

# **Osteopathic Truth**

**January 1919**

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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

JANUARY, 1919

Number 6

## Influenza

Dr. A. T. Still, "Research and Practice of Osteopathy"

**Definition.**—Epidemic catarrh; grip or gripe. Severe form of catarrh, usually with marked constitutional symptoms, as great prostration, chills, excessive secretion from nose, larynx, and bronchial tubes, cough, headache, fever, cardiac oppression, etc. The disease is due to infection by a minute organism, the Pfeiffer bacillus or bacillus influenza. It usually occurs epidemically, and generally affects a large number of persons in a community. Its duration is from a few days to a week or more. It occurs under three main forms, the cerebral, gastroenteric, and pulmonary, named from the systems most severely attacked. \* \* \* Dungleison.

**Etiology.**—The up-to-date medical books give the same old theories which can be found throughout all the medical world as to the cause of influenza. In our discussion of this condition we will lay aside all of the "pathies" with their many theories and take up the matter as a mechanic would take up the machinery with which he is familiar and which is out of repair and ask as he would ask: "What is the matter with the machine? Why will it not do its work as it was intended it should?"

In making your examination of these patients who are suffering with influenza, la grippe, catarrhal fever, or bad colds (call it what you will) you will find them in a state of general muscular contraction due to atmospheric changes.

**Prognosis.**—The Osteopathic prognosis for speedy relief of influenza is good when the Osteopath has been called to the case within any reasonable time.

**Examination.**—As I have hinted at muscular contraction I will now try to point out to the operator the territory in which during many years of practice I have found rigidity. It includes all the muscles of the neck, the trachea and the oesophagus, also the heavy contractions of the spinal and intercostal muscles extending as low down as the dia-

phragm. This exploration is to cover all the region from the ninth rib up on each side of the spine.

I carefully examine all ribs from the ninth to the first for the least variation

### IN MEMORIAM

To Those Brave Doctors Who  
In Ministering Unto Those  
Sick with Influenza Gave  
Their All—Life

Dr. Franklin H. Hudson, Associate Editor, "Osteopathic Truth," Edinburgh, Scotland, November 16th, 1918.

Dr. Thomas Richards, Wilkesbarre, Pa., October 12th, 1918.

Dr. J. E. Hoskins, Piqua, Ohio, October 15th, 1918.

Dr. R. L. Barringer, Oregon, Ill.

Dr. Floyd McCall, Atlantic City, N. J., October 18th, 1918.

Dr. Grace E. Bullas, Biloxi, Miss., October 18th, 1918.

Dr. Walter S. Dressel, Carrollton, Ill., October 25th, 1918.

Dr. Walter J. Koelling, Hutchinson, Kan., October 23d, 1918.

Dr. O. E. Bradley, Ellwood City, Pa., November 16th, 1918.

Dr. Orieanne Coppennoll, Alliance, Neb., October 24th, 1918.

Dr. M. E. Cannon, Leitchfield, Ky., October 13th, 1918.

Dr. Warren E. Dressel, Edwardsville, Ill., November 7th, 1918.

Dr. Dressel is a twin brother to Dr. Walter Dressel.

Dr. C. R. Atzen, Omaha, Neb., November 2nd, 1918.

Dr. Ted C. Edwards, Marceline, Mo., December 10th, 1918.

know that every rib is in its proper position, both on the sternum and in its spinal articulations. I make this exam- from the truly normal articulation, and

ination thorough because the rigidity of the spinal and cervical muscles while under the spasmodic action of a heavy cold brings the ribs so close together as to interfere with the blood and nerve supply to the entire thoracic system.

**Treatment.**—When treating influenza patients I generally stand in front of them, be they old or young, and have them place their arms on my shoulders, then I begin to explore from about the tenth rib upwards. I carefully examine the ribs of both sides as I go up to ascertain whether the rib is pulled down below the transverse process of the spine or is pushed up above it. When I find it displaced either way I halt right there and adjust that rib. I then continue, adjusting everything found out of line as I go up until I get to the first rib. I then make sure whether or not the clavicle is drawn heavily against the anterior surface of the neck; whether the clavicle, the first or second rib is pulled down and back producing a compression of the inferior cervical ganglion. This I consider of the greatest importance because right here we will find, if we reason at all, a weight or pressure irritating the nervous system that governs the arterial supply and the venous drainage.

When I have adjusted all structures and obtained the truly normal condition of this portion of the thorax I have looked for and have obtained early relief in all cases. This irritation will stimulate the arterial system to a higher grade of action and will impede or stop the drainage of venous and other fluids that should be carried without hindrance back to the heart. I continue my explorations through the entire length of the neck from its articulation with the dorsal vertebrae on up to the occiput. I have often found the atlas drawn forward and almost closing the space between itself and the inferior maxilla. This should be carefully and properly adjusted before relief may be expected by him who reasons as a mechanic.

By the obstructions indicated here I have satisfied my mind as a mechanic

that herein lies the cause in this disease of the disturbance of the stomach, the heart, the lung and the other organs above the diaphragm. I will advise the operator first, last and all the time to read and review the nerve and blood supply from the latest and best anatomical authors so as to have fresh in your mind the entire circulation to the parts affected. Herein lies your hope. I fully agree with the medical doctor who says that drugs avail but little, if any, as remedies in such conditions. Remove the obstruction, restore the circulation to and from the parts and your work is done and you have your reward.

As to nursing and dieting I have generally advised the patient to take swallows of warm soup often through the day and night, my object being to lubricate the mouth and pharynx. I use no washes or gargles more than to let my patients drink all the water they want and when they feel like it. In regard to the temperature of the room and fresh air I instruct that the room and bedding should be kept so as to permit the patient to feel comfortable.—Pages 436-439.

#### NEW YORK OSTEOPATHIC CLINIC BENEFIT CONCERT

**Louis Graveure, Baritone, and Mildred Dilling, Harpist, the Artists**

At the Waldorf-Astoria on January 24th will occur a benefit concert given by two celebrated artists, Louis Graveure and Mildred Dilling, as an aid for the New York Osteopathic Clinic.

The New York Osteopathic Clinic is conducted for those who cannot afford to pay for treatments, or a small sum at the most. The majority of the New York Osteopathic physicians are giving some time to his project and if not time then money.

To the poor is given health.

Both of these artists, well known all over America, stop in their busy life to give to these poor people through the Clinic. Truly those that "Cast their bread upon the waters shall have it returned to them after many days." A crippled child cured by Osteopathy, by one of the doctors in a Clinic supported through your efforts is more than worth while.

Dr. Chas. H. Whitecomb is chairman of the committee in charge of the concert. We are assured of its success.

**Work for S. 4914**

#### PERRIN T. WILSON IN HOSPITAL SERVICE

Nov. 18, 1918.

Camp Hospital 57, Am. P. O. 773,

A. E. F.

Dear Dr. Vastine:

Two days ago I found in the letter box three copies of Osteopathic Truth (July, August and September). These I proceeded to devour and thoroughly masticate and I can assure you that I had no indigestion afterward, but rather a sense of satisfaction and pleasure to see the "punch" in every article. You may think that some of us who are necessarily working under the direction of the M. D. and carrying out as near as possible their desires will loose our grip on Osteopathy, but I for one am just as enthusiastic as when I graduated and, in fact, more so.

The article concerning teaching all subjects from an Osteopathic viewpoint appeals to me as correct, for if any of our men in the army have their faith lowered it is because they have not caught the vision and think that chemistry, bacteriology and the like are subjects to be studied separately as such, instead of linking all our studies into the one law which Dr. Still saw. It certainly is a source of considerable satisfaction to know that so many in the profession see no compromise and I trust that I will be spared to help the light to be spread.

In the army we try to "keep our feet dry, our head cool and our mouth

shut." And therefore things are running smoothly, but I wish I could tell you how little things crop out from time to time. After working all day I was suddenly shifted to night duty because of the very low condition of a patient who was expected to die from pneumonia, and they wanted a more reliable orderly on the job as well as the night nurse. I worked hard for two nights. A month later a "Y" man came down to the hospital and I happened to be introduced to him with this result: 29350 Federal Ptg Co JESLE Five-A "Is this the Wilson that ——— was telling me about?" . . . "Well, I am mighty glad to shake you by the hand. ——— is one of my best friends and he was telling me how you saved his life." It was the only case of pneumonia I have had a chance to handle since getting into the army.

My work is general ward work in a surgical ward and anesthetist. I have picked up lots of valuable information and am well treated by my officers.

I am one of the boys you met at Dr. Halladay's at dinner last January.

Fraternally yours,

PERRIN T. WILSON.

Competition is the essence, the spice of business, but while some competition is the clean cut, purely business kind, there is the other underhand, polluted brand which sickens you when you come in contact with it.

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Chicago College of Osteopathy,

5200-5250 Ellis Ave.

**OSTEOPATHY VS. DRUGS  
IN "FLU"**

Dr. H. M. Vastine, Harrisburg, Pa.

My experience in the treatment of Influenza in the recent epidemic has not been as extensive as most practitioners, for the reason that since my illness of a couple years ago, I have refrained from acute work. However, I did care for something like a dozen cases, all of which recovered completely, with no sequelae. That also has been the experience of my fellow practitioners of Harrisburg. I do not believe one case was lost by any of our people here, where they alone handled their cases. They, as well as myself, were called in on cases being handled by medical doctors, and at the eleventh hour. On these cases there were two or three deaths. The rule has been, so far as I can learn, that cases taken care of by our own people exclusively recovered; while the mortality of cases handled by medical doctors alone in Pennsylvania amounted to about fifty thousand, and thousands are suffering from the sequelae—heart disease and tuberculosis. It is inconceivable that doubts exist as to the greatness and efficacy of the Osteopathic principle, when a great comparative test with medicine—which includes Serology—has proven that it is many times more efficient. I saw one report wherein the Osteopathic death rate was seven out of about fifteen hundred cases, or one in two hundred and fourteen, while the medical death rate has been from one in twenty in civilian life, to one in ten in some army camps. In other words, we were at least ten times more efficacious than they. The army death rate was enormous among those freshly inoculated with serums. Another pet theory exploded. The inoculations were to my mind largely responsible for these deaths through altering the chemical quality of the blood stream which rendered it practically powerless to combat the disease. Still-Hildreth Sanatorium reports sixty cases with 100 per cent recovery.

