

# **Osteopathic Truth**

**February 1920**

**Vol. 4, No. 7**

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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 IV

FEBRUARY, 1920

Number 7

## Sleeping Sickness and Other Mental Conditions

Dr. M. E. Church, D. O., Calgary, Alta.

Having seen no reports thus far in our periodicals re Sleeping Sickness, I feel that it will be an allowable heading for something I wish to get off my chest, as well as report three cases we have run across.

After returning from my post graduate work last February, I was called to see a patient who had been under medical care as well as specialist care for she was suffering from an eye trouble that was not understood by any of the doctors, myself included. Why I was called was that the patient had been sleeping for three nights and two days and she could only be aroused by the greatest effort, and the husband and son thought our treatment might rouse her up, having had sufficient experience with the others to satisfy them they could not do so. We treated the patient, examined the swollen, congested eye, not knowing what to call it, brought back a sample of urine which we found not only loaded with sugar, but many other heavy sediments and indican. The patient was put on a strict milk diet and treated regularly until she had fully recovered, and strange to say, the eye symptoms cleared up completely and the patient is well, or was, if she lived according to rules laid down. (Sleeping sickness, eh)?

On December 2nd I was called to see a young laboring man of 34, who had his curtain drawn, complaining of pain in the head, had vomited several times, was so dizzy he could not sit up. I visited him five days, twice a day. The sixth day he walked a block, coming to my office on the seventh day. This was strictly a case

of Lethargic Encephalitis. I failed above to mention the drowsy symptoms, but they were very bad. The only cause this young man gave me was that he had received a chill after a hard day's work and was taken down almost immediately.

On December 22nd I was called to see a man who had been working in his cold shop, cold because of low gas pressure during a cold spell. He had been carrying a heavy mental load re purchasing a home, etc., lately, and working early and late, almost to exhaustion, to make ends meet. I knew this man well, having treated him for asthma about a year ago, he having come to this part of the country from Niagara Falls because of the trouble and having been advised that he could not live any longer there. I found this man suffering a great deal of pain over the hypochondrium, especially the upper right, and pain in the neck and forehead, slight delirium when aroused from his drowsiness. Because of expense I was not called earlier in the case, he thinking that he would soon recover.

There having been so much said about sleeping sickness, I got my eyes open and recognized what we might be dealing with. I say we, because I had called in my partner, Eye, Ear, Nose and Throat Specialist, Dr. Siemens to look at a chronic running ear, and for the sake of the profession let me say I failed. I got my eyes off the patient and onto the possibilities of what I was up against, and suggested to the folks that I would call in an M. D. on consultation if they wished. The wife said the case

was entirely in my hands and to do what I wished. I called a man who stands high in his profession. We saw the case again and he was satisfied that we had a case of sleeping sickness and asked if I hesitated to have a lumbar puncture. In the meantime I had done very little for my patient. That evening three of we doctors and Dr. Hughes and Dr. McCalle, Bacteriologist, called at the same time and made a lumbar puncture, and bless me, instead of sixty or seventy Leucocytes that have been found in other cases of sleeping sickness, we have five hundred to the cubic millimeter. Horror of horrors, the worst form of meningitis; it must be tubercular. This the culture failed to show, as it was impossible to get a culture from the fluid. That evening I called to get a nurse for the case, and returning about 9:00 p. m., I, for the first time, I am ashamed to say, gave the man a very thorough spinal, neck and abdominal treatment, paying particular attention to the liver and splenic area. The man vomited very freely and the symptoms cleared. I was surprised at the appearance of the man the next morning, so was the M. D. who asked to continue to see the case, as he had not had a case thus far. That evening, Tuesday, I gave the patient another thorough treatment, after which he vomited freely, but less than the night before, and the next day the man was apparently well, but of course was weak. Having suffered from pus tonsils for some time I decided, because of the condition of the patient, I would have my tonsils out the next afternoon, December 24,



taking a few days rest and stay with my wife and family, wife needing my presence for a few days because of our infant's death, the effects of a shock from a street car accident, and having assisted in the delivery I was all in and did not get to see the patient again until the first of the next week. I found him suffering from what I call, according to Osler, masked pneumonia. I was not able physically to give my best to the patient at this time, and on December 29th his tongue cleared, he endeavored to raise, and on December 30th at 11:15 he died, not having strength to bring forth the effects of the disease. I diagnosed the case masked pneumonia.

