

Osteopathic Truth

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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 III

NOVEMBER, 1918

Number 4

Significance of Cause and Effect

Dr. Carl P. McConnell, Chicago, Ill.

(Address given before the annual meeting of the Illinois Osteopathic Association and later in the A. O. A. Journal under "Discussions by Dr. McConnell."—Editor.)

Time unfolds to our Osteopathic consciousness that there can be only a very definite reason, in fact, a positive contribution, why we should remain an independent school of the healing art. It is a serious matter in this day and age of scientific development, incisive thought and comprehensive organizations to be responsible for a movement that in many respects clashes with well established institutions. No doubt every osteopath has at times revealed to him in all of its fulness the very soul of his professional position before the world of society. And if he is of the right stuff a thrill must vibrate his moral fiber that stimulates him to further endeavor. No smug complacency, though, can be his lot except that of well doing, for the present foretells in no uncertain terms of many interesting and serious problems to be solved.

Unquestionably we have the prestige of a glorious past, and a still more wonderful beacon light to support and guide us. But in order to be true to all of this the essence or spirit must be so crystallized in our conscious selves that there can be neither turning back from progressive thought and act nor disintegrating nor clouding of the manifest purpose of osteopathic philosophy. **A CLEAR INSIGHT OF THE VITAL PRINCIPLE THAT OUR PROFESSION REPRESENTS IS THE ONE DESIDERATUM TO CARRY US THROUGH PERIODS OF EITHER WEAL OR WOE. AND NO ONE WILL EVER REALLY BE IN OSTEOPATHY UNTIL OSTEOPATHY GETS INTO HIM.**

In my opinion, there is a world of thought, in fact, an entire philosophy, in this latter statement. And its worth is directly proportionate to the practical truth therein contained. **OSTEOPATHY IS EITHER TRUE OR FALSE.**

THERE CAN BE NO HALF WAY GROUND, NO INTERMIXTURE OR CONGLOMERATION OF VARIOUS METHODS THAT CONFLICT BASICALLY AS TO PRINCIPLE, FOR THE SIMPLE REASON THAT IT STANDS OUT BOLDLY FOR A POSITIVE THING DEFINED. There may be many angles of approach in defining its biological significance, but taken by and large the vital organism as a well defined complex organism subject and amenable to inexorable laws, inclusive of that most important attribute, self repair, is the positive concept that has weathered us to our present proud position.

It is this positive concept, this clear-cut and unequivocal assertion that stands out, and always will until the end of time, in all of its original freshness, stripped of metaphysics, that is the sheet anchor of actual results. **BUILD WHATEVER THEORIES YOUR FANCY MAY DICTATE, INTERPRET ITS MANY POSSIBLE ANGLES, PHILOSOPHISE RELATIVE TO ITS INNUMERABLE RAMIFICATIONS, STILL THE HARD CONCRETE FACT OF THE LAW OF MECHANICAL ADJUSTMENT STANDS INVIOLENT FOR IT DEFINITELY SIGNIFIES AND EXPRESSES RELATIONS BETWEEN FACTS. THIS IS THE ANCHOR.** It makes little difference in the end what gales may arise so long as this is well to windward. In the words of Lord Morley: "The oracle of today drops from his tripod on the morrow. In common lines of human thought and act, as in the business of the elements, winds shift, tides ebb and flow, the boat swings. Only let the anchor hold."

IN OSTEOPATHIC PRACTICE OUR CONSTANT CUE IS ELICITING OF THE RELATION OF CAUSE AND EFFECT AS PRESENTED BY SIGNS AND SYMPTOMS. Herein is the significance of adjustment. Without this demonstrable knowledge our theory would be a mere chimera. This is our

point of approach of the osteopathic world. The relation of cause and effect, as Norie expresses it, "is the fundamental rule of all cognition and comprehension of the perceptible world. Everything must be referred to this principle; through it all must be expressed."

I have dwelt elsewhere upon the importance of the tactual perception in osteopathic work in eliciting the origin of certain bodily phenomena, and how the status of the organism at every moment of time may be thus revealed. It represents the one great contribution of practical osteopathy to the world of scientific healing. It is the key that unlocked the portals of chemical completeness of the body, of immunity, of comprehensiveness of self repair. The principle of cause and effect as revealed through adjustment via tactual perception gives us osteopathically a vast fund of new knowledge. And this cognition and comprehension is in almost exact ratio to our technique preciseness.

Tactile Memory

I wish in passing to quote a sentence or two from a recent article by Ioteyko that substantiates a most important part of osteopathic education. I refer to "tactile memory" and its bearing upon palpation and technique. Sensitiveness of touch is commonly very feeble. "We continually convert our tactile images into visual images, the former being much less stable, probably for lack of exercise. In the blind, the persistence of tactile images must be assumed. Their tactile education, continued and persistent, enriches the brain with innumerable tactile forms that constitute a museum of memories." * * * "In fine, although the sensorial acuteness of touch and hearing is no more developed in the blind than in the seeing, the superiority of these two senses is attested in them by a more considerable degree of sensorial attention, and also probably by

a more persistent and more faithful sensorial memory."

The lesson is clear as every conscientious osteopathic physician is well aware. **INTELLIGENT EXERCISE OF THE TACTUAL SENSE ENRICHES OUR ARMAMENTARIUM TO A MARKED DEGREE; INDEED IS THE MEDIUM THAT HAS OPENED UP AN ENTIRE NEW FIELD OF PHYSIOLOGICAL FACTS WITH A CONSEQUENT DIFFERENT PATHOLOGICAL INTERPRETATION AND THERAPEUTICAL EXECUTION THAN HERETOFORE REALIZED.** The principle of cause and effect is hereby given an added impetus and importance absolutely consonant with bodily conditions as they actually exist.

By Way of Digression

I confess, by way of slight digression, that I am still old-fashioned enough in an osteopathic sense to thoroughly believe that the original method of teaching osteopathy has merits of no mean value. That is to first familiarize the student with a certain amount of detail anatomy and then introduce him to the clinic room while he is pursuing his various studies. His work in the clinics should be strictly that of an assistant, particularly observing, and under a most competent practitioner. The essential idea is to drive home in no unmistakable manner the osteopathic concept of disease. **THE CONCEPT OR VIEWPOINT IS THE FIRST REQUISITE OF AN OSTEOPATH. IF THIS IS ONCE SECURED, ESPECIALLY WHILE THE MIND IS PLASTIC AND RECEPTIVE, IN A MOST DEFINITE MANNER, THERE WILL NEVER BE ANY QUESTION THAT HE WILL ALWAYS REMAIN AN OSTEOPATH, AND WHAT IS MORE TO THE POINT, HE WILL EVER AFTER THINK AND PRACTICE OSTEOPATHICALLY.**

Osteopathy is confronted with two unusual circumstances. First, it represents an art that is diametrically opposed to any routine procedure. Aping technique manipulation is an opiate that has dulled the full efficiency of many. Virtually it shows a very certain disregard of the osteopathic concept. How many times does a "hard thorough treatment" pass for technique?

Secondly, we are necessarily dependent upon medical texts and literature for various scientific facts. It is so easy to fall into the ways of medical thinking in contrast to osteopathic fundamentals. I have the utmost respect for a majority of scientific physicians, for there can be no questions that they are striving most diligently to advance

medical practice. And many, very many, of their present ideas are rapidly approaching the osteopathic. But it is difficult, if not impossible, for the osteopathic student to sift, rearrange, and, if need be, often discard, the various conflicting theories.

OSTEOPATHY IS PROBABLY THE SIMPLEST, ALL-EMBRACING AND COMPREHENSIVE OF ALL EXISTING THEORIES, WHILE AT THE SAME TIME THE MOST DIFFICULT TO PUT INTO ACTUAL PRACTICE, OWING TO ITS REALLY DELICATE AND COMPLEX ART.

In my opinion, the student should be taught to fully realize that he is approaching a world of facts from largely an entirely new viewpoint, the tactual perception supplemented by various other measures, and not necessarily vice versa. He is studying a mechanism that responds to mechanical measures while at the same time it is self-reparative. In one large fundamental sense this is all that he can do or even hope to know or understand. But the thought scientifically is basic. Radiating from this there are of course many ramifications, processes and forces to explore. But beyond this he soon learns if he is at all observant, as Bradley so well states, that "science is a poor thing if measured by the wealth of the real universe: he finds that in the end Reality is inscrutable, and is confirmed in the irresistible impression that all is beyond us." If he will let this metaphysical conclusion hold reasonable sway it will be all the better for his scientific endeavors, though I would not for a moment discourage any philosophical musing that may be active, provided one knows where to draw the line practically.

As I have said, the theory of osteopathy is simplicity itself, but the real difficulty arises in applying the art. To familiarize oneself in tactual diagnosis and technique, to first know the feel of normal tissue and then to fairly glimpse an understanding of the many possible abnormal manifestations that constantly emerge, and then to apply the specially indicated principle, is a life-long study. This is the reason that, in my opinion, the student should from the very first weeks of his studies be taught something of the practical work of osteopathy.