And yet some of our people clamor for the M. D. degree, and wonder whether we should not confer that degree, and unite with the Medics? Surely, if we are more interested in their welfare than in the great modern philosophy of disease that Dr. Still begat. But it would be the poorest piece of business that any set of sane men could do; admix this powerfully potent science with a benighted sodden and failing system of Medical Junkerdom. Men and women of Osteopathy, wake up and take an inventory of the great science we so misprize, put new forces, young blood in the har-

ness as leaders and it will live, but if it follows its past record of inertness, it is just as certain to die.

**DRS. GEO. LAUGHLIN, CARL P. MCCONNELL, H. H. FRYETTE, J. B. LITTLEJOHN, AND JOHN DEASON  
TO GIVE POST-GRADUATE  
COURSES AT CHICAGO  
COLLEGE OF  
OSTEOPATHY**

February 10th to 22nd

The Chicago College of Osteopathy has been fortunate in securing some of our best thinkers to give a Post-Graduate Course at the new College and Hospital Building, 5200-5250 Ellis Ave., beginning February 10th and extending to February 22nd.

**No Introductions Needed**

All of the five men who are to conduct this course are well known to the profession, and from their years of experience the course is not only an assured success, but those who attend will receive full value for their money.

Dr. George M. Laughlin of Kirksville will give three full days of time in Orthopedic Surgery and Technique. Dr. Laughlin is the originator of the Laughlin Method of Congenital Hip dislocation, and he has treated more cases of this condition than any other surgeon in the U. S.

Dr. Carl P. McConnell, is one of Osteopathy's foremost thinkers, writers, and research workers. He will give four

half days in Osteopathic Diagnosis and Applied Osteopathic Pathology. The time spent under Dr. McConnell's direction will be worth thousands of dollars in the future years of practice.

Dr. H. H. Fryette, president of the American Osteopathic Association, will demonstrate and teach technique. Dr. Fryette has given much time and thought to the development of technique.

Dr. J. B. Littlejohn, surgeon-in-chief of the Hospital, will give work in both major and minor surgery, also surgical and general diagnosis.

Dr. J. Deason, president of the Society of Ophthalmology and Oto-Laryngology will give lectures, and demonstrations in the diagnosis, treatment and operative technique in diseases of the ear, nose and throat, including the work for Hay Fever and Catarrhal deafness. Dr. Deason has won a large reputation by his work along these particular lines.

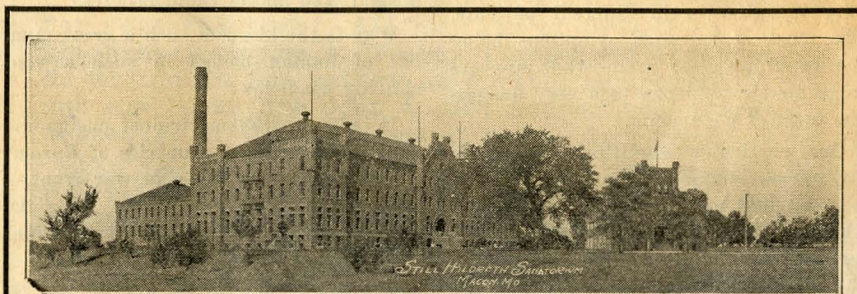
**Private and Clinic Cases**

The men in charge of the course desire to have you bring both private and clinic cases, in which you will assist them in the diagnosis and care. Notification should be sent in advance to the authorities about such cases.

**Limited to Fifty**

In order that the best work may be attained the number for the class has been limited to fifty, and the fee for the same will be sixty dollars. A long day is promised, from eight to twelve, from one to five, and some of the evenings. Each instructor will conduct half day periods to avoid interruptions.

Applications may be sent direct to the school.



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Address All Communications  
to the Above Institution.

A. G. HILDRETH, D. O.  
Superintendent

### THE FLU

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

The Pandemic disease known as Spanish Influenza, is different from ordinary influenza, and if it reaches the stage of pneumonia, the pneumonia differs from ordinary pneumonia. The streptococcus as well as the Pfeiffer's pneumococcus also differ slightly from the ordinary types. And experiments with cultures have failed to produce the FLU in normal volunteers for the experiment. This statement sounds queer when we consider the prevailing belief of the infectiveness of the disease.

I want to call attention that the U. S. Government has published a warning against the use of vaccines for the FLU, as they do no good and may do harm.

G. W. McCoy, M. D., Director Hygienic Laboratory, Washington, D. C.; V. B. Murray, M. D., Assistant Surgeon, U. S. Public Health Service, and A. L. Teeter of Stanford University Hospital, publish in the Dec. 14, 1918, number of the A. M. A. Journal the result of an experiment in an asylum on 390 vaccinated patients and 390 not vaccinated control patients, wherein more of the vaccinated cases developed influenza, more developed pneumonia, and more died than the control cases that were not vaccinated.

The Royal College of Physicians, London, publicly announce that "No form of vaccine protects against the disease, and no drug has yet been found to have any beneficial influence on the disease."

The various symptoms of the disease vary in intensity in different patients. The most conspicuous symptoms being the rapid progress from what appears to be simple influenza to a very dangerous form of pneumonia.

One particular condition prevails in every case, namely: the blood is unusually fluid and does not clot readily. This peculiarity of the blood is credited for the rapid filling of the lungs when the pneumonia sets in.

Leo G. Feidler, D. O., who has charge of the laboratory department of the U. S. Base Hospital, Mesves-Buley, France,—the largest hospital in the world, having forty thousand beds,—writes that in the post mortem examinations, nearly all the fatal cases had the lungs filled with blood, excepting the middle lobe of the right lung. He offers no explanation why this lobe is exempt.

The slow clotting of the blood is not restricted to the FLU, but also occurs in apparently well people. Numerous cases of nose bleed, cuts, and other hemorrhages, that are difficult to stop, have been reported from every section of the land.

I have treated women for prolonged and profuse menses, and upon making inquiries I learned that many women, apparently well, who did not go to the doctor, had unusually prolonged, profuse or premature flows. They credited the unusual flow to wet feet or other causes.

And to cap the sheaf of evidence I punctured my own ear, drawing several drops of blood upon smooth paper, and after treating a patient for fifteen minutes, I found that the blotch of blood was still fluid enough to flow when the paper was tilted. It required several more minutes before the clot was hard enough not to run.

With these evidences there is no doubt that the blood is affected before the advent of the germs, and that many more persons are already affected though they show no signs of either the influenza or the pneumonia. The addition of a chilling of the body, or some other cause, being necessary to precipitate and usher in the FLU, which finds resistance subnormal, and makes rapid progress.

Why is the blood of such a great number of human beings in such a non-clotting condition?

It is known that a virulent pneumonia ravaged the central countries of Europe,—particularly the Russian war front,—for more than a year before King Alphonso of Spain got it and his physicians discovered that it was a different kind of pneumonia, and that its preliminary in-

fluenza symptoms were different from common influenza. King Alphonso recovered, but his prominence as King of Spain saddled the name of Spanish Influenza onto the peculiar disease.

Why did this plague start in Europe at this particular time? What was there different from other parts of the world, at this time? War. Histories record many devastating plagues that followed great destructive wars. And no wonder.

Consider the half million dead horses and many thousands of half buried men that lie putrifying on the fields of Europe. Only a small part of these have been buried, or incinerated. Add to these the immense quantities of chlorine, mustard and other deadly gases that have been loosened in the same area. More of these poisons have been made and freed into the air in one year than were made in a century before in the whole world. Decomposing flesh and deadly gases in unheard of quantities, at the same time, must make a very toxic mixture, that hangs fog-like over thousands of square miles. It must be inhaled,—there is no escape from that,—no wonder that the nose and respiratory tracks are affected. The rotation of the earth and deflecting winds have spread the poison fog to practically all the countries of the northern hemisphere. The Indians of farthest north Alaska have been found dying in great numbers, with absolutely no possible connection with outside infected areas. They could only get it from the polluted air. Because of their unsanitary igloos they are prone to ordinary pneumonia.

This combination gas,—poisons and putrefaction,—is known to be heavy, clings close to the earth. It may take many months before these gases assimilate with the higher atmospheres.

I ask, may not this peculiar condition be the cause of this peculiar disease,—I mean the peculiar non-clotting condition of the blood.

No wonder no specific germ has been found. There is none. New diseases may result and develop in the future, from this peculiar poisoning, that makes the blood non-clotting.

# Send OSTEOPATHIC TRUTH

TO THE STUDENTS

## 50 Cents the Year

If you do not know any student send us the money and we will do the rest.

**"FLU" GERMS AID APPETITE  
Experiments Show Men Who Are Fed  
Germs Gain Health.**

Boston, Dec. 13.—Experiments undertaken by the Navy Department at the Navy public health service station on Gallup's Island to ascertain the cause and spread of influenza, have had merely negative results, according to a report given out today. One hundred volunteers who have been under observation for several weeks have had influenza germs placed in their nostrils and throats and have eaten them with their food and some have been inoculated with serums, but no cases of the disease have developed thus far.

