as they comply with the rules and regulations. Any member charged with the violation of the constitution, by-laws, rules and regulations, or the code of ethics, or of grossly unprofessional conduct, may, upon investigation by the Trustees be suspended; and, further, may be cited to appear before the Board of Trustees to answer to such charges. If the charges are sustained he may be reprimanded, further suspended or expelled, as the Board may determine. A member who has been suspended or expelled on giving evidence satisfactory to the Board or purpose to comply with the rules of

(Continued on page 10)
Food and Diet As Related to Osteopathic Practice
Edited by Dr. E. H. Bean, 71 E. State Street, Columbus, Ohio

GAS

There is nothing relating to health that we may safely regard with contempt. But such is the usual attitude toward food and diet. And the disdain with which this important subject is viewed accounts for much of the ignorance about it.

The unused food in the body has a sting which if provoked too far will dart out in one direction or another at an unexpected moment. All imperfectly digested food is a burden to the body. Almost every person is impairing his health and usefulness with this impediment. The evidences of it abound but are wrongly connected and incorrectly interpreted. It will require mountains of repetition to teach people that digestive disturbances are not usually accompanied with pain, and that many distressing symptoms are closely related to the unused food in the body.

Every few minutes an individual "catches" a long breath as though very tired, and this is accompanied with certain irregularities of heart action. The picture is completed with a large number of nervous symptoms with which most physicians are familiar. The case is usually treated for heart disease, sometimes for nervous disorders, and not infrequently operation is the shameless course pursued. This involuntary forced breath is a valuable indicator showing the direction in which to look for trouble, and accurately implicating the diaphragm. Without discussing medicinal or osteopathic treatment and the successful results of the latter, we desire to say that immediate relief follows the removal of gas from the colon and intestines. The pressure of the intestines unduly distended against the diaphragm accounts for the breathing symptoms, the irregularities of heart action, and, in part, for the nervous symptoms.

A person fell over unconscious and in a few minutes evidenced little illness except fright. The uncomfortable phenomena was repeated in a day or two. Patient was heavy for height, showed no abnormal blood pressure, no organic disease of heart, pulse full and slow. Body seemed engorged with blood, intense flushing of face and head at times. Bowels very greatly distended with gas. Castor oil to move the bowels thoroughly, diet wholly of fruit juice, and osteopathic treatment, including thorough manipulation of bowels failed to lessen amount of gas distention in two days. Then turpentine stoops and an enema with turpentine in the water decreased amount of gas and all symptoms. Attention to diet prevented any further return of the symptoms.

A person complained of attacks of "thumps" affecting all parts of the body and coming on several times daily but never failing to arouse the patient from sleep at one or two o'clock in the morning. There was also a twitching of muscles discernible with the eye and visiting all parts of the body, affecting first one and then another part. Undue distention of the bowels was present. Blood pressure normal, no pains anywhere, but very nervous. All these symptoms subsided in a few weeks from osteopathic treatment and carefully following the general routine of diet given in the previous article of this series. The extreme sensitiveness of the nervous system and the heart symptoms came from irritation of the many endings of the sympathetic nervous system in the intestinal walls, and from overdistention of the intestines.

Of course the spine of either of these could not be said to be in perfect condition. But it could be correctly stated that the spinal condition was not the outstanding factor in the cause or causes of the trouble.

ALTERATIONS BEING MADE AT CHICAGO OSTEOPATHIC HOSPITAL

An entire new floor is being opened up at the Chicago Osteopathic Hospital. This will include two surgical operating rooms with a sterilizing room between, arranged in the most modern manner possible with no expense saved to make it the best.

They will be favorably compared to any in the city.

Eleven additional private rooms will be used for surgical cases. Owing to the great increasing number of patients at the Hospital, these have been needed for a long time.

The Chicago College of Osteopathy, connected with the Hospital, is having some remodeling done, too, in order to accommodate the extra large class expected in the fall as well as the students already here. A larger freshman room is being made. The laboratory space is being increased and greater facilities and more equipment are being added.

SPECIAL SUMMER COURSES AT CHICAGO COLLEGE OF OSTEOPATHY

As a special favor to those who have been in the Service, summer courses are being given at the Chicago College of Osteopathy so that the boys who lately returned may make up as much work as possible during the warm weather. This great advantage is being used by thirty-eight of the students.