In the final analysis the solution of every problem is in some way, some how, wrapped up in the symbol of "adjustment." Adjustment is the one law, for it always represents, as I have said, a relationship between facts. It may be

anatomical facts expressed by physiologic changes or vice versa that require adjusting. Or it may be a hygienic or dietetic or mental problem. Or again the demand may be one of adjustment of or to a certain environment. **HOWEVER, THE ONE GREAT THING TO REMEMBER IS THAT THE ORGANISM IS WHAT IT IS INDIVIDUALLY, AND THE NORM OF ANY PARTICULAR ORGANISM IS ITS ONLY CRITERION.** Hence, adjustment toward that special norm is always a study of cause and effect. This is, upon broad grounds, the alpha and omega of the healing art.

Cause and Effect Implies Order

Cause and effect implies order; a definite arrangement of structure, a preciseness of function, and a balance of chemical forces. But cause and effect is just as applicable, just as exacting, and just as natural when there is disorder, any deranging of normal structure and function so that time and rhythm and order are what we term as rampant. However, without order there would be no normal, no apparent design or purpose upon the part of nature, no development, no evolution. Chaos and disintegration would then reign supreme. Cause and effect is the magic thread that literally guides us through the maze of signs and symptoms. It is the universal principle that gives an inkling of immutable law. Beyond we dwell in the realm of ends.

Of course without a cause there can be no effect, and the converse is also a truism. We seek for and note the bodily effects in order that the cause may be elicited. We know by observation, experiment and practice, indeed by all of life's thoughts and acts, that the two are inseparable, that they are but phases of the same basic principle. Our education comprises observation, analysis and execution of this fundamental concept. Can there be anything more simple and comprehensive of principle? And still its very simplicity seems to prove difficult for some to grasp. They seem to get lost in the intricate complex of the various and varying forces that constantly emerge in the form of signs and symptoms. There can be only one answer, the principle has not really entered into their being. Our effort can only be one of guidance or control; the vital spark is there; we can not create.

THUS WE ACCEPT THE EXISTENCE OF LIFE AS A FACT AND AS IT IS. WE CAN DEAL ONLY WITH THINGS AS THEY ACTUALLY EXIST. THERE IS A CAUSE FOR EVERY PHENOMENON. THE PROCESS IS A

MOTION SUBJECT TO CERTAIN LAW. A CERTAIN COURSE IS FOLLOWED, AND A NEW COMPLEX OR STATE RESULTS. THIS IS A THOUGHT THAT DR. STILL CONSTANTLY REITERATED IN HIS PERSONAL TEACHINGS. HE TIME AND AGAIN REPEATED THAT THE BASIS OF OUR EXPERIENCE IS THE LAW OF CAUSATION. HE INSISTED UPON THIS IN HIS DAILY WORK OF BOTH OBSERVATION AND REASONING. CAUSE AND EFFECT HE KEPT CONSTANTLY BEFORE US. IN THIS WAY THE FUNDAMENTAL VIEWPOINT WITH ALL OF ITS ORIGINALITY AND FRESHNESS WAS NEVER LOST. IT AT ONCE REVEALED THE INDIVIDUALITY OF EACH AND EVERY CLINICAL PROBLEM.

Each effect must be something new, a different manifestation that has never existed before. But there is a cause, and it is our work to discover the same and to adjust or normalize structure and function. It is evident that the new arrangement or effect is due to a condition or state that preceded the effect. Right here is the clinical clew, a new condition, a different combination, or alteration or arrangement. This should not be difficult to grasp, and it is the very foundation of osteopathic science.

It strikes at the very core of mind, matter and motion that Dr. Still so reverently spoke of. To him the universal mind permeates all nature. There can be no causation without motion, and new forms or configurations emerge under the new combinations and rearrangements of matter, though matter and energy remain. It is this idea of alteration and rearrangement, this cause and effect, this immanence, a constant becoming, it seems to me, that we should grasp in order to appreciate the scientific value of osteopathy.

A Striking Feature

One of the most striking features in osteopathic practice, especially to those who do a certain amount of acute work, is the literally astonishing and pleasing results secured in the early stage of disease. If the patient has a definite amount of resistance and if the focus of infection, for example, can be discovered there is almost always a probability that the disorder can be aborted or markedly curtailed. Nothing can give one greater confidence in osteopathy than a series of actual experiences at the bedside. Under no other circumstances is he so placed upon his metal. Time, preciseness and effectiveness are clamoring for full recognition. He is well aware that the disease at first is purely

and simply a local condition. And that if he can discover the locality of infection, the point of inroad, the exact cause, his chances are good for a more or less immediate checking of the systematic involvement. Time is precious, efficiency is the keynote, and how one will strive to get results without undue harshness or fatigue. Cause and effect is nowhere else in the therapeutic world more beautifully illustrated.

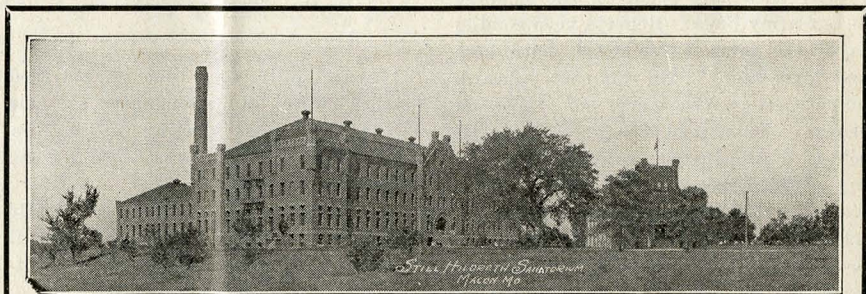
How many times, to speak more precisely in a clinical sense, has a beginning, "cold" infection of the nasal mucous membrane, a tonsilitis, a laryngitis, a tracheitis, a bronchitis, a pneumonia been actually checked and aborted by timely osteopathic treatment? By timely I mean within the first few hours of symptom manifestation, and even after oftentimes up to the first twenty-four hours. Given any reasonable resisting power of the organism, a large majority of cases can actually at the very least be markedly shortened. And even in those conditions that have passed to the stage of systematic involvement can often be definitely controlled. Of all of this, I am certain, that every one who has had the experience will confirm.

But the principle of cause and effect must be duly appreciated and rigidly adhered to. **THE MINUTIAE OF THE PATHOLOGY, PARTICULARLY THAT PERCEPTIBLE TO THE FINER PALPATION, MUST BE EXACTLY RECORDED AND ACTED UPON. THIS MEANS MOST CAREFUL ATTENTION TO THE DETAIL EXPRESSIONS AS MANIFESTED IN AND BY STRUC-**

TURE. THE ALL-POWERFUL BLOOD SUPPLY WITH ITS CHEMICAL PROPERTIES, THE MASTER TISSUE, NERVES, THAT CONTROL IT, WITH NO LESS ATTENTION TO THE LYMPHATICS, WHICH INDEED GIVE SUCH DEFINITE CLEWS TO INFECTIVE PROCESSES, ARE CLINICALLY THE BASIC STRUCTURES TO SPECIALLY OBSERVE. These with the supporting osseous, connective and muscular tissues, with their definite structurally impinging and irritating influences, all with their greater or less role as part and parcel of a mechanism, a mechanism whose concerted action varies in accordance to the exigency, should be clearly appreciated as to principle. In other words, it is a condition of the mechanism, and always a new condition, that emerges or manifests or expresses itself as the causes or forces reflect themselves through motion no matter what the combination of microorganisms, cold, fatigue, trauma or other factors that may be present, or no matter of the locality involved.

NO DOUBT THIS REALM OF CAUSE AND EFFECT IS OFTEN DIFFICULT FOR THE STUDENT TO COMPREHEND PRACTICABLY. IT IS THE ETIOLOGIC DIAGNOSIS THAT IS SO IMPORTANT; NOT NECESSARILY ALWAYS BY FAR THE ELICITING OF SOME SYNDROME, SOME CLASSICAL GROUPING, WHICH TOO OFTEN, THOUGH FREQUENTLY OF VALUE, DULLS OR CLOUDS THE VASTLY MORE ESSENTIAL DISCOVERING OF THE OSTEOPATHIC PATHOLOGY.

Thus it is in osteopathy, and which has made it what it is, the immediate



Still-Hildreth Osteopathic Sanatorium

MACON, MISSOURI

DEDICATED TO THE CURE OF NERVOUS AND MENTAL DISEASES

Address All Communications
to the Above Institution.

A. G. HILDRETH, D. O.
Superintendent

and direct discovery of distinctive and new etiologic factors that comprise the key to the arch. These are ever new, though the principle remains the same. It is the constantly new combinations, the individualism, that the discovering of which constitute both the technique difficulty and success of osteopathy.

Supporting all of this physiologically is the basic biologic truth or attribute of self-repair of the organism. This is the final fact and test that crowns one's successful efforts.

