

# **Osteopathic Truth**

**November 1917**

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# 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 II

NOVEMBER, 1917

Number 4

## OUR PROBLEM

E. R. BOOTH, D. O., Cincinnati, Ohio

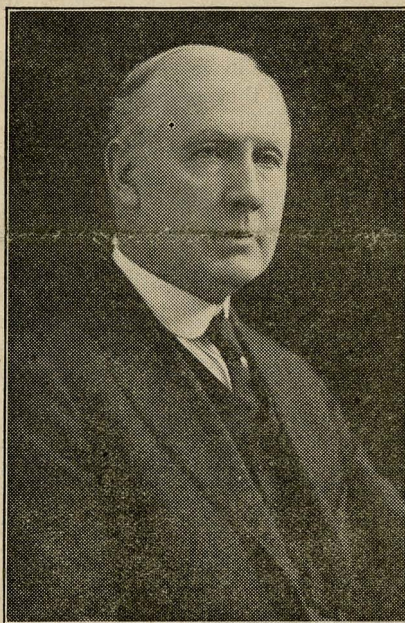
There are so many problems confronting Osteopathy today that one hardly knows which one is the most vital. But none of them are new. They have existed from the very beginning of Osteopathy. They have not been settled because they were not settled right, and they can be settled right only when they are settled in accordance with fundamental principles. What are some of them?

First there is the question as to what Osteopathy is. Definitions have been proposed and some of them very good, but none of them, in my opinion, adequate. The fundamentals for a definition, or an adequate statement as to what Osteopathy is, are to be found in well worn but often misunderstood expressions such as "man is a machine," "the body is self reparative," "adjust what is in malposition," "free the blood vessels," "the tendency to the normal," "the rule of the artery," "remove interference with the nerves." Many changes in the wording have been made but they all imply the same thing to those who really have the osteopathic idea but mean nothing to one who is not an intelligent and sympathetic convert to Osteopathy.

The writer preached the importance of "the osteopathic idea," in our schools as well as our practice a decade and a half ago till he was almost hoarse. But Osteopathy was often presented in our schools by unsympathetic instructors better versed in drug than in osteopathic lore. Result, many half-baked osteopathic physicians: good men and women, but with a divided allegiance, "hyphenated."

Another difficulty arose from the fact that many seemed to think that the newly discovered therapeutic measure displaced every thing else pertaining to the healing art. They were almost as radical as Mrs. Eddy when she claimed that Christian Science had no use for hygiene, cleanliness, or anything else pertaining to physical conditions. She however was logical because she claimed there is no matter, hence no human body, while the

osteopath who claimed that practically all was body ignored its relationship to other material things. Hence, the contempt, I may say, with which some held to the belief that the osteopathic physician should have nothing to do with surgery, anesthetics, antiseptics, and



E. R. BOOTH, D. O.

antidotes. Such measures are more osteopathic than medical because their fundamental idea is osteopathic, that is, the removal of some obstruction, as diseased tissue, filth, poison, etc. Even pain is a direct consequence of the violence done to structural integrity and may demand a temporary relief by the use of a narcotic. But success by the proper application of "the osteopathic idea" where other physicians had no remedy but drugs, led many to believe that Osteopathy could do everything and that osteopathic physicians were violating their therapeutic principles when they made use of any means used by other physicians. Carried to its illogical con-

clusion some would prohibit the use of soap and water. We should never lose sight of the fact that everything that is the common heritage of the layman is ours also by professional right. No school of practice has a monopoly on the use of the ordinary means for securing health and comfort. The only point is that all those who claim the right to use dangerous means must show efficiency.

Another important and generally misunderstood truth is that drugs do not cure. That is the prerogative of the physiological action of the cells and tissues of the body. This is where our therapy differs absolutely from all those who depend upon drugs, sera, vaccines, antitoxines, glandular extracts, etc. It is not necessary to claim that none of these are ever useful especially in the therapy of the drug doctor. But I do claim that the proper and adequate application of "the osteopathic idea" does secure better results with little or no bad after effects. No experienced osteopathic physicians doubt that this is true in most cases. Here is the natural limitation placed upon Osteopathy and, I believe, without exception, that this limitation has not interfered with our freedom of action except in cases when the law interferes with the freedom of action of the patient as well as the physician, as in vaccination against smallpox in some states and prohibition of the use of all drugs. No true blue osteopathic physician will ever want to give drugs for therapeutic purposes in the case in which they are used by drug doctors.

This leads to mention of another strong point of Osteopathy, that is, prophylaxis or preventive medicine. The application of "the osteopathic idea" in its broadest sense demands not only the adjustment of parts of the body to each other but of the environments to the body and to each other. A cesspool in the front yard is a malposition and an adjustment is necessary to the health of the inmates of the house. Foul air should have no place in the habitation of a human being and it should be removed

as surely as a thorn in the flesh. Dirty clothing and other forms of filth adjacent to the body is as truly a menace to health as filth within. Bad food and faulty habits of ingesting it are no more to be tolerated than poisons. The cesspool, foul air, surface filth, bad food are often necessary evils, but when they constitute a part of modern human environment they are out of their proper relation and should be eradicated. A general readjustment is necessary. This is in line with Osteopathy from the beginning and with medical practice going back a few years, but it is not in line with the old theory of drug medication.

We, therefore, claim that Osteopathy is the broad practice and should not be limited by petty restrictions; that the old medical practice is restricted in that it ignores the fundamentals essentially osteopathic and clings to the exploded theory of the use of drugs as curative agents and ignores the established fact that practically all drugs so used are injurious. I know that the well informed M. D. or D. O. will say that the up-to-date medical colleges, such as Johns Hopkins, are not teaching the use of drug therapy. But how long do you think it will take the old medical profession to reach that high plane when it means the rejection of theories and practices of centuries? Don't forget the adage about the old dog and new tricks.

#### OSTEOPATHS WANTED

The new directory of the North Carolina Osteopathic Society is now in the hands of the printers and for the information of osteopaths desiring to locate in the state the names and addresses are given below.

Dr. Chauncey Lawrence, Asheville; F. L. Miller, Charlotte; Geo. A. Griffiths, Fayetteville; F. R. Heine, Greensboro; H. G. Sanderford, Kinston; E. H. Webster, Leaksville; T. T. Spence, Raleigh; F. C. Sharp, Reidsville; E. W. Bush, Southern Pines; L. V. Cradit, Wilmington; Lunsford Abbott, Rocky Mount; G. H. Ripley, Winston-Salem.

Inquiries are coming in rapidly and the prospects are bright for all the best locations being filled before next summer.

Osteopaths are wanted at Lenoir, Lincoln, Gastonia, Hickory, Lumberton and other places, the names of which do not occur to me just now.

I am still ready and anxious to be of assistance to any one desiring to locate in the state.

Fraternally yours,

M. J. CARSON, D. O.,  
Sec.-Treas. N. C. O. S.,  
Wilmington, N. C.

#### OUR PROBLEMS AS SEEN BY PERRY S. PATTERSON, ATTORNEY FOR THE ILLINOIS OSTEOPATHIC ASSOCIATION

"Since our firm became counsel for the Illinois Osteopathic Association, it has occurred to me that there was a crying need for more cohesion and greater unity among the members of the profession. While a certain amount of apathy is to be expected in any organization, the percentage should be very small in an organization composed of men who are practically pioneers in their field; for unless the pioneers have real genuine enthusiasm for their cause, unless they have the proper vision, they are apt to become discouraged over their failure to obtain immediate results and immediate general recognition.

"As a matter of history there never was a movement worth while that did not have, not only among its disciples but among its other followers, men and women who were wholeheartedly devoted to the object of the movement. Some of us are so forgetful that we overlook the fact that the United States of America in 1787 passed through the most critical time in its national life. Suspicion, distrust, petty jealousy, and lack of vision—all of these factors played vigorously against the unifying purposes of Washington and Hamilton. The first constitutional convention was not the most amicable affair ever conducted, but out of it grew the present form of Government.

"It seems to me that your magazine can make a very distinct contribution to osteopathic thought if it holds to the members of the profession the vision of a bigger, better, greater Osteopathy, and inculcates in the members of the profession the patience and everlasting persistence necessary to the accomplishment of anything that is worth while."

Yours very truly,  
(signed) PERRY S. PATTERSON.

#### FROM THE KIRKSVILLE JOURNAL, October 21, 1897.

From October 7th to October 19th two weeks, there have been 101 new arrivals at the A. S. O. Infirmary. On Monday last 222 paying patients were treated at the institution besides 106 charity patients.

"Crutches for Sale," is the title of the first Osteopathic play ever written. It is the joint work of Dr. William Smith and Mr. Robert Darton. The play will be produced at the opera house on the evenings of the 28th, 29th and 30th of this month.

#### Dr. C. C. Reid's Post Graduate Courses for Osteopaths

##### 1. Eye, Ear, Nose and Throat—Cada-ver Course.

This course will help you to be a specialist. It is continuous and can be started at any time. Personal instruction is given on the various operations on eye, ear, nose and throat. The student does the work and learns to do by doing. Clinical work is also given along with the cadaver course.

##### 2. Course on Refraction.

This course enables one to take up refraction in conjunction with osteopathic work. Eye strain, many headaches and nervous troubles are relieved. Course continuous. Personal attention.

##### 3. Course in Osteopathic Technique.

Latest and best technique in its most simplified form enabling one to handle a heavy practice and conserve his own strength. This is the technique used by the most successful Osteopaths in the country. Personal attention. Course continuous.

##### 4. Osteopathic Post Graduate Efficiency Course.

Clinical and didactic review. Eye, ear, nose and throat, hayfever, deafness, etc., for the general practitioner. PERSONAL TOUCH IN PRACTICE, Refraction, Laboratory, surgery, technique, zone therapy, diagnosis, etc. This course is given one month twice a year. Next course opens Feb. 1, 1918. Number of enrollments very limited. EVERYTHING OSTEOPATHIC. Each course lasts one month. For further information, address,

C. C. REID, D. O.

Majestic Building, Denver, Colo.

#### ZONE THERAPY

After three years of experience, and one year of teaching and lecturing before societies and institutions,—owing to an increased demand, I offer a practical correspondence course of instruction in the methods of this new discovery.

This will include six months' privilege of an information bureau.

A knowledge of Zone Therapy has proven to be of value to every osteopath. If interested, address

REID KELLOGG, D. O.

