

Osteopathic Truth

December 1916

Vol. 1, No. 5

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[1991.1334.114]

Osteopathic Truth

A MONTHLY MAGAZINE FOR THE OSTEOPATHIC PROFESSION

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

Volume I

DECEMBER, 1916

Number 5

WHAT'S THE MATTER WITH OSTEOPATHY?

W. BANKS MEACHAM, D. O.
(PRESIDENT A. O. A.)

WILLIAM ALLEN WHITE'S justly famous editorial on "What's the Matter with Kansas?" showed plainly that Kansas was all right, that just a few people in Kansas were disgracing and belittling their State.

Now the same thing applies to Osteopathy. The science of Osteopathy is incomplete—all the lands of Kansas are not sowed in wheat yet despite the two-dollar price, we have got to clear up and develop a lot of our scientific territory. But the fact remains that the State of Osteopathy is the grandest in the therapeutic Union. Our trouble lies in the fact that we are allowing a few detractors to do too much talking. They howl too much about the limitations and incompleteness of Osteopathy, and, on the other hand, fail to direct their thoughts to what Osteopathy has done and to how Osteopathy should develop.

Here are some specific points. Not long ago I listened to a regular college class room lecture in one of our schools on the diagnosis of gastric inflammation. The speaker was a learned man, has enough degrees to hang himself. He gave just such a lecture as one would expect to hear at Harvard or Rush medical schools. He quoted Moynihan, Mayo and Murphy—

but not one word about the classic Osteopathic experiments of McConnell. He never said one word about Dr. Still's special manipulation that invariably—so I have found for years—relieves the distress of gas pressure in all of these conditions.

He poured those students so full of valuable text

book information that the student did not even take the trouble to put in his note book. The result was that the student got away with the idea that osteopathic and medical diagnosis are the same—WHICH IS NOT TRUE. The student unformed mentally, is gummed up with medical thought. How easy and how natural that such a student in later year years should want to complete his education by going to the supposed fountain-head of knowledge (in a medical school)

That instructor spouted medical lore

for one hour without mention of spinal relaxation in upper dorsal, of tenderness and subluxations that might appear in upper vertebrocostal articulations. He knew nothing about any special Osteopathic "stunt" of relieving gas pressure by raising up the costal cartilages of the lower ribs on left. The fact is that he knows a little about everything but Osteopathy, but he can't be censured for not telling what he does not know. That man could not (Continued on page 55)

Ich Dien (I Serbe)

EDITH STOBO CAVE, D. O.
(Boston, Mass.)

The Soul of every man must first awake
From the dull lethargy of Self, before
His eyes may see and know the Open Door.
Conviction then makes clear the Way to take.
And this is what it means to live again:
The Self has passed away—There is no Death!
And through the awakened Soul, like first new breath,
Sweeps strong and clear the Love of God for Man.
Then using every subtlety of Mind and Heart,
The Soul devises many Ways and Means
Of pouring over other lives in need
The Wine of Life—There is no smallest part
The Soul would keep—The Cup is ever full!
"To him that hath"—Such is God's Law and Creed.

THE STUDENT

LOUISE GRIFFIN, M. D., D. O.,
(Boulder, Colo.)

One of the old graduates of the A. S. O. of the days when the "Old Doctor" went among and talked with the students, said to me not long ago that the trouble with the osteopaths of the present day is that they were not trained in their student days to see and use real Osteopathy. As an illustration he cited the case of a student at present in the school who came to him for treatment. This young man mentioned among other complaints that his hair was falling out but that Osteopathy could not help that he knew, so with the advice of one of his instructors he was using alcohol on his scalp to dry up the excess of secretion that was the cause of the trouble.

He also said that he was afraid that he would have to give up his school work as he had a heart trouble that Osteopathy could not reach. He had been examined and was told that it was the result of the athletic work he had done and that no treatment would benefit him, that he would have to be careful and not over-exert himself and after a time he might recover from the trouble.

The doctor asked him if that was the sort of idea he was getting at the school that "Osteopathy could not reach these conditions" and the student although astonished at the question replied "why yes."

The doctor then proceeded to find and show the student where his lesions were. He found a neck and a posterior upper dorsal rib lesion. These he corrected and as the result of the first treatment the young man walked up the hill to his home without being conscious of his heart, a thing he had not been able to do since he entered school. Later he reported that the falling out of his hair had ceased.

The doctor then talked straight Osteopathy to him and told him not to be satisfied with anything else; that Osteopathy and Osteopathy alone could reach all curable conditions. While in his case the lesions were peculiar and required a little skill in their reduction they were there and easily found. The young man said that he had been examined and was told that there were no lesions to account for his trouble consequently he was led to believe that there was a limit to the application of Osteopathy.

The results of the treatments however convinced the young man that there was something to Osteopathy, a something that he was not getting at the school.

In telling me this the doctor further said "Osteopathy will have to be saved to the future by getting at the students and making them dissatisfied with the train-

ing they are getting and inspiring them to want and demand straight Osteopathy."

I received a letter recently from a practitioner who became a good exponent of Osteopathy in spite of the college that graduated him. Referring to the college he writes "I have no sympathy nor interest in the college except the students. I feel that they wanted Osteopathy when they entered at least and being cheated out of that they naturally study medicine not only for the degree but to be able to do something for the sick, not feeling competent in any other way."

"There is more truth than poetry" in his statement and it is a great reflection on the schools that the students graduate with so limited a conception of the great truth of Osteopathy.

The students entering the osteopathic colleges have every reason to believe from reading the Year Books of the colleges that they will have an education that will train them so that they will feel competent to take care of the sick with Osteopathy. They are certainly cheated out of their expectations when they are graduated as "mixers" even if they do not altogether realize their loss.

The students should have our sympathy and help. They at least start out right with the intention of becoming osteopaths. If they are so unfortunate as to attend a school not devoted strictly to the truth of Osteopathy and know no other way of finding the truth it is not their fault that when they graduate they are not true osteopaths; they are what they are taught to be.

The osteopaths in the field who failed to catch the working principle of Osteopathy in their student days when they approach a condition with which they are not familiar through lack of experience and the fear it begets do not dare to trust to Osteopathy and so yield to the medical idea.

The lack of experience is quite a factor especially in acute practice in causing a lapse on the part of a practitioner who is not strong in the faith. This calls to mind the experience I had with a young man just starting in practice who although a firm believer in Osteopathy said to me that he had a case of malaria that he did not dare to trust to Osteopathy as the family were urgent in their request for him to use quinine and he was afraid that they would be unwilling to wait for Osteopathy. In talking with him I managed to inspire him with my own faith in Osteopathy and my lack of faith in quinine and urged him to lay the matter before the parents of the child showing them that although Osteopathy might be a little slower in giving relief when relief came it would be lasting while quinine was only temporary. Although in doubt he did

as was suggested and the result was all that could be desired. It is needless to say that his own faith was strengthened by his adherence to the principles of his practice.

We have a good deal to say about educating the public in Osteopathy, but what about the students who will represent the Osteopathy of the future? The people will be asking for it but will the future osteopaths be able to "deliver the goods?"

It seems to me that there is one avenue whereby we can put the student on the right track and help the cause of Osteopathy along, and that is by supplying the students of the various colleges with literature setting forth the principles of Osteopathy and calling their attention to its claims.

If the attention of the student is not attracted to real Osteopathy how will he know what he is missing? When he realizes that he is not getting a working Osteopathy at the college he is attending and cannot get it there, he will feel that he should make a change to a school where Osteopathy is the leading thought.

If an inspection of the osteopathic schools such as is suggested in Dr. Downing's article in the October number of Osteopathic Truth is made and the profession can know positively which schools are teaching the truth about Osteopathy we will be in a position to advise the students where to go to be trained to become practitioners worthy of the name of Osteopathy.

Those colleges that are not coming up to the osteopathic standard will then have to change their attitude toward the system or disband for lack of support.