(To Be Continued Next Month)

AMERICAN MEDICAL ASSOCIATION PRESS CONTROL

Does Organization mean anything? Witness the Press Work of the American Medical Association. Our Daily Press carries eulogizing columns about the great Doctor So-and-So. You read daily the great Doctor's Column dealing with the Enquirer's symptoms. The reply is, "Have a thorough examination." Pure twaddle, all of it, but it serves the purpose; keeps the dear public's eyes pointed toward the monumental medical—fakery of the day. Allopathic Serums! How preposterous it is! Recent authorities in medical books leave drugs no leg to stand on; yet, propaganda goes on. The public regards the doctor's column with awe, while the American Medical Association chuckle over the gullibility of the Great American Press lending itself to the perpetuation of the greatest propaganda of bosh ever known. One case of Pneumonia saved by Osteopathy gives the lie to the whole world of germ hunters and shot gun advocates!

Why such soft pedal on the sickness of our army boys? Reports keep coming in of the immense sick list, both here and "over there." No comment is heard, no criticism whatsoever of those in charge; but instead, the Press lends itself to a propaganda equivalent to saying of the Allopaths "They can do no wrong." Can't they? Those of us, whose flesh and blood in service have been innoculated and damaged, say YES!

Another picture presents itself. The spectacle of the great self-styled world beating Autocratic tremendously advanced medical scientific cult standing supinely, hands down; confessing absolute impotency, whilst Influenza rages, while Osteopathy, armed with God's Truth, offer sure relief to suffering mankind. Who would barter D. O. for M. D. in this epoch?

Work For S. 4914

Some Kazaza

New York Osteopathic Society Twentieth Annual Meeting, Nov. 8th and 9th.

FRIDAY

- 9:30 A. M. Treatment of Dislocations of the Metatarsals
Hugh L. Russell, D. O., Buffalo
- 9:50 A. M. Discussion.
- 10:00 A. M. Ptosis from Personal Observation—X-Ray Pictures
Dayton B. Holcomb, D. O., Chicago, Ill.
- 10:30 A. M. Applied Osteopathy—With Clinic
S. V. Robuck, D. O. Chicago, Ill.
- 11:00 A. M. Women's Bureau of Public Health
Emma Wing-Thompson, D. O., Schenectady
- 1:30 P. M. Some Causative Factors in Sciatica
Frank L. Goehring, D. O., Pittsburgh, Pa.
- 2:00 P. M. Business Session
- 2:30 P. M. "Spanish Influenza"—Personal Experiences
Albert Fisher, D. O., Syracuse
- 3:00 P. M. Osteopathic Adjustment of Children from Municipal Court
Ira W. Drew, D. O., Philadelphia, Pa.
- 3:30 P. M. Osteopathy and Feeble-mindedness
Raymond W. Bailey, D. O., Philadelphia, Pa.
- 4:00 P. M. Melting Pot
Moderator—Ralph H. Williams, D. O., Rochester

SATURDAY

- 9:30 A. M. Applied Osteopathy—With Clinic
S. V. Robuck, D. O. Chicago, Ill.
- 10:00 A. M. Osteopathic Physiology for Physician and Patient
John A. MacDonald, D. O., Boston, Mass.
- 10:30 A. M. Treatment of Mental Diseases in Private Practice
L. Von H. Gerdine, D. O., Des Moines, Ia.
- 11:00 A. M. Business Session—Election of Officers
- 1:45 P. M. Specific Treatment of Paroxysmal Asthma
Frank N. Oium, D. O., Oshkosh, Wis.
- 2:15 P. M. Focal Infection
Arthur C. Stoney, D. D. S., New York City
- 2:45 P. M. The Value of the Ophthalmoscope to the General Practitioner
William S. Nicholl, D. O., Philadelphia, Pa.
- 3:15 P. M. The Value of Corrective Exercise to the Osteopath
Edith Stobo Cave, D. O., Boston, Mass.
- 3:30 P. M. Discussion
- 3:45 P. M. The Osteopathic Cause of Mental Diseases
L. Von H. Gerdine, D. O., Des Moines, Ia.

We are quite sure that no petrified noodles were in attendance at this Twentieth Annual Meeting of the New York Society, which was some kazaza (whatever that is).

The program above was practically carried out as scheduled and from all reports it was enjoyed by all who attended.

Programs of quality, such as this, are needed to educate all of us to the point where we can be of the greatest benefit to ourselves and our patients.

Dr. Bancroft, secretary of the N. Y. Society, put in some hard work preliminary to this meeting and to him is due the credit for the attendance.

A MODERN PSALM OF LIFE

Rev. E. H. Bourne, Mineral Ridge, Ohio

(Note: Reverend Mr. Bourne is a patient of Dr. F. F. Reid, Warren, Ohio.)

Menacing ills that lead to death
Have baffled physicians for many years;
And many a beautiful garland or wreath
Has been a symbol of profuseness of tears.

For ages, men have struggled in vain
With poisonous drugs to vanquish pain,
But a herald of health, namely, A. T. Still
Has discovered a remedy more potent
than "pill."

The methods of drugs has had its day,
For Osteopathy is in full sway;
And intelligent people on every side
Are coming with eagerness to welcome
the tide.

NEWSPAPER EDUCATION

Minnesota Annual Meeting Secures Good Press Notices.

Dr. L. S. Keyes, secretary of the Minnesota Osteopathic Association, secured the two following notices which appeared in the Minneapolis papers.

We reprint them in order that we may impress you with the value of newspaper articles. Now, these articles should be prepared in advance for no reporter will attend your meeting and then give you a "write-up."

We would suggest that you have someone write a short newsy story of every paper which is to appear on your annual program. Give copies of these to the newspapers (take them to the City Editor) at the end of each morning or afternoon session. Nine times out of ten you will receive handsome returns.

We would suggest a meeting of all the chairmen of Publicity Committees at the next annual A. O. A. convention and make this a school with Dr. R. K. Smith or another as instructor in writing newsy newspaper articles.

Try it.

OSTEOPATHS WANT WAR WORK PLACE

Convention Speaker Says Work Done Entitles Them to Consideration

"I claim that their successful treatment of shell shock and of all nervous and mental disorders caused especially by warfare entitles osteopaths to a war service on equal footing with the regular medical profession," said Dr. Van H. Gerdine, consulting physician of the Still-Hildreth Osteopathic sanatorium, Macon, Mo., at the close of the Minnesota State Osteopathic Association yesterday at the West Hotel.

Dr. Gerdine cited the cases of the Australian signaller, Thomas Skeyhill, and Private Peat in support of this contention.

Skeyhill had been blind for 19 months as a result of shell shock. After being treated without success by medical specialists in Paris, London and the United States, he began osteopathic treatment with Dr. Riley Moore of Washington and had his vision completely restored, Dr. Gerdine said. Private Peat, he further stated, had been successfully treated for paralysis by Osteopathy.

Dr. Gerdine showed statistics from the Missouri sanatorium proving that dementia praecox, incipient insanity, a disease developed in the army and constituting about two-thirds of the diseases of sailors and soldiers can be cured by

Osteopathy and the men finally returned to the service. Of 29 cases of neurasthenia, he said, all have been cured by Osteopathy.

"There is a field for our work in the treatment of certain diseases which are becoming more prevalent as the result of modern warfare," Dr. Gerdine continued.

"We offer our services to the government and believe that the 400 Osteopathic doctors who are in the trenches could render more efficient service aid if allowed to serve in their regular profession."

Minneapolis Tribune, October 6th.

OSTEOPATHS TO AID DEFECTIVE CHILDREN

Clinic Practice Introduced In East May Be Adopted Here

Members of the Minnesota State Osteopathic Association, now in session at the West Hotel, are making an effort to establish a permanent clinic in Minne-

apolis for Osteopathic treatment of all defective children.

If the move is successful, all mentally and physically defective children, whether in school or out, will be offered treatments at the clinic. This practice has been introduced in Chicago and has produced satisfactory results, delegates to the Minnesota convention say.

Judge J. A. O'Neill, of the juvenile court, Philadelphia, has made many favorable reports on such cases and in co-operation with Dr. Raymond R. Bailey, an Osteopath, many of the children treated have become normal, it was explained at today's session of the Minnesota State Convention, now in session.

The Association opened their meeting Friday at the West Hotel. Today was given to discussions of various natures of Osteopathic treatment in regard to special cases.

Minneapolis Tribune, October 5th.

OTTARI

AN INSTITUTION FOR THE OSTEOPATHIC CARE OF NON-COMMUNICABLE DISEASES

ASHEVILLE, N. C.

Dear Doctor:

A mild climate, rest, diet, baths and ideal surroundings combined with Osteopathic care is what your post-influenza and chronic cases need.

Our profession needs equipment and endowment for research work. All profits of OTTARI go ultimately to the A. T. Still Research Institute. No dividends nor salary go to the management, and our books are open to any accredited representative of the Trustees of the R. I.

Any patient can be well cared for at OTTARI for forty dollars per week—including all professional services, board and room—but we have suites and choice rooms at higher rates. Private and semi-private nurses cost extra, but nurses are provided at no extra cost to carry out all orders of the physician.

Help your patients—who will thank you, help your profession—that has already helped you, by recommending OTTARI.