Summed up and boiled down, here we have the entire allopathic medical gang in charge of all health activities utterly at sea, quarantining, vaccinating serumizing, ordering masks worn, terrifying the people with their crazy germ theories, paralyzing business, closing schools, churches, theatres and doing everything they can but the right thing to the absolute disgust of the people. Is it any wonder that they have lost the confidence of the people? It is high time that every allopathic board of health was abolished and new boards with sanitary engineers in charge substituted; then we will have no more repetitions of such outrages as have been perpetrated during the past three months in the name of "medical science"!—Truth Teller, Jan. 1.

**PARABLE OF THE SOWER**

**(Up-To-Date)**

1. Behold the cougher went forth to cough.
2. And when he coughed, some germs fell upon the sidewalk and the feet of the pedestrians came and gathered them up and carried them into their homes.
3. Some fell into nostrils that were hard and unfruitful and forthwith a slight cold appeared. It was not worse because there was much opposition to them on account of the sterility of the soil.
4. And when the sun was up these colds were scotched, and because they had no root these colds withered away.
5. And some fell in thorny places, such as those that have an immunity, and in this wise they were choked out.
6. But others fell into good ground for them, and brought forth much disease; some an hundredfold, some sixtyfold and some thirtyfold.
7. Who hath ears to hear, let him hear and go forth to the Health Department and view the great harvest of pneumonia, tuberculosis, la grippe and

bronchitis, all of which is of record in the archives of the Department.

8. Who hath ears to hear, let him hear that over 10,000 of our people were garnered during the year of our Lord 1917 from the seed of the cougher and sneezer, and now sleep with their fathers in their untimely sepulchres.

9. Be ye not of those who, having ears, hear not, and who, having eyes, see not those things, which we have herein set forth that so nearly concern their temporal health and salvation.

10. Muffle the cough, smother the sneeze and expectorate not in public places to the end that divers and grievous disorders come not unto thee, nor unto thy neighbor.

11. And remember now the teachings of the Health Department that thy days may be long in the land which the Lord, thy God, giveth thee.

JOHN DILL ROBERTSON, M. D.,  
"Chicago" Commissioner of Health.

**FROM SURGEON GENERAL  
BLUE'S BULLETIN**

**Find Many Germs**

Bacteriologists who have studied the epidemics in the past have found the germ called Pfeiffer's bacillus. In other cases, of apparently the same disease, germs of lobar pneumonia were found, and in other cases streptococci.

One's general health must be good to enable him to fight off the disease.

The chief preventive measure, the bulletin states, is in keeping the body strong and able to fight off the germs. This can be done by having a proper amount of work, play and rest, by keeping the body well clothed and by eating wholesome and sufficient food. Milk is recommended as one of the best all-around foods for adults as well as children. Unless the power of resistance is kept up, the effect of the disease is apt to be very serious.

**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.

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

## The Osteopathic Profession Must Have A Definite Program

Edited by Geo. F. Burton, D. O., 220 Story Bldg., Los Angeles, Cal.

(Dr. Burton Invites Correspondence)

### THE OSTEOPATHIC PROFESSOR

In order for the Osteopathic Profession to have a definite program, it must establish:

- I. 1. That Osteopathy is a Therapeutic System.
2. That Osteopathy is a Scientific Therapeutic System.
3. That Osteopathy is a Complete Scientific Therapeutic System.
- II. 1. That Osteopathy recognizes generic man as a machine.
2. That Osteopathy recognizes generic man as a complete machine.
3. That Osteopathy recognizes generic man as a perfect machine.

Man in perfect health, in perfect correlation of parts, with proper food and clothing and shelter, is only limited in usefulness by the God-given vitality which is his portion.

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

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

The law of restoration of the abnormal to the normal may justly be designated by the proper use of the term adjustment.

Adjustment, under the Osteopathic regime deals with every vital portion or cell of the human body. Ninety per cent or more of the corrective or adjustive work is performed by manipulation; yet the genuine Osteopathic practitioner is alive to the fact that the small per cent added to the 90 per cent or more of a strictly manipulative character, may be required to be reduced, adjusted, equipoised, correlated, or even removed by some unharmed or wholesome or reasonable artificial process.

Hence Osteopathy recognizes as Adjutants, the following, viz:

1. Hydrotherapy.

2. Heat and cold.
3. Food, shelter, clothing, rest and right thinking.
4. Antidotes for poisons maliciously or accidentally administered.
5. Asepsis, including the artificial assistance of antiseptic agents when absolutely necessary.
6. Surgery and its procedures.
7. All helpful agents of diagnostic value.
8. Strictly autogenous serum. Every man is a law unto himself. No living man should be permitted to draw from or give to another any force or fluid which by reason of inheritance, acquisition, or accident may vitiate the second system. There is no just reason why this autogenous law should not be made applicable to the entire animal kingdom.

In the next issue will appear copies of extant definitions of Osteopathy, together with the suggestive basis for a tentative definition of value.

### PVT. DON A. BAILEY WRITES ANXIOUS TO GET IN PRACTICE

Pont a' Mousson, Dec. 4, 1918.

To Dr. Foreman:

Dear "Dad" and Wife:—Just a note to-night to answer yours received today.

Here we are just waiting for orders to move either into Germany or to an eastern port. Any way would be better than this deserted, dead, ruined town, formerly of 15,000 people.

\* \* \* \*

Glad to hear you are working along your chosen line and will be thankful when I get back to it forever.

Remember me to any of the boys you write. My heart is with them all.

Love to you both.

Ever yours,

Don.

Bty. A, 329th F. A., A. E. F.

### THE GREATEST JOKE

The most humorous part of this whole epidemic will be our failure to take advantage of this greatest of great opportunities which as Mr. Dooley says, "has come in and knocked us on the head with an ax." That opportunity is to so advertise Osteopathy, pardon me, I

should have said to so educate the public that public opinion will practically force the honest drug doctor to study Ostopathy in a recognized school.

What Are You Going To Do About It?

### FOOD FUNDAMENTALS

This Book Serves Two Purposes. It Teaches the Significance and Value of Osteopathy and the Correction of Dietetic Errors

Dr. E. H. Bean of Columbus the Author

"Food Fundamentals" was originally compiled by Dr. Bean for his own use with patients who needed guidance in diet. Not only the patients liked the book, but physicians did too.

The second edition has just been published and prior to publication was carefully revised. This second edition not only is a good book for patients to use and study with relation to their own diet, but would make an excellent textbook for the students in our schools.

Part One is devoted to the general principles of diet and dietetic errors, with emphasis laid upon the osteopathic lesion as a causative factor in diseases of the gastro-intestinal tract. This part alone makes the book worth all it costs merely for educational purposes. It teaches the patient how a deviated vertebrae will cause disturbance to the nerve and blood supply of the stomach and intestines, this disturbance in turn affecting the secretions, and the defective secretions affecting the process of digestion.

The book will teach those who do not know that we recognize error in diet and above all know how to correct them.

Part Two is devoted to foods and their combinations.

Dr. Bean has been explicit in this section of the book, with the explanation of food values and how the different foods should be combined to obtain the desired result. Many menus are given. Throughout this section of the book frequent mention is made of the part Osteopathic physicians play in the direction of diet with their patients suffering from digestive disturbances.

It gives us pleasure to recommend to you and to your patients a book that is so thoroughly osteopathic, and upon a subject vital, not alone to those who are sick, but to those who would keep well.

# AN OPEN LETTER

To the President and the Congress of the United States of America,  
By the Osteopathic Physicians of Rhode Island

The Osteopathic profession of Rhode Island respectfully calls to your attention a condition of discrimination which we believe to be undemocratic, un-American and unconstitutional.

We, as Osteopaths, have been denied not merely the privilege of practicing our profession in the Medical Branch of the Army of the United States, but have been denied the privilege of submitting ourselves to the same medical examination required of Medical Doctors, both Homeopaths and Allopaths, for commissions that would permit us to give to the men in the service the benefit of our Osteopathic and Medical knowledge.

Following the declaration of war and the call to arms, Osteopathic Physicians from every part of America offered their services to the Medical Department in Washington, actuated by the oft-repeated and urgent pronouncement on the part of the Government that every man should serve in the position for which he is best fitted. With what result?

Surgeon-General Gorgas ruled: "Only physicians who are graduates of well-recognized medical colleges authorized to confer the degree of M. D. are eligible to service and commission in the Medical Department."

We then sought to serve in the Red Cross, where we received the same answer.

Thereupon, The American Osteopathic Association prepared a bill, which was introduced in Congress, to admit Osteopathic physicians to examination for commissions in the Medical Corps.

The bill has been held up upon the strength of the following quotation from Surgeon-General Gorgas, the plain bias of which needs no emphasis from us:

"The Judge Advocate General has advised the Secretary of War to the effect that, while the law does not specifically provide that a Physician, in order to enter the Medical Corps, must be a doctor of medicine, unwritten practice does, and the Secretary has decided in accordance with this opinion that he will require a man coming into the Medical Corps shall have the degree of M. D.

"I hope that this decision, which is in accord with all previous practice, will be maintained, and that the degree of D. O. will not be recognized as an equivalent, as is desired by the Osteopathic Physicians.

"The admission of Osteopathic Physicians, as such, and without the degree of doctor of medicine, to the Medical Corps, must have the practically unanimous opposition of the medical profession of this country and of allied countries; would be regarded, and justly so, as lowering the standard, educational and professional, of the Medical Corps, and would have a discouraging and detrimental effect upon efforts to secure physicians for the Corps, both now and in the future, and upon the general morale of the Corps.

"For the reasons above set forth, I recommend to the Secretary of War that he strongly oppose this bill."

We submit to you that a great wrong is being done the Army and the Osteopathic Physicians of America, and, because the court of last resort is and must always be the sense of fair play on the part of the American public, we address these words through you to them.