IS ZONE THERAPY OSTEOPATHY?

HERBERT BERNARD, D. O.
(Detroit, Mich.)

We hear much of Zone Therapy nowadays, and many are asking if it is not osteopathic in principle. I, for one, can answer emphatically "yes." I think I can prove in this article that Zone Therapy is one of the first principles of our Science. True it has been developed along a different line than some of us have developed Osteopathy, but its mechanical action is identical with one of our old time principles.

Further along in this article I shall ask you to demonstrate on your own body that ten-finger Osteopathy embraces all mechanical therapy, and I shall inform you how to make this demonstration to your entire satisfaction.

The Zone Therapist will tell you that he knows anesthesia is brought about in the different zones of sensation by nerve pressure, but he will also tell you that he

does not know how it is done. The principle of osteopathic pressure, by the use of ten fingers, will teach them how it is done, as well as how to do it, to my mind, in a much better way than by the use of a probe, clothes-pin or fine-comb.

A short time ago I had a letter from an osteopathic physician asking me if I had ever known the "Old Doctor" to use pressure anesthesia. I assured this gentleman that while I had never known Dr. Stl to use pressure on finger or toe to relieve pain in some other part of the body, I had seen him use pressure on the nerve in that particular area to relieve the pain. I also wrote this physician that I would be willing to say that seven out of ten osteopathic physicians use pressure on the sub-occipital nerves to relieve headache, and that they had been doing this from the beginning of Osteopathy. When the "Old Doctor" was the only teacher of Osteopathy I have heard him many times say: "Find the nerve and blood supply of any part of the body in which there is a lesion, and then inhibit the nerve supplying that part in order to get relaxation of the tissues around the lesion." He said that pressure interrupted the nerve's continuity by partially closing the semi-fluid axis-cylinder. We really considered in those days that pressing a nerve would partially close its axis-cylinder. We now know that we disturb the normal irritability by pressing the filament endings of a nerve. A nerve to be normal must be in a certain state of irritability. I refer you to the physiology of the nervous system, with which every osteopathic physician should be familiar. Physiologists tell us of the many chemical and mechanical stimuli which are necessary to the normal functioning of the different nerves. These stimuli are all within the body. I will now describe some of the mechanical stimulus outside the body, and will depend upon the normal functioning of the nerve in order to explain how external pressure may effect its action. A stimulus that will disturb the irritability of the nerve will send an impulse through the axis-cylinder of that nerve in proportion to the disturbance. Continued disturbance will cause partial paralysis, both reflexly and direct. To illustrate: Did you ever sit in a hard chair in such a position that the Sciatic Nerve is pressed against the Femur? If so, you know the result. At first the leg will become numb, followed immediately by a pricking sensation called "going to sleep," and this pricking sensation is followed by anesthesia of the entire leg. And if you haven't changed your position by this time, when you do get up, you will be unable to move the leg for several minutes. This partial paralysis of the leg was not

caused by pressing upon one of your fingers, or toes, but by direct pressure upon the bundle of nerves called the Sciatic Nerve. The nerve irritability was disturbed by pressure on some of the sensory filaments in the nerve sheath that carry impulses to the different nerves within the bundle, reflexly disturbing the whole area that the Sciatic Nerve supplies. The Chinese physicians cause complete anesthesia to the entire body by pressing the Pneumogastric Nerves. One may bring more blood to any part of the surface tissues by pinching, or sharply hitting the skin. This is brought about by first stimulating the vaso-constrictor nerves in that area, interrupting their irritability, and the stimulation is followed by the impulse returning through the vaso-dilator nerves, causing redness of the skin which proves that more blood has been brought to that area. Should the blow be very hard it will cause partial paralysis of the vaso-dilator nerves and the area will become congested, turning black and blue. The pain in the tenth dorsal area during an attack of typhoid fever is caused by the disturbed irritability of the nerve filaments in the small intestine. The impulse is carried backward through the communicating branches from the sympathetic ganglia to the posterior spinal nerves and it is one of these nerves that manifests the pain. If an impulse can go one way it can go back the same way. So to bring more blood to the small intestine it is only necessary to press the nerve filaments of the posterior spinal nerves of the splanchnic area to send an impulse through the ganglionated cord to the intestines. I contend that this is demonstrating the fact that the normal irritability of a nerve may be interrupted by pressing the nerve filaments against a bone. An osteopathic lesion is but deranged tissue irritating nerve filaments and interfering with capillary circulation of the blood stream in that area. However, I shall describe the osteopathic lesion in a future article. All that I have to say about this subject at present is that I never try to treat, or "fix," a lesion that I do not press upon the sensory nerve supplying that area in order to relax the tissues surrounding the lesion. The relaxation may be done in this way in about one minute, wherein to overcome the tissue contraction by manipulating the muscles will take from ten to thirty minutes. I imagine I hear some of you saying: "Well, I'm from Missouri." Very well, "The proof of the pudding is in the eating." In the beginning of this article I promised you that I would prove my argument by having you demonstrate its truth, or fallacy, upon your own body. We will first go over the anatomy of the region upon which I am going

to ask you to make this demonstration. The bone that you are to press the nerve against is the Anterior Superior Spine of the Ilium, from which we have the origin of the Sartorius Muscle. The External Cutaneous Nerve of this region, and the Anterior Crural Nerve, both branches of the Lumbar Plexus, supply the tissues of this area. As the external cutaneous nerve emerges from the pelvis it lies upon the origin of the Sartorius Muscle. The Anterior Crural Nerve may be found just external to the Femoral Artery in Scarpa's Triangle. All right, the stage is set, now for the drama. Will you please locate the External Cutaneous Nerve with your finger. (You will find it lying on the Sartorius Muscle about one quarter of an inch below the extreme top of the Anterior Superior Spine of the Ilium. Sartorius is from the Anterior Superior Spine to the inside of the knee.) If you will give the External Cutaneous Nerve a quick deep pressure against the bone you will find that it is rather sore. (The normal irritability of the nerve.) You would relax the area around the External Cutaneous, and all that it supplies, if you held it very long, but for the purpose of this demonstration I desire to show you how long pressure on the Anterior Crural will get the result at the origin of the Sartorius Muscle. Now press the Anterior Crural against the bone close to the Inferior Spine of the Ilium. Hold this pressure until you count sixty. (I consider the time consumed in counting sixty to be about thirty seconds.) Do not hold the nerve any longer than this, or you may cause partial paralysis and defeat the end required which is only relaxation. If you will please put your finger on the External Cutaneous again you will find that it doesn't hurt any more, and where you felt normal tone of the Sartorius Muscle and surrounding tissues, you will now find relaxation. This is osteopathic chiropractic spondylotherapeutic zone therapy.

The study of anatomy by the osteopathic profession should be entirely regional and very little descriptive. Regional anatomy is the study of relations of tissue. Had we always kept regional anatomy in the foreground in our osteopathic literature we would easily have been able to follow each other's experiments and developments, all working the same way for the same purpose. The trouble has been that the theory of Osteopathy is so simple and its practice so complicated that, without help from others in the profession, the practitioner has been compelled to evolve his treatment according to the light he has obtained in his own practice. I do know, however, a great many osteopathic physicians, beside myself, who have very carefully studied regional and surface anatomy in order to find land-marks

where nerves could be pressed against a bone in order to treat them.

The new paper "Osteopathic Truth" is the right step in the right direction, and I am willing to do my part to bring the mass of manipulations hatched under the fair wing of ten-finger Osteopathy into some sort of shape that we may be able to work mutually, satisfactorily and specifically.

(EDITOR'S NOTE—Dr. Bernard is to be a regular contributor to the pages of Osteopathic Truth. His contributions alone will be worth many times the price of the publication. He will be glad to receive criticisms on the foregoing article, and also answer any questions any one may choose to ask. Send your queries and criticisms direct to Dr. H. Bernard, Fine Arts Bldg., Detroit, Michigan.)