Descriptive literature on application to OTTARI,

R. F. D. No. 1,

W. Banks Meacham, D. O., Asheville, N. C.
Physician-in-Charge.

**THE MASSACHUSETTS OSTEO-
PATHIC SOCIETY OFFERS
ITS SERVICE IN RECENT
EPIDEMIC**

Boston, September 27, 1918.

Dr. Eugene B. Kelley,

State Health Commissioner,
State House, Boston.

Dear Doctor Kelley:

Noting your appeal for a "flying squadron" of 500 additional physicians to assist in the present crisis. I hereby tender you the services of the Osteopathic profession of Massachusetts, ready to begin work at once upon acceptance.

As registered physicians, we feel fully able to cope with the situation and I can assure you that our methods are proving most successful in private practice. Awaiting your commands, I remain,

Respectfully yours,

George W. Goode, President
Massachusetts Osteopathic Society.

THE ANSWER

The Commonwealth of Massachusetts
Eugene R. Kelley, M. D.,
Commissioner of Health.

State Department of Health,
Boston, Mass, Sept. 28, 1918.

Dr. George W. Goode, President,
Massachusetts Osteopathic Society,
687 Boylston Street, Boston.

Dear Mr. Goode:

Permit me to express the appreciation of this Department for the generous offer of the Massachusetts Osteopathic Society to assist in this emergency. Physicians in general are responding to appeals for assistance and are being enrolled locally or with the State. Permit me to ask that you send in to this Department a list of the Physicians who are willing to volunteer for general service in any part of the State.

This Department is dealing solely with the health and hospital authorities of cities and towns and not with individuals. Upon request of any city or town for the service of Osteopathic physicians, assignments will then be made from the list furnished by you for immediate service.

Your generous offer will be given immediate publicity. Very truly yours,
Eugene R. Kelley,
Commissioner of Health.

PURE OSTEOPATHY

231 Front Street, Belleville, Ontario.

Dear Doctor:

Enroll me as a subscriber to Osteopathic Truth.

I stand for pure Osteopathy.

I am against serum therapy or drugging of any kind.

The corroding influence of graduates of

our schools who have not the Osteopathic viewpoint—I mean Dr. Still's viewpoint expressed by Dr. Meacham and others—the publication of a magazine which does not teach the basic principles of Doctor Still, even the four-year course recently established in our schools, all these tend to undermine our system of therapeutics.

A lot of us are belly aching about not having the right to do this, that and the other, like the medical man. For my part I have no desire to do these things. Too many of us have lost faith in the REAL THING. People go to an Osteopath because they have lost faith in drugs, they have been tried and found wanting. They want something else, why not give it? I am against internal drugging in any form except in poison cases.

Drugs never did or never will cure the cause of disease. TOO many new fangled methods are coming into our practice. Oh, Doctor Still! be with us yet, lest we forget, forget. Nature is our doctor and proper adjustment, proper environment will do all that is necessary to affect a cure.

Sincerely yours,

J. P. Kimmell.

THE BALD HEAD

By F. J. Feidler, D. O., Seattle, Wash.

Quit your laughing. This is no joking matter. What causes a head to become bald? Atrophy. That is all. Never thought of it in that light, did you? Yet it is the simplest, common-sense explanation.

In every case of baldness the tissue—muscle and fascia—between the skin and the skull is atrophied, so that the skin appears to be a superlaying periosteum.

There is no room for the roots of the hair. The flesh is all dried up. The blood vessels are microscopic, bringing a minimum of nourishment to the parts. Under such conditions the growth of hair is impossible. And no amount of "hair grower" can make the hair grow on the ivory, any more than potatoes can grow on potash fertilized granite slabs, or beans grow on guano coated boiler iron.

A head with a loose scalp, with plenty padding between the skin and skull, never is bald. There is plenty deep soil, well fertilized by an abundance of good blood, to make the hair grow.

Scalding fevers often cause the hair to fall out, but it always grows again,—often better than before.

Constipation may produce a poor quality of blood to reach the roots of the hair, resulting in dandruff and more or less loss of hair.

Anything that will lower the general nutrition of the body may effect the growth of the hair, cause it to become thin, brittle, short, and drop out somewhat; but the shiny, bare, bald head is caused by the atrophy of the tissues overlaying the skull.

Sick hair can be cured, and does not produce baldness permanently.

Now the question comes up "what causes the atrophy?"

Well, what do you suppose CAN cause it? Must be some obstruction to the blood supply. That is the only condition that can produce such atrophy.

Indians, and all aborigines, never had bald heads.

Women often have sick hair,—thin, short, brittle, etc.—but a bald headed woman is seldom seen.

Aborigines always go bareheaded. Women wear hats, but not the tight fitting compressing kind, that civilized men wear. But women are notoriously subject to constipation.

Civilized men do not use hat pins, consequently, to keep their hats on their heads they must have them fit tightly,—even then they often make a circus of themselves by chasing their new Panama over the muddy street.

Constant use of caps and soft hats is bad enough, as they prevent the air from reaching the skin, as well as somewhat compressing the head.

It is the stiff "dicer," the "stove pipe" dress hat, and the stiff straw "sailor" that do the damage by compressing the frontal artery and cutting off the supply of nourishing blood to the frontal-occipital region. If the condition persists for a long period the undernourished fascia and muscle will certainly atrophy until there is no room for the roots of the hair to grow in, and the billiard ball head results.

The application of—so-called—hair growers, containing alcohol, is absolutely injurious, tending to dry up the fascia still more.

Great improvement to women's sick hair can be secured by curing the women of their constipation and other ailments, and freeing the circulation to the top of the head.

The same treatment, long continued, will stop the progress of early atrophy and in time some degree of restoration may be secured. But the shiny pates, where the skin is drawn tightly over the skull are hopeless.

There is one thing I have observed that I cannot explain. Bald heads always have receding foreheads, never bulging ones. This is too general to be a mere coincidence.

Osteopathy

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

PHYSICAL THERAPEUTICS

The war has brought forcibly and immediately before the minds of all, the pressing necessity for proper and scientific after-treatment of the wounded soldier. If it had not done so, it is probable that the question would have sooner or later been forced to the front by reason of its own importance, emphasized by the operation of the Workmen's Compensation Act. Under that Act compensation to an injured workman depends upon his ability, and may last during his lifetime. If permanent, it may amount to 55 per cent of his average weekly earnings during the previous 12 months. If temporary, it runs while the disability continues, and is to be 55 per cent of his decreased earning power.

In 1914, the Board in Ontario, collected from employers \$1,999,962 and expended \$2,102,025.29 (including claims due in 1915). It reports that in 1915, cheques for an average of \$3,600 went out daily to injured and disabled workmen or to their widows or children. This amount will reach a huge total as years go on. The Dominion will pay in pensions generous sums to those gallant men who have been incapacitated in defending us and our land. But the need of assisting in the return to the activities of life the soldiers incapacitated by disease or wounds brooks no delay, and calls for prompt recognition and action.

I am profoundly convinced by what I have heard and read and seen that there must be a radical change from the accepted view that a man is cured when he is free from fever and pain. He must hereafter be regarded as only half-cured, and the after-treatment should be regarded as just as essential as the more immediate and instant aid.

It is cheering to know from a humanitarian standpoint, as well as satisfactory from an economic one, that the majority of soldiers shattered or shocked by shell may, if adequate measures are now taken, look forward after the earlier and more acute treatment has been finished, to practically complete recovery of the use of limbs and muscles, or their education for novel employment so as to enable them to move about, work and enjoy life under their altered conditions.

This has been actually accomplished in the Command Camps in Great Britain and in similar institutions in France.

Dr. Tait McKenzie thus describes them:

"These Command Depots afford welcome relief to various regimental depots and other places overcrowded with men useless from the military standpoint, and of but little use to themselves—men who were rapidly lapsing into complete or partial invalidism, and whose deterioration from a military standpoint was even greater, under the combined influence of sympathy and freedom from all duty.

"Either two or four thousand men constitute the compliments of patients for a Command Depot—a strange assemblage of cases, profound neurasthenia, the result of sleepless nights and arduous days; shock in all its forms—tremulous hands and tongue, stammering speech or deafness, persistent nightmares, and fears by day; disorders of sensation, contractures and paralysis; rapid and weak heart action, hearts that were overstrained and that are unable to sustain the effort of the lightest gymnastic exercise to the shortest march; rheumatism, real and unreal, in all its forms; lungs suffering from the bronchitis of gas poisoning, asthma and even tuberculosis, profoundabilities following typhoid, dysentery and malaria, requiring months of good food, light duty and progressive exercise to build them up. Then the wounded—an endless stream—feet and legs pierced by bullets, or pitted by shrapnel, arms and hands with torn nerves and jagged tender scars; chest still containing bullets or pieces of shell; in fact, no part of the body escapes the awful and sometimes fantastic effects of the ordeal through which it has passed.

"For almost all these cases the treatment comes under what might be called 'physical therapy'—electricity, hydrotherapy, massage, mechanotherapy, corrective exercises, physical training and marching.