And now I come to the other part of my subject, "And Other Mental Conditions," and begin by saying I, for one, wish to God I had never known an M. D. You may say I would never have been born. That's wrong, for several of us were born and reared with very little use of one, and I learned of a family yesterday of eleven, who have never had an M. D. even for that critical hour when they first came into the world. But you say, Dr. Church, you are registered and protected by being a member of the College of Physicians and Surgeons of Alberta; it gives you protection and standing. I deny it to the last letter. Any standing I have in this city and province I can assure you has not come from any accommodation, standing or help of the College of Physicians and Surgeons of Alberta. When we are little in our own eyes, like David of old, and enthusiastic for Osteopathy (truth), we do something for our patients, and shall I say in our ignorance of the name of disease we get results. And when we learned what we cured, because of our knowledge of the disease learned from medical books, we shook like a green leaf in a thunderstorm. If you please we have become to a certain extent a profession of highbrows. Rev. Paul Rader, of the Moody Church, Chicago, says a highbrow is a person educated above their intelligence; in other words, educated above what they are able to put into practice (medically). Chiropractic is absolutely stepping in and trying to steal our birthright. The question is, will they get it? Thank God they are not doing it in Calgary. If you doubt this, write the Mayor, the Manager of the Bank of Montreal, or any other respectable source. We occupy about

one-third of the floor space in this large building; there are four of us associated. Osteopathy is the one thing we push to the front continually. Our nurse is an osteopathic nurse. We believe absolutely that germs are not the primary but the effect of disease. We believe that pus tonsils must be removed; that's osteopathic. We believe that septums that are so deflected that they have points of contact, and enlarged pale turbinates cause trouble and are better removed. We believe that there are certain conditions where glasses do relieve eye strain and allied nervous conditions. To that end we have an osteopathic specialist who operates only when and where needed, and fits glasses only where we are sure there is need of same. We have another man on Gastro-Intestinal and Nervous diseases, another on Gynecology and Obstetrics, and the writer knowing a little something of the effect of the thyroid, adrenals, pituitary, liver, spleen, etc., has made somewhat of a specialty along that line, together with the treatment of hemorrhoids, orificial surgery of the lower orifices, or the removal of irritation of the sympathetic nervous system. We all know or should when any poison, drugs included, appears in the blood stream, it excites the ant. pituitary and the post. pituitary, and through the sympathetics, the adrenals, the pancreas, the thyroid, the leucocyte organs causing more leucocytes to act as phagocytes and food carriers, etc., and this whole system is controlled from the brain glands. Now for my enlightenment tell me where drugs come in if you medical osteopaths who practice medicine and are the curse of our profession, you who have not appreciated your birthright and sold it for a mess of pottage and become a servant of two masters, for if I understand the Truth aright, we cannot serve two, for we will cleave to one and despise the other, for we cannot serve Osteopathy (truth) and Medicine; they absolutely will not mix.

Why I am criticizing myself and blaming myself for after these years being thrown off the track of truth to bow to the mental theory of a man who at least is a christian man, and a good M. D., but unable to see disease as it actually is. What does Osler say on his dying bed? "Great art of a physician lay in profound knowledge of the human body."

In Toronto, where they have had a

number of cases of diphtheria following vaccination, the Health Department are investigating the possibility of the vaccine being the cause, and if they are honest they will find that the rotten serum has been the cause.

Now in closing this article or ramble, I wish to state that it would have been infinitely better for the patient who died had I not recognized the disease and treated it as the effects of a constitutional disease and had never called in my honest, faithful M. D. friend, for surely our vision of disease absolutely must be different, and my vision was to say the least, divided, and I was influenced by what I thought he knew. I am not pleading for ignorance; God forbid. But a highbrow is one educated above their intelligence, and that is medical science today and religion of today, if you please, a beautiful medical structure, and beautiful churches, if you please, without horse sense enough to bring forth or deliver the goods. We have this ability. Are we going to cherish it as we would a sacred truth, or are we going to turn our school into teaching medicine, as evidently some of our schools are, re recent investigation? Ah! shame on us. It seems to me if Dr. Andrew Taylor Still knew of the medicine being taught and used by people who claim to be osteopaths, he would turn over in his grave and groan with anguish for those who have gone after strange gods to be like the nations around them. I am thankful that I am learning, and only once and awhile when some new fangled disease comes up which is an old disease taking a new manifestation of mental strain, etc., I am learning, I say, the uselessness of medical theory.

(301 Grain Exchange Block.)

#### DR. REID FLAYS VACCINATION AND WAYS OF GETTING VIRUS

Dr. George W. Reid, Slater building, president of the New England Osteopathic Association, in discussing the methods adopted to obtain vaccine virus, says:

"That the public may better understand what is meant by vaccination, I would like to explain a few points relative to this so-called preventive of smallpox: First, as to the manner in which vaccine virus is prepared and obtained. An ex-soldier who served at the Mexican border, in the coast artillery, and who was an eye-witness in



the year 1918 at one of our state laboratories, where vaccine virus is manufactured, told me that the calf is supplied to the laboratory by a meat dealer, and is first taken from the stable and given a wash.

"When it is ready to be used for making virus, it is strapped to a table, the head is bound securely down, the front legs are fastened together. The hind legs are separated as far as possible and held firmly, to make the area worked on as large as possible. The calf is then shaved between the front and hind legs, an area about two feet long. About 10 or 12 slits are made in the shaved surface. Into these slits the vaccine virus seed is rubbed, to remain six or seven days. It is plain to be seen the animal suffers. It is operated on without anesthetic. It groans and wheezes, showing its terror by its rolling eyes, panting breath and quivering flesh.