They study with much comfort, even during the very warm days as it is a common expression with the students that it is always cool within the Institution no matter how hot it is outside. Lake Michigan is about fifteen minutes walk from the College and many of the members make use of such easy and pleasant facilities for bathing in the late afternoons and evenings. They also find good exercise making use of the tennis courts in the vicinity.

The conclusion is that the Chicago College of Osteopathy is an ideal school for summer work.

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President
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Vice-President
Richard Wanless, D. O., N. Y., N. Y.
Ave • Chicago, III.
Secretary-Treasurer
Oliver C. Foreman, D. O., Chicago, Ill.
27 E. 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
687 Boylston St.
Circulation Manager
H. W. Shain, D. O., Chicago, III.
1421 Morse Ave.
CONTRIBUTING EDITORS
Francis A. Cave, D. O., Boston, Mass.
Geo. F. Burton, D. O., Los Angeles, Cal.
Laughe A. Griffin, D. O., Boulder, Colo.
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Asa Willard, D. O., Missoula, Mont.
Josephine L. Pierce, D. O., Lima, O.
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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.

ALWAYS FOR OSTEOPATHIC PRINCIPLES
Grateful to the Pioneer
I was very much impressed with the discussion of "what is real Osteopathy." I am a graduate of P. C. O., June, 1911. I was influenced to become a D. O. by Dr. of Sacramento, a real Osteopathic physician and a man of wonderful character. He has by his largeness of heart and his untiring devotion to Osteopathy done so much to further the development of the science in the Sacramento Valley.
It was while Dr. was attending my sister, who had a nervous breakdown, that I set my mind on attending an Osteopathic college. His control of the fever and also the nervous manifestations convinced me that Osteopathic methods could do better work than the older methods which I had seen used before and since that time, in our family. (The later cases were surgical.)
Since graduating and practicing a few years and rubbing up against a few M. D.s. on cases of different character I am more convinced than ever that the principles of Osteopathy are true; like any other of the natural laws of the Universe.
I have come to this conclusion since the appearance of several articles like the one in "Osteopathic Truth," "An Alarming Situation," that the standard of Osteopathy depends upon the "Osteopathic Viewpoint—Osteopathic Principles" as put forth by Dr. A. T. Sill and Dr. L. Burns. I remember the words printed upon the first page of the college catalogue to be somewhat like these: "The true physician is he who does the best thing possible under every conceivable circumstance of human suffering."
So I believe that if the principles of Osteopathy were forcibly taught, connected with all the subjects from first to last in the college work we would all have a well laid solid foundation and so trained that we would always think Osteopathically. To think Osteopathically is to unite anatomy, physiology, pathology, etc.
I can speak only from experiences of one school, but I can say I received enough, and more, Osteopathic thoughts to keep me working at applying them for more than a lifetime.
My brother is an orthodontic specialist, and from his principles I see Osteopathic principles applied to the hard and softer tissues of the face and jaws. I may say that he is still stronger in his belief of Osteopathic principles since he quit dentistry and took up Orthodontia.
Such a difference since the time when I contemplated going to an Osteopathic college. He a D. D. S. offered me a check of $1,000 to go to the university medical. Now we both agree.
These thoughts I am writing may seem to be poorly related but I write them in such an order as that is how they impress me as I think over the past and I am grateful to the pioneers of Osteopathy that they developed Osteopathic principles and that through the P. C. O. I was enabled to get such a training.
If the principles of Osteopathy appealed to others as they do to me I would have no fear. Let the M. D. fight disease with his methods and the D. O. with his principles and may the best man win.
Believe me to be always for Osteopathic principles.
Fraternally yours,
T. F. ENGSTROM, D. O.,
Marysville, Cal.