"The Almerie-Paget Massage Corps has supplied trained masseuses, one operator being able to treat twenty cases a day, and recently the Corps has been strengthened by the first graduates from St. Punstan's—four men blinded in action and taught their profession since the beginning of the war. The histories of cases neglected for months, or maltreated by unskilled amateurs, shows the imperative necessity for careful training in this most important work.

"Many cases come in with limbs which have become wasted and joints stiffened by long immobility in splints, cases which must be slowly coaxed back to

strength and usefulness by skilled massage and manipulation, and other apprehensive patients appear on inspection whose joints have been rendered painful, and in whom freshly formed scar tissue has been torn and inflamed by manipulation which a well trained masseuse would never have undertaken."

I have been able to collect some recent reports of some value upon this subject.

I quote first that dated Feb. 24, 1917, by the Committee of Council of the Section of Balneology, etc., of the Royal Society of Medicine, in England, which appeared in the "Lancet" on March 3, 1917.

Statement and Recommendation on Physical Treatment for Disabled Soldiers, by the Committee of Council of the Section of Balneology and Climaology of the Royal Society of Medicine:

"(1) The serious and urgent problem of the physical treatment and training of disabled and discharged soldiers has been a long time under discussion, and it may be hoped is now approaching a solution. The Committee, having devoted more than two years to an investigation of the subject in England and France, feel bound to reassert their profound conviction already twice urged in Reports to the War Office, Aug. 28, 1915, and Feb. 18, 1916, that physical treatment, so often advocated by them, is now the thing most needed to prevent the formation of an army of cripples in this country. What has been already done here and there only points the way to the much larger aim of the Committee, and that is to provide an adequate and well ordered system of physical treatment for every disabled soldier throughout the country who needs it, as far as possible before his discharge. Such physical treatment consists of hydro-therapy, electro-therapy (including radio-therapy), mechanical treatment and massage.

"(2) At the British Spas large numbers of wounded have received treatment by waters and baths, although considerable difficulty and delay in obtaining this treatment is sometimes experienced.

"The number of invalids requiring such treatment is likely to increase, and the Committee are of the opinion that the hospital accommodation for soldiers at the spas should be reserved for cases requiring hydrological treatment.

"(3) The Committee are further of opinion that as the importance of systematic methods and records is becoming more and more apparent, the general adoption of one simple system of recording cases is most desirable in order

(Continued on page 58)

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NOVEMBER, 1918

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Portland, Ore.

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Homeo's Would Steal Osteopathy.

"Current Opinion" Unwittingly Lends Itself To a Plagiarism.

Yes, the great world war is over. Praise be to our glorious army and navy! Praise be to the men whose brains conceived the strategy which proved the downfall of autocratic Germany.

The enthusiasm of our boys as they fought at Chateau Thierry and on across the Meuse thrills us with an unspeakable something, an indescribable yearning to be there shoulder to shoulder with the flower of this country, and to have an active fighting part in this struggle of struggles to overthrow autocracy.

Our Fight

But alas! our battle is not yet won, in fact barely begun, for twenty-six years are but a few when centuries have preceded, and all battles of right and justice are not decided by the sword and gun.

Not only are we fighting the world of ignorance and prejudice to place the truths, that the body has its own curative and reparative power, as given to the people by Andrew Taylor Still in 1874, but we must perforce fight those within our own ranks who would besmirch the principles of Osteopathy with any conglomerate mess that suits their own personal fancy. The path of least resistance is truly the easier and those with a jelly-fish spine who stand for nothing professionally, stand for nothing in every other walk of life they tread.

Our fight will go on through the ages, never stopping, never ending until the people proclaim the victor.

Homeopaths Would Also Steal

Our Science

For a year or so we have known that almost every allopathic journal has contained an article upon physical or mechanical therapy, and crudely have they explained the principles and treatment for various bodily ills, which to us are an old story.

Now, the homeopaths in "The Journal of the American Institute of Homeopathy," through Dr. G. H. Patchen proclaims "A New Theory of Disease." Dr. Patchen has given the subject careful study and evidently from the statements contained therein he has been perusing Osteopathic texts.

"Current Opinion"

On pages 310 and 311 of the November issue of "Current Opinion," a magazine edited by Edward J. Wheeler, great prominence is given "A New Theory of the Origin of Disease," "Significance of 'Vertebral Subluxation' and Its Responsibility for Our Ills." Two illustrations are used, one showing the skeleton from the head to the coccygæ and the other the brain and cord showing the motor tracts.

It perhaps is not Mr. Wheeler's fault that he knows little or nothing about Osteopathy and that it was given to the world in 1874, because we are not and have not carried forward any great comprehensive educational campaign particularly among the editors of magazines and newspapers.

If we do not want our science stolen and the credit given to someone other than our dear "Old Doctor," then we must educate the educators, and that right soon. We cannot drift with the tide, and we cannot get anything for nothing in this world.

Beside educating the educators, we must at the next convention in Chicago clean our own profession of the 'Money changers in the Temple.'

The Article

The article in "Current Opinion" is excellent and Dr. Patchen has been quoted frequently with arguments to prove that the theory is correct, which would do your soul good to read.

The article opens with this paragraph. "Vertebral adjustment is an art and a therapeutic procedure founded upon the theory that pressure upon a spinal nerve by a displaced—or more technically speaking, a subluxated—vertebra is the physical and perpetuating cause of ninety-five per cent of all cases of disease. The remaining five per cent of all cases of disease are due, this theory holds, to "subluxations of other skeletal segments." Thus affirms Doctor G. H. Patchen in The Journal of the American Institute of Homeopathy. He explains first of all what is meant by a vertebral subluxation.

"A subluxated vertebra is not one that has been forced into an abnormal, fixed position with a complete separation of its articular surfaces from those of its fellows. Such a condition would be a com-

plete luxation and could hardly occur without a fracture.

"A vertebra that has suffered a subluxation is still movable but is subluxated because, mechanically speaking, it is 'off its center.' In other words, the center of its field of motion has been shifted to a greater or less degree so that it no longer corresponds with that of one or both of its neighbors.

"According to this view the only difference in the position of a vertebra when it has reached the extreme normal limit of motion in any given direction and when it occupies the same position as the result of a subluxation is, that in the latter case it cannot return to its normal center, while in the former case it can."

Again:

"Thus, according to Doctor Patchen, the discovery of this anatomic provision which permits any of the 24 vertebrae to be moved far enough to interfere with the functions of spinal nerve and be returned to its normal position without harm to itself, not only throws a flood of light upon the much mooted question what is the nature and cause of disease, but significantly points to an obvious, prompt and reliable remedy for its removal."

How is this from Dr. Patchen:

"Hahnemann, therefore, was right when he declared disease to be a deranged action of the vital force. He failed, however, to discover what has since been learned, that the cause of the disturbed action is some physical obstruction which interferes with the full and free transmission of vital energy. As long as the transmitting nerve is able to deliver, on demand, a normal maximum of vital energy to any functioning part of the body, be it organ, tissue, or cell, so long will such part possess the power not only to maintain a state of health but also to protect itself, as far as possible, against any adverse influence or unfavorable environment."

Dr. Patchen fails to give proper credit in this paragraph as to WHO had since learned that disturbed action is due to some physical obstruction to vital forces.

"Current Opinion" unwittingly lent itself to a plagiarism which they are willing to right as far as is in their power, but no greater illustration could be used than this to show that we are neglecting a most essential duty in informing editors of magazines and newspapers about Osteopathy in order that they too will not unwittingly become a tool in making the public believe that some medical doctor of recent years is the discoverer of the great underlying principles of our science.

We freely pardon Mr. Wheeler and his co-workers, but it is up to us to see to it that it does not happen again.

Fight On!

Yes, I know that most of you have been fighting ever since you started

practicing Osteopathy when being arrested was more common than eating the usual three meals per day, but the new generation is now in the field ready and willing to help you fight the battle for right and justice.

We earnestly pray that some day every person will recognize as has the editor of "Current Opinion" that not only has a great light been thrown on the question of the cause of disease, but also upon the prompt and reliable removal of the same. Dr. Still will sometime come into his own as the world's great discoverer of the real cause and cure of disease.

INQUIRE WITHIN OF UNCLE PELEG

In Philadelphia North American,
Oct. 25, 1918.

Dear Uncle Peleg:

Why are not osteopaths allowed on the army medical board when they have a larger percentage of cures in influenza than any other school?

SOLDIER, Camp Meade.

(For the same reason that a snail would properly refuse to share his race track with a greyhound. "Gangway! Gangway!")

NATIONAL CAMPAIGN FOR LETTERS

Complete reports are not in at the present time, so we cannot tell you just the correct outcome.

Up to the present reports show that several hundred thousand letters have been promised. We trust they were all written.

OSTEOPATHIC SERVICE LEAGUE GET BUSY

Now is the time to interest your patients to become members of the Osteopathic Service League.

The League is now in the process of incorporation and beginning the first of next month we expect to start the actual work of organization and extension.

We must advance rapidly if we expect to have the League build and equip an Osteopathic Reconstruction Hospital for the wounded soldiers. Of course, we cannot get those soldiers until they have been discharged by the government but we must be ready by that time.