"For six or seven days after the calf is thus inoculated, it is suspended so that it can touch its feet, but cannot lie down. This suspension is to guard against infection, infection of an already infected calf! Lice crawl over the sores.

"For six or seven days after the calf is again strapped securely to the table, the swollen, inflamed slits are scraped with a sharp knife, and the filthy contents put quickly into a bottle and promptly covered to keep it pure. Later it is ground up in glycerine and heated to a certain temperature. The medical students, who came to the laboratory for instruction in making virus, were told that all the germs could not be killed, but as many were killed as possible. The virus is then cooled to a temperature below freezing, to remain until ready for use.

"Speaking of seed virus, Dr. S. Monckton Copeman of Victoria university, Manchester, England, says: 'The most satisfactory material was found to be sciscle pulp, obtained in the postmortem room from cases of discreet smallpox that had died during a comparatively early stage of the eruption.'

"The term pure vaccine is often heard, but this is a misnomer, for there is no such a thing as pure virus. Can you imagine pure filth or pure slime? Those engaged in the manufacture of vaccine virus realize that it is impossible to guarantee its purity. They admitted this when, a few years ago, Dr. F. M. Padelford, Fall River, introduced a bill in the Massachusetts Legislature which called for the use of

nothing but pure virus in Massachusetts. They opposed its passage, stating that it would be impossible to live up to the requirements of the bill, and that it would put an end to vaccination in Massachusetts. The opposition was so strong that the bill was defeated.

"Germs of tetanus, or lockjaw, have been demonstrated to be present in vaccine virus by many investigators, also germs of meningitis, syphilis, tuberculosis and other diseases. So it is practically impossible to tell just what the effects of vaccination will be.

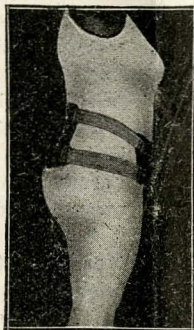
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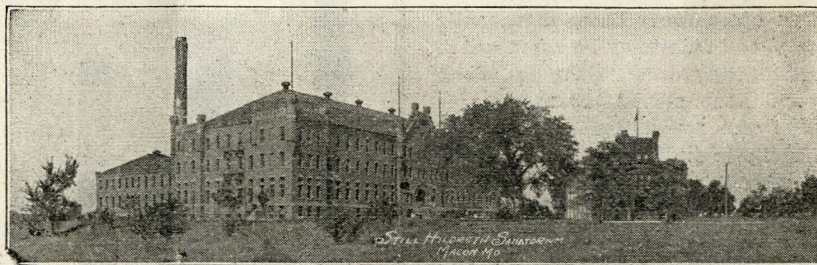
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Superintendent



## A Little Knowledge is a Dangerous Thing

It is a pretty well established fact now that vaccination is the cause of more deaths than smallpox, and of the two, vaccination is the greater scourge. Just recently a little child in Pittsfield died of lockjaw following vaccination, and there is no reasonable doubt but what vaccination was the cause of her death, as she was a perfectly healthy child prior to vaccination prior to entering school.

"Some doctors maintain that a few deaths from vaccination are perfectly justifiable, that the end justifies the means, but this sort of doctrine will not comfort the broken-hearted mothers whose children are sacrificed as a result of this practice.

"Vaccination was invented at a time when it was the popular belief that everybody was destined at one time or another to have smallpox. This was the time when science of every description was in swaddling clothes. It was a time when superstition and ignorance reigned supreme. It is little wonder, therefore, that it met with such a ready acceptance on the part of practically all mankind. We now know that it is not necessary to have smallpox or any other disease. We know that it is best to avoid disease of every description in so far as possible, and particularly during childhood, because we have found that many diseases or defects in adult life are simply the after-effects of some of the infections of childhood. That vaccination has had its share in undermining the health of many adults is certain. Vaccination is a wilful implantation of disease into the human being, which is contrary to our most modern therapeutic conceptions.

"One of the very basic therapeutic principles of today may be expressed in the following words: 'Clean out, clean up, and keep clean.' Cleanliness is one of the foundation stones upon which the science of prevention rests. Now with this thought in mind, contemplate what is entailed in the operation known as vaccination. It is the deliberate inoculation of filth or poison into the body, filth that nature has wisely eliminated from the body of a diseased calf in her effort to preserve the life of the calf. Here is a direct violation of the basic principle of prevention we have just mentioned."

Worcester Sunday Telegram,  
Nov. 16, 1919.

### SOMETHING TO THINK ABOUT?

Are you a real Osteopath or are you rummaging in the junk pile of the drug school?—McCole.

The hours given in this comparative schedule for Medicine, Osteopathy, Dentistry, Veterinary Medicine, Nursing and Chiropody are the **minimum** hours required by the State of New York for legal practice. The hours given under the heading of "Chiropractic" are the hours taught at the Palmer School of "Chiropractic" at Davenport, Iowa—the so-called Fountain Head of Chiropractic—and represent the **maximum** course. It is the standard of education upon which legislation has been sought in this State empowering the Chiropractor to treat all diseases. However, the majority of those now practicing "Chiropractic" had even less education than is shown in this schedule—many being graduates of correspondence schools of "Chiropractic."