OUR SKIDOO CONVENTION
Our 23rd Annual Convention was a most impressive affair. One thing that stood out most conspicuously was its greatness in every sense, in attendance, in enthusiasm, in things accomplished. This is our biggest convention to date. The crowd was so large as to be almost unwieldy.
What promises to be the most vital of all the Convention doings is the support given to the Osteopathic Service League. This is an agency that is replete with possibilities. If this organization receives sufficient support from the profession, it will solve many of our most difficult problems. It promises to be an ideal point of contact between our profession and the public. It promises to utilize for the good of Osteopathy and humanity at large the great dynamic power inherent in our patient reserve that has been lying practically dormant for all these years.
Chairman Conklin, our newly elected president, deserves great credit for the program that was provided. He gave us a practical demonstration of his ability to make good and we look forward with perfect assurance under his administration during the coming year.
Osteopathic Service League Chapter Is Formed

Mrs. Loving, President, Delegate to National Convention

What is probably the first local chapter in the United States of the National Osteopathic Service League was organized last night at the Y. W. C. A. About fifty friends of Osteopathy were present. The League here will co-operate with Osteopaths and the Osteopathic hospital here to secure free clinics for the city's poor. Mrs. A. L. Loving, who was elected president, also was chosen to represent the League at the convention of the national body in Chicago, June 30. The next meeting will be held a month from yesterday.

The League will try to have one state institution for the insane placed in control of a board of Osteopaths. believing that the patients will benefit by the treatment. The League members claim that in a private institution at Macon, Mo., 47 per cent of the inmates were cured by osteopathic treatment.

Following are the officers elected: Mrs. A. L. Loving, President; Mrs. E. M. Platt, first vice-president; Mrs. John Connett, second vice-president; Mrs. Bernard Goekeker, third vice-president; Mrs. Karl Schneider, recording secretary; Mrs. J. S. Foote, corresponding secretary; John Connett and W. A. Petree, auditors; R. E. Davies, treasurer.


WHAT THE LAYMEN THINK OF THE O. S. L.

The following is a copy of a letter received by the Secretary under date of June 10th, from a Massachusetts town. "Straws show which way the wind blows." Tens of thousands of other people feel just the same way as the writer of this letter.

"Gentlemen:

In the February number of the Journal of the American Osteopathic Association my attention was called to the article on the Osteopathic Service League. The article calls attention to the fact that friends of Osteopathy and students of Osteopathic physicians are invited to co-operate, so I am taking the liberty of inquiring more fully into its purposes and conditions of membership.

I have long been inclined toward the Osteopathic school of medicine and would be glad to express my sympathy with the science through such an organization.

Thanking you for any information, I am

Osteopathy for Humanity

THE EVENING BULLETIN
PROVIDENCE, R. I.
FRIDAY, JUNE 20, 1919.

OSTEOPATHS CAN LEGALLY SIGN DEATH CERTIFICATES

Supreme Court Justice Decides Against State Board of Health

Persons practicing Osteopathy in this State under Rhode Island laws upon certificates issued by the State Board of Health can sign death certificates, is the unanimous opinion of the justices of the State Supreme Court submitted to Governor Beeckman today.

This opinion overrides the ruling of the State Board of Health to the effect that Osteopaths shall not sign death certificates, and ends the conflict which has existed for some time between the profession and the board.

The matter was carried to the Governor with the request that he ascertain the opinion of the Justices of the Supreme Court in the matter. The judges were asked if Osteopaths, having complied with the law, may legally sign death certificates in those cases where they were the last in attendance professionally, and the State's justices answered it in the affirmative.

The justices, after treating various phases of the law, point out that the Osteopath is certified by law to have ability to discover the cause of the disease while the patient is alive, and to say that upon the death of the person the Osteopath is not qualified to make an illogical construction of the law.

DR. HEDLEY V. CARTER HONORED

President Maryland State Board

Dr. Hedley V. Carter of Baltimore, Md., who was recently appointed for a third term on the Maryland State Board of Osteopathic Examiners, has been honored with the presidency of the Board.

CHILD-EXAMINATION BILL IN NEBRASKA

Special to The Christian Science Monitor
from its Western News Office.

Lincoln, Nebraska—A bill making it the duty of every teacher in every Nebraska school "separately and carefully" to test and examine every child under his or her jurisdiction for the discovery of certain so-called physical defects has been signed by the Governor of the state. It provides a fine of $100 for failure to obey its enactments. The bill further declares that notification must be sent to the parent or parents of the alleged necessity of a medical examination if it is decided by the teacher that such is the case.

The State Department of Health is required by this act to formulate rules for such tests as are to be carried out, and the necessary cards and blanks for the teacher's use are to be provided in each school. Where the school authorities deem it necessary and proper they are empowered by this law to employ a regular or Allopathic physician for the purpose of making all tests and reports.—April 21, 1919.