IS IT FAIR that upon the recommendation of any Department Head of this Government a great body of men shall be denied the privilege accorded to another body of men, when the claimants unqualifiedly express their willingness to submit themselves to the same lawful processes accorded to another body of citizens?

IS IT FAIR that any Departmental Head of this Government shall assume to invoke the so-called unwritten law as against written jurisprudence?

IS IT FAIR that the hundreds of thousands of American citizens who have received the inestimable benefits of Osteopathic practice, who are now in service under the Stars and Stripes, shall be denied their preferred form of treatment in the great hospitals at home and abroad?

IS IT FAIR that such rank and unqualified discrimination against a great professional body shall be made in favor of another great professional body?

IS IT FAIR that men who have devoted at least equal hours of study, as shown by the accompanying table, in preparing themselves for the practice of their profession, shall be denied the same privilege accorded to another profession?

IS IT FAIR that when forty-six States of the United States of America, including Rhode Island, recognize and admit Osteopathic Physicians to be licensed practitioners in each of these Commonwealths, that the Federal Government of the United States shall deny them the professional privilege of serving their country?

IS IT NOT FAIR that, in view of the foregoing statements and queries, we should announce to you our willingness to place our ability in competition with that of the medical fraternity, and assist in the physical reconstruction of those men who so valiantly have kept this great land of ours free from the inroads of a devastating war and helped to preserve the world as a great democracy?

Mr. President, we ask you and we ask the members of the Congress to accord us merely fair play. In the name of the American people we ask you jointly to accord to us the right to submit to the same examination which is taken by other Doctors.

## Is the Osteopath by Education Qualified to Serve?

Comparative Courses in Medicine and Osteopathy (Compiled from Catalogs of 1916-17)

Average hours in each subject and the average totals in the following six leading Medical Colleges: Johns Hopkins, University of Pennsylvania, Cornell, Harvard, University of California and University of Illinois. Average hours in each subject and the average totals in the following

six Osteopathic Colleges: American School, Chicago College, College of Osteopathic Physicians and Surgeons, Des Moines Still College, Massachusetts College and Philadelphia College. All recognized Osteopathic Colleges are on the four-year basis.

	Medical Colleges	Osteopathic Colleges
Histology	171	188
Anatomy	489	696
Physiology	329	279
Embryology	72	52
Chemistry	284	288
Pathology	405	342
Bacteriology	157	154
Diagnosis	146	201
Hygiene	66	119
Gynecology	131	135
Pharmacology	119	18
Materia Medica	33	15
<b>TOTAL MEDICAL COLLEGES</b>	<b>4251</b>	

	Medical Colleges	Osteopathic Colleges
Genito-Urinary	42	48
Surgery	549	489
Obstetrics	196	172
Jurisprudence	13	25
Eye, Ear, Nose and Throat	187	154
Pediatrics	123	60
Dermatology	41	50
Orthopedics	71	62
Psychiatry	160	155
Symptomatology	531	653
Therapeutics	90	454
Electives, etc.	109	158
<b>TOTAL OSTEOPATHIC COLLEGES</b>	<b>4952</b>	

The above comparison shows that the Osteopathic Colleges give a course the equal of that of Medical Colleges,

whose graduates are accepted by the Surgeon General without question.

We do not wish you or any one who may read to misinterpret this open word as an appeal for the enlistment of sympathy. We address it to you and to America upon the merit of the cause, which to our minds, ought to be granted simply as a matter of fair play; and we ask every one who desires the recognition of

the Osteopaths of the country by the Government to write to you or to their two Senators and Representatives, requesting that this simple American right be given to the great body of men and women who practice the profession of Osteopathy, and that their bill be enacted into law forthwith.

- Niles Brown
- Henry W. Clement
- F. Chandler Dodge
- Charles D. Flanagan
- Alice L. Gants
- S. L. Gants
- Ellen M. Hinds
- Harry M. Hutchins

- John Peacock, Jr.
- William B. Shepard
- Annie Roberts Slack
- J. Edward Strater
- Ralph A. Sweet
- Clarence H. Wall
- Francis W. Wetmore
- Lydia H. Wright

REGISTERED OSTEOPATHIC PHYSICIANS OF RHODE ISLAND.

The above has appeared as a full page newspaper appeal in some of the large cities of the country. Copy in your local paper, changing the heading about Rhode Island and the signatures at the bottom.

DO THIS AT ONCE.



# Osteopathic Truth

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OSTEOPATHIC PROGRESS

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FOR THE OSTEOPATHIC PROFESSION

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JANUARY, 1919

**THE GOSPEL ACCORDING TO YOU**

"You are writing a Gospel,  
A chapter each day,  
By deeds that you do,  
By words that you say.  
Men read what you write  
Whether faithless or true.  
Say! What is the Gospel  
According to YOU?"

**A PROSPEROUS NEW YEAR**

Another year is born, although most  
of us date our fiscal year from the date  
of graduation of our entrance into prac-  
tice.

The old cut and dried expression of  
wishing you a Happy and Prosperous  
New Year carries much food for thought.

What is Happiness? That really de-  
pends upon your own individual view-  
point, but we expect that most of us  
will be happy during the coming year if  
we are busy and results crown our  
efforts.

**"Keep Busy, Keep Happy."**

"Keep Busy, Keep Happy" is a motto  
which you have seen many times in var-  
ious places, and it is apropos to our pro-  
fessional life.

Keeping Busy does not always mean  
that we should be doing time on a pa-  
tient's back, but it does mean that we  
should give some time to further our  
own mental development by study. The  
study of Osteopathy offers many intri-  
cate problems, and some intensely in-  
teresting data may be gleaned therefrom.

If you have never studied Osteopathy,  
may we recommend the subject for your  
consideration during the coming twelve  
months. Dr. Andrew Taylor Still, the  
man who discovered the Science of Os-  
teopathy, has written several books upon  
the subject and we are sure you will  
want to study the science as given to  
the world by its discoverer. Usually  
an inventor of a machine is best ac-  
quainted with that machine and what it  
will do, and peculiar as it may seem,  
although God made man, no person has  
ever told us much about this individual  
—man—except Dr. Still. We are con-  
vinced that you will want to know some-  
thing of the Science of Osteopathy and  
its application to the ills of man.

Naturally the corn in the other man's  
field appears better than our own, until  
we begin to make a careful analysis of  
the roots, stalks, leaves, and ears. So  
long as we stand at a distance and  
merely look we are deceived by appear-  
ances, but the careful analysis reveals  
the flaws in roots, stalks, leaves, and  
the ears. This homely analogy aptly  
illustrates some of our good people look-  
ing into the drug cornfield. From ap-  
pearances results are good, from analy-  
sis how different. If you yearn for the  
other man's cornfield may I suggest an  
analysis by chemicals, and by fire. Leave  
nothing undone.

Your happiness depends on your own  
contentment. We are not supposed to  
be satisfied, but ever striving to know  
more about Osteopathy in order that we

may give a better adjustive treatment.  
Not satisfied, but ever striving to per-  
fect ourselves in Osetopathic diagnosis,  
which is the broadest type of diagnosis  
in existence today. Not satisfied, but  
ever striving to be the best Osteopathic  
physician in the world.

Although not satisfied, are you con-  
tent? Are you content with being an  
Osteopathic physician? Are you con-  
tent with working hard from early  
morning to late at night, rather than  
sitting in an easy chair guessing at  
what they have and what you will give  
them? If you are not contented, may we  
suggest that before it is too late you  
change your employment for something  
more to your liking, because so long  
as you clog the machinery, the Osteopa-  
thic profession is retarded in its growth.  
You clog the machinery by refusing to  
join your National, State and Local or-  
ganizations, and getting into the work.

As a resolution for the coming year,  
will you not "Get Into Osteopathy and  
Let Osteopathy Get Into You?"

**A Prosperous New Year**

Being prosperous is a strange state of  
affairs for some of our people. If you  
do not have a prosperous year the fault  
is not Osteopathy but just YOU.

What is wrong? It is hard to tell  
perhaps, but somewhere a clog is slip-  
ping. Mayhap your office is not clean;  
mayhap your clothes are not clean; may-  
hap the office pillow slips or towels are  
not clean, or mayhap you do not deliver  
the goods. Which is it?

"Merit begets Confidence,  
Confidence begets Enthusiasm,  
Enthusiasm will conquer the World."

If there is merit in Osteopathy we  
are sure you will soon become confident  
of it and what you can do with it. Be-  
ing confident of Osteopathy and what  
you can do with it, we are sure you  
will become enthusiastic about it, and  
that enthusiasm will enable you to an-  
swer any arguments advanced as to  
why you should not combine with drugs,  
and to ignore the ridicule of uninformed  
people, until you emerge a true follower  
of Andrew Taylor Still.

Again, if there is merit in You, your  
patients will have confidence in you and  
what you can do with Osteopathy, and  
that confidence will make them enthusi-  
astic boosters for Osteopathy and you.  
That enthusiasm will enable them to  
overcome all arguments and win new  
converts to Osteopathy and to you.

The prosperous New Year which we  
are wishing you, really depends upon  
yourself.

May we suggest the reading of a chapter in "Research and Practice of Osteopathy by Dr. A. T. Still" every day. Study the Osteopathy given to the world by Dr. Still, not that given by Tom, Dick and Harry. The Lord gave you a brain and for the sake of suffering humanity, use it.

Keep your brain free of drug rot, fill it so full of Osteopathy that the other man will be envious of your cornfield. Deliver the goods to yourself first, and then to your patients. Be an Osteopathic Physician as "Daddy" would have you be.

Prosperity begets Prosperity. Surprise your brain and your patients by making a better adjustment tomorrow. Study and put that acquired knowledge into practice.