AN OSTEOPATHIC POLICY

J. A. VAN BRAKLE, D. O.
(Oregon City, Oregon)

None of us question the truth of the osteopathic principle. But at the present time there is some discussion as to just how it shall be applied. Osteopathy holds too much of truth to die. It will continue to be applied in one of two ways. Either in time it will be decorated with a "Chair" in the medical schools and be practised as a branch of the "regular" school, or if of sufficient vitality, it will continue to maintain an individual identity.

Which of these two paths will be followed depends upon the clearness with which the practitioners of Osteopathy distinguish a certain distinction and the fidelity with which they stick to their conclusions. The old school is founded upon the conception of action in the emergency. It honestly wants to do the best possible thing under the circumstances when called upon, but little thought is given to the problem of molding those circumstances so as to avert or control the emergency of sickness. If Osteopathy is to take this same view of its field then the tendency will be to place the greater emphasis upon the emergency measures such as the positive and sometimes spectacular surgical and chemical reactions of the old line medical treatment.

However, today in the ranks of medicine itself, there is a real, developed movement to get away from the necessity of just doing the seemingly best possible thing under the circumstances and of trying to intelligently alter and guide the attending circumstances of ill-health. It will be noticed that the further this tendency is followed, the less important the position of the emergency reaction becomes. That is, less emphasis is placed upon radical surgical and medical measures because

the need or opportunity for their use is diminished by the preventive measures employed. At present, this movement, inadequately summed up in the term Preventive Medicine, seeks to spread a governing control over the circumstances under which people live and become subject to disease. Osteopathy very naturally finds a place of practical application under such a conception of health and disease.

It is readily seen that any school of therapeutics must gradually develop to the point where a decision must be made as to which of these two attitudes toward its problems it will take. Its future development hinges largely upon the decision it makes. The time has come for Osteopathy to make this decision. Leaving aside for the moment all argument as to the value of our specific equipment, shall we train and provide for the old, still well-nigh universal attitude of the physician toward humanity—that his function is solely to cope with and if possible abort the immediate emergency, or shall the newer, broader, harder viewpoint be taken—to consider the physician's position that of a conservator of the vital reserves and possibilities of the human family and to so direct his energies as to make the most of these?

If the first of these viewpoints is to be accepted, and certainly each individual and the profession as a whole has the right to make this decision, ONCE ITS RESULTS ARE CLEARLY UNDERSTOOD, it appears to me that a process of absorption into the older school will inevitably be brought about. This school is highly trained and specialized in the problem of meeting the emergency. It has a vast surplus of brains and money single-purposed in this direction. It may indeed be economically necessary for us as individuals and for our schools and organizations to compete in this manner in the exact field of the old school physician. But if it is, the further fact remains that by so doing we constantly diminish our distinctive patrimony to our successors.

If we are not satisfied to consider ourselves as competing in this way with the things that must be tended to; if we do not consider it a fair argument to say that the medical physician can with his hypodermic or morphine tend to thirty or forty suffering people while we with our treatment are removing the cause of that pain from five or six and that therefore the medical physician is better equipped to hold a superior position in today's civilization; if we refuse to be judged upon this basis, then we must accept the other way out—that of handling the human organism so as to eliminate the emergency which calls for measures which may relieve it but which may in turn leave the

organism in a relatively worse condition than it was previously.

To choose this position means that we must withstand the economic strain of not exactly fitting the present day demand of help requested only in the emergency. But it means further that we must adapt ourselves as a profession to the ever-increasing field of prevention and of conservation. To do this, it would seem the part of wisdom to adopt a professional policy to which we might adhere rigidly.

Such a policy would require for its formation the best brains in our profession. Such a policy would require for its successful accomplishment the sturdy support of the entire profession, bound together in a dogged perseverance equal to that of our worthy pioneers. I say this because this policy would unalterably hold us to the conviction that the best expression of Osteopathy will find itself not in equipping ourselves to meet the therapeutic world as we find it, but in the harder task of making ourselves fit to occupy a position in the therapeutic world as it should be. Considerable criticism will doubtless be ably aimed at this statement, yet in the final analysis, all such criticism will resolve itself into a restatement of the assumption that our profession has not the brains nor the stamina to take this further pioneer position whereby we get out in front of the people and exhibit that true therapeutic leadership which will eventually teach humanity that to successfully cure disease, you must prevent it.

This policy will define a professional attitude the reverse of that at present subscribed to by a portion of our membership and it will contain at least two propositions. We must be actively progressive and not passively acceptive. We will not receptively stand for the truth, wherever it is found, but we will stand by the truth we ourselves discover. This attitude will permeate two propositions. First that we will actively seek out our truth in the study of the problems which arise solely from the adjustment of the human organism to its environment. Second that we actively place before the world an educational propaganda of our unique function and of our equipment to fulfil it.

Shall we passively accept ourselves into a pleasant professional dry rot or shall we actively pursue a policy which will develop and announce the principles upon which a distinctive, lasting professional existence may be legitimately founded?

The last TRUTH is a hummer and no mistake.

—H. BERNARD, Detroit.

TYPHOID FEVER

GEO. F. BURTON, D. O.
(Los Angeles, Calif.)

All the descriptions of typhoid fever are unanimous that the clinical manifestations in this dread disease are unmistakably diagnostic. Pathology is also clearly consonant in each type of case.

It is not the purpose of this article to give a resume of the etiological, symtomatical, or pathological factors which comprise this disease, but rather to refer the reader to the reliable texts for this information.

Under allopathic jurisdiction, typhoid fever always runs a normal course of twenty-one days. There may be ONE or MORE relapses or recrudescences.

The circulation is so stifled in numerous places that many dire sequelae may result. Directly, stagnation of the venous circulation may produce in the glands of the intestine, inflammation, ulceration or even hemorrhage. Indirectly, venous stasis frequently may cause lobar pneumonia; but the gravest effect is the stasis of the circulation to the spinal nerve cells and brain cells.

The stasis of the venous circulation to the spinal cord is obviously indicated by the extreme rigidity of the spinal column from the very onset of the disease. One can readily understand that if this marked rigidity of the spinal column is not properly cared for, vast systemic damage must ensue.

Hence, the dreadful attendant sequelae. The nerve cells are starved; the brain cells are dizzy. The electrical impulses that travel along these now leaky lines, fail to record their messages distinctly. The digestive apparatus is too impoverished to prepare for absorption the necessary nourishment for the immediate need of the hungry and stifled cell life. Again the jerky call for food. Now it becomes desperate, spasmodical, demoniacal. The symphony or poise of the most complex and intricate piece of vital mechanism is a jargon of inharmony, a writhing, seething swish of incompatibility and altogether an incontestible gruesome incongruity.

No wonder there is restlessness, pain; sleeplessness, worry, abnormal appetitive loss of hair, illusion, delusion and even wild raving. No wonder the period of convalescence covers such an area of time. Look at the repair needed in this wrecked vital mechanism. Self repair and self-recuperation have surely met their supreme test. Intake of food is regulated by direction rather than by natural instinct; there is a feeble and intermittent salivation; unprepared food enters the stomach, hence gastric digestion is far from perfect; further, final faulty intestinal handling is so weak and so imperfect, that only a limited percent of the product can

be utilized by the lymph and blood streams as assimilable. And all this because the vito-electrical forces of the brain and spinal cord have been starved for want of proper nourishment. Further, because a mechanical venous stasis has arisen like a rock-ribbed wall of granite to obstruct the free flow of the blood stream, to force undue absorption of poisonous products, and to materially handicap the excretory elimination of all the deleterious waste-products.