Keep in touch with the times.

Work for S. 4914

WHICH WILL YOU BE?

- An Osteopathic M. D.
- A Medical D. O.
- A Doctor of Medicine or
- A Doctor of Osteopathy.

Should we not be true to ourselves, by believing in, and practicing only one system of the healing art at a time? Surely one has a right to change their mind and become a Christian Science Healer after one has attained the M. D. degree, and possibly practiced Medicine, but it would be unpardonable for an M. D. to advertise himself as a Christian Science Healer by adding the letters C. S. to the M. D.

How long would the Christian Science Monitor carry a card of that kind in its columns and one cannot have the respect of either calling when one tries to pull both ends of the string at the same time.

If one does not realize that "Singleness of Thought and Oneness of Purpose" is the only way for a self-respecting individual to conduct themselves professionally, the respective societies should so construct their Laws that people professing to believe in both creeds shall be eliminated entirely from their midst before they can have time to cause serious damage to the society.

We feel that every one in this world has a right to attain any degree and practice any profession if he believes in its principles. We also feel that no one has a right to hold a position of trust in an osteopathic college or the osteopathic societies who are Osteopathic M. D.'s or Medical D. O.'s. We hear it from our patients, "I wonder how you can have so much faith in Osteopathy, I went to an M. D. who practices Osteopathy, and he said that Osteopathy was all right, but sometimes we need medicines. He always calls an M. D. when his wife is ill and I suppose you would yourself if you were very sick."

It is such as this from the Osteopathic M. D.'s that makes one wonder in just what type of case Osteopathy would be indicated by their U. S. Pharmacopeia.

We have no disrespect for the Medical Doctor who practices what he believes to be right, it is only the "Two in One" kind we fear as a menace to our association and profession. If we are not satisfied with the D. O., why not attain the M. D. degree, practice medicine, and leave the poor ignorant limited D. O. to plod along in his straight and narrow path as best he can.

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OSTEOPATHY

(Continued from page 55)

that the records supplied from all centers of physical treatment, whether at spas or attached to hospitals may admit of exact classification.

"(4) A Clinic for the Physical Treatment of Disabled Officers was opened at 126 Great Portland St., London, W., in July, 1916, as a result of the efforts of certain members of this Committee. The intention of the promoters of this Clinic was to provide an institution, thoroughly well equipped, which would afford to officers who were patients in the various hospitals in London the combination of the different forms of physical treatment which seemed necessary. Those responsible for it have endeavored with some success not only to combine the best methods of treatment, but to secure the accurate keeping of measurements and records. It is not a copy of any existing institution, and embodies some new features, such as the 'Whirlpool' and 'Sedative Pool' baths. The Clinic is now financed by the British Red Cross Society, and is called 'The Red Cross Clinic for physical treatment of disabled officers.' Officers of all the Allied Nations are treated free of charge under careful and constant medical supervision.

"It is a matter of satisfaction to the Committee that so much excellent work in physical treatment is now being done at certain of the Command Depots, Convalescent Camps, Military Hospitals and Red Cross Hospitals. The experience already obtained clearly indicates the possibilities of such treatment when properly applied.

"(5) The vocational re-education of disabled soldiers in the British Islands, so far as it exists at present, has been in many instances carried out without medical supervision, and not associated with any concurrent physical treatment, nor with any systematic measurement of the patients disability and progress. The Committee cannot regard this as satisfactory. On the other hand, they know that excellent re-educational work under medical supervision has been already accomplished at the Military Orthopedic Hospital at Shepherd's Bush and at certain of the Command Depots.

"The Senior Honorary Secretary reports as the result of a visit just had to a certain centres for physical treatment and training in France, under both the French and Belgian Government, that the arrangements for industrial, intellectual and agricultural re-education are being continually extended in that country, and are in every case under medical direction. Essential importance is attached by French experts to the combination of re-education with physical treatment.

"The Committee notice with much interest that these facts have been set forth very clearly by Sir Henry Norman, in his recent Report to the War Office on the 'treatment and training of disabled and discharged soldiers in France.'

"They would only add that, in their opinion also, physical (part treatment should in the great majority of cases be provided as an integral of re-education; and that the determination of a man's capacity for work ought not to depend on casual observations, but on the re-

sults of the periodical measurements of his progress by means of accurate instruments. The very important economic and financial aspects of this matter are outside the province of this Committee.

Recommendations

"(1) That a service of Physical Treatment consisting of hydrotherapy, electrotherapy (including radiotherapy), mechanical treatment, medical gymnastics and massage, should be made avail-



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or

Looking in a Book

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able at the earliest possible date for all soldiers needing it, who are disabled by war.

"(2) That centres of Physical Treatment, comprising all the above methods, should be established throughout the country on an adequate scale, and wherever possible in association with general hospitals, so that other forms of special treatment and diagnosis may be readily available.

"(3) That at such centres there should be a uniform system of measurements and records.

"(4) That centres of Re-education and centres of Physical Treatment should be closely associated.

"(5) That all centres of Physical Treatment should be under medical direction, with periodical inspection, and that medical men who are experts in the various departments of Physical Treatment should be appointed to the staff.

"(6) That at the centres first established instruction in methods of Physical Treatment should be provided for the use of medical practitioners, medical students and assistants."

(Signed),

William Gordon,

President of the Section.

Septimus Sunderland,

Chairman of the Committee.

R. Fortescue Fox,

J. Campbell McClure,

Hon. Secretaries of the Committee.

February 14, 1917.

A later report of Dr. J. Campbell McClure, one of the members of that committee, presented in June, 1917, to the War Department Disablement Committee, of the same section, contains a vast amount of most valuable and interesting information, and will be transmitted with my Report. I quote part of it:

Conference Interallies pour L'Etude de la Re-education Professionnelle et des Questions Qui Interessent Les Invalides de la Guerre;
Grand-Palais, Paris,
8th to 12th May,
1917.

The Congress was opened by the President of the French Republic in the afternoon of Tuesday, 8th of May at 2 P. M.

"The work of this Section was divided into three parts: (a) physiotherapy and medical gymnastics; (b) the use of orthopedic apparatus, artificial limbs, splints and the like, and (c) work of various kinds as an adjunct to physical treatment. Section II was devoted entirely to the subject of the professional re-education of the disabled man. In Section III as studied, the distribution

and employment of disabled men; in Section IV the economic and social problems connected with the disabled man; Section V dealt with the re-education of the blind, the deaf and those crippled by serious nervous lesions. Section VI was devoted to literature and propaganda.

"The work of Section I began on Wednesday, 9th May, at 10 A. M., and Dr. Marneffe, head of the Belgian Military Hospital at Bonsecours, read a long resume of all the papers already sent into this Section. This resume covered the whole question of the physical treatment of the disabled men by medical gymnastics, mechanotherapy, inflation of the collapsed lung after perforating wounds of the chest, electrotherapy, radiotherapy, hydrotherapy, and physical training of disabled limbs.

"Certain conclusions were arrived at which were agreed to after discussion as representing consensus of opinion of those who took part in the work, but were somewhat modified at the final meeting of the Congress on the afternoon of 11th May. (I append a translation of the more important of these resolutions as passed at the final meeting.)

"The conclusions arrived at at the first meeting were:

"(1) That surgeons should be urged to send their cases for physical treatment earlier than they at present do, before scars and injuries to joints become too fixed.

"(2) That medical gymnastics should only be practiced under the constant direction of properly trained medical men.

"(3) That in order to insure a proper training of medical men centres of instruction should be established throughout the allied countries for the training of medical men in medical gymnastics and other forms of physical treatment.

"(4) That medical gymnastics should be begun as early as possible in the treatment of injured limbs.

"(5) That where mechanotherapy is given, careful choice should be made of the apparatus to be used.

"(6) That assistants, nurses and orderlies should not be permitted to take part in mechanotherapy without suitable training in physiotherapy.

"(7) That re-educative exercises for disabled limbs should always be directed by a competent medical man with knowledge of the subject.

"(8) That care should be taken in an institute where physiotherapy is practiced not to allow professional re-education to take the place of manual work of a purely curative kind. The physical

treatment of the disabled man and curative manual labor should be entirely finished before his professional re-education is begun.

"(9) That professional re-education in an institution for physiotherapy should only serve as an adjunct to physical treatment of other kinds, and should be entirely subordinate to them. Also that such manual work should only be employed in treatment after being directly prescribed by a doctor and under his personal supervision.

"These conclusions were not arrived at without some discussion. It was interesting to find that in France and in Belgium, or in this country, those who were devoting themselves to physical treatment were still under the necessity of urging the surgeon to send his cases for such treatment earlier than had been his habit in order to obtain the best possible results in the way of cure. This point cannot be over emphasized. Many cases are sent to special hospitals and clinics to be treated far too late in the course of their disablement, and there is no doubt that many valuable months are spent on the treatment of cases who have been kept in general hands too long.

"There was a distinct desire on the part of the Belgian Section of the Congress to impress the methods in use in

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Breakfast Food Company
West Somerville, Mass.