One Month Until School Begins

Do Your Bit
BY-LAWS OF THE A. O. A.

membership in the Association may be reinstated by a three-fourths vote of the Board of Trustees.

Sec. 5. After three years membership, on payment of $150.00, a member shall be entitled to a Life Membership; said sum to be invested as a permanent fund, and the accrued interest therefrom placed in the general fund. Such Life Membership shall not exempt the holder thereof from assessments levied by this Association, nor from the maintenance of his good standing in the Division Society where he is located in active practice.

Fees and Dues

Sec. 6. The annual dues of members shall be $10, provided that the Trustees may, in their discretion, reduce the amount of the first year's dues to members joining at the time of graduation. Each application for membership made within three months prior to the close of the fiscal year shall be accompanied by a fee of $10, which shall be credited as dues to the end of the succeeding fiscal year. All other applications shall be accompanied by a fee equal to $1 for each month from the date of the application to the end of the current fiscal year, which shall be credited as dues for that year; provided, that in no case shall such fee exceed ten dollars.

The fiscal year shall begin on June 1st.

Assessments

Sec. 7. To meet an emergency the Board of Trustees is empowered to levy an assessment on each member not to exceed the amount of dues for one year, the same to be collectable in the same manner as the dues; the failure to pay assessment shall affect the membership of member failing to pay in the same manner as failure to pay annual dues as herein below provided.

PART 2

DIVISION SOCIETIES AND AUXILIARIES

Section 1. Any State, Territorial or Foreign Osteopathic Society wishing to become a Division Society and constituent part of this Association shall submit a report of such action of its society authorizing the application for affiliation, and evidence that its constitution, by-laws and code of ethics conform generally to those of this Association; and if satisfactory shall be made a Division Society.

Sec. 2. The officers of such Division Society shall be the local officers of this Association in their district, and shall be obligated to the maintenance of departments in their Division conforming generally to this Association, and prepared to co-operate with such departments in all matters pertaining to their district; and to be responsible for the collection of dues of both societies when so authorized by the Trustees of this Association, and for the building up and maintenance of the membership.

Districts

Sec. 3. Division Societies may be authorized to organize District Societies as constituent parts of the Division Societies, whose relations to the Divisions shall in all respects conform to the relationship existing between the Division and this Association.

Auxiliaries

Sec. 4. The student body of a recognized college may organize as an Auxiliary Society and make application for affiliation as such; and if accepted its members may participate in the workings of the Association, and be entitled to a delegate to the House without vote. The amount of its per capita dues to this Association shall be fixed by the Board of Trustees.
Part 3

DELEGATES
Section 1. Each Division Society, at a regularly called meeting, shall elect, or appoint in a manner satisfactory to this Association, the number of delegates and alternates to the House to which it is entitled according to a statement of the number of its members who are in good standing not less than sixty days previous to the annual session. Such statement to be issued by the Secretary of this Association. Such Delegates and Alternates must be in good standing in this Association, and must be furnished with proper credentials on a prescribed form provided by this Association, to be approved by the Credentials Committee at the annual session before being admitted to their seats in the House.

Sec. 2. A Delegate having been given his seat shall remain the accredited delegate throughout the session, unless he finds it impossible to continue in service, in which case the Alternate shall be entitled to his seat for the balance of the session. In the event that the Delegate fails to qualify within a prescribed period, the Alternate shall be given his seat and shall serve as the regular delegate throughout the session.

Sec. 3. Each Division Society shall be entitled to one vote in the House for each twenty members thereof who are in good standing in the A. O. A. The Division Society shall apportion such votes among its Delegates at the time of their selection, and notification of such apportionment shall be sent to the Secretary of the A. O. A. not less than thirty days prior to the annual session, for the consideration of scientific papers, and discussion of other subjects provided by the Program Committee.

Sec. 4. In case any State does not become a Division Society, the members of this Association in that State, at a regularly called meeting, or other manner satisfactory to the Association, may elect or appoint one delegate as their representative in the House.

New Business
Sec. 3. No new business shall be introduced on the last day of the session unless by unanimous consent, and such new business shall require a unanimous vote to become effective.