A "Chiropractic" school sent out a circular letter under date of August 22, 1919, which states: "The college schedule has been so arranged that the afternoons and Saturdays can be given to employment during the first eight months with somewhat less time in the latter months of the course. More than one-half of our present student body is engaged in part time employment. . . ." Thus it is shown that even a course covering twelve calendar months (two "Chiropractic" years of six months each) is superfluous and a generous portion of time can be devoted to outside work without jeopardizing the receipt of a "diploma."

The "Chiropractors" ask the right to treat all diseases of the human body after receiving much less education than you demand of the dentist, who treats only your teeth; the chiropodist, who treats only your feet; the veterinary, who treats only your animals, or the nurse, who works under his (the "Chiropractor's") directions.

They ask the right to treat all diseases of the human body with fewer hours of preparation than are required of:

An apprentice to learn the baker's, the butcher's, the carpenter's or the blacksmith's trade.

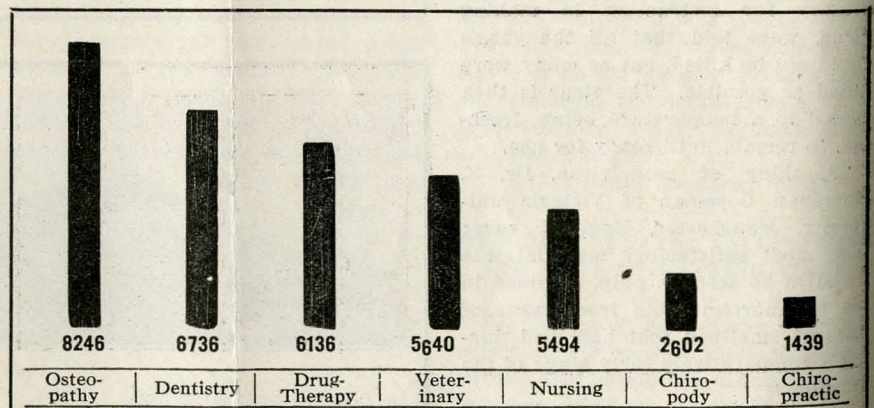
The graduate from an ordinary barber school, or a school for plumbing or gas fitting.

An efficient stenographer, a book-keeper, a mechanic to repair your automobile.

The architect who designs your house, the farmer who tills your land scientifically, the electrician who sets your machinery in motion, the druggist who portions out your pills, or the minister who preaches to you the gospel.

By this comparative schedule one of two things is shown: either the chiropractor is grossly undereducated or the others are overeducated. Can you say that physicians, nurses, etc., know too much, are too able? There is something wrong somewhere.

Isn't education an essential, at least, for those who treat the sick—no matter what methods they pursue?



Comparative Scale of Educational Qualifications,  
*Minimum* qualifications except that of  
Chiropractor which is the *Maximum*.

FROM THE FOLDER PREPARED BY THE NEW YORK OSTEOPATHIC SOCIETY

Ten Thousand New Students Wanted  
for September, 1920



**GET THE NEEDLE, WATSON**

Punch, brother, punch; punch with care; punch 'em in the leg, the arm, or the ear; scratch all the hide off, slip the poison in; if it ain't "successful," do it again; fill arms and legs with shell-holes to prove vaccination "took"; smallpox scares will help like hell to fill your pocketbook. The "Reds" are being deported for throwing "T. N. T."; that's what they make their bombs of to blow up the enemy. But the A. M. A. uses T. N. T. to slip to healthy kids; Tainted 'Nti Toxin poked in arms puts health right on the skids. Yell Smallpox! Typhoid! Diphtheria!—anything will do, tell 'em to fill their hides with serum or they'll surely get the "Flu." Let's spread our propaganda and make an awful fuss, there's money in serum-squirting; scare the people, then pump pus.

Osteopaths, Chiropractors, Christian Scientists and other poisonless heal-

ers have been making such inroads into the medical profession that pills, squirt-guns and cleavers are about all the "instruments" necessary in the "regular" doctor's kit. If an individual has a pain nowadays that a physic won't eliminate, the doctor opens him up to take the carbon out and adjust the carburetor. And then to keep plenty of business for the hundreds of medical doctors that are being turned out every year, a continual scare is thrown into the public about smallpox, typhoid, diphtheria, influenza, etc., and vaccination and pus-punching are forced by legislative enactment upon healthy humanity.

But here is a good one on international pus-punching. There was a smallpox scare over in Canada recently and everybody "en route" through the district had to show a they had been poisoned and recovered, scarred arm and a certificate that or take a shot of the dope in order to

continue "unmolested" on their way.