Sweden on all those who practiced physical treatment. The British and the French delegates objected to this, especially on the point that all apparatus for mechanotherapy should be strictly according to Zandar models. The British and French delegates pointed out that in our various countries other apparatus had already been found to be of service that differed very greatly from Zandar models and it was especially emphasized that all apparatus for mechanotherapy should be so used that the movements were active and not passive. This point was carried at the instigation of the French and British delegates by a large majority.

"The newer varieties of physical treatment described at this Section were the use of radium in the treatment of contracted scars and eczema, and the manipulation bath and pool bath in use at the Red Cross Physical Clinic for officers, 126 Great Portland Street, London, W. The results of the use of radium in the Grand-Palais Hospital were very striking, and it would appear that further work in this direction might be taken up with advantage. It was interesting to know that under Dr. Kerr, of Liverpool, radium has already been used in this country with considerable success.

"In other respects the delegates were all agreed, very strongly so, on the necessity of having all physical training and treatment under strict medical supervision until such time as the patient is ready to be sent back to the army in some capacity or another or, if judged unfit for military service, is ready to

begin re-education of a purely professional kind.

"Dr. Gourdon, of Bourdeaux, gave a very full demonstration of the artificial arms which he had designed both for mechanical and agricultural work. They are extremely simple, effective and moderate in price, consisting as they do mostly of leather, with a steel bar and attachments. With these artificial arms mechanics are able to work freely in a most striking way, and agricultural workers are able to use the scythe, the spade, the wheelbarrow, etc., as well as to carry weights up to 100 kilos. Dr. Gourdon was very emphatic on the point that there was little need to spend much time on the physical re-education of men who had lost a lower limb in whole or in part. Such men, as soon as their artificial limb was comfortably fitted, were able to take up re-education of a purely professional kind. It is, however, otherwise with those who require to be fitted with an artificial arm. Much of the success of the new limb depends upon its being so fitted as to be absolutely suitable for the man's work, and it is only by careful testing of the limb in association with the work that proper results can be obtained. It is Dr. Gourdon's experience that shortly after the limb is adjusted properly a mechanic is able to take up various kinds of mechanical work with great ease, and thereafter his purely professional re-education is very rapid. He emphasizes, however, and apparently with justice that without the careful preliminary re-education under medical supervision the

man is apt to be drafted to his technical school with an unsatisfactory substitute for the limb he has lost.

"It was the general opinion of the British delegates that as far as ordinary artificial limbs went Great Britain was in no way behind her continental allies, but that some attention might be paid to the perfecting of the mechanical and agricultural arms on the lines recommended by Dr. Gourdon of Bourdeaux, and also on the lines of the arms used at the re-education school at Lyons.

"On the morning of May 10th, the third section of Section I was held, at which was discussed the value of work from a curative standpoint, and there was a general consensus of opinion that such work was of the greatest possible value both in the case of neurasthenics, and those who had sustained injury to some limb, whether it involved amputation or not. It was held by both the French and British delegates that this work should be considered only as a part of the physical treatment, and should not be in any way re-educative in a professional sense; that is to say, that as soon as a man is found to be unfit for military service, he should not continue his professional re-education in the hospital or Command Depot where curative work is being employed, but should be immediately drafted to another centre. The reason for this is obvious. When workshops are definitely connected with hospitals and a portion of these workshops is devoted to professional re-education, there is a great danger of two things. Firstly, an enthusiastic medical officer in charge of the workshops is apt to become too keen on what is after all a side line, and men develop in the direction of professional re-education instead of being stopped short either when their curative work has made them fit to return to the army, or when they have shown themselves to be quite unfit for further service. Secondly, the mingling of these two classes is bound to cause dissatisfaction among those who return to the army. This is natural, and is a problem which has to be faced very seriously.

"At this session I described the work of the Canadian Special Hospital at Ramsgate, illustrating the value of curative workshops in connection with physical treatment.

"Section II was devoted entirely to the study of professional re-education. This section was attended officially by Col. Stanton, of the Statutory Committee, and Major Mitchell, of the Pension Board, and their report will contain full information on the subjects discussed. One of the most important contributions to

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this section was Major Mitchell's own, which was extremely good and of great interest to all the delegates present.

"There are one or two points that I should like to mention in a general way. There is no doubt that re-education in the widest sense of the word should be begun very early in the case of all those who are manifestly unfit for military service, particularly in those cases who have lost a limb. Opinion was unanimous that this work should be begun while the patient is in the hospital. What can be done while the patient is still in the hospital is to encourage him in the belief that although he is maimed he is still capable of living a useful life. To this end he should be spoken to, encouraged to ask questions, and a careful explanation should be given to him of all the means at his disposal for becoming fit to earn a decent living. Particularly is it necessary, when his mind is in a receptive condition, to make him understand the meaning of the new warrant which makes it plain that after a man's pension is fixed it cannot be diminished by any increase of capacity on his part. This 'orientation' as the French call it, is a very important matter, and all those in charge of wounded men should be encouraged, if not ordered, to approach them from this point of view. If the medical officers in home hospitals in charge of disabled men were to take this as an important part of their duty, they would find that much of their duty that is now devoted to pursuits having a purely personal interest would be filled by very useful work.

"In addition, the systematic visitation of hospitals by competent people, not necessarily women, would be of the greatest value. Similarly, any hospitals for amputation cases, like Rochampton, and hospitals for neurasthenia, like that which will be shortly opened at Hampstead, ought to have in connection with them a small re-education school with workshops. It is interesting in this connection to note that among the men at Rochampton who have attended even a fortnight's course of training in the workshops, 80% presented themselves for professional re-education. Further, among those who have not gone through this short preliminary course at the hospital, only some 5% or 10% presented themselves afterwards for professional re-education.

"There was considerable discussion as to whether (in this section) re-education of a purely professional kind should be under the direction of a medical man or under the direction of the teacher of whatever kind of work had been deemed

suitable for the patient. To the British delegates the solution appeared to be obvious. There are three people to be considered: the man, his medical attendant and the instructor. The man ought first of all to have his choice of the type of work which he desires to develop. If such work is manifestly unsuited for his state of health the doctor and the instructor ought to confer and arrange what type of work analogous to that which the man chooses for himself is suitable or his physical condition and mental capacity. There is a certain tendency abroad to leave the man out of account in these discussions, that is, in my opinion, very unwise. The man will do much better work along the line of his choice than when he is dragooned into taking up work for which he has no natural inclination or aptitude.

"In connection with this I endeavored to find out how far re-education was obligatory in France, Italy and Belgium. Roughly speaking, the regulations in France and Italy are the same, namely, that as long as a man is in the hospital he is compelled to accept re-education if thought necessary by those in charge, and further, he can be kept in a school of re-education for six months after his dismissal from hospital. In Belgium a law was passed in April, 1917, which made it obligatory for every disabled soldier to remain under supervision in schools for re-education until he can be repatriated. In France compulsion is very peaceful, as it seems to be in Italy, and the compulsion on the part of the Belgian government is only because there is no free Belgium in which to settle their men, and they are devoting all their attention to the education of craftsmen, as far as possible, to meet altered conditions, after the war. Compulsory re-education is evidently impracticable for this country, and the French authorities are also not in favor of it. It is an open question whether some kind of pressure ought not to be brought to bear on those who either from indifference or laziness refuse to be re-educated. It would appear that a certain provision for this is made in the warrant for pensions.

"Section VI was in many respects the most important section of the congress, and dealt entirely with the literature and propaganda part of the scheme. At this section Sir Alfred Keogh's report was presented, and created a very favorable impression on the Allied delegates. They were particularly struck by the way in which our new Minister for Pensions had faced the fact that a reduction of pension after re-education would absolutely sterilize any efforts made in the

direction of the proper re-education of the injured soldier.

"An excellent suggestion was made by one of the British delegates that a liaison officer should be appointed both in France and England to keep in touch with all the work done both in physical treatment and re-education in both countries.

"There are certain points which have struck me during the Congress as being of special interest to this Committee, namely:

"(1) The importance of physical treatment being given as early as possible after the man's injury, and also the importance of having this treatment carried out patiently and skillfully for the proper length of time. I saw many cases at Fort Villes who could have been made much more efficient if treatment had been continued longer.

"(2) That the success of any department which I saw evidently depended not only on the equipment of the place but also on the ability, concentration and sympathy of those in charge. It is of equal, if not of greater importance to have well-trained and interested men in charge of physical treatment and curative re-education as to have well equipped institutions.

(To be continued)

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Some Interesting Cases

Soldiers and Sailors Treated Osteopathically by Dr Arthur F. Bean of Brooklyn

I. Private R. E. R. Age 20. U. S. S. Florida.

Enlisted from Tennessee, April 25, 1917. Formerly did shop work. First thing patient noticed was in November, 1917, after a long "hike," when he had considerable pain in ankles and instep. Not much trouble after that except feet "felt tired" much of the time. No treatment at this time. About Feb. 1, 1918, pain in feet and arches became very severe, and extended up the back of legs through the calves. About middle of February he reported "sick." Feet were strapped but diagnosed as rheumatism for time and medication accordingly. Had slight temperature for time. No gonorrhoeal history. On April 6, 1918, I saw patient at Cumberland St. Hospital. He complained of pain on inner side of both feet, also in the transverse arch of both feet, and the pain extended up back of legs to the knees. No swelling but much tenderness in feet. Diagnosis was made of weakened arches.