194 Main St. - Woonsocket, R. I.

#### ALERT PROGRESSIVE ENTHUSIASTIC OSTEOPATHIC

THAT IS THE

Kansas City College  
of  
Osteopathy and Surgery  
TROOST, AT 15TH  
Kansas City, Missouri

#### WHAT IS AN OSTEOPATH?

W. BANKS MEACHAM, D. O.  
Asheville, N. C.

(Address before Indiana State Society)

Before delineating this particular species of the GENUS HOMO, it behooves us to look at the environment which forced the evolution of this species of doctor to survive as a "sport" or off-spring of the species M. D.

If we look back fifty years on the state of medical practice as it then existed, we can truthfully say that absolutely no drugs as then used would have been better for the human race than was the most exact and scientific use of drugs at that date. In other words, Dr. Still was absolutely and unquestionably right in 1874 when he proclaimed the worthlessness of drugs. It certainly ought not to be a mooted point in the minds of my audience today to say that an osteopath of 1917 is a better doctor than he would be with a knowledge of drugs as known and practiced in 1874.

To have our background clear, then, we may say that the species Osteopath is an evolutionary product of drug ignorance, drug fallacy and drug incompetence.

Drug doctors themselves now admit the ignorance, fallacy and incompetence of 1874, but they beastfully rise up and say "We have advanced; we have discarded the futile remedies of the past century." And they ask credit and homage from the laity as well as imitative allegiance from the osteopath for their alleged achievements. In short, they claim they have removed the conditions that forced the evolution of the osteopath a half century ago.

Therefore, they ask us, through laws that demand of us a knowledge of their drugs, and through granted privileges that bowl over the unformed and mentally unfixed of our species, to cease our existence as an evolutionary protest in the public mind against their ignorance and incompetency.

But I ask you to consider this fact, that discovery of error is not advancement. Let me make this point concrete. Suppose the Allies on the Western front for months had followed the principle of shooting a certain kind of shell at certain targets, say, intermittent puffs of smoke, on the enemy line. Through some source of information the Allies learn that enemy casualties are not effected by their shell fire. To change the shell, and still shoot at the puffs of smoke may not effect the enemy—he may not be operating in force around that smoke symptom. Merely a cessation of useless shells is not advancement on enemy territory. Advancement is possible only by effective shell explosion where the enemy is operating in force. Puffs of smoke will not do for a target.

The Allies, to advance, must use aeroplane signals indicating the exact condition and concentration of the enemy forces.

The enemy of health is in operation around only one discoverable signal—and that signal is the osteopathic lesion. Until the drug doctor learns to do more than discard one remedy for another useless remedy there will exist in the world an evolutionary condition demanding and creating the osteopathic species. The only advance that can be made by the drug therapist is not a change in remedies but a change in principle. The only effective disease raids they have made in one hundred years has been brought about by discarding drugs, or by using drugs (vaccines) to arouse the body defenses. And this awakening of the body defense is an osteopathic principle, and a principle, too, that can, in my opinion, be more effectively invoked by osteopathic measures than by vaccine products.

Since I have started a sanitarium in Asheville I have quit talking to the public about my work in pulmonary tuberculosis for the simple reason that I have had to try to disconnect my name with tubercular work, but my opinion of vaccines in general, so far as my judgment is an opinion and not a scientifically proved fact, is based upon my work in tuberculosis.

We have no evidence of the value of vaccines in arousing the body defenses, save figures that compare past worthless and harmful remedies with vaccines results. No osteopath has a right to accept such results or the methods of obtaining such results until he has absolute scientific proof of the inferiority of his own methods.

Fifteen years ago whiskey and creosote cured most of the cases of pulmonary tuberculosis. I saw this method superseded by vaccines. Today vaccines are employed in not more than 25% of the cases, while now the mechanical method of gas compression is the vogue.

Shift, shift, shift—because there is no principle behind drug therapy. The world demands a therapist of fixed scientific principles. This demand may not be formulated in words but it is what the public demands. And if the osteopath is to survive as a distinct species he must meet this evolutionary condition. I will admit that we can alter our teaching and our practice until we become just plain everyday doctors—a sport of the M. D. species using only a little less drugs than is used by the "regular." But it is plain to any thinking man that by becoming a "doctor" we lose that distinctive attitude arising from the public demand for a principle in disease therapy.

It has been said that the success of the osteopath is due to the failure of drugs, but it is not true. The success of the

osteopath is due to positive virtues—to the fact that Osteopathy furnishes a principle to therapy, and that this principle is demonstrable logically and clinically. "Bob" Williams' Dope Sheet carried a line recently that said in effect that the "damned" mixers are to be put out of our profession. It is a pity that the English language does not have the Greek middle voice to express this thought. The mixer has damned himself and kicked himself out of the osteopathic profession. We may have mixers in our organizations but it is an impossibility to have one in the osteopathic profession, because an osteopath is one who believes in a principle, who practices a principle, who teaches a principle—the principle laid down by A. T. Still, that disease is predicated, essentially, upon abnormality of the body mechanism.

A friend described a character to me one day with this remark: "He's Jew-born, a member of the Catholic Church, and a 32° Mason." I knew the character. We have some of them Osteopath-born, proselited M. D.'s who sit high in our organizations, yet use drugs to correct disease processes due to anatomical abnormalities.

An osteopath is one who believes in the mechanical etiology and therapy of disease, who has faith in the self-sufficiency of the body-mechanism, who realizes his high scientific calling to establish a living vital truth in the minds of men.

An osteopath is a man who glories in the fact that he represents in his practice the only demonstrable scientific principle in disease, one who knows that improvement lies in himself always, in his principle never.

An osteopath is not a prescription-pad teacher of mechanical etiology and therapy. He is a man who believes in what he is doing and believes he can do it. His mind is filled with a picture of normal anatomical relations and not with the rubbish of a mordant materia medica. He is a man of faith, a man of conviction, a man of principle, and not a cultivated man incapable of establishing a breed of a distinct healing species—an osteopath.

#### IMPOSSIBLE TO PRINT ALL ITEMS

It is impossible to give space to everything sent in for publication. We found it necessary last month to omit many Society items of interest. We desire to make Truth as interesting and valuable to the entire profession as possible and ask your co-operation in securing material and items of professional interest and uplift. It may be necessary at times, for lack of space, to omit items of local interest, but we trust our friends who send such items in will not take this to mean that we do not want such information.

### GETTING THE VISION (For students only)

BY AN OLD TIMER

(EDITOR'S NOTE—This is the first of a series of articles that will appear in succeeding editions of Truth by an "Old Timer." This doctor knows whereof he speaks and his ideas will be found practical and helpful. His name is withheld by request, as he feels that this will give him opportunity to speak more freely without any fear of his remarks being misconstrued.)

Back of every one's life there is at least one person from whom he draws a fund of inspiration.

We all at times have new ideas and new thoughts. They may be the scattered and disconnected gleanings of years, but when they burst forth at last connected, we see them in a new light, and behold we exclaim "I have a new idea."

It usually takes a student in any osteopathic college months to so thoroughly analyze the theory and practice of Osteopathy, that he appreciates the value and significance of reasoning from cause to effect; to grasp the significance and correlation of all basic subjects. To associate physiology with pathology, and symptomatology with diagnosis is a difficult task. As the student advances he realizes one day that the lesion idea is the only correct one. He sees the vaso-motor theory demonstrated in the clinics, and he makes his first accurate diagnosis. Later on he learns to discover lesions and becomes accustomed to auscultation, palpation, percussion, etc. He reasons out the stimulation theory, and contrasts it with its opposite.

Graduation day comes, and he is at his zenith. His text books have been well perused, and he feels that he is now a master mechanic of the human body. Months after when he is nicely settled down in his chosen field, and he has patients coming in, he begins to bump up against the realities of a physician's life. In many cases he is successful, but occasionally he finds that something is wrong. He finds a stubborn case of sciatica not yielding as beautifully as pictured in school days. True to his training he has discovered the lesion, and true to his clinical teaching he has applied certain formulated technique. What can be wrong? It is at this juncture he begins to wonder whether Osteopathy is all that it is claimed to be. He has a bad case of gastric ulcer, and the case does not respond as nicely as he had pictured. He reasons that Osteopathy has failed in two cases already, and he is trying so hard to establish a practice. The two cases discontinue treatment, and he has lost not only their patronage but their influence. About this time he begins to feel that he has probably made a mistake in not going through for the M. D. degree. He also wonders whether or not he has selected the right field for practice.

If he had only gone to that other place he might have done better. He needs here a little good advice. He must get the vision or he will be a migratory osteopath or change his work. This is a yearly occurrence with many, and no mere dream.

To go back to the first case the new practitioner failed on. We will try and point out a few ways in which he might have made a success of the case. It is possible that he first of all forgot the principle of the Old Doctor's teaching—"Find it, fix it, and leave it alone." He possibly was not specific enough and aggravated the condition by trying to be too generous with his treatment. There is also a possibility that he applied his treatment too vigorously. He stretched the leg up as high as it would go and then higher, forced it on and up until the patient was exhausted and lamer than ever the next day. Then again, in trying to reduce the lesion he may have used too much force, and used too much leverage. Again, he may have forgotten for the instant that the lesion higher up may have had some bearing on the case, and that sometimes there are two causative lesions in sciatica. He may have forgotten the vaso-motor effect in sciatica, and the trophic as well as the motor and sensory effect. Had he left the leg alone and adjusted the innominate and possible lumbar lesion with specific technique, and limited himself to three or four minutes treatment, his case might have gotten better. I personally know of several cases that have been lost to an osteopath through the doctor trying to give too full a measure. For years I have never touched the leg below the knee in treating sciatica, all specific innominate and lumbar work. Why stretch the leg when adjustment of the lesion is what specific lesion work signifies? Why try to imitate massage and Swedish movement when we are always ready to jump down the throat of any one that calls us rubbers or masseurs?

Pick out the osteopathic practitioners in all of our big cities, that have the large practices, and ask them how long they treat. You will find eight minutes is considered a long treatment. You can name the men with large practices as fast as some one calls the names of the cities. They are the true lesion osteopaths. They have the vision. How did they get it? Only one way to it, boys. Get back to A. T. Still philosophy. If I were a young osteopath ready to enter practice and knowledge to get down to business, I would do one thing. I would go visit a few big men and get my eyes opened. I would not sit back and say "It is impossible to treat forty or more a day and keep it up." I would go and see for myself, and get my vision broad-

ened. I would beg, if necessary, of these big men a few hours of their time, and find out why they can do things that so many cannot do. We are now approaching the new movement that is on foot—the going of these big men back to their alma maters and spending a month each year in telling the students how to do things in the field. We are not blaming the colleges for their teaching and training methods, far be it from us, but we are all students and should always be. The older and more successful the practitioner the more studious he becomes. Dr. A. T. Still is now and has been my inspiration. I would not part with the teachings he gave us in the early days and the few personal demonstrations he gave to us in the clinic rooms for anything. He taught me how to set a rib or an atlas in almost a moment's time. Did any one ever see the Old Doctor spend more than five minutes on a case? I never did nor have I ever heard of any one who ever did.