Under the driving way of mandatory allopathic supervision, how can there be anything but tempests and furies of sequelic storms? Is it any wonder that convalescent patients are like persons drowning, or lost on the desert, or buried in the thick of dense forests? Is it any wonder that with one lung stifled, they gasp for breath? Or with one limb maimed, they shuffle in walking? Or, with faulty digestion the cry for nourishment from impoverished spinal column centers and starving brain cells is harsh and unabating? How can any of these patients ever hope to return to the original or normal mental and physical stability? The greatest wonder of all is that the crippled are not more maimed; that the defective are not more weak; and that the vitally depressed are not more unbalanced.

Very often the osteopathic physician is called to control acute violent cerebral manifestations. The family and friends of the patient can only see the bare walls of an asylum staring them in the face. The desperation of their family physician has also indicated the same. Here it is the duty of the osteopath, no matter what the odds, no matter what the environments, to come to the rescue of this pitiable creature. This most dreadful of all sequelae can be controlled, and it is our business to effect the control and cause the raving maniac to return to reason and self-control.

Many of the dread effects of this disease are met with so long after their contraction that, to the very best we know how, we can only effect a partial release of the same; and it is very questionable if the sufferer can travel in his former accustomed sphere of activity and assume his original vito-electric command.

The osteopathic profession should control the typhoid situation. First, because normal typhoid under osteopathic supervision is readily controlled. It has been the writer's good fortune to obtain absolute control of every case of typhoid fever coming under his review, each separate case in the exact period of ten days. Conversation with other osteopaths elicits practically the same information.

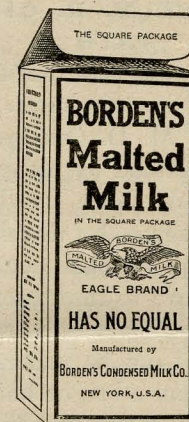
Second, because we can restore the patients to a normal mental and physical

condition in a very short time. It is not necessary to wait for months for a convalescence. It is not necessary to become baldheaded. It is not necessary for the patient to become a roly-poly and then try to reduce fat to muscle. It is not necessary to have intestinal walls made non-elastic and the cells thereof destroyed. It is not necessary to allow continuous rigidity of the spinal column which is the source of non-nourishment, infection by absorptive poisons and consequent deterioration both in function and vitality of cell-life.

There are three essentials to observe in the proper osteopathic handling of typhoid fever: First, there must be a strict regulation of the diet.

Second, every effort must be for the prevention of any venous stasis. The veins of the entire system must be kept unimpinged, and the vaso-motor supply to the same at par.

Third, the cerebro-spinal nerve force must be kept in a perfect state of equalization. The diet is essential. The healthy function of the venous system requisite. But unless there is the even and steady control of the great central vital brain and spinal cell-life, we cannot preserve the noiseless whirl of the most intricate and wonderful piece of machinery known.



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A MONTHLY JOURNAL OF
OSTEOPATHIC PROGRESS

EDITED AND PUBLISHED BY

PRACTICING OSTOEPATHIC PHYSICIANS
FOR THE OSTOEPATHIC PROFESSION

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GEORGE W. REID.....Worcester, Mass.
Slater Bldg.

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DECEMBER, 1916

THE MEDICAL OSTOEPATH AND THE M. D. OSTOEPATH

It is quite possible that the position of Osteopathic Truth in relation to the M. D. Osteopath may be misunderstood by many of our brethren. We have no desire to be misunderstood, therefore we shall attempt to make our position clear in regard to the various questions confronting us as a profession.

We would not be understood as desiring to put a ban on knowledge, nor would we care to be adjudged as unalterably opposed to the M. D. degree. We care not how many appendages an Osteopath may have after his name. The point however, that we are concerned about is that all who study Osteopathy shall KNOW OSTOEPATHY. Let everyone be thoroughly grounded in the principles of Osteopathy, and our professional problems will be few and easy of solution.

There is a vast difference between the M. D. Osteopath and the medical Osteopath. By far the ma-

majority of our M. D. Osteopaths have caught the true significance of Osteopathy, and cannot be classed as medical Osteopaths. They are a credit and an honor to the profession, and they have our respect and admiration. It is the so-called medical Osteopath, no matter whether he has an M. D. degree or not, that we cannot sanction.

Now what do we mean by the medical Osteopath? He is the one who because of his knowledge of drugs, his medical training, or his M. D. degree, delegates to himself a higher sphere in the therapeutic world than that he gives to his plain osteopathic brother. He is the one who by his acts, as well as his works, reflects discredit on the good name of Osteopathy. He has failed to catch the true significance of the osteopathic principle, and not appreciating its worth, minimizes its importance. Thus, when he acquires a smattering knowledge of drugs, he immediately assumes an air of superior knowledge and classes himself as a super-osteopath. The promulgation of the idea of "physician first, osteopath second," is a natural sequence.

Osteopaths of this kind are playing into the hands of our medical adversaries in a most cunning manner. It may be unwittingly or unknowingly, but this is the case. The A. M. A. has reached the point where it is willing to delegate a small niche in the therapeutic field to Osteopathy, but this organization advocates that we be physicians first, osteopaths second, just as the oculist or orthopedist is a physician first and an oculist or orthopedist second. Are we going to permit the A. M. A. to prescribe our field of operation, or are we going to mould our own destiny? The conclusions and deductions of the A. M. A., like those of the medical Osteopath, are erroneous, because they are not based on a proper conception of Osteopathy.

There are two ways of accounting for the presence of medical

Osteopaths in our ranks. The first is, as has just been mentioned, an imperfect conception of Osteopathy. The other reason may have its basis in this one, for when a person really understands Osteopathy, he will not knowingly or willingly do anything that may tend to bring into disrepute the greatest of all therapeutic sciences. When a person fails to catch the true significance of Osteopathy however, it is easy to see how he might readily develop into a medical Osteopath as a result of popular opinion. A great many people who patronize Osteopathy hold the opinion that by a combination of the two schools (medical and osteopathic) the product would be ideal. The ideal physician, therefore, in the minds of a large number of people is the medical Osteopath. This combination makes a strong appeal upon casual or superficial consideration. To the people, however, who are accustomed to penetrate the veneer, and look beneath the surface, the unwisdom of this combination is obvious.

The person who because of popular opinion develops into a medical Osteopath is nothing more or less than a shrewd politician. It is not truth that he is after; it is popular applause and approbation, plus the almighty dollar. Suppose Dr. Still had been of this type, where would Osteopathy have been? There are only a few of us at most, and the combined and cooperative effort for all for the good of Osteopathy and humanity is sorely needed. Everyone who has espoused the cause of Osteopathy should be inspired by the wonderful example Dr. Still has set for us. Instead of yielding to public opinion, we should mould public opinion.

The fundamental difference between the "dyed in the wool" Osteopath and the medical Osteopath is this: The "dyed in the wool" Osteopath attributes his failures to an imperfect understanding of osteopathic principles and tech-

nique, and if he does find it necessary to resort to an agent not in harmony with nature, he considers it an occasion for humiliation rather than exultation.

The medical Osteopath, on the other hand, attributes his failures to the limitations of Osteopathy and not to his imperfect conception of the science. Therefore, he hails drugs, not as a necessary evil, due largely to his own short-comings, but as an unadulterated blessing.

The former believing in the adequacy of Osteopathy and realizing his imperfect understanding of the same, delegates to himself the task of becoming a more able and efficient osteopathic exponent. The latter however, having decided ideas as to the limitations of Osteopathy, concludes that he has mastered the science and that further osteopathic investigation is futile and unnecessary. He therefore, naturally, turns to drugs, serums, antitoxins, etc.

The medical Osteopath gives a wrong impression to his clientele of the comprehensiveness and utility of Osteopathy. He minimizes the importance of Osteopathy and encourages the popular belief in a decadent system of therapy. The true blue Osteopath on the other hand inspires his clientele to believe in and preach Osteopathy, and to trust, honor and obey nature's laws. He gives them a vision which tends not only to free the body from deformity and disease, but the mind as well from superstition and ignorance. The one is a politician, the other a statesman and pioneer. The world needs less of the former and more of the latter.