Treatment: Both feet were strapped with adhesive after they were thoroughly manipulated.

Following exercises were advised to be done daily:—

1. Walk with heels raised and toes pointing inwards.
2. Walk on the external borders of feet, toes turned in.
3. Stand with foot turned in; quickly elevate the heels, slowly come down on outer borders of feet.
4. Walk pigeon-toed generally.

I made impressions of the feet accordingly to Freiberg's method, which is as follows:

The soles of the feet were painted with the following solution:

Tr. ferri chloridi.....50
Alcohol (80%)45
Glycerin 5

Patient then stepped on piece of paper on the floor; then the impression was brought out by painting the card with a strong solution of tannic acid in alcohol. Such impressions were made from time to time to show improvement in the arches. Manipulations were given the feet about twice a week for about one month, and between treatments the arches were supported by strapping on by the use of Wizard Arch Supporters. The soreness in the feet grew less with each treatment, and finally, on May 29, 1918, I advised patient to be fitted with Whitman plate and report for duty, as both feet were quite free from any discomfort and pain in legs was gone.

My experience in these cases, as well as the experience of other Osteopathic physicians leads me to feel that the rapid improvement was due largely to the manipulations given the feet.

II. Private J. C. B. Age 25. Transport Leviathan.

Enlisted from Toledo, Ohio, May 24, 1917.

First saw patient on May 24, 1918. Complained of pain in lower back, which he had suffered with since April 10, 1918. On that date he was "pulling the fire" in his duties as fireman on the boat, when he felt something "give away" in his lower back. He twisted around and nearly fell. He tried to work it off but the pain was quite severe, and he was unable to ease it.

X-ray diagnosis report, made at Cumberland St. Hospital shows evidence of lateral displacement of last lumbar vertebra. Osteopathic examination before seeing X-ray plate made diagnosis of rotation of 5th lumbar vertebra to left and an approximation of 5th lumbar and sacrum; that is, fixation of 5th lumbar and sacrum in extension.

On May 22, 1918, I treated patient osteopathically and partially corrected the rotation and relaxed the tissues about the articulation so the movement was better. The back was strapped with adhesive. On the 29th the pain was practically gone from back. I removed the adhesive and gave patient another treatment, which apparently cured the case, as patient suffered no more from the condition and went back to duty.

III. Private C. J. C. Age 18. Transport Mount Vernon.

Enlisted from Milwaukee, December 7, 1917.

Patient came to Cumberland St. Hospital May 18, 1918, and I first saw him on May 25th.

On January 18th, he was quite ill with Spinal Meningitis, but, but apparently had no ill effects following this illness. Patient claims he felt perfectly well until May 5, 1918, when he lifted a crate over the side of the boat, and felt a "little jerk" in his lower back and over sacrum. On May 6th, he reported sick on the boat.

When I saw him on May 25th, he said he felt all right but got tired on the least exertion, and had been sent to Cumberland Street Hospital for a "needed rest." Ever since his attack of meningitis he had complained of a stiffness in the neck, and this was aggravated now by the lower back pain.

Hospital diagnosis was "sprained muscles of lower back." I found on Osteopathic examination a marked irregularity in the upper dorsal which the House Physician could see plainly after his attention was called to it. The fifth lumbar vertebra was markedly rotated to the left. My osteopathic findings were made part of the hospital records, and the case improved from the first treatment. The lower back was cured, but the patient was taken from my care before I could correct the upper dorsal lesions.

I gave patient two treatments only, but his back was much improved.

IV. Private G. E. A. Age 28. Transport Leviathan.

Brought to Cumberland Street Hospital and referred to me for treatment. He enlisted from Pittsburgh on December 12, 1917. Soon after he entered training his lower back began to pain him, and after his first trip he was nearly incapacitated. There was a constant dull pain in lower dorsal region and lumbar which gradually grew worse during his long hours of service. He had had no venereal disease, and no illness aside from measles.

Here again, X-ray report made by the X-ray specialist at hospital was that the plate showed "evidence of slight lateral displacement of the lumbo-sacral articulation. Possibly an old injury of the inter-vertebral space." Osteopathic examination before seeing the plate found not only the rotation of the 5th lumbar vertebra but noted also a decidedly posterior condition of the 4th to the 10th dorsal with a compensatory anterior condition of the lumbar region. These reports were made a part of the Hospital records, and the few treatments I was able to give the man while there gave him much relief. Could I have had the case longer, I am sure his cure would have been complete.

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STATIONARY RIBS, ETC.**Dr. J. H. Sullivan, Chicago**

Says one D. O. to another, long in the field, "Doc., do you really think a rib slips?" The reply was: "I was taught years ago how to fix a moved rib; was also taught that any movable joint may be moved too much, whether a rib, hip or ankle.

That's what's the matter with Osteopathy; doubt existing in the minds of those who paid good money to learn Osteopathy, but came in contact with those equipped to teach everything but Osteopathy; the product being neither fish nor fowl; filled brim full of bacteriological bunk of no more use to him in Osteopathy than a razor is to a baby. If a rib does not slip, then Osteopathy is a myth, or worse.

Pathetic blindness grips those who ought to see Osteopathic Truth in its fullness; must faith in Osteopathy be likened unto faith in God? or faith supernatural? a gift.

What claim has medical practice on anyone at the present day? Especially when one observes its ridicule by those longest in the medical practice. What treatment do you get at the hands of up-to-date medics in Typhoid? What is the medical treatment for Pneumonia? In fact, any acute seizure? A nurse, a bed! With a doctor's bill for calling as often as he dare. No dope, the nurse is the chief aid. So, a four-year course in medicine seems too much considering one's uselessness when called.

Contrast the picture the real Osteopath with the nurse present; the Osteopath at every call shows results in fever, his skill enables Nature to increase elimination. One such case should certainly lay before him his absolute necessity in sickness and the absolute uselessness of the wise-looking but impotent other fellow.

We have but to look at our army for a picture. Who but honors the Army Surgeon "Over There." God knows he is earning the appreciation of us all; but what of these Majors, Captains, and Lieutenants over here? Sanitation does

not demand a course in medicine; sanitation is the great new science of preventive medicine. It alone, practiced as it is by the Sanitary Corps in the Army does not call for the long array of Medical forces; so we must, forsooth, have innoculation of our splendid healthy youth. Shots in the arm to add to their resistance powers is the sum total of attention given in our cantonments after passing examination by the Medical staff. As we know, vaccination for years has been proven no immunizer to smallpox, Now, we submit to more insidious and damaging propaganda at the hands of medical men, some of whom are audacious enough to admit their non-belief in innoculation, but say "we have to work or fight."

No doubt exists, but that thousands in our camps are hospital cases from innoculation. The writer personally knows an officer who confesses an obstinate state of ill health bordering on tuberculosis dating from innoculation. England abolished compulsory innoculation years ago.

As stated in the beginning, the doubt expressed by the supposed good Osteopath as to the truth of Osteopathy, in the face of the unquestioned success of the practice for years, is the excuse for these lines. Mechano-therapy has come to stay. Medical practice from its own books confesses impotency, but the great Public, as well as some D. O.'s are loth to believe it. Tradition holds them fast to pills and powders, in spite of their demonstrated injuriousness. Still, a better day is dawning. "Nature Cures" is becoming better understood, and the Osteopaths, so believing, adjusts one so that Mother Nature can cure; old superstitious belief in poison and noxious things for the one sick has had its sad day. May we hope that when we have banished Hohenzollern Autoocracy from the world, we will do likewise with Medical Autoocracy, and thereby increase the expectancy of life here below. This, Osteopathy gives ample evidence of doing, by rib adjusting and complete bodily adjustment.

If you cannot comprehend Osteopathy, step aside and let the real article pursue his progressive march.

REAL OSTEOPATHS

What we need is more **real** Osteopaths.

By that I mean men and women that have complete confidence in Osteopathy, and who think of Osteopathy, first, last and all the time that they have a case in mind.

It is said that Osteopathy is limited to certain lines of treatment and can control only certain classes of conditions in the human body.

If it had not been proven that medical treatment was suffering from far greater limitations, Osteopathy would never have made the wonderful progress that it has made in such a short time.

Another point to bear in mind is the fact that Osteopathic theory has not changed from its inception while medical history will show that it is in a state of constant change.

I am positive that we have not reached the limit of possibilities in the application of Osteopathic principles to the body but unfortunately we are not doing all in our power to develop men and women to the point where they will be able to do all that is possible in Osteopathic correction.

When any man or woman reaches the technical ability of the founder of this great science then will be the time to look for other methods but not until then.

If I know Dr. A. T. Still correctly he would say that even to him the science has future possibilities, so why should we, who have traveled only a short way, become so easily discouraged.

Let us cut out our professional leeches and get back to a development of the real thing, Dr. A. T. Still Osteopathy.

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