Just what the Old Doctor's vision in its completeness is no one knows, but if I were a young doctor I WOULD BURN THE MIDNIGHT OIL PORING OVER HIS BOOK OF PHILOSOPHY. HIS WORDS ARE GOLDEN, AND HE KNOWS WHAT HE IS TALKING ABOUT. HE IS THE MASTER EXPONENT OF SPECIFIC AND ACCURATE TECHNIQUE.

BOYS, GET THE VISION, AND YOU WILL JOIN THE FEW WHO ARE HANDLING THE LARGE PRACTICES AND SETTING OSTEOPATHY RIGHT IN THE PUBLIC MIND.

#### DR. ASA WILLARD HONORED

The Montana Osteopathic Association at its Seventeenth Annual Convention in Helena, September 27th and 28th, honored Dr. Asa Willard with a gold watch. Dr. W. C. Dawes of Bozeman, Montana made the presentation speech. The gift came as a complete surprise to Dr. Willard.

The Association adopted resolutions offering their aid in all movements to help the families of soldiers and sailors called to the colors; urging Congress to pass the measure before it providing Osteopathic service for enlisted men and recommended that the proceeds received from the patients of members of the profession called to military service be divided with the families of those called.

#### PROVERBS

"He that knows not, and knows not that he knows not, is a fool. SHUN HIM.

"He that knows not, and knows that he knows not, is a child. TEACH HIM.

"He that knows, and knows not that he knows, is asleep. WAKE HIM.

"He that knows, and knows that he knows, is a wise man. FOLLOW HIM."

### LABORATORY NECESSITIES OF THE OSTEOPATHIC PHYSICIAN

WALDO HORTON, D. O.,

550 Boylston Street, Boston, Mass.

(EDITOR'S NOTE—These articles on Laboratory Necessities, we feel will be exceedingly valuable and much appreciated by our readers. Dr. Horton is thoroughly competent to conduct this department as he has made a study of Laboratory methods for several years. He will be glad to receive suggestions as well as inquiries from any who may be interested, in order that the work may be of the greatest possible and practical value to the profession.)

It has been with much satisfaction that I have watched during the last four years the growing interest in Better Diagnosis among the members of our profession. With the quickening of interest in the establishment of our system on a scientific basis, which means the acquisition of exact data on all the ramifications of our cases, to help in proving the mechanical sympathetic nerve derangement theory, more and more of our number are seeing the necessity of knowing for daily use, quick and efficient Laboratory methods.

Scientific Diagnosis knows no therapy and hence is not owned by any school or system. Nor should it be too tainted for us, because of its recent bed-fellow. Shall we not, rather, by using with it the same logical thinking that has given us our distinct therapeutic advance, add something to it to pay for our use of its tried truths? I believe we can. It detracts nothing from the distinct osteopathic diagnosis which should always by all means be done first; but in many instances, it does much to corroborate and furnish abundant proof. And proof on paper as well as by patient's testimony, we must have. I believe the cured patient backed up by corrected lesion and changed laboratory findings, is a greater asset than the one simply by corrected lesion. That gives us two proofs, instead of the one of "feeling," which they sub-consciously realize is ever changing anyhow, and perhaps just happened this time.

The editors of Osteopathic Truth feel that the establishment of a department dealing with laboratory necessities for daily use is timely. There are many simple and quick methods and tests with which you will all want to provide yourselves, when you find how inexpensive they are and how easy it is to do them. I believe the reason many have dreaded to tackle this work is because they did not have the quick and easy method "tools" at hand with which to obviate the technical and tedious.

In covering this work, it will be my aim to begin with the simplest methods and tests which we should all do constantly, giving in detail the apparatus materials and steps which make them easy, and installment by installment, to work up to those rather longer and more

technical tests which any of us can do with small effort to make ourselves proficient, and which part of us will want to do in pursuing the understanding of our cases better before turning to the expert. Besides, I believe it inspires ever so much more confidence in the patient to show them that we do these tests ourselves and get our knowledge first hand.

I shall endeavor to picture by detail and direction vividly enough so that all can acquire a skill sufficient for Research Academy needs and their own satisfaction, without class-room work. From those to whom my work shall be too elementary, I shall be glad to receive suggestions for improving it.

I shall begin on the essentials of Urine Examination, and follow with same of blood, stools, etc., and then go back and take up the more difficult methods.

Next issue: Urine Proof of Poor Elimination, Toxemia, Acidosis, Etc.

#### SOMEWHERE IN FRANCE

Many osteopaths and sons of osteopaths and other relatives are doing their bit for their country. Bradley C. Downing, son of Dr. and Mrs. E. M. Downing of York, Pa. is a private in the base hospital No. 8, somewhere in France, and according to letters received by his parents, he is enthusiastic and deeply in love with his work.

## OTTARI

AN INSTITUTION FOR THE OSTEOPATHIC CARE  
OF NON-COMMUNICABLE DISEASES

ASHEVILLE, N. C.

Dear Doctor:

Recently the North Carolina Osteopathic Society met in Asheville. Of course we saw OTTARI—not as a part of our program, however. I jotted down a few items I wanted to remember about the place.

Here are some of my notes:

Located on a thirteen acre tract, one and one-half miles from City limits, on two paved roads to Asheville—one through the Golf links only one-half mile distant, and one to City car line eight minutes walk away.

The tract is part of the thousand acres being developed by E. W. Grove as a residential park at an outlay of over one million dollars.

Building fire-proof, interior trim white, glass knobs to doors, each room with private tiled bath, "anatomic" closet seats of non-stainable ivory; cross transom ventilation, door and two windows opening on private screened porch.

Call bells in each room, indirect lighting, furniture and rugs of private home and not like hotel or hospital.

Meals served individually by maids, nurses and butler dressed in white, with dainty china and neat silver.

Service throughout unique and efficient, management quiet and satisfying; treatment Osteopathic to the core; location ideal, building built for the business on ideal plans.

Proud that such an institution is in North Carolina.

(Signed) M. J. CARSON,  
Secy. N. C. Osteopathic Society.  
For rates and literature, address  
OTTARI,

R. F. D. #1,  
Asheville, N. C.  
W. Banks Meacham, D. O.  
Physician-in-charge.

**OBSERVATIONS ON A TRIP ABOUT THE COUNTRY—NO. II.**

C. C. REID, D. O., Denver, Colo.

**The Research Institute**

After leaving Dr. Bunting's office, we proceeded to The A. T. Still Research Institute.

Dr. C. M. T. Hulett had gone on his way to Columbus, but our good friend Dr. Louisa Burns received us in her nice friendly way. After a little visit and look about the place we departed for the Chicago College of Osteopathy.

In passing it may be remarked that the Research Institute is making progress slowly but surely. Its financial problems are coming nearer a solution, that is its immediate financial problems, but there is much more needed for expansion and improvements. For its present activities the Institute can go along with the buildings it now has.

A large clinic should be developed there and clinical research on the human as far as possible be made to accompany that on animals.

There should be at least a month's post-graduate work held at the Institute each year. The interest of the profession should gather around that place as a center. It should be a home coming place for every osteopath in the country when he visits Chicago, and a general gathering once a year should be instituted for post-graduate work. More workers will in time be spending time there. With the doctors at the Institute and a corps of strong D. O.'s from the field who would be willing to go and help, a strong faculty could be organized. By proper advertising from year to year plenty of osteopaths who need extra work would be glad to get the course. Momentum would be gained, interest awakened and in a few years the Institute would become our Osteopathic Home. A demand would more rapidly crystalize for larger and better buildings.

It is fine for the Institute to issue bulletins of its work and supervise the writing of osteopathic books. Another purpose which would be served by the short course each year would be to sum up and teach by personal contact the points in the bulletin and new books. In this way emphasis could be better placed where it should and the bulletins would be read with more interest and intelligence.

I believe in the idea of a hospital connected with the Institute, at least sufficient for clinical research purposes in acute diseases. It might be enlarged as the professional interests required.

This is our common property involving much that is common interest to us scientifically. May it all increase to our advantage.

Dr. Burns and Dr. Hulett are sacrificing

much to give up practice and put their time and energy in to building up the Institute. If we all understood more their sacrifice and struggles we would do more for the support of the movement.

**The Chicago College**

Only a couple of the students were there to receive us. We did not go over the building. We were told that Dr. Deason was giving some post-graduate work to a few doctors there in the afternoon. The College has the honor of recognition by the New York Board of Regents on account of its high standards of preliminary requirements for entrance. I was told that the last class before the standard was raised contained ninety and the next class was cut to fifteen. If this is true it seems that the very existence of the school is threatened by the New York Regents' requirements for recognition. Better have less high standards and a live school. We must be practical in meeting our problems. High standards are desirable but there is such a thing as going so high that a fall is inevitable.

**Dr. J. Deason**

We called up our friend Dr. Deason. We had been inquiring for an auto at each place but failed. In talking with Dr. John he told us to go and get his car and use it for the day.

We took a street car for a long ride and following directions finally arrived at the garage where we found a very unique car. It was very difficult to recognize the brand. It was painted white, a small runabout, not quite closed in, two passenger, hood sloping toward a point, quite long, some projection behind with a lid on it covering an opening for tools, bottles (?) etc., etc. We could not guess it yet when we got in, the breaks, clutch and levers all made a very familiar picture—it was a FORD. Several years ago I ran one for two years and had not forgotten how it looked. But John had not only completely disguised the body of his, he had a self starter that WORKED. It was a real pleasure to run the little machine. Suffice it to say here we were very grateful to Dr. Deason, we saw much of Chicago and visited several other friends. Dr. Deason contributed much to our enjoyment while in Chicago. If you have ever travelled much about the country you have learned to appreciate such friends as John Deason. He is a whole-souled good fellow, has a good feeling for everybody and when he can he takes pleasure in making others happy. Dr. Deason is an eye, ear, nose and throat specialist and practically confines himself to that work. He did much research work at Kirksville and was for some time connected with the Research Institute. About a year and a half ago he got out

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of one the Institute Bulletins, the ear, nose and throat volume. He disconnected himself with the Institute over a year ago and has been in private practice since. He uses much irrigation in his nose and throat work and is known as the author of the irrigation method of treating diseases of the nose and throat.