Osteopathic Truth is pledged to help meet this world need.

MONEY THAT WASN'T AFRAID

(From the Philadelphia Public Ledger)

Not every man who has the courage of his convictions is as willing to fortify them as Sebastian Kresge, storekeeper of Detroit. He gave \$10,000 toward the prohibition drive that has landed the State and its metropolis in the "dry" column. The brewers heard of it and threatened a

boycott of his stores. Mr. Kresge's answer was to add \$10,000 to his contribution. Many a man of means is voluble in fulmination against an evil he deplors, but when he is asked to provide the sinews of war he demurs and suggests that others be asked to do their share. The good citizen of Michigan seemed to think that it was his business to corroborate his belief with the means of making the fight in its behalf effectual.

The above story carries its own obvious moral, that he who runs may read.

Osteopathic Truth is making a great fight for straight osteopathic evolution.

It costs money to get out this paper. No one in the profession connected with it gets a salary or makes a profit. Many have made heavy sacrifices of time and money to secure its present success.

If you believe in its policies, send your subscription and your donation to the Business Managers. Every dollar will be used in the battle for OSTEOPATHIC FREEDOM, which has only just started.

Your financial interest will contribute toward the success of this movement and the reclaiming of organized Osteopathy.

How much does Osteopathy mean to you?

How much are you willing to sacrifice for the good of the cause?

—F. A. C.

GEMS OF THOUGHT FROM A. T. STILL

"Saw your own wood."

"Life is the highest force of the universe."

"Honor God by using the brains he gave you."

"When you read the books you get obsolete rot."

"Life is the force sent forth by deity to vivify all nature."

"One demonstration is worth all the theories in the world."

"When the sap begins to run winter (disease) has broken up."

"If I tell a lie today and tell another tomorrow, then I will be re-liable."

"When you learn to use that head of yours you will accept demonstrated truths."

"Boys, find the bell sheep and herd her into the pasture, and the rest of the flock will follow."

"If you had all the theory in the world in your head and one mechanical louse on top, you would have more ON it than IN it."

WHAT'S THE MATTER WITH OSTEOPATHY?

Continued from page 49.

inspire a student, a practitioner or a research worker, because he knows absolutely nothing of the problems of Osteopathy.

Yet we let him go on year after year putting his mental impress on our profession. He is too shallow to see the depths of Osteopathic philosophy, too indolent to work out problems of actual experience. He knows the difference between fatty infiltration and fatty degeneration, because he learned that in a medical school. But he can't tell a student of the great fields to be developed in the State of Osteopathy, because he has never lived in that State.

Mr. Professor, tell me why a steady pull upward and outward on the lower left costal cartilages will condense gas in the region below the diaphragm. Tell me the nervous mechanism involved and the chemical changes that take place.

When you are able to do this, Mr. Professor, I'll be more inclined to listen to you as an authority on why Osteopathy must be broadened by the addition of a few vaccines.

If the movement of the blood mass or control of circulation is not enough to hasten the manufacture of antibodies in infections, why does the simplest surgical incision prove effective in tubercular peritonitis?

The DISEASE affecting the health of the State of Osteopathy is hyperlearnitis—too much learning about conditions not osteopathic. This

disease process, by logical cellular action, crowds out cell growth of osteopathic thought.

THE REMEDY is to deny these lingo-slingers a chance to appear on osteopathic platforms, in osteopathic lecture rooms, on osteopathic programs. Make the M. D. degree, when used to imply super-training or super-knowledge or a super-therapy, a bar to leadership or standing in our ranks. Quit truckling to the medical degree. Let it stand for just what it is; a relic of by-gone days, when people believed they had to "take something."

Stand up for the D. O. degree as the symbol of advanced therapeutic knowledge and a system of therapy which can "deliver the goods" when properly understood by the practitioner. Make it the emblem of human emancipation from drug-thralldom, the shining light in the dark sea of medical darkness.

The public admires the man or woman who stands by the colors, who is ready to defend truth for its own sake, without truckling or equivocation. Try it and see. Be an osteopathic physician first, last and ALL the time and then witness the great strides which we, as a united profession, can make for the good of all mankind.

MOTHERHOOD

JOSEPH HENRY SULLIVAN, D. O.
(Chicago, Ill.)

The greatest battle that ever was fought,
Shall I tell you where and when?
Upon the maps of the world you will find it not—
It is fought by the mother of men.
Not with the cannon or battle shot,
Nor the sword or the mightier pen;
Nor yet with the eloquent word or thought
From the mouths of wonderful men.
But deep in the depths of a woman's heart,
That woman who would not yield;
Who silently, bravely does her part—
Oh, that is the battlefield.

—JOAQUIN MILLER.

Joaquin Miller's beautiful effusion touches all of us, perchance the osteopath very much so, has he not a peculiar excuse for feeling that thanks to Dr. Still he is possessed of ability to banish present day dread of motherhood?

Thousands of happy mothers throughout our land are so because of the God given science of Osteopathy serving them well in their hour of need.

Osteopathy during gestation, ADJUST-

MENT, insures normal function, and at time of crisis has spoken for itself everywhere.

However the sad fact remains, that great numbers of prospective mothers are living in misery and anguish of heart, because of the so-called progress of the great medical octopus. They hear talks of grewsome hospitals, what brand of new anesthetic shall be used, terrifying examinations of blood, etc., all in contradistinction to the simple gospel of Dr. Still that structural integrity presupposes normal function. In truth it would seem at the present time in the opinion of the medics, normal births are almost a miracle.

Osteopathic results speak for themselves, and inhuman as it may seem, our medical opponents fight us at every step, denying the would be believer the comfort of Osteopathy in the greatest function of woman, motherhood, and moreover much of this is done with full knowledge of the truth that Osteopathy relegates to the waste pile their paraphernalia, well; we may well leave them to their consciences.

The aboriginal woman was more sensibly treated in maternity than many now are under present day medical fads and fancies.

THE PUBLIC PRESS

The Public Press is one of the most tremendous powers known for shaping public sentiment. Editors, generally speaking, attempt to give their readers what they desire; they like to be on the popular side of a question. Many, however, will persistently stand by what they know to be right. They cannot be sidetracked by any fear or favor.

Most editors are undoubtedly sincere in what they preach. Their preaching is of the stereotype kind, because they know of nothing different. When they persistently promulgate the doctrines of regular medicine, therefore, it is not their fault. The fault is ours. The fault belongs to all who have a better conception of things and are not doing their part to enlighten others.

The person who has a higher conception of things than that held by the average citizen is duty bound to play the part of a missionary. All reform depends upon education. Education is a personal matter; it rests with the individual. If any individual is lax in his duty of supporting the truth, society as a whole suffers to a certain degree.

As osteopathic physicians, it is incumbent upon us to see that the world obtains a correct knowledge of Osteopathy. If we do not do this task, then it will never be done. Therefore, let us hew to the line. Let us be keen to observe and

utilize every opportunity for promulgating a knowledge and advancing the cause of Osteopathy.

There are three effectual ways of doing this. First, by actual demonstration. This is done in our treating rooms by restoring to health those who avail themselves of our skill.

Second, by word of mouth. We should talk Osteopathy. We should make it a special point to see that every person who comes within the scope of our influence obtains if possible a true conception of this science. Third, by the printed word. This is one of the most valuable weapons we possess. Some osteopaths may advance excuses for not distributing popular literature, but excuses are not reasons. There is no legitimate reason for not distributing discriminately, consistently and persistently popular literature among our patients and friends.

Our position in relation to society, our position in relation to the state, has been, and still is, to a marked degree, that of an irregular, a fakir. By our work, as well as our campaign of education, we have been able to alter this situation to a marked degree. If we will continue as in the past, and inject a little more persistency and determination in our work, it will not be many years until Osteopathy will be accepted at its worth, and our position, both socially and legally, will be second to none. Osteopathy then will be popularized. The public press throughout the country will be preaching and promulgating osteopathic ideas, and Osteopathy and osteopathic physicians will no longer be looked upon as freaks. They will be accepted and utilized for what they are worth.