**YOUR INTEREST MEASURED BY WHAT YOU DO**

**Dr. Bancroft, Secretary of N. Y. Society Tried It Out**

The Secretary of our State Organization usually receives all the kicks, and they are a plenty. It is indeed peculiar that so many people can stand on the sidelines of a football game and tell the coach how to conduct his team to win the game. That applies to those of our profession who can sit in their offices and kick about what the officers of his State Association are doing, but when asked to do something he begins to crawl and backwater until the attack is over then out he comes again.

New York was no different than the other States, so Bancroft, the Secretary, got the kicks. Last October he served notice in "The Blotter" that the other fellow could have his chance, and that the next issue going to press would consist of just what the profession contributed.

Well, you should see that number! Seven pages of articles and one of advertising. The articles are written by just four (4) men out of the entire profession in the Empire State. The articles are fine and some of these days I think we will copy some of them—but, where were the other several hundred practitioners.

Now we are aware that patients demand attention and we can't do everything. That is one reason why this number is a little late. But when we have months to do them in it is different from a few days, or hours.

This is the beginning of the new year. Let us make a resolution and keep it. A vital interest in our business as a whole—the organizations.

**HAVE YOU JOINED THE "1000" CLUB? ? ?  
IF NOT, WHY NOT? ? ?**

**TITHING**

**Getting From What We Give**

There is one church in this country in which once a year the board of elders (or whatever they call them) meet together, and with a report of what each member's income for the year has been, decide what his tithe or tenth shall be.

It would truly be a wonderful thing if such a thing could be done with the members of our profession.

Think of it!

One-tenth of our income to be given into the treasury of our National organization or to our State association and then pro-rated to the other affiliated bodies.

One-tenth of our time given to the work of the association.

One-tenth of our time for a vacation.

One-tenth of our time given to improving ourselves by study and research.

IF!

If one-tenth of our incomes went automatically to our association most of us instead of giving fifty dollars or a little more would be giving one thousand. No longer would our faithful secretaries have to howl their throats hoarse in asking for a paltry ten, but the work would go forward by leaps and bounds.

If one-tenth of our time were given the work of the association what a marvelous impetus would be given to that which is so important.

If one-tenth of our time were given to vacations there would be less break downs and better health.

If one-tenth of our time was given to improving ourselves by study and research, do you ever suppose that there would be any qualms on the part of any practitioner in referring a patient to another doctor? And, do you suppose you would ever have an opportunity to say that business was dull, no, never.

IF!

If is a mighty big word and how many times has it interfered with the doing of some small or large thing. Your patients will think twice as much of you IF you take a vacation and improve your professional skill. Your patients will think more of you IF you support your associations and the work of the profession. Your patients and your fellow practitioners will think more of you IF you will jump in and help with the work, for many hands make light work of a tremendous task.

IF!

If you will think Osteopathically, study your cases Osteopathically, educate Osteopathically, practice Osteopathically, and live Osteopathically, how long do you think it will be before nothing but Osteopathy is sought.

GETTING!

No one can ever get unless he gives. You gave of your time and money to learn your profession and the school of knowledge and the school of experience have been returning to you in the measure that you have given. Your patients have given recommendations to their friends and money to you for professional services only in the measure that you have given them health through real Osteopathy.

No one will ever fail who delivers the true type of Osteopathy as given to the world by our beloved Founder.

TITHING!

The Lord of Hosts asks of us one-tenth, and as we give to our self-improvement, and our association work we are giving to Him.

He hath said, "Cast your bread upon the waters and it shall return unto you after many days."—Editorial, July "Truth."

**ONTARIO OSTEOPATHS MEET**

The twenty-first annual meeting of the Ontario Association of Osteopathy was held Nov. 30, 1918, in Toronto, at the Carls-Rite Hotel.

The following officers were elected for the coming year:

President, Dr. R. B. Henderson, Toronto, Ont.

Vice President, Dr. E. S. Detwiler, London, Ont.

Secretary, Dr. Edgar Heist, Kitchener, Ont.

Treasurer, Dr. H. E. Illing, Kitchener, Ontario.

Dr. G. V. Webster, Carthage, N. Y., gave us much new information in his lecture on "Acidosis." The lecture was followed by his interesting demonstration of "Laboratory Technique."

A very practical discussion on "Dietetics" was given by Dr. Rebecca Harkins of London, Ont.

Very encouraging Osteopathic reports and discussions relative to the "Flu" epidemics were heard.

Most of the afternoon was occupied in a serious, and sometimes "quite warm" discussion of the proposed amendment to the Ontario Medical Act, Legislative ideas, The Hodgkins report, and Osteopathic Publicity.

Many good plans were formulated, and we are ready to give an account of ourselves at the coming legislation.

W. OTHUR HILLERY,  
Publicity Chairman.

### COLORADO'S BIG WINTER MEETING

Held In Denver January 2, 3 and 4

The Colorado Osteopathic Association are on the job with two get-together meetings a year. The winter meeting was held January 2, 3 and 4, in Denver, at the Albany Hotel.

The program was so arranged that the papers were read in the morning from nine to twelve-thirty, and the evenings were devoted to social diversion. This gave the afternoon for the Denver D. O.'s to care for their influenza patients and the visitors time for shopping or sightseeing.

All the participants on the program are Coloradians, with no outsider as a feature. A great part of the time was devoted to demonstrations with clinics. This last feature always makes a program interesting and many times it is what we see that sticks in our brain for application on our patients at home.

The program was as follows:

#### PROGRAM Thursday

- 9:00 President's Annual Address.  
9:15 Business Session.  
Appointment of Committees.  
Nominations.  
Resolutions.  
Neurology.  
Sergeant-at-Arms.  
Report of Secretary,  
Dr. Morrison.  
Report of Treasurer,  
Dr. L. B. Overfelt.  
Program,  
Dr. Geo. W. Perrin.  
Publicity,

- Dr. C. C. Reid,  
Legislation,  
Dr. G. W. Bumpus,  
Public Health,  
Dr. Jenette H. Bolles,  
Auditor,  
Dr. D. L. Draper,  
Report Delegate to A. O. A.  
Dr. C. C. Reid,  
Dr. Bumpus, Trustee,  
A. O. A.  
State Board Work,  
Dr. D. L. Clark.  
10:30 Dr. C. C. Reid,  
"Sources of Infection."  
11:00 Dr. G. W. Bumpus,  
Clinic.  
11:30 Dr. D. L. Clark,  
Clinic.  
12:00 Dr. R. R. Daniels, Clinic,  
Prepatellar Bursitis.  
12:30 Dr. E. E. George,  
Case Report.

#### Thursday Evening

- 6:00 Banquet.  
**Friday**  
9:00 Dr. R. R. Daniels, Clinic,  
Splanchnoptoses.  
9:30 Dr. F. A. Luedicke,  
Clinic.  
10:00 Dr. C. C. Reid,  
Psycho-Neurosis.  
10:30 Dr. J. P. O. Givens,  
Clinic.  
11:00 Dr. U. S. G. Bowersox,  
Clinic, Tuberculosis.  
11:30 Dr. C. L. Draper, Clinic,  
Varicose Ulcers.  
12:00 Dr. W. R. Benson,  
Clinic, Influenza and Pneumonia.  
12:30 Business.

#### Friday Evening Social Hour.

#### Saturday

- 9:00 Surgical Diagnosis.  
Dr. W. L. Colcomb, Clinic.  
9:30 Dr. E. A. Moore, Clinic,  
Pott's Disease.  
10:00 Dr. L. B. Overfelt,  
Experience with some recent  
Hospital cases.  
10:30 Dr. W. S. Maddux,  
Clinic.  
11:00 Dr. C. C. Reid,  
Tie douloureux and Gastric  
Disturbances.  
11:30 Dr. J. H. Bolles,  
Clinic.  
12:00 Dr. H. S. Dean,  
Laboratory Methods.  
12:30 Election.



## Looking in the Glass

or

## Looking in a Book

If "Concerning Osteopathy" was at her hand—she would be reading it while waiting for treatment.

It has a convincing appeal.

It is just what you want in the hand of every patient.

It is just what your patient wants, too.

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Order a hundred now.

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G. V. WEBSTER, D. O.  
Carthage, N. Y.

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This Space Donated by "Osteopathic Truth"

## The Proof of the Pudding

In this department it is intended to prove scientifically by X-Ray and other up-to-the minute laboratory methods that the Osteopathic Conception of Disease is correct

Edited by Earl R. Hoskins, D. O., of the A. T. Still Research Institute Staff  
Address him at 4347 Greenwood Ave., Chicago, Ill.

### Acidosis and Flexibility of the Spinal Column

Of the normal means of preventing excessive motion of the spinal column, the shape and size of vertebral bodies, the "staying" action of the ribs, the method of pelvic articulation, the abdominal and thoracic contents, and the soft tissues which round out the body, are all of less importance than the elastic and inelastic ligaments of the spine and the spinal muscles. It is equally true that the normal range of motion is lessened most commonly by processes which affect these same structures.

With the exception of the ligamentum nuchae and ligamenta subflava the ligaments of the spine are of the inelastic variety. Their action and structure are those of catgut "stays" or guy wires upon the bony structures, with enough length to allow the normal ranges of motion of their particular segment. While these structures are composed of non-elastic tissue they are subject to some normal variation in length. They are supplied with blood vessels and are affected by disturbances in the chemical balance of their source of nutrition.

The length of a strand of catgut can be changed at will by suspending it in solutions of different relative acidity and alkalinity. A piece of connective tissue or a ligament as a whole, gives identical results. In life the spine is affected as a whole by the condition of blood which is in the ligaments. As a result of trauma, bacterial action, etc., there is developed an area of localized acidosis. Experimental proof of this is given in Bulletin No. 4 of The A. T. Still Research Institute.