He gives post-graduate courses in his office on the ear, nose and throat and has many osteopaths over the country practicing his methods. It is by these diversities of methods and independent thought and action among the osteopaths that progress will be made. As soon as we standardize and make it unethical to do otherwise than the prescribed ways, then we stagnate and stultify progress.

Dr. Deason is a progressive student, investigator and likes to pass the good points on to others.

**Eye, Ear, Nose and Throat Convention**

Wednesday evening we entrained for Columbus where we arrived about seven A. M. August 2nd. Dr. Frank Farmer (classmate A. S. O. 1899) got off the same train. We went to the Deshler Hotel, secured our rooms and got ready for business.

The first annual session of the American Osteopathic Society of Ophthalmology and Oto-laryngology began that day at noon. Our specialists and those interested were arriving.

We opened our session with about forty in attendance. Our membership was one hundred and thirty but many got the idea that we met the same week as the A. O. A. and some who were interested did not realize that there was a new society but thought all programs on Eye, Ear, Nose and Throat printed were pertaining to the section of the A. O. A. on Eye, Ear, Nose and Throat.

It was a two days' and a half program and get together on this specialty of our various investigators. Dr. Edwards was there with his unique and forceful methods; Dr. Ruddy with different proceedings; Dr. Deason with his variations; Dr. G. V. Webster with some new points; Dr. C. L. Draper with his Osteopathic Refraction and many others. Much time was taken in discussion of such troubles as catarrhal deafness, hay fever, otitis media, tonsillitis, etc. Also the osteopathic methods of treatment of these cases. It was a real treat for all who attended. Next year at Boston our accommodations will be better and we will have hospital facilities for operations and demonstrations. It is now expected that our A. O. S. of Oph. and Oto-lar. program will be held the week before the A. O. A. and begin at Wednesday noon and go through Thursday, Friday and Saturday.

On Friday evening we had a banquet with forty present. The toasts were very creditable, unique and witty.

The whole session was one grand success. The osteopathic profession may well be proud of its new society. A Constitution and By-laws was adopted and the whole machinery set in operation. Any member of the A. O. A. may become a member of this society by an approval of its trustees and the payment of one dollar dues to Dr. C. L. Draper, 535 Majestic Bldg., Denver, Colorado. By joining you identify yourself with all osteopathic eye, ear, nose and throat work, receive the Year Book containing the substance of the papers and discussions of the Columbus meeting, the names and addresses of members, Constitution and By-laws etc., worth more than the small fee. You get also the rights of the Boston meeting next summer and notices or bulletins which might be sent out during this year.

**A. O. A. Convention**

Sunday, August 5th was Health Sunday. Many churches of Columbus opened their doors and pulpits to osteopathic speakers. By this time many osteopaths began to arrive and it was pleasant meeting old friends about the hotel lobby.

The enrollment of the A. O. A. was not so great as in some years but there was much of the old time enthusiasm. The exhibits were quite up to standard.

The program was held in the big city Auditorium. It was difficult for the speakers to be understood.

The sections met all morning and were well attended. In the Eye, Ear, Nose and Throat Section numerous clinics were demonstrated and many turned away.

Numbers of operations were performed showing best kinds of surgical technique on tonsils and adenoids.

The conventions now are too big for one to get all that is going on. When the sections are in session a person must choose one and miss a half dozen other meetings.

I met in Columbus my brothers Drs. J. F. Reid of Warren, Ohio and G. W. Reid of Worcester, Mass. On Friday August 10th, we bade many friends good bye and we three left Columbus for Warren, Ohio. Some hay fever, polyp, and tonsil operations were done at Warren on Saturday. On Sunday we took an automobile ride fifty miles to Astabula and Coneaut on the shore of Lake Erie coming back that evening.

(Editor's Note—Another installment will appear next month.)

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FOR THE OSTEOPATHIC PROFESSION

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NOVEMBER, 1917

An educated man must know something about everything and everything about something.—President Lowell, Harvard University.

### ADVANCED STEP—IS IT?

The Central College of Osteopathy has revised its charter and established a course in medicine and hereafter will grant the M. D. Degree. In calling the attention of the profession to this change the Central College bulletin refers to it as an "ADVANCED STEP." Of course, it is but natural that the Central College authorities after committing themselves to such a policy would not for a moment entertain the idea that they had taken a retrograde step instead of an advanced step, but it is quite evident that opinions differ on this matter and time alone will reveal the real character of the step taken, whether it is advanced or otherwise.

The appeal may sound well. Theoretically, it may appear like an advanced step but the practical outcome is what is going to decide the matter. From this viewpoint, we are frank to say that the step appears to us as decidedly retrograde. The founder of Osteopathy has time and again said that Osteopathy and medicine

will not mix, but this is not necessarily any argument against the policy adopted by the Central College, as it is quite possible for Dr. Still even to be mistaken. Yet he ought to know whereof he speaks inasmuch as he is the father of Osteopathy and in addition had years of experience in the practice of medicine from which to draw in making his conclusions.

This is an age of concentration. There is no person living who can make a success worthy of the name unless he bears down on some particular line of work, that is, unless he concentrates. Admitting that there is some good in drugs, is it not obvious that in order to put this good to the best account in the treatment of disease, concentration in the study of the art of internal medication is all important, and does not the same principle hold good when it comes to the practice of Osteopathy? Yes, Dr. Still was right when he said that there was just room enough in the therapeutic house for Osteopathy and that when you begin to introduce anything extraneous, just that much Osteopathy is crowded out.

Advanced step, is it? Most decidedly not! If the policy taken by the Central College of Osteopathy is adopted by all of our other colleges, it will gradually result in a dilution of Osteopathy to the point where it will be practically a nonentity in the therapeutic world. It will mean the dampening of osteopathic enthusiasm; it will mean the gradual death of the osteopathic spirit, and with this the gradual decay of our various fraternities and organizations.

This policy is an outgrowth of an ever-present lingering tendency in our ranks, to ape the medical fraternity. In the minds of some in our ranks there seems to be a feeling which is altogether without adequate foundation that the medical man because of his superior training and skill is entitled to advanced standing in the public eye as compared with the osteopathic physician. This idea emanates from two sources, first, from the medical man himself, and second, from the laity. The medical man has his place in the public confidence. It is his as much by inheritance as by deeds of merit. The medical man had his standing long before Osteopathy came into existence. In contrast with this standing of the medical man, the osteopath from the beginning had no standing whatever, and what standing he has now, he has had created by sheer merit and this against great odds by the fruits of his labors and by the saneness of his therapeutic philosophy.

When it comes to actual values, the competent osteopath is far ahead of the medical man. The real test of any system is determined by its fruits. We know

that the fruits of medical teaching and medical ministrations are not to be compared with those resulting from osteopathic teachings and osteopathic ministrations. The point is, Fellow Osteopaths, this proneness on the part of the laity as well as some of our own professional brethren to look up to the medical man and down on the osteopath has no logical, scientific or just foundation. We have been all too prone to magnify the ability of the medical man and minimize our ability. We, like the public, have been too inclined to ascribe powers and virtues to the medical man, that he does not possess.

Let us not jeopardize our own principles and powers by coveting what little virtue there may be in internal medication. Our hope lies in getting a proper conception of our own therapeutic resources and holding them up for public consideration until they are accepted at their face value. This will mean persistent and steadfast determination and loyalty to Osteopathy on our part, as transforming public sentiment is no small task, especially, when such tremendous influences are at work to defeat the goal we have in mind. But with a live, virile, evangelical profession dedicated to this task, we will gradually reach the point where we will be looked up to instead of down on by the laity, as well as by our medical brethren.

It is argued that the medical profession are going to absorb Osteopathy by teaching it in their colleges. The Osteopathy they will absorb in this way will be so inefficient to meet the public needs that it will not go very far. No matter how much Osteopathy is injected into medical colleges, there will still be an urgent and increasing demand for the real article, and the real article, with probably few exceptions, will come from distinctly osteopathic institutions, or from our imitators who are following in our footsteps, afar off.

It will be a sad day for Osteopathy and for humanity, or to be more specific, that part of humanity, whose physical salvation must come through Osteopathy, when our osteopathic institutions take the "advanced step" of teaching medicine and granting the M. D. degree, and the Medical Colleges establish a department of Osteopathy, as the grade of Osteopathy that will result from such a policy will fall far short of meeting the needs of suffering humanity and osteopathic growth and development will come to a standstill. Let us as a profession consecrate ourselves to the task of making OSTEOPATHIC physicians, physicians who will be so imbued with the osteopathic spirit and so efficient in the osteopathic art that they will not be

ashamed of their calling or afraid to compare the results of their ministrations with that of the best medical practitioners, wherever they may be found.

Here is our special mission and if we stick to it, we need have no worry about our war status or any other problems as they will find their best solution in due course of time. Let us not allow our desire to serve our Government through established medical channels lead us to surrender to the dictates of medical tyranny. On the contrary let us decide on a policy that is best adapted to conserve the interests of Osteopathy that this great philosophy and art may be preserved, without emasculation, throughout all time. Let us unitedly and persistently adhere to that policy until our efforts are crowned with victory, until OSTEOPATHIC TRUTH shall triumph.

### MEDICAL OSTEOPATHY

Many uninformed persons are asking themselves the question should drugs and Osteopathy go together? Those who ask this question are of the class but little posted in the science of Osteopathy. If drugs are right Osteopathy is all wrong; if Osteopathy is anything in the healing of diseases it is everything and drugs are nothing. This may seem a bold assertion, but there is not a true osteopath living who will not back up the assertion. The man who pretends to be an osteopath and at the same time uses drugs wants the dollar and is neither an M. D. nor an osteopath. If he must depend on his drugs why not be honest and not attach D. O. to his name in order to draw custom.

Osteopathy and drugs are so opposite that one might as well say white is black as speak of Medical Osteopathy. You can no more mix medicine and Osteopathy than you can oil and water. The man or woman who has this science deeply imbedded in his or her heart and head, who understands its principles, would blush for shame to be called a medical osteopath. Nevertheless there are certain schools which pretend to teach medicine and Osteopathy. They are said to be the Medical Osteopathic Institutions, which like the bat are neither bird nor beast, and have no classification. They are mongrel institutions, snares set to capture the unwary and unthinking. No true osteopath can believe in medicine, the very evil it is to regulate. If one wants an osteopath to treat his ailments he wants a true osteopath and not one who is a half and half. If one wants a medical doctor he will secure a graduate from a real medical college, not some half and half who is nothing. If you are going to be an osteopath don't be a sham but a genuine osteopath. Put all your time on the study of the science in some rep-

utable school, and when you have graduated have a diploma of which you will not be ashamed and which the law will recognize and give you its protection.

(signed) A. T. STILL.