Committees of the House
Sec. 4. To expedite the business of the House, the President may appoint various committees to whom may be referred any business coming before the meeting. The committees shall take immediate action on all business so referred, and shall in all instances report it back to the House with its recommendations. A majority vote may recall any business previously referred to Committee.

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.
Osteopathic Educator

That is what The Herald of Osteopathy is. It is Published Monthly Especially for the Laity.

As a Monthly Visitor to Your Patients it can’t be beat.

It is Neat, Attractive, Up-to-date, Convincing and comparatively Inexpensive. If used Systematically, It will help to put Osteopathy on a high and dignified plane in your Community.

Sample Copy and Terms Upon Request.

Address: F. L. LINK, Kirksville, Missouri
Disposition of Papers

Sec. 3. All papers and clinical discussions presented at the annual session of the Association, either in the general meetings or in the sections, shall be regarded as belonging to the Association; and that it is discourteous for any person having accepted a place on the program, to give out any paper or discussion for publication, wholly or in part, in advance of its publication by the Association, except on permission of the Committee on Publication. All papers shall be approved by the Committee on Publication before being published in the transactions of the Association.

Scientific Sections

Sec. 4. On petition of not less than twenty members of the Association, and after approval by the Committee on Programs, the Board of Trustees may authorize a section on any subject relating to the science or art of osteopathy. The persons whose names appear on this petition, with those who may register with the Secretary at the beginning of the annual session, shall constitute the members of the section. Those who have registered for any section at any annual session shall constitute the membership of that section for the ensuing year. No member shall register for more than two sections.

The first chairman of a section shall be appointed by the Board of Trustees. Thereafter at each annual session each section shall elect a chairman, who, in addition to his usual duties, shall prepare the program for his section, and submit it to the Committee on Programs at least three months before the date of the next annual session of the Association.

Each section shall meet at the time of the annual sessions of the Association, and shall hold not more than two meetings for formal program, but may hold a third meeting for business or informal conference.

Part 8

DEPARTMENTS

Appointment

Section 1. The Board of Trustees at each annual meeting shall appoint members of this Association to constitute a department of publication, a department of education, a department of finance and development, and a department of public affairs.

Department of Publication

Sec. 2. The Department of Publication shall collect statistics and other information relating to osteopathy, and provide for its publication, together with all papers and other transactions of the Association; employ editors and compilers as may be needed to carry out its work. It shall have full discretionary power as to what shall or what shall not be included in the published transactions of the Association, unless otherwise instructed by the Board of Trustees. The Department shall hold regular meetings, a record of which shall be kept by its Secretary and read and approved at each meeting.

Department of Education

Sec. 3. The Department of Education, together with the Executive Committee of The Associated Colleges of Osteopathy, shall constitute a joint committee, which shall provide for the investigation of any college as may be deemed necessary to keep this Association and the colleges in general accord in their aims and methods; and shall report thereon to the Board of Trustees of this Association. If this report shows agreement of the joint committee, then the Trustees shall confirm such report; but if the report shows disagreement between the Committee on Education and the Executive Committee of the Associated Colleges, the Trustees shall pass upon the matter as presented in this report, and its decision shall be final.

The Department shall take cognizance of all osteopathic publications, both professional and general, with particular reference to their ethical character; shall investigate and define the relations of members of the profession to each other, and to the public, as occasion may require. The Department shall hold regular meetings, a record of which shall be kept by its Secretary and read and approved at each meeting.

Sec. 4. The Department of public af-

fairs shall consist of the bureau of legislation, the bureau of publicity, the bureau of statistics, the bureau of clinics, the bureau of public health and bureau of public education. The board shall designate the chairman and secretary, and each member of each of the said bureaus, and shall determine from time to time the number of members which shall constitute each of the said bureaus, and shall determine the duties and functions of these said bureaus.

Sec. 5. The Department of finance shall outline and report to the Board of Trustees at each annual session a budget of expense, with estimate of income as a guide for the budget to be adopted by the board. It shall have supervision of the finances of the Association, its collections and expenditures, and under the direction of the board, shall have charge of the mem-

(Continued on page 16)

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BROOKS’ APPLIANCE, the modern scientific invention, the wonderful new discovery that relieves rupture without the line on trial. No obnoxious springs or pads. Has automatic Air Cushions. Binds and draws the broken parts together as you would a broken limb. No salves. No lies. Durable, cheap. Sent on trial to prove it. Protected by U. S. patents. Catalogue and measure blanks mailed free. Send name and address today.