All railroad passengers from Uncle Sam's domains entering the Province of Ontario, Canada, were handed one of these printed slips. Absorb it. It is good:

**UNITED STATES RAILROAD ADMINISTRATION**

**Director General of Railroads  
New York Central Railroad**

**UNITED STATES QUARANTINE REGULATIONS**

Account of Smallpox Epidemic in Province of Ontario.

Effective 7:00 a. m., November 26, 1919, on account of smallpox epidemic in Province of Ontario, the United States health authorities will require that:

All persons entering the United States from Ontario through the various ports of entry will be required to furnish physician's certificate certifying that the holder of such certificate has been vaccinated against smallpox within three years from date of presentation, or that the holder has had the disease and is no longer susceptible to it. Persons not in possession of such certificate whether aliens or citizens of the United States will not be permitted to enter the United States at any port of entry.

Passengers leaving the United States for points in the Province of Ontario with the expectation of returning to the United States will not be required to be vaccinated before leaving the United States, but upon arriving at port of entry on return trip, will be required to present certificate showing that they have been vaccinated within three years, or otherwise submit to vaccination before being allowed to re-enter the United States.

Passengers in transit on through trains passing through Canada from one point in the United States to another point in the United States, and holding through transportation between the points named as proof of such continuous passage will not be required to submit to vaccination.

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Notice first that the question isn't whether you have been vaccinated within three years nor whether you have had smallpox, your face might be fairly embroidered with smallpox pits, or your arm—or, if a woman, your leg—might be full of pus-punched vaccination shell holes and it would avail you naught! What is wanted is a pus-puncher's certificate that you have been pus-punched within three years or have had smallpox! Your arm—or, if a woman, your leg—might be at that time fairly putrid and throbbing with vaccine pus poison. That would do you no good. What you must have is a pus-puncher's certificate, and if you want to return to the good old U. S. A. from Ontario, Canada, you must drop a little coin in the slot of a Canuck Medico! That's the point!

But assuming that there is or ever was a real—and not a phantom—smallpox epidemic in the Province of



Ontario, Canada, and assuming that you had been exposed to it and wanted to return to the U. S. A. without a medical certificate, all that is necessary to do is to journey a little further eastward and gaily enter your land from Montreal! As a means of spreading smallpox, if it ever epidemically existed in the Province of Ontario, Canada, through Eastern Canada and thence southward through the U. S. A., the regulations of Uncle Sam's doddering Railroad Administration work like a charm.

But Mr. Henry M. Payne, of 1870 Hudson Terminal Building, New York City, a frequent traveler into Ontario, Canada, has this game beaten just exactly four ways from the jack. It illustrates to a nicety the beauties of pus-punchery and proves also its absolute efficiency. He is loaded for all smallpox epidemics, pus-punchers, Board of Health bandits and the wobbly U. S. Railroad Administration. He pulls his vaccination certificate No. 2, certifying that he has been "successfully" vaccinated. He pulls his vaccination certificate No. 3, certifying that he has been "successfully" vaccinated. Three cheerful pus-punchers certify that he has been "successfully" immunized from small-

pox. He simply couldn't have it, doncherknow! Three times pus from a wobbly sick heifer has been forced into his blood stream! He has been trebly "immunized." Three pus-punchers officially say so! But on top of that, and as an absolute clincher, he pulls certificate No. 4, issued after these three "successful" vaccination certificates, certifying that he has had the smallpox!

We ask you brethren, can you beat it? Three certificates of "successful" vaccination and then a certificate of having had the smallpox! There's one bird that Ontario, Canada, pus-punchers—with Uncle Sam's Railroad Administration aid—can't net, can they? Mr. Payne is an "Exhibit A" that pus-punchers don't want in their court. Pus-punchery "absolutely immunizes against smallpox!" You know it! So does Mr. Payne! The "United States health authorities" can't require much more of Mr. Payne, can they? Three "successful" vaccination certificates and after them a certificate of having had smallpox will halt any squad of derwish dancers and pus-punchers waving their barbarous tools, wont they? Pus-punching monomaniacs don't write very extensively about Mr.