### AN OSTEOPATH'S CATCEHISM

Fellow worker in the cause of Osteopathy, did you ever wonder why it is so difficult to enlist the support and cooperation of so many people in the cause in which you are interested? It doesn't matter what the movement is. There is always that great indifferent group of people whose interest and support it is almost impossible to secure.

Less than 3,000,000 people subscribed to the first Liberty Loan. 97,000,000 slackers! See the energy and expense to float this Second Loan. An utter lack of a realizing sense of individual responsibility is the cause of it all.

We don't put the proposition squarely up to ourselves. Over 2400 osteopaths are doing nothing for organized Osteopathy.

Reader, will you not make the following a searchingly personal inquiry?

Please ask yourself and answer the following questions:

- Have I been a successful physician?
- Have I been successful financially?
- Am I and my family comfortably located?
- Am I a respected citizen in my community?
- Have I participated in any movement for the betterment of my community?
- Do I owe any of my success to Osteopathy, my profession?
- Have I done anything for Osteopathy in return?
- Am I a member of either the local state or national society?
- Have I ever secured a member for either of these societies?
- Have I sent a student to an osteopathic college?
- Have I ever contributed to an osteopathic enterprise?
- When you have honestly answered these questions and then read and re-read your answers a time or two, you will become a booster for Osteopathy, and I am sure you will "secure your student" and "secure your member" for your state society and for the A. O. A.

G. W. RILEY.

### To Non-Subscribers of Osteopathic Truth:

The management of the Osteopathic Truth in its efforts to interest you in their publication has sent you regularly, copies of the paper. However, while it is their desire to reach all the practitioners, regardless whether they have subscribed or not, it will

no longer be the policy of the management to send the paper every month to you, but only occasionally. The returns from our campaign for subscriptions have been very encouraging still there is too great a tendency upon the part of many to accept the paper gratis, while the expense of publishing the same has in no way been lessened. We ask your co-operation, not only by your subscribing for our paper, but also by contributing anything you may feel will be interesting to our readers.

### THE CONVENTION SPIRIT

We were fortunate in receiving "Impressions of the Columbus Convention" from several of our leading osteopaths who were in attendance. All these impressions could not be printed in one edition of Truth so we plan on having them appear in successive editions. We feel that this will help to keep alive the Convention spirit, which is one of enthusiasm for the great cause of the profession. Let us keep the Convention spirit alive in our ranks until we meet in Boston, where we hope to have the greatest Osteopathic Convention ever recorded.

The Fidelity and Casualty Company of New York, have been sending out a 'bait' to catch the patronage of the Osteopathic Physician in the State of Illinois. Recognizing the Supreme Court decision last April which made osteopaths in Illinois real physicians, they decided to make a play for their patronage; however, when inquiry was made as to whether or not this concession (?) was extended to osteopaths of all the other states or not, the reply was that it probably did not, but they would investigate from higher authorities in the company and advise us. To date we have had no favorable reply. Certainly, it was not a change of heart on the part of the Company in recognizing the Illinois Osteopaths, but a condition where they were compelled to, and their refusal to extend the recognition to our brothers in other states should be given every consideration when dealing with them.

### NEW OSTEOPATHIC SOCIETY IN PENNSYLVANIA

The Central Pennsylvania Osteopathic Society in session at Harrisburg recently effected a permanent organization. Following officers were elected: Dr. E. Clair Jones, Lancaster, Pa., President; Dr. E. M. Downing, York, Pa., vice president; Dr. Ruth A. Deeter, Harrisburg, Pa., secretary; Dr. G. W. Krohn, Harrisburg, Pa., treasurer.

### OSTEOPATHY'S OPPORTUNITY Hospitals Stripped of Their Staffs by the War Need Help of Osteopaths

R. KENDRICK SMITH, D. O., Boston  
The war provides Osteopathy with a wonderful opportunity for service at home as well as at the front.

While some of our ablest men have commissions as surgeons in the army, and while a few others may be heroically working in the trenches, and while hundreds of practitioners of our school are doing their bit in various ways for the cause, there looms up before us now a great and wonderful opportunity for splendid service all over the country for those who cannot go to the front.

The increasing demand for surgeons in our army and navy and for our reconstruction hospitals, together with the crying necessity for more and more physicians for the armies of our allies and for the care of the civilian population in the devastated areas of Europe, is resulting in a dangerous thinning of the ranks of physicians and surgeons in civilian life in the United States. While this is felt more or less in private practice, the greatest suffering is in charity work and hospitals and in other institutions. Every hospital in America is short of physicians and surgeons. Some have had to actually curtail their charity work, and a few to even discontinue for the duration of the war some of their departments.

Here is Osteopathy's opportunity. Here is a chance for genuine service when it is most needed. Hospitals and public institutions which have steadfastly refused to appoint osteopaths on their staffs will soon be glad to reverse their ruling and accept them. Let us not permit pride to interfere with this opportunity for good. Let us all everywhere offer our services to help the poor by giving our time to charity hospitals and public institutions.

Many of us are qualified in various specialties so that we would be more than welcome and admittedly competent for this work. In those states where osteopaths are registered physicians, there ought to be no question regarding their legal status for hospital appointment. In other states individual experience and skill in specialties ought to be sufficient.

Not only is this Osteopathy's opportunity for service during the war to take the place of those commissioned in the Army Medical Corps, and not only is it Osteopathy's opportunity for extensive and organized charity work, but it is Osteopathy's first and greatest opportunity for official public recognition in every city in the country and Osteopathy's first wide-spread opportunity for actual clinical experience in hospital work.

Some such letter as the following should

be immediately sent to the trustees of every charity hospital and public institution which includes medical and surgical care of charity cases. The letter may be sent by individuals, or groups of practitioners, or by city or county societies.

Do not simply approve of this. Get busy. Do it. Here is the letter:

"I am writing to you as trustee of the . . . . . Hospital. War demands upon the medical profession have caused such a shortage of physicians that institutions are seriously crippled. I appeal to you most earnestly to give your own personal attention to this problem instead of leaving it entirely to the Superintendent or staff. Every institution is entitled to the individual attention of all of its trustees to its vital problems. Medical prejudice is proverbial and often results in depriving institutions of valuable services of physicians of other schools than that of the staff. Now is the time to end all this. The war is the excuse. Your institution needs more physicians or will very soon.

"To prove that I am not alone in this opinion, and to show you that it is voiced forcibly in authoritative quarters, permit me to call your attention to the leading article in the September 29th issue of the 'Journal of the American Medical Association' by Dr. Otto P. Geier, chairman of the section on Preventive Medicine and Public Health, who said at the last national medical convention:

"Hospitals should primarily be teaching centers for all the physicians of the community as well as for medical students. Too often public and semi-public hospitals serve the selfish purposes of a fortunate few who, while claiming altruistic motives, deny to the profession at large, and therefore to the public, the educational advantages of hospital and clinical facilities. Specialism is all too rampant, and forbids the general practitioner a place in the sun."

"A number of competent registered physicians in Boston have been debarred from institutional work, not on account of inability, but because of medical prejudice against Osteopathy. We have a group of competent fellow practitioners who hereby offer you their services in good faith. We offer them to you as a trustee instead of to the Superintendent, as we have found invariably that the offer was declined without any investigation whatever into the ability of the applicants. Will you act yourself, personally, or will you permit medical prejudice to abrogate unto itself your powers to the possible detriment of the institution? We ask no favors, merely opportunity to demonstrate equal skill and to render service. Will you give us a hearing? I should be very glad to furnish you any information you desire or to meet you for a personal conference."

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### ANENT OSTEOPATHIC MAGAZINE EDITORSHIP

#### Letter from Dr. Evans to the Board of Trustees

At the meeting of the A. O. A. at Columbus between Aug. 6 and 11 the Trustees decided to supersede me as editor of the Osteopathic Magazine. On Aug. 16, the secretary wrote me a letter notifying me of this fact. He, and several other members of the Board who have since written me, spoke in complimentary terms of my work as editor and assured me that this action was taken regretfully and only through motives of economy.

I recognize the right of the Trustees to manage the affairs of the Association. I do not claim any vested right in the editorship of the Osteopathic Magazine. Indeed, I think the Board unwittingly did me a favor in so ordering affairs as that I am permitted to give my undivided attention to the practice of my profession. I was then in a mood to accept, if not cheerfully, at least resignedly, the action of the Board in summarily retiring me. While I should never have thought of discontinuing my service as editor without getting the consent of the proper authorities and giving them an opportunity to get someone to take my place, I was willing to waive the discourtesy and breach of contract involved in terminating my relations with the Magazine without consulting me. But I naturally expected that those in authority would have the common decency to make known the truth to the profession and the public. Two issues of the A. O. A. Journal and two of the Osteopathic Magazine have appeared since my dismissal, and the only intimation that has appeared in print is the taking down of my name as editor in the Osteopathic Magazine and the substitution of another.

I want my professional brethren to know that I care next to nothing about the loss of the \$75.00 job, but that my reputation as an editor and my standing in the profession are assets that I prize highly, and shall not surrender without a fight.

I became a member of the A. O. A. (then known as the A. A. A. O.) at its organization in 1897, and was a member of the first Board of Trustees. Including my term as president of the A. O. A. I have served on the Board for ten years. For six years, I was editor of the A. O. A. Journal. I have had other honors and performed other service for the profession, including three years and nine months as editor of the Osteopathic Magazine. I am not conscious of any dereliction of duty in all that time, and by reason of my long service, I feel that I have established an honorable standing

in the profession, and that standing is dear to me.

Suddenly in the midst of my term as editor, my name is taken down as editor and another takes its place. What are the public and members of the profession to think is the reason? Am I suddenly found to be incompetent, disloyal, or am I guilty of a crime so black that the pages of the Journal and Magazine may not be sullied with a recital of it?

It is true I have been told it was all done as a matter of economy. If that is the truth why in the name of courtesy and decency were the facts not printed? That is about all I care to say at present, but I am demanding that the truth be told in order that osteopathic history may read right and come clean, and that my name shall be freed from the odium and suspicion that naturally attaches to a victim of star chamber procedures.

I am offering copies of this letter for publication to the editors of the following osteopathic publications: The A. O. A. Journal, The Osteopathic Physician, The Osteopath, The Journal of Osteopathy, and Osteopathic Truth.

Sincerely yours,

A. L. EVANS, D. O.

Miami, Florida.

November 1, 1917.