C. E. BROOKS

155 State Street, Marshall, Mich

We believe that our Therapeutic House is just large enough for Osteopathy and that when other methods are brought in, just that much of Osteopathy must move out.—Andrew Taylor Still.

The Kansas City College

of

Osteopathy and Surgery

The only Osteopathic College in Kansas City endorsed by the American Osteopathic Association

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Entrance Requirement: Four-year accredited high school or equivalent. Next session starts Monday, September 15th, 1919. Four-year graded course of nine months each. Faculty of 28 experienced lecturers and demonstrators. Well equipped, well lighted laboratories and class rooms. Large clinic. Guaranteed practical, efficient preparation for practice.

100% OSTEOPATHIC 100%
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)

OSTEOPATHY TENTATIVELY OUTLINED AND DEFINED

Dr. Andrew Taylor Still, the Founder of Osteopathy, was born in Lee County, Virginia, in 1828; and died December 12th, 1917, at Kirksville, Missouri, his home and the birthplace of his beloved Science.

About ten thousand intelligently trained and scientifically developed Osteopathic practitioners attest the merits of the Therapeutic System of Osteopathy which dates its discovery from the year 1874, when Dr. Still, the originator, made the following remarkable statement:

"A disturbed artery marks the period to an hour and minute, when disease begins to sow its seeds of destruction in the human body. That in no case could it be done without a broken or suspended current of arterial blood which by nature, is intended to supply and nourish all nerves, ligaments, muscles, skin, bones and the artery itself. THE RULE OF THE ARTERY MUST BE ABSOLUTE, UNIVERSAL, AND UNOBSERVED, OR DISEASE WILL BE THE RESULT.

All nerves depend wholly upon the arterial system for their qualities, such as sensation, nutrition and motion, even though by the law of reciprocity they furnish force, nutrition and sensation to the artery itself?"

1. Tentative Outline of Osteopathy.
   1. Osteopathy is a complete scientific therapeutic system.
   2. Osteopathy recognizes generic man as a complete or perfect machine.
   3. Osteopathy holds that man, in perfect health, in perfect correlation of parts, with proper food and clothing and shelter, has within himself all the elements, nutritional and even chemical, for sustenance and self-repair; and that he is only limited in usefulness, under the above mentioned natural environments, by the God-given vitality which is his portion.

According to the Founder of Osteopathy, "The Rule of the Artery is Supreme." It is absolutely necessary to have and to maintain an uninterrupted and an unobstructed flow of normal arterial blood in order that generic man, as a perfect machine, may be kept in the perfect equipoise of balanced nutrition.

4. Osteopathy acknowledges that there must be complete accord of mental suggestion with material manifestation for man to reach the high ideal of the perfect machine of osteopathy.

5. Abnormal man, by reason of sickness, injury, starvation, poison, or what not, can only reach normality by having all of these withering and destroying extraneous agents removed so that the natural fluids and juices which possess all the elements of sustenance and self-repair may hold sway.

6. The law of restoration of the abnormal to the normal may thoroughly be designated by the proper use of the term adjustment. Adjustment, under the Osteopathic regime, deals with every vital portion or cell of the human body. Ninety per cent or more of the corrective or adjutive work is performed by manipulation; yet the genuine Osteopathic practitioner is alive to the fact that the small per cent added to the ninety per cent or more of a strictly manipulative character, may be required to be reduced, adjusted, equipoised, correlated, or even removed by some unharful or wholesome or reasonable artificial process. Hence Osteopathy recognizes as adjutants, the following, viz.:
   a. Hydrotherapy.
   b. Heat and cold.
   c. Food, shelter, clothing, rest and right thinking.
   d. Antidotes for poisons maliciously or accidentally administered.
   e. Asepsis, including the artificial assistance of antiseptic agents, when absolutely necessary.
   f. Surgery and its procedures.
   g. All helpful agents of diagnostic value.
   h. Strictly autogenous serum. Every man is a law unto himself. No living man should be permitted to draw from or give to another any force or fluid which by reason of inheritance, acquisition, or accident may vitiate the second system.