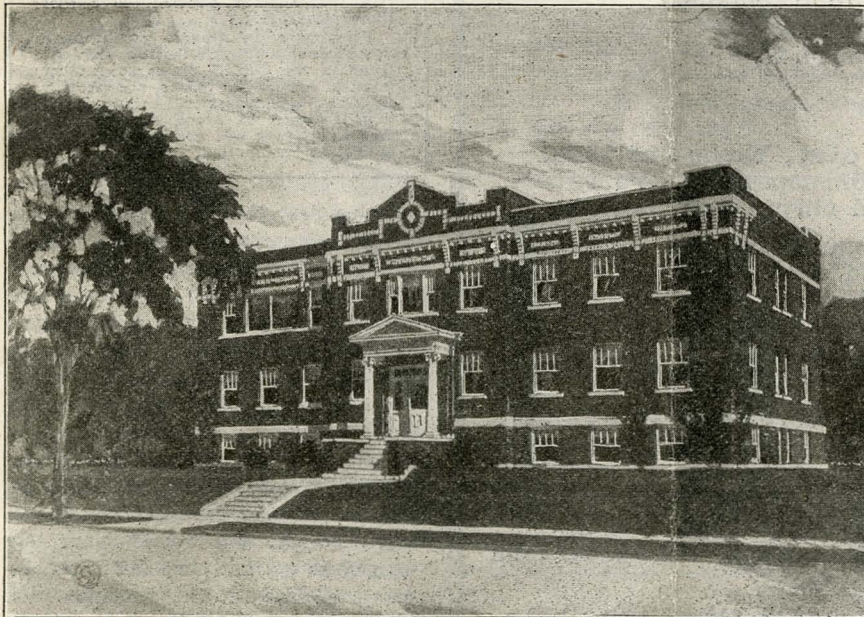
Payne's triple "immunization" against smallpox followed by the disease itself. His quartet of certificates—three that he couldn't have smallpox and the fourth that he did have it—sorta stumps these gentry.

When the Osteopaths and Chiropractors get strong enough—and they are growing fast—perhaps legislation will be put into effect that will force people to either produce a certificate that their backbone has been adjusted or the rheumatics rubbed out of their limbs, or we will have to lie down and have our vertebrae snapped into place and take a "rubbin" on the spot. But legislation of that kind wouldn't be dangerous. While it would be just as ridiculous as the present A. M. A. tainted compulsory vaccination laws, it wouldn't be necessary for you to quit work for a few weeks while your health battled against an armful of poison or a legful of pus.

Great is the God of Pus-Punchery! Great are these A. M. A. international holdups! And they make you like it, too! Piffle!

February Jim Jam Jems.

Put Jim Jam Jems  
where your patients can read it.



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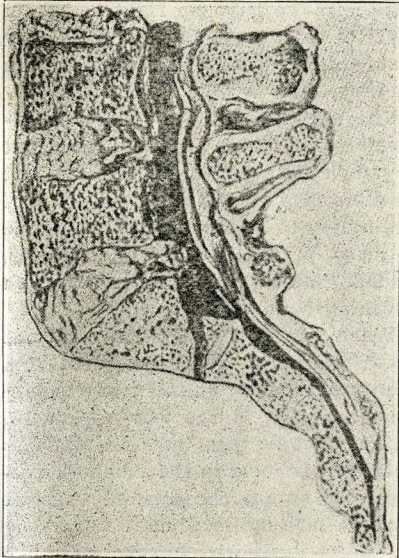


## The Proof of the Pudding

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.

### INTERVERTEBRAL DISK EXTRA-VASATION



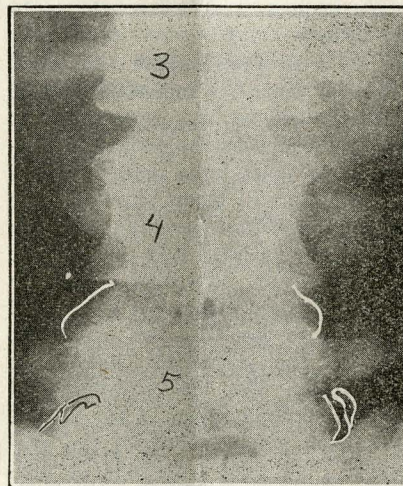
Diagrammatic representation of the projection of the intervertebral disk into the canal (Goldthwait).

In one of Goldthwait's earlier articles on spondylolisthesis, or lumbosacral dislocation, there is mentioned the part that the intervertebral disk plays in narrowing the spinal canal "and the narrowing may be so marked that the entire cauda equina is compressed, with paralysis either complete or partial, below this point."

The part the intervertebral disk plays in this result "consists in the separation and possible displacement of the intervertebral disk lying between the body of the vertebra and the sacrum. Because of the structure of this disk, the projection of the disk and possible paralysis would be gradual in development since the dense annular portion must be stretched by the central portion and would require some hours or days for the full extent of the displacement to develop."

The posterior common ligament with its dentations opposite the disks is not an imaginary structure but in the most of us is rather dense resistant fibrous tissue. In a simple sprain of this articulation one would hardly expect it to be torn from many of its attachments to the bodies of the vertebrae. Before there could be

the projection of the disk as diagrammed the posterior common ligament would, because of its limited elasticity, be torn loose from its attachment to the body of the fourth lumbar and the sacrum. It would 2056 Fed Ptg 4384 Thorpe NINE seem more likely and common for changes within the disk itself to cause a protrusion of disk substance than from trauma. The disk is chemically a colloid and as such is prone to absorb fluid up to its point of saturation. In work done at the Research Institute under Dr. Louisa Burns, it was proven that chemical changes in the fluid in which disks were placed led to marked increase or decrease in the size and weight of intervertebral disks. It was also proven (Bulletin No. 4 of the A. T. Still Research Institute) that around a lesioned area that there is developed a localized acidosis and that this acidosis is sufficient to cause a marked increase in absorption of fluid with swelling or bulging of the intervertebral disk at the segment affected. This bulging was noted to be greatest on the sides of the bodies rather than



Normal 3rd and 4th articulation. Chronic lesion between 4th and 5th. "Chronically acute" lesion between 5th and sacrum.

the anterior or posterior aspects because of the comparatively greater resistance afforded by the anterior and the posterior common ligaments. In most of the artificially produced lesions there were also found marked

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swelling, with usually resultant contraction of the ligaments of the laminae—the subflavae—and the ligaments of the processes, capsular, intraspinous and supra spinous.