#### Statement from Dr. Chiles

At the recent A. O. A. convention in Columbus the Finance and Budget Committee, with a view to conserving the resources of the Association, recommended a re-arrangement in the management of the Osteopathic Magazine, and the Board of Trustees acted on the recommendation. It did not appear that the publication of any announcement of this change in the Journal was called for, but since Dr. Evans feels that the omission of announcement of the reasons for making the change reflects upon the efficiency and satisfactory character of his work, the following statements are cheerfully printed. Publication of the change would have been made in an earlier issue of the Journal if Dr. Evans' wishes in the matter had been known. Certainly no discourtesy to Dr. Evans was intended in omitting the announcement of the change and no reflection on the high class of his work which spoke for itself to the entire membership.

#### Statement from the Finance and Budget Committee

The question having been raised as to why the Board of Trustees discontinued the services of Dr. A. L. Evans as Editor of the Osteopathic Magazine, we make the following statement:

This change was made solely for financial reasons.

For about one and a half years the Association had been employing a part of the time of Mr. J. W. Black in soliciting advertising and exhibits and in the "make-up" and literary work on both the JOURNAL and OSTEOPATHIC MAGAZINE.

The Board at its December (1916) meeting had authorized the employment of the full time of Mr. Black, but for lack of funds Mr. Black was continued on part time.

At the Columbus meeting the Board, after organization, appointed among other standing committees, this one on finance and budget. We considered the distribution of work and appropriations from the estimated income for the fiscal year. We found that the increased cost of printing and distributing the MAGAZINE, due to war prices, necessitated a reduction in the MAGAZINE appropriations. With this reduction in mind we interviewed Mr. Black, and finding his magazine experience adequate we recommended that the Board assign to him the editorship of the OSTEOPATHIC MAGAZINE. The Board adopted this recommendation.

We and the other members of the Board fully appreciated the valued and unselfish services rendered to the Association and the profession by Dr. Evans, first as editor of the JOURNAL of the A. O. A. and later as editor of the OSTEOPATHIC MAGAZINE. We sincerely regretted the necessity for this change.

W. E. WALDO, Chairman.

PAUL M. PECK, D. O.

RICHARD WANLESS, D. O.

Committee Finance and Budget.

#### Copy of Letter Sent Dr. Evans by the Budget Committee

Dr. A. L. Evans,  
Avenue C-12th Street,  
Miami, Florida.

DEAR DOCTOR EVANS:

Information has come to us indicating your lack of understanding of the motives which compelled the Board of Trustees to dispense with your services. Since the Finance and Budget Committee recommended that such action be taken by the Board it is proper that we should say to you that economy was the actuating motive in this matter.

An examination of the report of the business of the Osteopathic Magazine showed that retrenchment was advisable, the adverse ruling of the Post Office Department made such action necessary.

It is unnecessary, Doctor Evans, to question the motives of the Board or of Doctor Chiles under the circumstances. The facts speak for themselves.

Through Dr. Chiles I learn that you are under the impression that the Board has cancelled a contract with you. You are

in error in this matter as the following quotation from the minutes of the Kansas City meeting will show:—

"The Board reported to Dr. Evans that, while there was no disposition to take the editing of the Magazine out of his hands, at the same time it believed that the three year contract which he asked for was not practical."

We are pained to learn that you feel aggrieved over the necessary severance of the relation between you as Editor and the management of the Osteopathic Magazine.

For your information and peace of mind may we assure you that in the deliberations of the Board on this question only the kindest expressions of appreciation were offered.

We trust this explanation will prove satisfactory. If not, will you kindly write us again, addressing Chairman Waldo, for such information as you may care to have.

Sincerely yours,

(Signed) W. E. WALDO,  
P. M. PECK,  
RICHARD WANLESS,  
Finance and Budget Committee.

#### 'PRIVATE PEAT'

We are glad to report splendid results from osteopathic attention to the case of Private Harold R. Peat, and he is so enthusiastic over it he doesn't hesitate to mention it whenever the opportunity is afforded him. He has told many of his large audiences of the results obtained on his arm, and has suggested that the medical service of the army of the U. S. might do well to wake up and recognize our ability and permit us the privileges that are ours, by right.

We appreciate his voicing his appeal in our behalf, and the profession will be pleased to know his book, the title of which the publishers, Bobbs, Merrills and Company have chosen to change from 'The Mad Major' to 'Private Peat' is now on sale at the leading book stores. Every osteopath who has heard Peat lecture will want his book for it is better than his lectures, which have been reported as being the best ever given on his subject. We take great pleasure in recommending it to the readers of Osteopathic Truth.

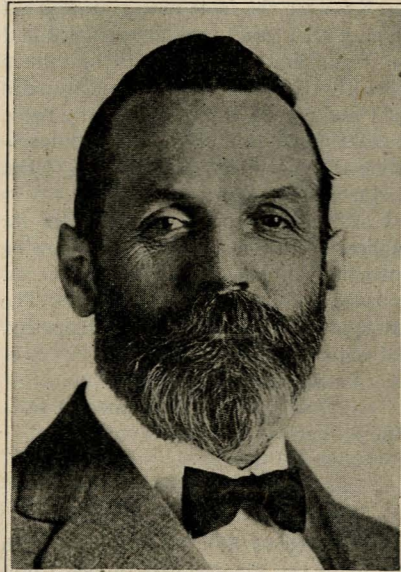
The last number of the Osteopathic Truth was a cracker jack. I read it through. When I read the copy of the Ohio State Medical Journal's editorial it made me see red, for of all the stuff that has been pulled off here in the East the past few months by the M. D.'s—so I was compelled to write the fellow who wrote the article a piece of my mind. I had to or "bust."—ROY KERR ELDRIDGE, D. O., Philadelphia, Pa.

#### THE PHILADELPHIA OSTEOPATHIC HOSPITAL

News of the \$30,000 bequest to the Philadelphia Osteopathic Hospital was received too late for publication in October Truth. The profession is now conversant with the main facts relative to this bequest.

We are glad to present a cut of Dr. Burdsall F. Johnson, the man responsible more than any other for this generous gift.

The Philadelphia Hospital has scored



DR. B. F. JOHNSON, Philadelphia

Whose work as an Osteopath resulted in a bequest of \$30,000.00 for the Osteopathic Hospital of Philadelphia.

another point in securing Mr. Nicholson, President of the Land Title and Trust Co., as a member of its Board of Directors.

Announcement is also made of the purchase of the Radium Hospital about one square from the Philadelphia College. It is planned to run this institution for about a year, when it is expected that the new hospital building will be completed. The Radium Hospital was bought for a small consideration. It contains about twenty beds.

The Osteopathic profession of Philadelphia is certainly making history very rapidly, and it is history that they, as well as the entire profession, may well be proud of.

BORN: To Dr. and Mrs. Clifford S. Pollock of Minneapolis, Minn., October 17, 1917, a daughter, Ida Susan.

Dr. F. N. Ouim, of Oshkosh, Wis. addressed the Chicago Osteopathic Assn., on Thursday night, Nov. 1st, on "Asthma, its cause and treatment." He was greatly appreciated by a large audience.

#### GIVES ACCOUNT OF ARMY EXPERIENCE

Major O. L. Sands, D. O., U. S. A., now located at Camp Lee, Virginia and formerly of Orange, N. J., gave an interesting account of army examinations, sanitation, hygiene, etc., at a recent meeting of the Virginia Osteopathic Society at Richmond.

A special resolution was adopted presenting the cause of Osteopathy to the authorities at Washington and soliciting their support to have osteopaths who enlist and those drafted assigned to rank in service commensurate with their technical and scientific training and abilities.

Dr. G. W. Riley, President of the A. O. A. delivered a thrilling address on the military needs of osteopathic clinics. Dr. Riley pointed out that many conscripts are rejected because of conditions that would promptly respond to osteopathic methods and hence be available for future draft. Also, many injured in service who would otherwise be invalided out of the army and become a burden and expense to the government could be restored to service by osteopathic physicians.

"The plea of the osteopathic profession," Dr. Riley said, "is not that they want to do the work that is already being well done. They want to be permitted to do work that is not being done at all and cannot be done except by osteopaths of proper training."

#### NOTICE TO HOLDERS OF ILLINOIS STATE LICENSES

There are quite a number of Illinois licenses held outside of the State, and under the new law, Osteopathic graduates holding the "other practitioners" license, may apply for the transfer under the new law, by which they will obtain a license as Osteopathic Physicians. The time in which this exchange can be made expires July 1, 1918. Applications should be made at once, so that in case there is any delay, new license may be issued within the time limit.

Write to the Department of Education and Registration, Springfield, Ill.

#### STUDIO OF ADJUSTMENT EXERCISE AND CORRECTIVE POSTURE

Dr. Edith S. Cave has opened a studio of adjustment exercise, and corrective posture at 25 Huntington Ave., Boston, Mass.

Dr. Cave is a graduate of the Syracuse University and the Boston School of Osteopathy. She was formerly supervisor of training in the Pittsburgh public schools and at present is Professor of corrective exercise in the Massachusetts College of Osteopathy.

#### FREE CLINICS FOR POOR CHILDREN

Dr. F. P. Millard, Toronto, several months ago, established a free clinic for the poor. His plan is simple and apparently works well. He devotes an hour and a half three mornings a week to the clinic, from eight o'clock to nine thirty, on Tuesdays, Thursdays and Saturdays. It gives the doctor a great deal of publicity and at the same time gives him an opportunity to do a great deal of good for worthy poor children. This work also tends to give Osteopathy a stand in the public mind that cannot be secured in any other way. The medical men just now are having a good deal to say about slackers, and they delight to point to osteopathic physicians and other so-called medical "quacks," as slackers. These medical critics talk about the work they are doing at the front, about the clinics and the unselfish work they are doing for humanity and at the same time, prate about the commercialism of their rivals.

Now, when the real truth is known, it will be found that osteopathic physicians have as much patriotism and are as free from the commercial spirit as our critics are. We are precluded from doing "our bit" in the Army Medical Service by the overwhelming number and power of our medical critics, but we are not precluded from doing "our bit" for the worthy poor. Here is one of the best ways open to us for silencing our critics and demonstrating to the world that we are not actuated solely by the spirit of commercialism.

Dr. Millard's plan seems so simple that it appears workable anywhere. Of course, it might be better to have regular public clinics such as exist in some of our cities, New York for instance, but there is a large expense and much work and worry connected with clinics of this kind. Probably for the present, private clinics conducted in the office is the best solution of the clinic problem. We desire to bring the matter before the profession anyway for their consideration.