If this is primary in the ligament there is a shortening of the ligament from colloid absorption. If the intervertebral disk is affected the swelling of the disk will press outward upon the ligaments, functionally shortening them and also mechanically limiting the range of possible motion of the segment, in much the same manner that an exostosis from the body of the vertebra would. This swelling of the disk is a constant finding in radiographs of Osteopathic lesions.

Muscle tissue is affected by disturbance of chemical balance in much the same manner as the fibrous tissue of ligaments. Continued muscular contrac-

tion interferes with both arterial and venous circulation through immediately surrounding tissues and leading to localized acidosis. Added to this condition are the organic acids, chiefly sarcolactic, resulting from muscular metabolism which are kept more or less localized in the neighborhood of the contracted muscle.

These conditions lead to oedema of the neighborhood which may be followed by fibrous tissue proliferation here, duplicating the process of adhesive formations of the pleura or in an inflamed joint any where in the body. This fibrous proliferation increases the palpable density of the involved tissues and in old chronic lesions is a factor in the rigidity of the involved area.

Muscles, ligaments, disks and bone tissue are comparatively dense structures. An oedematous increase in volume then will affect most seriously the areolar tissue of the comparatively open spaces of the region.

The structures in the spinal foramina are so placed and dimensioned that in normal conditions extreme motion of the spine may be possible without affecting them seriously yet when the region is infiltrated with an oedema there can be and often are symptoms due to "pressure on the nerve trunks" as they emerge from the spinal column. Not only are there pressure effects but from absorption the nutrition of the arteries, veins and nerves themselves are affected by the contents of the fluid with which they are surrounded. The caliber of blood vessels will be altered and tissues supplied by them will be functionally and structurally disturbed by the change in amount and character of blood supplied or drained from them. When the tissues thus involved are muscles, the process is repeated on a larger scale until reaction of the body as a whole is able to limit it, either of itself or with the aid of proper treatment.

### THE TAYLOR CLINIC In Des Moines, December 30th to January 3rd.

Dr S. L. Taylor, president of the Des Moines Still College of Osteopathy, and Surgeon-in-Chief of the Des Moines General Hospital have recently organized the "Taylor Clinic." The purpose of this Clinic is to conduct Post-Graduate classes in connection with the college and the hospital.

### Dr. Gerdine a Feature

Dr. L. von H. Gerdine, known all over the country as an expert alienist with the Still-Hildreth Sanatorium at Macon, is on the faculty at Des Moines and is giving his share of the Clinic.

### Well Organized

The Clinic has been well organized and judging from their first appearance, December 30th to January 3rd, they will be a credit to the profession and will do much to strengthen our educational institutions.

Dr. Taylor presented surgical and allied subjects: Dr. Gerdine, neurology, psychiatry and general diagnosis; Dr. J. N. Waggoner, formerly of the American School of Osteopathy, eye ear, nose and throat; Dr. C. D. Heasley, laboratory methods; Dr. D. D. Clark, osteopathic spinal diagnosis and treatment, and Dr. F. J. Trenery, superintendent of the Hospital, X-radiance.

We not only need more well organized post-graduate courses with A. T. Still ten-finger Osteopathy as the keynote, but we need more of our profession to realize that they can leave their practices for a week or so for study, and return to a bigger practice, because they have thought enough of their patients to try and improve their methods of caring for them.

## Fruit Nut Cereal

Doctor, a day never passes that you do not find a patient in need of a laxative food.

Fruit Nut Cereal is the ideal natural laxative.

It contains figs, raisins, walnuts, wheat, bran and malt thoroughly dextrinized, but not predigested.

It is nutritious, delicious and easily digested.

Send for samples and information.

New England  
Breakfast Food Company

West Somerville, Mass.

## Osteopathy

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

"In 1915, at the Radcliffe Infirmary, Oxford, under the direction of my friend Major Turrell, 17,225 treatments were given by various electrotherapeutic methods, mainly to soldiers. The enormous yearly increase of this work at this one hospital shows in a striking manner of what value the results, are when such a department is directed and controlled by a thoroughly efficient medical man who understand his apparatus, its applicability to individual cases, and whose thorough knowledge of medicine and surgery enables him to apply to each case the individual treatment indicated in a scientific, as opposed to a merely haphazard manner. I instance Major Turrell in this way because I have seen, and been much impressed by his methods, and the manner in which his hospital department is carried on; but I have no doubt whatever that there are many others in the country where medical men are doing equally good work on similar lines. The real point is that this work is becoming of more and more importance in all directions, the different means at our disposal for effecting certain results are becoming more and more varied, the profession generally is recognizing the value of such work and the necessity for skilled medical control, and it follows that those who are to exercise this control must have the

means of acquiring the knowledge to fit themselves for the work. That is to say, that the teaching must be recognized and regulated.

"In many countries this teaching is being organized and carried out on proper lines; in many countries University professorships and lectureships have been given to medical men qualified for such posts. We must not lag behind. Perhaps some of you may think that in the middle of this great war matters of this kind are not of great importance. I do not agree. We have got to prepare for the peace we all look forward to, and no harm can come by the ventilation of certain things asking for reformation and accentuated by conditions brought about by the war itself. America has been moving strongly from the X-Ray point of view. In quite a number of universities and hospitals and colleges our professors of radiology and of electrotherapeutics, and in other lecturers on this subject, and it follows upon this, of course, that there are special courses and special lectures for teaching purposes.

"There is the necessity for post graduate teaching, and this must be arranged from two points of view. At the present time elementary post-graduate courses are of the greatest importance as so many of the practitioners had left hospital before either X-ray work began, or before it reached its present position. There will, however, always be a necessity for this teaching in order that medi-

cal men in general practice may have an opportunity of keeping themselves abreast of the times. For many years I found in my work that nearly every case came to me on the recommendation of a consultant; it still is the fact that the large majority of cases come in this way; of late years, however, there has been a growing tendency on the part of the general practitioner to have many of his cases examined from the X-ray point of view before calling in a physician or surgeon. This condition of affairs will, I believe, go on, and more and more work will come in that way as the medical student and so the general practitioner gets more knowledge of the possibilities of radiography. . . . .

"And now I come to my final problem. This is the medical student. This unfortunate individual is already so overburdened with subjects, lectures and classes all arranged for examination purposes, that it is said to be impossible to add any more to the curriculum. The answer to this must be that X-ray work has become of such overwhelming and paramount importance that it cannot, and must not be shelved any longer. The public, and not the medical student, is what has to be considered, and the medical student does not imbibe knowledge on his own account, but because it may enable him to practice as a medical man in a safe and reliable manner; therefore, I say it is essential that the student should be compelled to imbibe some knowledge of what is now the most important exact means of diagnosis there is in a large and growing field of diseases, and that as the large majority of students will eventually become general practitioners they must have this knowledge before being let loose upon the public.

"The future general practitioner must have, at any rate, enough knowledge of X-ray and electrotherapeutics to enable him to know when an X-ray examination for diagnostic purposes is indicated, when he should recommend to a patient treatment by one or other of the various electrotherapeutic methods. Now it is a well known fact that the medical student will not imbibe knowledge for its own sake, but only from the examination point of view—of course, this applies to the average student—and unless he has the fear of the examination before him he does not attend lectures and classes. I believe that the time has come when it is essential that a course of radiology and electrotherapeutics should be included in the curriculum, and that in the final examination questions upon these subjects should

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be a possibility. Then the corollary to this becomes obvious; the teachers of these subjects must have recognized standing and position. . . .

"In conclusion, I am hoping to live to see the time when radiology and electrotherapeutics, taught at all universities and medical schools by professors and lecturers, will be carried on throughout the kingdom by well-trained and medically-qualified specialists and by such men and women only."

Dr. William Benham Snow, of New York, whose very complete electrical equipment I have inspected, has stated his views in a recent editorial on this subject. He is the author of many works on the subject; "Radiant Light and Heat" (1909); "Static Electricity and the Uses of the Roentgen Ray" (1905), and editor of the "American Journal of Electrotherapeutics and Radiology." He says:

"In the larger hospitals, as in the London hospitals, the static current, as stated by Dr. Turrell in his article, is of inestimable value in the treatment of so many painful conditions occurring in connection with the rigorous exposures to which human beings are subjected at the front. Sprains, synovitis, induration about wounds, the forms of neuritis and including the largest number of painful conditions are best relieved by the various static modalities which will be found invaluable for the relief and speedy restoration of these sufferers to health and service.

"These measures which prove so valuable in times of peace, in experienced hands, are of inestimably greater value for the relief of those subjected to the strenuous exposures to which human beings are exposed in times of war. The recognition of these methods as coming from abroad, together with the verified experience of those who know them here, confirm their great value, and suggest the importance for their provision for our own soldiers if called into warfare, as seems probable at the present time.

"It is of paramount importance that American hospitals here and abroad shall be provided with every means of rendering more comfortable the suffering soldiers who are exposing themselves not only to the inclemencies of the weather, but to the dangers of warfare; for too much cannot be done looking to the relief of suffering under these conditions.

"At this time, when the Government is asking the national societies and individuals in what field of endeavor they will serve their country, it becomes the duty of all such who are familiar with

the use of the methods referred to, and who are so well conversant with their value in the treatment of inflammatory and painful conditions, to use their personal endeavors and influence, to promote a better understanding of these matters, as well as giving their services to the Government for their administration.

"In Canada, I have had the benefit of the experience of Surgeons-General Jones and Fotheringham, Surgeon-General Cameron and others, whose opinions will be found in the proceedings before me.

"Canada has itself established in England some institutions which rank high and are referred to more than once by those whose views I have already given. They are also dealt with by Surgeon-General Jones, whom I now quote on the subject of the training of medical students and graduates.