The increase in size of the ligaments generally was sufficient to crowd into less space, the areolar and adipose tissue of the neighborhood and to be one factor in the causation of symptoms directly referable to the causative lesion.

It would seem just as probable—at least, for a chemical change of like nature to increase the "intra disk" pressure sufficient to cause protrusion into the spinal canal as it would for a traumatic dislocation of the disk to take place.

Nerve pressure symptoms are largely determined by degree of severity. The lighter pressures are irritants and give such symptoms. As the pressure is increased paralysis may be produced. It would seem more likely and common to have produced, the irritant chain of symptoms from disk protrusion of either cause than the extensive degree required to cause paralysis.

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# Osteopathic Truth

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PRACTICING OSTEOPATHIC PHYSICIANS  
FOR THE OSTEOPATHIC PROFESSION

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**THE OSTEOPATHIC TRUTH PUBLISHING CO.**

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Back numbers not over three months  
old, 25 cents each; over three months  
old, 50 cents each.

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I am not bound to win, but I am bound to be true—I am not bound to succeed, but I am bound to live up to what light I have—I must stand with anybody that stands right; stand with him while he is right and part with him when he goes wrong.

—Abraham Lincoln.

## Another Golden Opportunity

Professionalism Versus Individualism. What Is Therapeutic Liberty?

"Opporchun'ty knocks wunct at ivery mon's dur," says Mr. Dooley. Four times or more within a year it has knocked at Osteopathy's door only to find the door locked.

**Opportunity No. 1**

Opportunity number one was the epidemic of Spanish Influenza of just a year ago.

**Opportunity No. 2**

Opportunity number two was the ruling of the State Board of Medical Licensure of Pennsylvania about the use of an enema by a D. O.

**Opportunity No. 3**

Opportunity number three was the ruling by the Board of Charities of Pennsylvania that only an M. D. was a physician, at least for the treatment of insane patients.

**Opportunity No. 4**

Opportunity number four is the repeating of number one again this year.

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Opportunity number one and Opportunity number four gave Osteopathy the chance she has waited for to compare drug treatment and osteopathic treatment in a diseased condition which meant a life and death struggle.

**Who KNOWS About Our Wonderful Results?**

There are 90,000,000 people in the United States alone, and how many of them ever heard that Osteopathy could cure "Flu"?

**Professionalism**

This is where the individual should be superseded by the profession. If we are to surpass the aopathic profession we must have more students who in time will begin practice. We can very readily understand why you say you are so busy that any further propaganda or education work on your part would mean that you would be forced to say that you could not care for the increased business it would bring. But, that is thinking of yourself—individualism, if you please.

We want you to think of the profession. We need hundreds of doctors in England, France, India, Brazil, Argentina, Chile, Peru, Japan, China and every other country of the Globe.

We must give some thought to the future of our profession. We must have officers, not only of the national body but of the state and local divisional societies, who are capable of giving thought to our advancement professionally—not individually.

We must have schools that will teach for the profession, all alike, and not according to some individual's whim or pet idea. Our schools and their problems demand your thought and attention, and they must have your assistance financial and otherwise, else we have no right to expect them to teach anything but what they want to teach—materia medica, serum therapy, etc.

The statistics of the influenza epidemic, upon which Dr. Geo. Riley put so much time and thought have not been used to their fullest capacity of usefulness until they are in the hands of every person in the United States, Canada and every other English speaking country.

When we as a profession send out these statistics broadcast then and then only are we building professionally, and that is the way we should build. If we expect to have students enter our schools in the numbers necessary to supply the demand we must educate internationally.

**INDIVIDUALISM**

We can never afford to allow individualism to rule in our body politic. If we are to further the selfish interests of an individual then we die as a profession.

The eternal question will always be: Doctor, what are you doing for your profession?

We who enjoy a large practice should still be willing to help our PROFESSION in every possible way.

**Therapeutic Liberty**

Much has been written and more has been said about Therapeutic Liberty. Osteopathy is limitless for it is a true science, not a system. Osteopathy needs not to follow in the footsteps of any other "pathy" but can set a pace far in advance of all. Osteopathy needs not to grab and exploit each new biological experiment for our bodies being the highest biological development are complete in themselves.

Therapeutic Liberty is like the term Rheumatism, it is to cover a multitude of ignorance about real Osteopathy.

It reminds us of:

Those who can, DO,

Those who cannot, CRITICIZE.