Dr. C. C. Reid of Denver, Colorado has recently established a similar clinic in his office. His plan of introducing a clinic and getting it started may be helpful to others who desire to do work along this line. He had some cards printed for distribution among his patients. He keeps them in racks in his treating rooms so his patients can have free access to them. These cards have printed on them the following information:

#### OSTEOPATHIC TREATMENT FOR POOR CHILDREN

DR. D. H. CRAIG DR. C. C. REID DR. C. L. DRAPER, Osteopathic Physicians  
535 Majestic Bldg., Denver, Colo.

HELP WHERE HELP IS MOST NEEDED  
We want to "do our bit" to help people

these strenuous times. Strength, room and time being limited, we decided to set a time and regularly extend help to the little folks, children under twelve years of age.

#### CLINICS

Monday, Wednesday and Friday of each week from 8 to 9:30 A. M. we will care for children at the office.

#### DISEASES TREATED

Some people get the idea that osteopaths treat only certain kinds of ailments. This is false no matter from what source it emanates. All classes of diseases are treated and the records of cures are high. Many cases that have been the rounds to various doctors without a cure respond to osteopathic treatment.

Nervous ailments, stomach and bowel trouble, spinal curvature and deformities, eye, ear, nose and throat, all acute and chronic diseases are given care, saving people from so much surgery and poison drugs. We do refraction to fit glasses when needed, also we believe in and practice surgery if required for best results.

#### NOTE TO FRIENDS AND PATRONS

Any of our patients or friends who know of poor children who are ailing and can not afford to pay for treatment should see that this information reaches them. We will appreciate your interest in the little folks.

Sign this card and give to any whom you would recommend as not being able to pay for a physician's care.

To the best of my knowledge:

(Name of ailing child).....  
Address.....  
is not well and needs a physician's care.  
H.....parents are not able to employ and pay a physician for the care needed.  
Recommended by.....  
Address.....

#### OSTEOPATHIC PSEUDOS BUMPED

The Supreme Court of Montana recently handed down two decisions which are somewhat disconcerting to the "chiropractors." The cases are

State vs. Wood—and

State vs. Hopkins.

Each of the cases were defended by the Palmer "chiro" Defense Pool, the attorneys for the "chiros" being their National counsel, Morris & Hartwell of LaCrosse, Wisconsin, assisted by local attorneys, among whom being the present Attorney General of Montana.

The "chiros" brought expert witnesses to testify in these cases in their behalf, one of them being Dr. Lee Edwards an M. D., from Omaha, Nebraska, who claims that he is versed in Osteopathy and a graduate "chiropractor" in addition to being an M. D.

Dr. Asa Willard of Missoula, Montana,

acted as expert witness for the State in each case.

The decision in the case of the State vs. Hopkins was handed down by Chief Justice Brantley, and concurred in by the other justices of the Supreme Court. The Chief Justice in his opinion said—

"The spine is one of the parts of the body. The confinement by the chiropractor of his treatment principally to the spine does not excuse him from undergoing the ordeal of the examination prescribed for osteopaths, whose treatment includes the spine as well as all other parts of the structure of the human body. Because of the difference in name it cannot be said that the examination prescribed by the Legislature has proper relation to the practice of Osteopathy, while it has none to the practice of chiropractic. In the judgment of the Legislature proficient knowledge of the anatomy and the other branches of science enumerated (Sec. 1598) was deemed necessary to qualify an osteopath to treat the human body. \* \* \* \*"

If proficient knowledge of these sciences pertaining to the human body have no relation to the practice of chiropractic, WHICH IS NOTHING MORE NOR LESS THAN OSTEOPATHY UNDER ANOTHER NAME, it is impossible to conceive what qualifications a practitioner of it should possess. \* \* \* \*

It is argued that the legislation is an attempt to restrict all healing by drugless treatment to a single school, and thus confer a monopoly on the School of Osteopathy. This contention is without merit. \* \* \* \*

The Legislation is not rendered objectionable by the fact that some persons choose to adopt another name and profess to change to and to represent a different school.

The statute merely discloses that one using the method of treatment therein described shall be deemed practicing Osteopathy and that he must secure a license before he engages in the practice for compensation. If he does this he has fully complied with the statute, and it is not material whether he chooses to style himself chiropractor or osteopath.

In exacting the statute the Legislature is concerned and the qualifications which the practitioner must possess to the end that the public should be protected from fraud and imposition, and not with the names of schools."

This decision was handed down July 2, 1917. In the decision the constitutionality of the osteopathic law was also upheld. Advance Sheets of decision can be secured for 25c from the West Publishing Co., St. Paul, Minnesota.



**WATCH US GROW**

GEORGE W. GOODE, D. O.

We have now passed the experimental stage and Truth will continue to improve. The live members of the profession are sending in their subscriptions, together with many words of commendation. They tell us how glad they are that the profession at last has a journal independent of schools and factions, and are showing their appreciation with a liberal patronage.

Plans are being made which, when completed, will enable us to enlarge and otherwise improve the magazine. We are building slowly but surely and the foundation is being made secure.

Osteopathic Truth is not a mixer magazine. It is for Osteopathy first, last and all the time. Being an independent magazine it does not arrogate to itself the right to dictate to the members of the profession as to what they should or should not do in their practice, especially in view of the wide divergence of opinion. Our columns have been open for a free discussion, and the profession is invited to write their views on any subject that will be of interest to the field at large.

Osteopathic Truth absolutely refuses to be a medium for controversy and mud-slinging. The fact that a magazine accepts advertising does not necessarily mean that the articles advertised are endorsed by the publishers. This is perhaps true of almost every newspaper and magazine in the world. Some do not seem to be able to distinguish between statements made in paid display advertising space and the opinions of the editor. The receipts from advertising sold are absolutely necessary to pay the expenses of publishing a paper, for very few papers or magazines could exist on the revenue from subscriptions alone. Hence, it is that space is sold in publications to persons who have a message they wish to convey to the readers of that publication, and the advertiser, not the editor, is responsible for statements therein, so long as they are couched in proper language and do no wrong to others. No osteopathic magazine could live if nothing but straight osteopathic advertising were accepted.

Osteopathic Truth is not published for any one person, but for the entire profession, a class with divergent tastes and opinions, hence it is the effort of the publishers to give each issue something to please all, without expecting that everything in the magazine will entirely suit every reader. All, therefore, are entitled to consideration when it comes to discussion of questions that concern all.

Osteopathic Truth vouches for the reliability of its advertisers, but we are not to be understood as advising for or against the use of any adjunct. That is left en-

tirely to the judgment of each practitioner.

If you believe such a publication is needed and worthy of your support, we invite you to send your subscription to Dr. Richard Richard Wanless, 347 Fifth Ave., New York, N. Y.

**CHICAGO COLLEGE PROSPEROUS**

The following letter from the Chicago College in response to letter of inquiry by the editor of Osteopathic Truth speaks well for the Chicago College of Osteopathy:

"We have taken the liberty of delaying a reply to your letters of September 20th until we would be in a position to give you more information concerning our 1917-1918 enrollment and the outlook for the future.

"This year we have matriculated a new class of twenty-three students as compared with twenty-one last year. The total enrollment for the school is ninety, as compared with one hundred and five for 1916-1917. Last June, we graduated a Senior Class of forty students, which cut down our enrollment this year very materially.

"The draft has not effected us to any great extent, so far, although we have lost four students already with the possibility of three more in a very short time.

"The quality of the students which we have matriculated this year is a very high grade. A great number of them in addition to their high school requirements have had more or less college work and as a result of this preliminary education we cannot help but believe that they will make better and broader osteopaths.

"At our faculty meeting last evening a concerted movement was made for each and every professor, no matter what subject he was teaching to teach more Osteopathy. Our Juniors and Seniors in their advanced work get a great deal more of the Osteopathic principles than the Freshmen and Sophomores. However, it is our intention to keep the osteopathic enthusiasm as high as possible during these first two years of preparatory work.

"With reference to co-operation with the Colleges, we feel confident that Osteopathic Truth as well as all of the other osteopathic publications are extremely desirous of doing as much as possible to help the colleges increase their student enrollment. The writer expects to get statistics from the students here, showing the motive power that induced each student to take up the course in Osteopathy.

"I believe the statement was made at the last Convention that 90% of the students took up a course in Osteopathy through the endeavor of the Colleges rather than the activities of the profession. Personally, I don't believe that

this is true in the Chicago College. Invariably, every one of our students tells us that they are taking up Osteopathy because Dr. So and So was making a great success and had advised them to get into the work. Just as soon as we get these statistics compiled we will send you a copy of the same.

"We appreciate your interest in the welfare and want to assure you that if at any time the College can be of any benefit to Osteopathic Truth in carrying on its work, we want to have you feel at liberty to call upon us."

The profession, we feel sure will rejoice to note that the draft thus far has not effected the student enrollment at the Chicago College to any great extent. It is possible through proper co-operation between the profession and schools to keep our student body up to par. After the war is over we should enter upon an era of professional prosperity undreamed of.

**AS SEEN BY A LAYMAN**

F. D. BAILEY

Considering what Osteopathy in its very name announces, and what by implication it thus renounces; that it announces the principle of adjusting the body, and renounces the disordering of the body by drugs—considering that it has from the first both renounced and denounced the reliance in drugs, because beneficent drugs are mere palliatives and must be weak in order not to be injurious, and because drugs when powerful must be dangerous—when all this is considered it is to be deplored that any osteopathist should include materia medica in his practice, or devote to the study of it time which should be concentrated on his own art methods exclusively. He should be a specialist of Osteopathy, and not dissipate his forces in becoming a dabbler in drug giving. If it is true that drugs have their uses, these uses are better served by a man of the regular school with its more exhaustive study of drugs, than by an osteopathist endeavoring to combine two schools and perhaps falling between them. It is a notable change of attitude, too, and recantation, where, after having based everything on basic causes, Osteopathy in the hands of some practitioners finds itself resorting to the study and use of palliatives.

Dr. R. Kendrick Smith of Boston was the speaker at the annual convention of the Union Maternal Association which was held November 8 at the Methodist Church in Hyde Park. Dr. Smith spoke on practical aspects of preparedness work for women.

**LETTER FROM C. W. YOUNG**

DEAR EDITOR:

With real pleasure I thank you for your letter and notice in Truth expressing appreciation for my work in Columbus in adjusting lesions and relieving pain suffered by many osteopaths. You speak in your letter of my work as being efficient and declare that too much technic "is of the scholastic sort, which is neither simple nor efficient." You could not have chosen a word of commendation that would have pleased me more than the word "efficient." During all my career as a student and physician, it has been my all consuming ambition to secure efficiency. What is the best way to make sick folks well or relieve their pain? That is the question ever before me. If I had my way I would define Osteopathy as the first science ever known in the history of the world, wherein the adherents thereof strive diligently, honestly, and without prejudice to secure the highest possible efficiency in the treatment of disease and the relief of suffering by the use of any and all agencies required to secure such efficiency. I have tried my best to learn how to put bones in their places and secure high grade technique in anatomical adjustment, but I am sure such work can only be a part of the work of a true physician and such other work should receive as much encouragement and conscientious care as any other work. The task is immense, and if some of us are interested in manipulative technique and inclined to concentrate our efforts upon it, we should all the more encourage the other man who is trying to master the other branches of work necessary to be done in many cases of disease to secure the best possible efficiency.