Doctor, what are you doing to mould public sentiment? What are you doing to influence the public press? Let us all do our full duty along this line. This is a matter that is justified, no matter from what angle you view it.

Many papers already are favorable to Osteopathy. The ice has been broken, the walls of Jericho are crumbling, and it simply remains for us to go in and take the city.

Dr. George A. Griffiths of Winston-Salem, N. C. writes: "I wish not to miss a single copy of Osteopathic Truth."

Dr. Mary Emery of Boston, writes: "Please find enclosed cheque of one dollar for Osteopathic Truth. Number four has just arrived and I have read it through already. It is just fine, and I feel as though I must not be without it during 1917, so I am making myself a Christmas gift of it. Could I do anything better with one dollar? I don't think I could spend one to better advantage."

THE GREAT AWAKENING

(An Allegory)

FRANCIS A. CAVE, D. O.

After prolonged and restless slumbers, with frequent night-mares, the sleeper is beginning to yawn and stretch, preparatory to a full awakening. The Daylight of Progress is streaming through the windows, while the Clock of Loyalty is striking high-noon.

The heavy coverings of Carelessness, Selfishness and Ignorance which have blanketed the sleeper are being cast off, while that dismal coldness in the extremities is giving way before an increased circulation of the rich red blood of Knowledge and Scientific Investigation.

Neighbors and friends have for years been pounding and shouting at the door, but the transom has been closed and the resonant somnolence of the sleeper has produced such loud discord that external happenings have been obliterated.

During this long period of hibernation, thieves have broken in and ransacked the house, bundling up the chief jewels of the sleeper, including one rare, beautiful and priceless jewel, a crystalline product of Nature's laboratory, bearing the imprint of an All-Wise Creator, and known throughout Christendom for its powers to heal the sick and afflicted when intelligently applied.

For several years past, so-called friends of the sleeper, would-be and self-constituted critics, have declared this rare jewel to be imperfect, and have offered substitutes claimed to be "just-as-good" and even superior to the original. The falsity of these declarations has at last been proclaimed by General Public, who has experienced the healing powers of this remarkable jewel, thereby calling the attention of thieves and other selfish persons to its extreme value, hence the recent attempt to secure its possession during the heavy sleep of its rightful owner.

The theft is laid to a conspiracy formed among certain physicians, college-stockholders and ignorant imitators, furnished with various puzzling disguises, and banded together for the purpose of substituting an inferior product for the genuine article.

During the year 1916, and largely because of the bragging of these conspirators, the terrible effects of this conspiracy have become manifest, organized posses have been formed throughout the country, and the stolen jewels, with brightness somewhat dulled by unworthy hands, are now in process of transfer again to the rightful owner.

It is believed that a polish composed of equal parts of Love-for-Mankind and Loyalty-to-Principle, applied with the brush of Organized-Enthusiasm, will fully

restore the effulgent beauty of these wonderful jewels, the choicest on God's creation.

In order to prevent a recurrence of such knavery, it is necessary to keep the alarm-clock of Osteopathic-Freedom ringing, and the brass-knuckles of Basic-Principles ready at hand, lest new disguises be secured and a second robbery perpetrated under the guise of "Benevolent Assimilation."

* * *

If you wish to help "wind the alarm-clock" and assist in the guardianship of these precious jewels, send in your subscription to "OSTEOPATHIC TRUTH," the peerless and fearless newspaper with no battles to fight except those of the entire profession, with principles placed before personalities, a paper edited and distributed without profit (but with much of personal sacrifice) "FOR THE LOVE OF THE GREAT CAUSE."

CIRCULAR LETTER SENT TO GRADUATES OF THE MASSACHUSETTS COLLEGE OF OSTEOPATHY

December 6, 1916.

Dear Doctor:

We have for years been making the boast that our graduates are all successful in fact highly successful, and now, like chickens coming home to roost, we are receiving letters asking us "Name some successful ones and tell us how successful they have been."

We have made out a list of a few of those whom we thought the most successful, and I am asking you as one on this list if you will write us a letter stating just what your success has been and if you are satisfied with the profession of Osteopathy.

We want these letters so as to be able to say to the doubting ones that Osteopathy is alright and the graduates of our school especially are better than all others in demonstrating the benefits derived from the use of osteopathic treatments.

Will you not write us without delay a letter that you would be willing for everyone to see, full of "pep" and Osteopathy?

Very truly yours,

H. R. BOLAN,

Secretary.

REPLY OF DR. LOUISE GRIFFIN

Boulder, Colo., Dec. 14, 1916.

Dear Doctor:

Your communication regarding the successful osteopaths, graduates of the M. C. O., received, my name as you say among the number.

Yes, I have been successful with PLAIN UNADULTERATED OSTEOPATHY ALONE in treating the sick and name such diseases as pneumonia, typhoid fever, acute

poliomyelitis, and other acute as well as chronic troubles among the cases I have successfully treated with Osteopathy.

But, although I am a graduate of the M. C. O., I do not owe my success as an osteopath to any teaching I received at the school.

Before I studied the system, while practicing medicine, I saw some successful work in Osteopathy that called my attention to it and interested me to the extent of causing me to look into its merits. But the kind of Osteopathy I heard at the school did not increase my interest in it and when I graduated I still thought that at best Osteopathy was only a side issue to be tacked on to the medical knowledge I already had.

I met OUTSIDE THE SCHOOL several straight osteopaths who did things and got results and they put me straight as to the truth of Osteopathy.

Then I had the good fortune to work side by side with one of the most successful osteopaths in the country for eight years and daily saw what Osteopathy was and could do, so that I became an osteopath WITHOUT adjuncts, and to that kind of Osteopathy I owe my success in the practice.

During the several years I taught in the M. C. O. and was one of the board of directors of the school I saw that Osteopathy was steadily giving place to the medical idea through the influence of one of the directors who was an old school practitioner and finally when the medical idea, despite all the influence we on the board who favored pure Osteopathy could exert grew to the point of establishing a dispensary department with old school drugs as a part of the osteopathic procedure, I resigned.

While I understand at the present time this dispensary has been disbanded, the medical spirit is still in the school and active, and until this policy of the school is changed to that of one that is purely osteopathic I shall feel it my duty as a loyal osteopath to use my influence against this or any other school that has a similar policy because I believe its teaching harmful to the progress of real Osteopathy and that the majority of its graduates are osteopathic practically only in name.

The M. C. O. is located where it could be a great influence in the cause of Osteopathy but its present policy is decidedly detrimental to the advancement of the science.

You will recall, Dr. Bolan, as you were a student in my classes in the M. C. O. that these statements I have made are strictly true.

It is my desire that this letter shall be given all the publicity possible for I believe, from experience, that PURE OSTE-

OPATHY is the most successful practice of the healing art of the present day.

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

(EDITOR'S NOTE—The conditions at the Massachusetts College of Osteopathy for many years have been perplexing. No solution seemed possible so long as the osteopathic end of the college remained under the dominance of the late president. Since his death a move has been instituted that promises to clear up the situation. It is too early to forecast what the ultimate result will be, but the cooperation of several members of the profession in and about Boston, who are jealous of the good name of Osteopathy, has been secured, and assurance has been given that the objectionable features that have obtained in the colleges during the past will gradually be eliminated.

In view of the great awakening the profession is now experiencing, it is little wonder that movements looking toward the solution of our college problems should spring up. The golden year of opportunity is upon us. We are slowly but surely getting upon a more stable professional footing. Never in our history has there been such a general interest taken in the problems concerning our professional well being.)

STATEMENT FROM A. S. O. BOARD OF TRUSTEES

Today we had our regular board meeting. I am glad to report that it was the opinion of every member of the Board that a statement concerning our position toward the teaching of materia medica in osteopathic schools should be published and that our position on this matter should be made plain.