"There is one point I should like to take up, and I think it is very important. That is, that the education of the medical student in this country does not tend to any great knowledge about hydrotherapy or electrotherapy, and we found extreme difficulty in getting men to take charge of this work, or to take an interest in it. When we went to Buxton and opened the hospital there, I came to the conclusion that we had practically no one upon whom I could lay my hands who had any great knowledge of hydrotherapy as carried out at any of the spas; and, therefore, I took steps to have two medical practitioners in Buxton given honorary commissions in the Canadian Army Medical Corps so that their services might be available for the men in our hospitals at Buxton. There are not many baths and spas in Canada, and the staffs of those places are usually men who have long resided there. There is practically little or no training of the medical student as regards hydrotherapy and not a great deal as regards electrotherapy."

I may now quote some views as to the present status of electricity as a modern curative agent. Dr. Desloges, of the Hotel Dieu, in Montreal, says:—

"The immense progress made of late years by electrotherapeutics has won for it an honorable place among the most precious resources of therapeutics. From a simple accessory it has become a powerful adjuvant, and will become in the near future one of the fundamental science of medicine. Professor Riviere does not fear to call it the most constant, the surest and the most scientific of all methods.

"Its scope has increased with gigantic strides. As this physical agent becomes better known, and its many qualities

are used in a more scientific manner, its marvelous curative powers are recognized.

"There is no longer any doubt of its efficacy. Clinical experiments have proved its real value on the solid basis sufficient to convince the most skeptical. But laboratory experiments have confirmed this theory in such a way as to leave no room to doubt the virtue of electricity in the treatment of disease."

Wm. H. Schmidt, M. D., of Philadelphia, said in March, 1917:

"There are many physicians still who are unaware that electricity has a firm scientific basis for its employment in medicine, and many will look at you with sympathy when you tell them you employ electrotherapeutics. A campaign of education is necessary to correct this error. Much can be done to bring these facts before the practicing physician, but more will be accomplished by having an efficient course in our medical and post-graduate schools under competent teachers who will start the student in the right path and instil a proper respect for its true value. Teachers in our medical schools in other branches, who do not understand electrotherapeutics, must be shown that electricity is not purely psychic, that it has a sound basis of use in medicine."

(Continued on page 96)

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## The Humorous Side of the Epidemic

"There is no drug preventing and there is no specific remedy, although the specific bacillus has been isolated. Treatment should follow in general the course of putting the patient to bed immediately and keeping him there until he is cured, both for his own sake and for the sake of the community, so that he cannot merely 'get better' and go out and infect others.

"The initial treatment should be a saline purgative of calomel. Aspirin, five to ten grains, may be given to relieve the aches and pains. A warm bath, also, will prove comforting and a check on pain, but great care must be taken to keep the patient from becoming cold. The patient must stay indoors.

"A light diet should be given, such as pasteurized milk, beef broth, soft boiled eggs and toast. For those with weak hearts there should be added a stimulant."—Doc. Blue.

\* \* \* \*

### THE AMERICAN PUBLIC HEALTH ASSOCIATION

The meeting of the American Public "Health" Association when President Charles J. Hastings said, "Prove all things and hold fast to that which is good. WE ARE NATURE'S SKILLED ASSISTANTS. It requires a good deal of knowledge to know how little we know. A tremendous amount of damage is done by interfering with nature, when

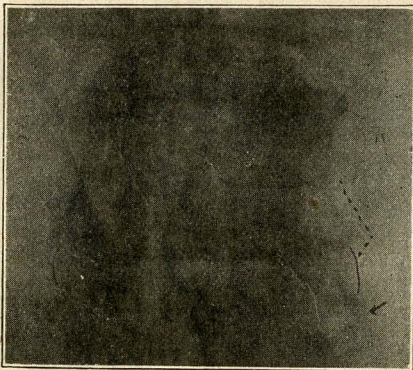


Fig. I

Figure 1. Male. Age, 48—Sciatica and Chronic Constipation.

#### Radiographic findings:

Negative articulation between 3rd and 4th Lumbar. Swollen disk with heavy fibrosis between 4th and 5th Lumbar. Outer edges of disk shown just inside of solid line.

Edema of paravertebral tissue extending up along right margin of shadow of 4th Lumbar body, indicated by dotted line.

Exostoses on both lateral margins of body of 5th Lumbar as shown by arrows.

Periostitis of body of 4th Lumbar.

nature would have done better if she had been let alone. After twenty-five years in practice I felt like a disciple of Shakespeare—'throwing physic to the dogs.'"

\* \* \* \*

When Dr. Goldsmith said, "We have very little power over pneumonia. I am convinced that as many patients have been killed by physicians as have been cured. I did my share of killing when I was in a hospital—giving whisky, strychnine, etc. If they had been let alone they would have recovered. During the last ten years I have let my patients alone. Don't bother about stimulation."

\* \* \* \*

The statement of Dr. James W. Inches, health commissioner of Detroit, that masks were "popycock" almost started a riot, and the question was finally left to a committee to settle.

### EVERY DAY A NEW SERUM?

#### Diphtheria Serum Influenza Specific, Says Dr. L. J. Pint

Dr. Louis J. Pint, former state bacteriologist and at present connected with the research laboratory of the University of Chicago, told the Chicago Medical Society at Lincoln Center last night that he had succeeded in isolating the germs responsible for the influenza epidemic, and that the regulation diphtheria antitoxin is an absolute specific for the disease.

The germ responsible for the disease, he said, is not influenza, but staphylococcus aureus, which is usually responsible for carbuncles, streptococcus, which causes blood poison and vincent angina, which causes sore mouths. He said the epidemic was mainly caused by the present war diet and especially by the curtailment of the usual consumption of sugar.

Dr. Pint said that he had treated seventy-five cases with the diphtheria antitoxin without the loss of a single case.

Several members of the medical staff of Great Lakes Naval Training Station attended the meeting.

### NEW VACCINE FOR INFLUENZA SAID TO PROVE EFFICACIOUS

Kingston, Ontario, Oct. 18.—A new Spanish influenza vaccine, which he says has produced good results in 200

experimental cases, was announced last night by Dr. G. B. Reed, assistant professor of botany and lecturer in bacteriology at Queen's University.

Chicago Post, Oct. 18.

\* \* \* \*

### DR. E. C. ROSENOW OF THE MAYO GROUP PRODUCES A "SPECIFIC" SERUM

\* \* \* \*

Every Tom, Dick and Harry produced a "serum" made from the bacteria taken from live sufferers and from the dead at post mortem.

### WHO SAID SCIENTIFIC MEDICINE? YET!

Statistics indicate that the number of cases of influenza and pneumonia appeared in larger numbers in those units where the men had been inoculated only a few days previously. It has been observed, medical authorities say, that the vitality and power of resistance of a man is temporarily lowered following inoculation.

Chicago Post, Oct. 19.

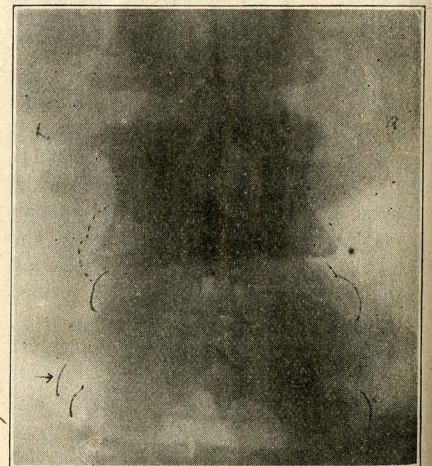


Fig. II

Figure II. Female. Age 36—Hemorrhoids and Ovaritis.

#### Radiographic findings:

Negative articulation between 4th and 5th Lumbar. Fibrosed disk between 4th and 5th Lumbar.

Wedging of disk with narrowing towards left, persistent throughout examination both on fluoroscopic screen and other plates.

Edematous area on left side extending upward along body of 4th Lumbar.

Ligaments and disk thickened between 5th Lumbar and Sacrum.

Original plate requires no outlining.

Patient poorly prepared, hence excess of gas in intestines.

**AND!  
REDUCING DISEASE MORTALITY  
FOUR-FIFTHS AN ARMY  
TRIUMPH**

By Dr. Leonard Keene Hirshberg  
A. B., M. A., M. D. (Johns  
Hopkins University)

The American government with its military powers and the popular discipline of our soldiers and sailors is able to compel the men to save themselves from typhoid, meningitis, rabies, Spanish influenza, pneumonia and other scourges by enforced quarantine, biological preventives and a humanly practical agency in each military unit, whose exclusive work, purpose and duty it is to see that "the soldier knows" and does as he knows.

No man affected with a contagious, infectious or communicable disease, be it ever so humble, such as a "cold," is permitted to mingle among well members of his own or any other unit without a gauze mask over his nose and mouth.

In civil and family life he goes about without any precautions and to the peril and invalidism of his loved ones.

**The Wonderful Results**

No soldier or sailor suffering with an infection is allowed to accompany his regiment anywhere, but in civil life a business man or clerk, however, can go directly among crowds and strangers, business associates and employes and spread the infection as well as weaken himself because there is no authority delegated to others nor the will to wear a gauze face guard or to be quarantined.

The mortality casualty lists of disease from all causes in the 4,000,000 men of the United States army on June 7, 1918, was 4.14 per thousand. In civil life among 4,000,000 men in Washington, Baltimore, New York and Philadelphia at the same time the disease mortality was 20.14 per thousand.

**Prevention Is Simple**

This means that a man's health, earning strength, vitality and life become five times better under compulsory enforcement of the military measures of vaccination and other preventives of disease when in the army than when in the "wait-until-I'm-really-sick" situation of civil life.

Typhoid fever is a great plague in civil life. Families still lose members from its destructive hand. Many who get well are sick and must be fed and cared for by others for months, while they are unable to earn a penny.

In the armies, because the "conscientious objectors" cannot interfere with discipline that saves men from their own folly and ignorance, typhoid has taken its place besides cholera, smallpox, diphtheria and yellow fever as almost extinct diseases.