Yours fraternally,

C. W. YOUNG, D. O.,  
St. Paul, Minn.

Dr. Bertha Hilton, of Denver, Colorado, writes:

"I enjoy your paper very much, and wish you every success in its publication. I have sent in my second subscription."

A message, short and sweet; we thank her for the same.

Dr. C. J. Gaddis of Oakland, California member of the Board of Trustees A. O. A. writes:

Enclosed is check in payment of Osteopathic Truth, which periodical I would not be without, for I believe it serves the osteopathic profession in keeping to the fore the great principles for which we stand. We may not all see in the same light, but we must be ready to consider the other man's viewpoint and be liberal toward it.

"I am sending you my check for one dollar, as payment for one year's subscription to OSTEOPATHIC TRUTH. I have read the few copies that have come under my observation, as fully as my time would permit, and I am glad that I can say it sounds good to me.

It occurs to me that the need of this sort of a periodical is so patent that no believer in Simon-pure Osteopathy can for a moment doubt that it is due the science in such a time as this. To me it looks that, unless some movement like this is inaugurated and actively pushed, the death-knell of our science is being sounded by the half-hearted men and women who are filling the ranks with medical twaddle that is unworthy of the consideration of any intelligent osteopathic physician.

"Unless we awaken to the necessity of the hour the Chiro will wear the laurels, and deserve it too. He is usually true to the principles of the adjustive theory of curing disease and forms no alliance with drugs. I do not believe in fighting him but in delving so deeply into the great principles set forth by our fearless progenitor in the science that we will be recognized as in the lead by the entire world, which we must permit to be the judge of our merits.

I wish you the most brilliant success in this effort, and trust that you will not think you can build for Osteopathy by trying to destroy any other system. The law of the 'survival of the fittest' must determine whether we remain or are forgotten."—Dr. J. F. Coon, Walla Walla, Wash.

Dr. E. J. Breitzman of Fond du Lac, Wisconsin, as Publicity Director of the Liberty Loan Committee of Fond Du Lac County did some valuable work in placing liberty bonds, particularly among his German American brethren.

Dr. Charles C. Reid of Denver, Colorado, has been elected president of the Lions Club of that city for the year nineteen eighteen. The local organization now has as its members representatives of ninety professions and occupations among the leading men of Denver enrolled for service in the promotion of all wholesome municipal and social activities. The Lions Club of the United States now has about fifteen thousand members; and the selection of an osteopathic physician as president of the Denver Lions Club is an excellent recognition of the standing of Osteopathy in Denver.

"I have been a subscriber from the first and renew today my subscription for the second year. Truth is O. K. and we were sorely in need of just such a paper."—Dr. J. J. Moriarity, Ottawa, Ill.

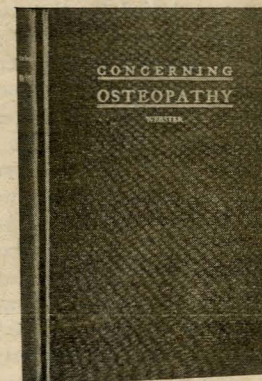
**War Session**

Supply the vacancies in the Medical Ranks by studying Osteopathy. Special Mid-Year Term opens January 2, 1918.

**Massachusetts College of Osteopathy**

85 Otis Street

East Cambridge, Mass.

**ASK THEM**

This book "Concerning Osteopathy" was produced to fulfill a definite purpose—to tell the layman what he would like to know about the subject of Osteopathy. That it emphatically accomplishes this end many osteopaths who know are enthusiastically telling. Just ask anyone of those who have distributed two or more hundred copies to their patients. They have had experience—the only evidence upon which a reliable estimate of the book can be placed.

**PRICE LIST**

(Prepaid in U. S. and Canada)

Copies	Leather	Cloth	Paper
100	\$150.00	\$100.00	\$50.00
50	77.50	52.50	30.00
25	40.00	27.50	16.25
10	16.50	11.50	7.00
1	1.75	1.25	.75

TERMS:—Check or draft to accompany the order or post-dated checks received with the order accepted on all orders amounting to more than Ten Dollars.

\$10.00 with the order and the balance in 30 days post-dated checks for \$10.00 each or less if the balance is less than \$10.

**G. V. WEBSTER, D. O.**  
Strickland Bldg., Carthage, N. Y.

### TO THE MEMBERS OF THE OSTEO-PATHIC PROFESSION

A Message from G. W. RILEY, D. O., President A. O. A.—(Part of an address before the N. Y. Osteopathic Society, Buffalo, N. Y., Nov. 3, 1917.

Last Spring the entire profession was asked to contribute to a fund to bear the expense of trying to secure the opportunity for osteopaths to professionally serve their country in time of war. The profession without limitation to membership in the A. O. A. responded willingly and in some cases generously. It was however apparent that more funds would have to be raised, and therefore at Columbus, following the adoption of the by-law creating the department of public affairs, composed of five bureaus, legislation, health, public education, clinics, statistics and publicity, an assessment of \$3.00 per member was levied for the work of this department. Legislation is of course the object of greatest urgency coming under this department at this time, and hence the one to which this assessment will be most fully devoted. This legislative problem is of such moment to member and non-member alike,—work is being done equally for both—it is confidently hoped that the non-member will recognize and bear his equal responsibility and share of this most legitimate expense. I think it will be apparent to every one that this fight is going to be a bitterly contested one, and will of necessity require the presence in Washington at the coming session of not only our professional representatives, but legal representatives as well to wage the battle. It will have to be a campaign of education. Senators and Representatives who have erroneous ideas of Osteopathy will have to have their ideas righted. All of that takes time and effort, and unity of action, and costs money. It is for this money that I appeal to you today. We can't all go "somewhere in France," but we all can buy Liberty bonds and thereby furnish the sinews for this world's defense. So in our campaign, we can't all go to Washington, we don't need to, but we all can and must send in our \$3.00 to the Secretary's office to pay the expense of this fight if we hope to win, if we hope to get our osteopathic physicians out of the trenches and put them into the hospitals at serving and saving the boys who can't do that highly specialized and necessary work. We are now denied one service, we can win it by doing another. This is Osteopathy's fight! Your fight! You Are you for it? Your check or the lack of it will be your answer.

In the meantime while negotiations are going on with the medical department of the Government and Congress looking to the acceptance of osteopaths in the medical service, hundreds of whom have in-

dicated to the A. O. A. Secretary their willingness to volunteer their services, it is of supreme importance that the intervening opportunity to render service to our enlisted men and to those refused on account of slight physical defects, must not be overlooked. This is a privilege and a patriotic duty which I am sure that no osteopathic physician will fail to accept and perform. Thousands of these young men come from families where the osteopath is their family physician, and their change from civil to military life will but accentuate their need for continued osteopathic care. Therefore my friends, it is our patriotic, our humanitarian duty even though professional political obstruction has prevented our becoming part of the medical service of the Army. I repeat, it is our duty to see that as many of these, our fellow citizens, who desire our care may have it.

**To that end I call upon all osteopathic physicians to let it be known that all soldiers and sailors during the period of the war, will be charged nothing for osteopathic care. I call upon all osteopathic clinics to do likewise and offer freely their services and the accommodations of their organizations to these defenders of our nation.**

In centers where there are no clinics and yet are two, four, six or more osteopathic physicians, I call upon you to begin active work for the organization of clinics in your communities designed especially to render this service. We must with enthusiasm render every possible service to our country's cause. We must not harbor the slightest feeling of resentment on account of the failure of the Medical Department to officially accept our proffered services. This is our country as much as it is that of any politico-medical official of our Government. The boys in khaki are fighting for us as much as for them. They are fighting for the protection and honor of our mothers, wives and daughters, as well as for theirs. The liberty and democracy they are fighting for is as dear to us as it is to any politico-official M. D. We firmly believe these officials are wrong. The physician in the trenches, in the relief stations, in the base hospitals, in the reclamation camps are doing splendid work. All honor to them! But the medical oligarchy of Britain, of Canada, of France, of the United States are politically forcing their governments to refuse our services. They are numerically strong enough to do that. This they know.

The officers of the various medical societies know that the Governments must have a large number of physicians to care for the health of the Army and Navy, and that the overwhelming bulk of these must necessarily come from their ranks,

therefore they make bold to dictate who shall be admitted to that service and the conditions of their admission. They can do all that now. But fellow Osteopaths they will never be able with all their power to lessen the appreciation of the officers and men for osteopathic care they have had at home, nor stifle their desire for that same care now that they are in the service of their country.

While our love of country, and our enthusiasm for the cause for which our country is fighting, increases our regret that we are unjustly denied the privilege and opportunity of doing that for which we are best fitted, nevertheless even that unjust denial must not blind us and make us forgetful of the duty that we as citizens owe to our flag and our country's defenders. Therefore do I again call upon you not to lose sight of that vision of service which is at one and the same time the goal and reward of a true and worthy physician. I urge you to do this service singly if you are the only osteopathic physician in your town, but to join forces and form a clinic where there are two or more of you so that more of the deserving may know of your loyal and patriotic efforts, and hereby take advantage of your service. If this work should be done at the private offices, the world would know nothing of it and Osteopathy as a profession would lose credit for services rendered. Notify every one of your patients that those in the service in the Army and Navy, for the period of the war will receive osteopathic care without any charges.

Dr. Drew, chairman of the Bureau of Clinics and his fellow-workers, are now trying to work out a feasible, practicable method of supplying our soldiers in the various camps and cantonments with osteopathic care.

Let me impress upon you my good friends, the fact that we have got to begin to take our places alongside the physicians of other schools in doing our part in the life of the community, if we ever hope to occupy in our communities the position to which the power and possibilities of our profession entitles us. **The best and surest way to get public recognition, is to render public service.**

We must forget self and think only of service. We already have clinics in some fifteen or twenty cities and towns exclusive of those connected with our colleges. But this must be increased. We must gladly, eagerly, joyfully render the service and accept the opportunities open to us, and rest assured that as surely as this conflict continues, **the gratitude and demands of the people, of the officers and men, will force a change in the arbitrary and unjust rulings of the Departments that are in force today.**