I therefore take pleasure in presenting the following statement, which I hope will clear up definitely and permanently our position on this subject.

Yours very truly,
GEO. M. LAUGHLIN, Dec. 15, 1916.

"There are no classes in materia medica taught in this school and we have no intention of establishing any. A few private classes were conducted, not in connection with the school, by one or two instructors who yielded to the behest of students who wished to prepare themselves for State examinations, which might demand materia medica. This caused some misunderstanding and misconception among our friends on the outside, and so these were discontinued nearly two years ago, and they will not be started again.

"We are not in sympathy with the idea of materia medica classes. The school

intends to devote its energies to intensive osteopathic instructions."

Signed,
GEO. M. LAUGHLIN,
C. E. STILL,
GEO. A. STILL,
E. C. BROTT.

The above statement should put much heart into us all. Let the Alumni of A. S. O. jump in behind the school now with a vim,—the old enthusiastic vim, and do the one practical thing that must be done at this critical time. Send students to the colleges. Talk is all right. Criticism of our colleges is all right, if it is constructive,—but, if we would be able to hold our own in our efforts against unjust medical domination on the one hand and the osteopathic fakir, variously named on the other, we must have the numbers. We must keep our colleges that are trying to turn out real osteopathic osteopaths full.

Let's prove that we are not mere carping critics. Let's each send a student to that next A. S. O. February class, if possible, and several in readiness for the next September class. Let's all get together on the proposition. A. S. O. alumni are not organized I am informed, hence this appeal in this way. I think the college deserves it and professional necessity demands it.

ASA WILLARD,
Missoula, Mont.

Dr. B. V. Sweet of Rockland, Maine writes: "My best wishes for the success of the venture."

PERSONAL AND SOCIETY ITEMS

The Boston Osteopathic Society has opened a free clinic for the treatment of the after-effects of Infantile Paralysis, at 30 Huntington Ave., Boston.

Dr. Clinton E. Achorn of New York City has made the Theta Psi Fraternity of Kirksville, Mo. a present of copies of all osteopathic publications, in memory of his late son, Kendall L. Achorn, who was a member of this fraternity.

Dr. St. George Fechtig announces the opening of a first class X-ray laboratory at 35-37 Madison Ave., New York City. Osteopaths are extended the courtesy of making a fluoroscopic examination of their patients at any time, without charge.

The 13th annual meeting of the New England Osteopathic Association will be held at the Allen House, Hartford, Conn., April 6th and 7th. A partial program has already been announced and this includes Drs. Charles S. Greene, Evelyn Bush, L. M. Bush, and E. Florence Gair.

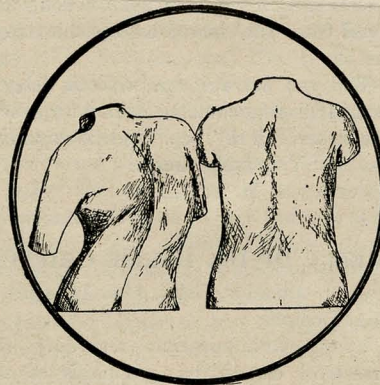
The New England Convention is without doubt the greatest annual osteopathic event in the east. This meeting promises to be the equal of any to date.

The annual meeting of the Virginia Osteopathic Society was held Nov. 4th at Richmond, Va. The speakers were Dr. W. Banks Meacham, Dr. Evelyn Bush, Dr. W. D. Bowen, Dr. George H. Fulton, and Dr. M. L. Richardson of

(This ad is carried because it reaches every D. O.)

Osteopathic Orthopedic Journal

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Edition limited—secure a copy at once. Advance orders for 3000 copies have already been received from the elect.

Norfolk, president of the Society, presided. Officers elected for the coming year are: President, Dr. Harry Semones, of Roanoke; Vice-president, Dr. Geo. E. Fout, of Richmond; Secretary-Treasurer, Dr. L. C. McCoy, of Norfolk; Executive Committee, Dr. Geo. H. Fulton, of Danville; Dr. C. R. Shumate, of Lynchburg; Dr. M. L. Richardson, of Norfolk.

The next meeting will be held April 14th, 1917 at Richmond.

The Illinois Osteopathic Association is one of the liveliest in the country. It issues a monthly bulletin which has done very much toward helping along the organized work of the State. At the present time the Association is conducting a "legislative referendum." Dr. R. H. Williams through "The Osteopath" is helping along this work.

Answers are desired to the following questions:

Do you want the Osteopathic Profession to have the right to practice Obstetrics? Minor Surgery? Major Surgery? To use Antiseptics? To administer Anesthetics? To prescribe Antidotes in cases of poisoning? To prescribe narcotics in emergencies and hopeless cases? To have all the rights and privileges of osteopathic physicians and surgeons?

If not, what restrictions do you favor?

Will you stand by the wishes of the majority, even if they do not agree at all points with your wishes?

Will you support the action of the Legislative Committee so long as it acts in harmony with the interests of Osteopathy?

Answers should be sent to the secretary of the Illinois Osteopathic Association, 27 East Monroe St., Chicago, Ill.

Dr. F. P. Millard will be the principal speaker at the January meeting of the Osteopathic Society of the City of New York to be held in the Murray Hill Hotel, Jan. 20th at 8 o'clock.

The annual meeting of the Massachusetts Osteopathic Society will be held at Hotel Lenox, Boston, January 6th.

Drs. Virgil Halladay and George M. McCole are preparing a treat for those who attend the A. O. A. Convention at Columbus. In order to make their undertaking a practical success, they desire the cooperation of the profession.

They are planning on presenting one of the finest anatomical demonstrations ever shown in this country. At present Dr. Halladay is dissecting the nervous system of the body of an infant. This will be mounted and put on exhibition.

Two specially selected bodies will be prepared in a manner to be used for demonstrating six lectures during Con-

vention week. The first lecture will cover the outer aspect of the bodies and the first layer of structures. These will be laid aside and others taken up on the second day, and so on.

In this manner it is planned to take up all the systems of the body including special work on the eye, ear, nose, throat, thorax, abdomen and pelvis. If anyone thinks of any structure that he would like to have shown, the doctors would be glad to have this fact communicated to them as soon as possible. The doctors also would like to receive other suggestions. They suggest that the profession make this an anatomical year.

Dr. McCole in speaking of Dr. Halladay says, "He is considered one of the most able and enthusiastic men ever in charge of the Anatomical Laboratories of the A. S. O."

This is a worthy undertaking, and if these doctors receive the support they desire, their anatomical exhibition will prove to be a great drawing card for the Convention.

The first bulletin of the National League for the Prevention of Spinal Curvature has been received from the press. It contains several very creditable articles dealing with various phases of Spinal Curvature. The booklet contains many illustrations which give it an added practical significance.

Sample copy can be obtained by applying to Mr. F. L. Link, Manager, Kirksville, Mo., and inclosing 5c in stamps.

The following osteopaths are advertising special courses of instruction to the profession: Dr. C. C. Reid, Denver, Colo. Dr. Robert H. Nichols and Dr. L. R. Whitaker of Boston.

The legislative situation in California is a bone of contention at the present time. The present law does not recognize Osteopathy in any sense of the word. Two types of certificates are granted, namely, drug and drugless. The law places Osteopathy on the same plane as vibration, electricity, hydro-therapy, chiropractic, etc. Drs. Grace Wyckoff and George F. Burton comprise a committee to devise ways and means to secure proper osteopathic legislation here. They desire to use the "model bill" approved by the A. O. A. and ask the support and cooperation of all concerned in the welfare of Osteopathy in the state of California.

Arkansas osteopaths held their 17th annual convention at Texarkana, Nov. 20-21. The meeting was called to order by the president, Dr. J. Falkner; the address of welcome was delivered by Dr. Jennie Mitchell; response by Dr. J. L.