The following epigrammatic quotations of Dr. A. T. Still, the founder of Osteopathy, are here significantly appropriate, viz.:

"The integrity of the structure determines the integrity of the function."

"Man is self-oiling, self-regulating, self-reparative, animated machine. Given proper air, food and water, the machine will function perfectly, so long as the parts are maintained in perfect alignment. When order in all parts is found, disease cannot prevail."

"A lesion precedes and produces the effect known as disease. This is the soul and body of Osteopathy as a healing art."

"The great Inventor of the Universe, by the union of mind and matter, has constructed the most wonderful of all machines, man, and Osteopathy demonstrates fully that he is capable of running without the aid of whiskey, drugs or kindred poisons."

II. Tentative Definition of Osteopathy.
   1. Explanatory suggestions:
      a. Osteopathy is a complete scientific therapeutic system.
      b. Osteopathy is the only therapeutic system which acknowledges generic man as a perfect machine.
      c. Osteopathy is the only therapeutic system with which generic man as a perfect machine, under the right environments, generates and maintains all the elements necessary for battery voltage and nutritional advantage.
      d. Osteopathy is the only therapeutic system which depends upon manual manipulation up to 90 or more per cent aided or abetted by 10 or less per cent of artificial adjustment ranging from hydrotherapy to surgery for the complete adjustment of the abnormal to the normal.
   2. Derivation Osteopathy, (Gr. ostcy = bone + naOos = disease).
      a. A word chosen to convey the meaning of skeletal unbalance or bone-non-adjustment.
      b. A word coined by the founder, Dr. A. T. Still, to represent his new system of therapy, which dates from the year 1874.
      c. A word in harmony with the other "pathies" of medical fame.
      d. A word which carries with it special significance as the bony skeleton or framework forms the fulcrums and levers with which the larger per cent of the manual manipulations of necessary corrections are made possible.
   3. Definition.
      Osteopathy as a complete scientific therapeutic system is the science and the art of adjustment mainly of manual manipulation, aided or abetted by wholesome or unharful artificial processes, wherein perfect physiological functioning is absolutely dependent upon anatomical integrity.

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If you want a table by FALL you will have to place your order now! First orders in are first served. Place YOUR order now!

Don’t Forget the McManis Treatment Stool! A treatment stool that fills the bill.
One that answers every purpose! Adjustable height, anchor strap, heel brace, foot rest for operator and other valuable features. It’s a peach! Order one now!

No doubt you have seen many Folding Tables, but until you have seen ours you cannot say that you have seen the best. Use the McManis Folding Table in your practice and you will never use another! Twenty-Six Dollars and Fifty Cents will buy one. Do you want yours now?

Stop! Wait a Minute! Don’t let the village carpenter make you that straight wooden table and stool! He might put one together that would look good for a while and give you fairly good service, but our Expert table maker “puts 'em out” so strongly built and with such tasty appearance that you cannot afford to have one made elsewhere. We make prompt deliveries on straight tables and stools.

How much do you weigh? Are your patients gaining in weight? Don’t you know? For Thirty Dollars you can purchase a real physician’s office scale. We sell them. Order now.

McMANIS TABLE COMPANY
KIRKSVILLE, MO., U. S. A.
(Continued from Page 13)bership work of the Association, and the enlargement and development of the activities of the Association.

The Executive Committee

Sec. 6. The Board of Trustees shall appoint a member of the Board to preside over each of the Departments as Chairman; and the four Chairmen together with the President, immediate ex-President and Secretary shall constitute the Executive Committee of the Board, and shall transact the business of the Board between its sessions.

Part 9

Conferences

Education Conference

Section 1. The Education Conference shall consist of the Committee on Education and one delegate from each of the recognized colleges, and from each State Board of Examination and Registration. The Chairman of the committee shall be the chairman of the Conference. This Conference shall meet prior to the presentation of the report of the committee to the Board of Trustees, and shall consider in an advisory way all matters referred to it or approved by the committee. The committee shall not be bound by any action of the Conference in making its report to the Board of Trustees, but a minority of one-third or more of the Conference may appeal any matter to the Board of Trustees at the current annual session of the Board. The committee shall submit the transactions of the Conference to the Board of Trustees as a supplement to its report.