A few benighted, sodden, obstinate individuals with Hun minds still spread a propaganda against inoculation to prevent sickness. They shut their closed minds tight against the fact that from 1912, when former President Taft gave the order to vaccinate all the armed forces of the United States against typhoid, through the four years following there were only two deaths from typhoid among the vaccinated men and thousands among civilians who knew of the method, yet were too uninterested for their own welfare to visit a doctor and obtain the inoculations.

Are you going to continue to "take a chance" or are you interested enough in your own health and life and that of your family to have your doctor protect your dear ones as our boys "over there" are protected?

Chicago Post, Nov. 11.

**WHO!  
"ALL PHYSICIANS CALLED TO  
FIGHT GRIP EPIDEMIC**

Army, Navy and Civilian Doctors in  
Chicago and Illinois Enlisted;  
Directing Committee Named"

This headline appeared in the Herald-Examiner of Sept. 28. NO OSTEOPATHIC PHYSICIAN WAS EVER CONSULTED OR USED.

EVERETT TRUE ALWAYS SAID  
THAT THE PEOPLE MAKE GOOD  
GUINEA PIGS.

**HUGE JOKES**

Cincinnati Board of Health ordered everything closed but the stores, so the Symphony Orchestra moved to St. Bernard, an adjoining village for rehearsals.

\* \* \* \*

Chicago had everything closed except the saloons and the stores. The department stores were crammed with people thick as sardines in a can and the air was stale enough to kill anything. Of course, Pfeiffer's Bacilli cannot live without oxygen.

\* \* \* \*

New York closed nothing.

\* \* \* \*

Every person found on the streets of San Francisco without a "mask" was arrested and fined \$25.

**WOODS HUTCHINSON SWATTED  
INSTEAD OF THE "FLU"**

A special committee of the Los Angeles Council were considering ways and means of combating the epidemic having Dr. Hutchinson as the chief self-constituted advisor.

"Dr. Hutchinson made a somewhat lengthy opening address, in which he declared that nothing but the mask could stop the 'flu.' He submitted many figures and theories. In regard to serum, he said that one shot in the arm would prevent death from 'flu,' two shots would prevent its running into pneumonia, and three would keep you from getting the disease at all. What four would do he did not state.

"Exception was taken to the fact that Dr. Hutchinson removed his mask while talking. He said he did so because he had been made immune and could not scatter germs.

\* \* \* \*

"Dr. LeMoyné Wills said he had been through two 'flu' epidemics, and asserted that masks are of no consequence. He called Dr. Hutchinson a theorist, who is trying to use California cities for his

experiments. Dr. Hutchinson arose to hand him a chart showing how he says masks have reduced the 'flu' in San Francisco, but Dr. Wills waved him aside, saying: 'I don't want to look at them. Statistics will prove anything that a statistician wants them to prove.'

\* \* \* \*

**MASKS WERE THROWN OUT**

San Francisco rejected the Masks during the second wave of the epidemic in December.

Oh! Death where is thy sting,  
Oh! Grave where is thy victory?

With the colossal monument of 6,000,000 deaths resulting from the death-dealing treatment of the drug physicians the people of the world today sleep on in perfect peace that "all was done that could be done." When some other member of the family gets sick they will employ the same doctor and the same system-clogging drugs.

**OUT OF FAILURE—SUCCESS**

Will we remain asleep even though the people do? No one is going to fight our battles nor look out for us.

Our profession and our schools are where they are today because our educational or advertising plans are too small. The Christian Scientists have a daily newspaper. Why can't we?

We should advertise, by paid space, in the greatest newspapers of the country, our wonderful success in the epidemic. Was that result any more than you expected it would be? No, it was not. We knew we could do what we did do. But the world did not know it, and will never know it until we blazon the sky with our banners of Excelsior.

If you will produce the money—a million will be needed—I will run the newspaper. Are you on?

Now is the time to advertise our schools by paid advertisements in the magazines and newspapers. Do you want to run an ad in your local newspaper. Send me the money and I will write the "ad" and have it run without your name ever reaching the publishers of that particular paper. We will advertise all our schools except Central College.

No school will ever get students except by going after them. You do not get patients unless you go after them. There are various ways of going after what you want.

In the February issue we will attempt to give a partial solution of our school problem.

**Subscribe Now**



# Significance of Cause and Effect

Dr. Carl P. McConnell, Chicago, Ill.

(Continued from last month)

IT IS A WELL KNOWN TRAIT OF HUMAN NATURE TO SEEK PASTURES NEW INSTEAD OF INTENSIVELY CULTIVATING WHAT WE ARE ALREADY POSSESSORS OF. TO A CERTAIN EXTENT BROADNESS OF VIEW IS A MOST ADMIRABLE THING, BUT THERE MAY BE MANY A SLIP HERE IF WE ARE NOT FULLY ALIVE TO WHAT WE MAY BE GIVING UP. I AM OF THE OPINION THAT THERE IS NOT ONE OF US FULLY AWARE OF OSTEOPATHY'S POSSIBILITIES. THAT WE HAVE BARELY SCRATCHED THE SURFACE IS A CERTAINTY. Take two

great strides of modern medical science, sanitation and aseptic surgery, upon broad grounds they substantiate the very fundamentals of osteopathy, completeness and self-repair of the organism when subjected to a harmonious environment. It seems to me that the lesson is evident. It remains with us to continually strive to perfect the application in a most intensive manner.

And that our best field of work, as it always has been, is in the treating room and at the bedside, continually striving to unravel the details of causative factors of each individual case and set the mechanism in a harmonious environment, while at the same time keeping abreast of all scientific development. That we are on the right lines seems to be without question. It is not only a problem of assisting the individual organism, but also of clearly showing the individual how he can consciously help himself.

Our subject is an inexhaustible one. I have merely touched upon a few high points. My special plea is for more intensive application of our fundamentals and a more thorough co-operation of physician and patient. After all is said and done, osteopathy simply gives nature a greater opportunity or chance.

I will close by quoting a concrete illustration of the significance of cause and effect. It is taken from Alexander, Man's Supreme Inheritance, a work I am sure every one would enjoy reading.

"Incidentally it may be of value to consider what this condition of minimum

intra-thoracic capacity really means and to note some of the influences upon the whole organism. For as this thoracic cavity contains many of the vital organs, the whole abdominal viscera is directly or indirectly influenced by its capacity. Minimum thoracic capacity means that the organs within the thorax are harmfully compressed and that the heart and lungs do not get a proper chance to function adequately. A harmful strain is thrown upon the heart, the lungs are not adequately employed or sufficiently aerated, and the lung tissue deteriorates. The proper distribution of the blood is interfered with because of the undue accumulation in the splanchnic area, to the detriment of the lung supply. As the lungs are the chief distributors of blood it will be understood that this condition of minimum thoracic capacity interferes with the circulation and general nutrition. The respiratory processes are employed in sucking in air instead of creating a partial vacuum in the lungs by a co-ordinated thoracic expansion which will give atmospheric pressure its opportunity. There is an undue intra-abdominal pressure and harmful flaccidity of the abdominal muscles, which means dropping of the viscera, imperfect functioning of the liver, kidneys, bladder, etc., stagnation in the bowels, and irritation and distention of the colon, intestines, etc.; in other words, indigestion, constipation and all the concomitant disorders and general impairment of the vital functioning. Let us, for a moment, think of the thoracic and abdominal cavities as one fairly stiff oblong rubber bag filled with different parts of a working machine which are interrelated and interdependent, and which are held in position by their attachment to the different parts of the inner surface of this bag. We will then suppose, for the sake of our illustration, that the circumference of the inner upper half of this bag is three inches more than that of the lower half. As long as this general capacity of the bag is maintained the working standard of efficiency of the machinery is indicated as the maximum. Let us then, in our mind's eye decrease the capacity of the upper part of the bag and increase that of the lower half until the inner circumference of the latter is three inches more than the former. We can at once picture the effect upon the whole of the vital organs therein contained, their general disorganization, the harmful irrita-

tion caused by undue compression, the interference with the natural movement of the blood, of the lymph and of the fluids contained in the organs of digestion and elimination.

Supplement this statement with the writings of Dr. Still on the same subject, with a practical study of Burns anemia, with our knowledge of the central tendon of the diaphragm, and with our knowledge of spinal configuration and related spinal lesions, there is sufficient material in this one vast field alone to keep us all busy for a life time.

## OSTEOPATHY

(Continued from page 93)

The American Journal of Electrotherapeutics and Radiology, in its editorial in June, 1917, discusses the status of electrotherapy in this way:

"The oft-repeated statement by medical men, particularly of neurologists, that electrotherapeutics is practically a psychic measure, has risen by the bungling and impracticable use of the various currents by these men. The modern physician who uses electricity by modern methods looks with amazement upon the old text-books on electrotherapeutics, and when he reads the medical works, particularly on nervous diseases, and observes the reference made to the indication for the use of electricity, and the way in which they still employ it, is aghast that no progress has been made by these writers for many years in the practical employment of an agent so potent for good.

"This is an age of progress, and when we compare the commercial uses of electricity with its employment thirty years ago the contrast is amazing, and so with electricity in medicine. It is safe to say that the present status of electrotherapeutics in the hands of those informed as to its effects, indication and technique for employing it, is in every respect keeping pace and progress with its commercial uses.

"Electricity is undoubtedly the most important means of restoring functional conditions and arresting organic processes in medicine. This fact must be so conceded and acknowledged that instead of the present attitude of those who know little or nothing of its properties and uses, and would reject its employment, will be confronted by an energetic propaganda by those who are familiar with its properties and uses and methods of application, and that then it may be brought into its true light and significance before the medical profession.

(Continued in next issue)