Rames. Among the speakers were Dr. George F. Whitehouse, Dr. D. S. English, Dr. R. M. Mitchell, Dr. A. H. Sellars, Dr. A. L. Cummings, Dr. C. O. Paul, Dr. C. H. Champlin and Dr. L. J. Bell.

Dr. Bell's subject was "Malaria." He claims that malaria can be more quickly and permanently cured by osteopathic adjustment than by the use of quinine. His conclusions are based on results obtained in many cases the diagnosis of which was confirmed by microscopic examination.

Women held the fort at the November meeting of the Boston Osteopathic Society held on the 18th. Dr. Helen G. Sheehan presided and headed the committee which arranged the program. Technique was the slogan. Papers were tabooed. Dr. Mary Emery showed how she would correct clavicle, lumbar and innominate lesions in an easy way, while Dr. Sheehan demonstrated her method of treating dorsal lesions in a creditable manner. Dr. Effie L. Rogers showed her skill in correcting rib lesions. Dr. Lizzie E. Osgood gave a practical illustration how she would treat a case of acute infantile paralysis if brought to her office and she made a decided hit. A number of those who were present were at a loss as to how to handle such cases. Dr. E. Laura Meador of Lynn demonstrated her method of breaking up rigid lumbar lesions.

Three applications for membership were received. A committee was appointed to draft resolutions on the death of Dr. Mary C. Dennette. A committee on legislation was appointed and an appropriation was made for the establishment of a clinic for the treatment of infantile paralysis.

The new college and hospital building of the Massachusetts College of Osteopathy was dedicated Wednesday evening, November 22d by the Right Rev. Samuel J. Babcock, D. D. Suffragan Bishop of Mass. The building is located at 85 Otis Street, East Cambridge, Mass. From 7 to 8 there was an inspection of the building and the president and trustees received the guests. Subsequent to the dedicatory exercises were held as follows: Music, Quartette; greeting by the president, Rev. Francis L. Beal; dedication exercises by Bishop Babcock; reading of Psalm 121; Scripture Lesson; Lord's Prayer; Sentence of Dedication; The Blessing; Music, Quartette; Address, Hon. Wendell D. Rockwood, Mayor of Cambridge; Music, Quartette; Address, Hon. M. J. Murray, Judge of the Suffolk County Municipal Court; benediction, Bishop Babcock; Music, Quartette.

The exercises were well attended.

DEATH CLAIMS TWO MORE STALWARTS

During the past year the ruthless hand of death has entered the osteopathic flock and taken from us several of our most valuable members. The two latest to be taken from us are Dr. Frank P. Pratt, of Glasgow, Scotland, and Dr. T. Morris, of Columbus, Ohio.

Our flock is so small that we can little afford to spare these valuable members. The loss to the profession cannot be adequately estimated. There are two ways to compensate for this. First, we can all bestir ourselves and become a little more efficient and valuable to the profession, and second, we can be a little more alert in the matter of finding new recruits for the profession.

Dr. Morris was not so well known throughout the profession as Dr. Pratt, but he was a very capable osteopath, one of the old stalwarts, having graduated in 1898. Dr. John M. Hiss, in speaking of Dr. Morris, says "The original research work done in practice by him will, like all great men, become known years perhaps after his death. I believe that his original work done in clinical practice, when worked out by his followers, will prove to be colossal in the development of Osteopathy, and be a lasting benefit to suffering humanity."

The Boston Osteopathic Society gave a farewell luncheon to Dr. Ada A. Achorn one of the pioneer osteopaths of Boston at the Hotel Lenox, November 22. Dr. Helen G. Sheehan presided at the dinner table while the President, Dr. Arthur M. Lane officiated as toastmaster. Addresses of felicitation were made by Drs. Mark Shrum, of Lynn, Frances Graves, John A. MacDonald, George W. Goode, Mary Emery, Helen G. Sheehan, Edith S. Cave, Francis A. Cave, Elizabeth F. Kelly, Effie L. Rogers, Alfred W. Rogers, Samuel M'Laughlin, Harry Ohmstead, Arthur Miner Lane, Mary A. Small, R. K. Smith, Earl Scamman, Anna Byrkit, and Peter J. Wright of Hyde Park. The guest of honor followed the speech-making with a happy response. She was presented with a large bunch of chrysanthemums. Following the reception Dr. Achorn left for San Francisco where she will make her future home.

"We need just such a paper and we need Editors like the ones you have with a few from the small country towns who are and have been family physicians, added to your staff.

"In my opinion the general practitioner in the small towns are proving the efficiency of Osteopathy more than the specialist."

J. J. MORIARTY, Ottawa, Ill.

OUR NEEDS

GEORGE W. GOODE, D. O.
(Boston, Mass.)

That the osteopathic profession is in a state of lethargy as compared with the activity of the chiropractors is manifested by the trend of things in general. More enthusiasm is needed in our ranks.

At the chiropractic lyceum held in Davenport, Iowa, this year nearly three times as many were in attendance as were present at the A. O. A. meeting in Kansas City. It was their third annual while we celebrated our twentieth anniversary. Yet it may be that we in our young manhood have out-grown our youthful enthusiasm and feel content to let the other fellow blaze forth for awhile.

It should not be, for youthful hearts even in the aged are conducive to longevity. An awakening is needed along the straight and narrow path. Osteopathy pure and simple and of the broadest kind practised as such with no mixing can bring about a cure in nearly every case if a cure can be made.

Many of us do not realize our possibilities. We lack the power of concentration and leave the groove our venerable founder made for us. Other drugless healers are stealing our thunder and will continue to do so unless we hew to the line more in our work. There is too much general treatment. More time should be spent in diagnosis. Then specific work of short duration should be carried out. We need more Sullivans (not John L.'s), M'Connells, Millards, Turflers, Tealls, Picklers, Forbes', Vastines, Ashmores, Laughlins, Ellis', Fletchers, Helmers, Huletts, Steeles, Pratts and others of that type in our ranks. Let us get together for humanity's sake.

NOT "BLOOMING," BUT "BLUMER"

Your Latest and Perhaps Your Last Opportunity of the Kind.

The Blumer College of Natureopathy, of Hartford, Conn., after five long years, of vigil, has made bold to offer the secrets of this therapeutic cult to graduates of other systems of healing. Several members of the osteopathic profession, at least, have received circulars to this effect.

We are informed that "it is nothing new for schools to offer post-graduate courses. But remember that this one is a Blumer college course. It took five long years to induce this institution to give post-graduate work to other school practitioners. At last, this has been granted, but the time is limited to this season only. You may never have such an opportunity again. Therefore, let us demonstrate what the Blumer college can do for you."

According to their circular, "Natureopathy holds the master key to all drugless methods." They propose "to make you fully qualified to the highest degree in any of the following branches: chiropractic, psychotherapy and suggestive therapeutics, mechanotherapy and medical gymnastics, spondylotherapy, spinal health system, hydrotherapy, electro-therapeutics, food science, natureopathic therapeutics, and all other improved systems."

If the Blumer college would add drug therapeutics to its curriculum, its graduates, then, might lay claim to being all-round physicians.

WIDENING A STREAM MAKES IT SHALLOW

I cannot understand how anyone can be anything else but an A. T. Still osteopath. Broadening a stream tends to lessen the depth, and to me that applies to osteopathy as well.

If success does not follow effort, it does not occur to me to blame the science of Osteopathy, my one thought is to delve deeper and know wherein I failed to apply the science correctly.

LIZZIE O. GRIGGS.

If a thing is right in principle, why compromise? If Dr. Still had been a compromiser we never would have had any Osteopathy. Here is my check for subscription.

J. DEASON, Chicago, Ill.

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You cannot afford to miss a single copy of *Osteopathic Truth*. It is going to be more and more practical, helpful and constructive from month to month, as it is edited and published by practicing osteopathic physicians for the osteopathic profession.

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