Legislative Conference

Sec. 2. The Legislative Conference shall consist of the Committee on Legislation and one delegate from each Division society.

The chairman of the committee shall be the chairman of the Conference. This Conference shall meet prior to the presentation of the annual report of the Committee on Legislation to the Board of Trustees, and shall consider in an advisory way all matters referred to it or approved by the Committee, having reference to the securing of legislation, or to the administration of existing laws. The committee shall not be bound by any action of the Conference in making its report to the Board of Trustees, but a minority of one-third or more of the Conference may appeal any matter to the Board of Trustees at the current annual session of the Board. The committee shall submit transactions of the Conference to the Board of Trustees as a supplement to its report.

Part 10

Elections

Sec. 1. Election of officers shall be the order of business of the House on the second day of the annual session. All nominations shall be made from the floor. Nominating speeches shall not exceed two minutes.

Method of Conducting Elections

Sec. 2. All elections shall be by ballot, and a majority of all votes cast shall be necessary to election. In case of no election on the first ballot, the name having the smallest number of votes shall be dropped before taking the next ballot. This operation shall be repeated until a majority of votes is cast for one nominee, when he shall be declared elected.

Installation

Sec. 3. All business of the annual session shall be completed by the officers who have served through that session, so far as is practicable. The officers-elect shall be installed at the last meeting of the annual session at which they are elected.

Part 11

Amendments

Sec. 1. These By-Laws may be amended at any annual session of the House, by a majority vote of the accredited voting delegates at such session, provided a copy of said proposed amendment be deposited with the Secretary at least two months before the regular annual session at which the said amendment is to be voted upon. Upon receiving a copy of said amendment, it shall be the duty of the Secretary to have the same printed in the Journal of the Association at least one month before the annual session. At this session, the Board of Trustees may revise the proposed amendment, if necessary to secure conformity to this Constitution and By-Laws, and shall then refer it to the House for final action, not later than the last day but one of the session.

Figures Based on the 1917-1918 Directory to Arrive at a Basis of Representation in a House of Delegates

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<tr>
<td>Utah</td>
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<tr>
<td>Vt.</td>
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<tr>
<td>Va.</td>
<td>24</td>
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<td>Wash.</td>
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<td>Wyo.</td>
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<td>Wis.</td>
<td>53</td>
</tr>
<tr>
<td>Canada</td>
<td>41</td>
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<tr>
<td>Officers</td>
<td>18</td>
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<td>and</td>
<td>18</td>
</tr>
<tr>
<td>Trustees</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>3481</td>
</tr>
<tr>
<td>Fraction</td>
<td>93</td>
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</tbody>
</table>

Theta Psi Fraternity Enters the Chicago College of Osteopathy

On May 21, 1908, in Kirksville, Mo., some of the members of the American School of Osteopathy, led by Kendall Arch, W. W. Johomott, Chas. S. Green, Clifford F. Cook, and later joined by Hugh W. Conklin, Harry E. Sinden, Percy L. Weegar, and others organized the Theta Psi Fraternity. This fraternity has grown steadily. With the control of the Chicago College of Osteopathy passing into the hands of the Profession, the Alumni of Theta Psi Fraternity viewed with favor the establishment of a chapter at this school, and plans were made accordingly, but conditions did not warrant same until at this time. Hubert M. Eckerson and Jos. B. Pervin, members of the Kirksville chapter, now attending the Chicago School, with the Alumni entertained a number of the boys with the resultant pledging of seven of them: Russell G. Tappan, of Joliet, University of Illinois and University of Chicago; Vernon R. Carlisle, Chicago, Northwestern University; Thomas W. Perry, Leipsic, Ohio; Ohio State University; William A. Neff, Hamilton, Ont., Canada, Hamilton Normal School; Theron L. Stein, Park, Ill., Chicago University; Laurens Anderson, Austin, Minn., Dinwoodie, and Robert Walthar of Chicago. A house at 5109 Kimbark Avenue was secured and newly furnished, and the initiation took place during the annual convention of the alumni association the week previous to the A. O. A. Convention. The national meeting was the largest in the history of the fraternity, and great pleasure was evidenced in being able to hold the same in their own home. The prospects for the fall are the very best, and a number of the alumni are planning post graduate courses at the Chicago College.