In other words:

Those who can, give an Osteopathic treatment;

Those who cannot, use drugs and adjuncts.



**ANTI-VACCINATION SENTIMENT SPREADS**

(Special to the Christian Science Monitor.)

CAMBRIDGE, Mass.—That growing disapproval of the Massachusetts compulsory vaccination law has extended to Cambridge was evident last Friday night at a meeting held in a private residence under the auspices of the Medical Liberty League.

How the results of vaccination in England had finally led to the abolishment of the compulsory clause in the law, the progress of the anti-vaccination campaign here and abroad, the success of the Medical Liberty League in uniting parents, teachers and physicians who are opposed to vaccination into an organized movement with the purpose of annulling the compulsory law, were all discussed by Mrs. Jessica Henderson, secretary of the league.

A majority of those present at the meeting joined the league in order to be more definitely in line to assist the movement. Some went further and signed up as organizers. Reports of largely attended meetings recently held in Pittsfield and Worcester, Massachusetts, in protest to the compulsory law were given and listened to with interest.

**ABSCESSSED TEETH A CAUSE**

**Case Reports.**

**C. A. Bennett, D. O., Denver, Colo.**

Editor Osteopathic Truth:

After reading your request for an article for the Osteopathic Truth, a group of interesting cases at once came to mind; cases, which I have had since returning to my office, August 15, after a three months' vacation.

A former patient, about fifty years of age, came into the office on August 15, looking worn and thin, and reported not well for some time. On examination I found blood pressure low, heart negative, patient reported failure to either sleep or digest food properly; placed patient at once on milk diet; had her start the day with a breakfast of nothing but fruit and water—peaches and pears preferred. She could not seem to digest any other foods; patient improved rapidly, but complained of sore spots on dif-

ferent parts of the body; insisted that she have her teeth X-rayed at once; the X-ray revealed pus pockets at the roots of a number of devitalized teeth. The removal of the dead teeth was advised, but suggested the removal of but two or three at a sitting until the twelve were removed. The patient continued osteopathic treatments, and has made a complete recovery.

Another case, a man sixty years or over, also a former patient, had pneumonia the previous year. Symptoms at date, tired out, ill-nourished, overworked. Sent him to a dentist to have snags and bad looking teeth removed. He gained eight pounds while waiting for his gums to heal, so he could have a plate fitted. Osteopathic treatments were continued until tired feeling and loss of appetite had disappeared.

A woman, past fifty, and a former patient, reported at the office the following: Feet hurt her all the time, tired out all the time; she was brown and thin, eyes dull. After looking at her teeth, she was told to report to her dentist and see how many needed to be extracted; the teeth looked so poor, (I did not advise X-ray); she demurred, waited and came again for treatment; gave her a general treatment, and told her positively no more treatments until she had a report from the Dental Radiologist. The examination revealed pus at the roots of so many teeth that all were removed; about six weeks after she came in with a new set of teeth and all smiles. The brown hue of her skin had vanished, and when we finished her feet were well, and so was she.

A most peculiar case, a woman of about sixty-three years of age, and former patient, a nervous, wiry type, who has known of and taken osteopathic treatments for fifteen years when necessary, and who would not even smell of a drug, let alone take one; a woman who is very active, but tires easily, and has always suffered more or less from insomnia since living in Colorado, and, by the way, those cases we advise to take a trip every few years to a lower altitude. She eventually went east on a trip, visited Chicago, Washington and New York, and returned to Denver after several months absence. Her husband was called to California shortly after her return, and she accompanied him, and again after several months returned once more to Denver—quite fleshy and with nerves well quieted, but with a complexion exactly the color of pie

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**HURRY!**

Read the editorials in November "Truth."

Here is a constructive plan, a chance to make one of our colleges stronger and better, more Osteopathic.

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dough, pasty and dead white. This case happened to be a relative, and was in the habit of dropping in occasionally for a treatment. Not caring to be altogether responsible, we sent her to an eminent physician for an expert diagnosis, which diagnosis—blood pressure, urinal analysis, heart, sex organs, reflexes, respiration, blood count, etc., tallied with the Osteopathic diagnosis, and practically nothing varied from the normal, except the pie dough complexion. An X-ray was suggested, with the result that pus sacks were found at the roots of a number of devitalized teeth, and some caries of bone; we suggested two or three removed at one sitting. She is now wearing store teeth, her natural complexion is restored, and she has a great amount of reserve strength.

A new case from an adjoining town registered in for treatment. On questioning the patient closely, she reported having had at one time pyorrhea and some teeth were extracted at that time. Says she is never rested, has brown colored skin, blood pressure very low, eyes dull; ordinary dental examination of the teeth revealed a large pus pocket at the root of a large molar; an X-ray of all the teeth will be taken.

This article reveals nothing new, but simply suggests to be alert to every physical deviation from the normal in Osteopathic practice.

C. A. BENNETT,

504-503 Temple Court Building,

Denver, Colo.



## Retrospect and Prospect

George J. Conley, D. O.

Twenty years ago I entered upon the study of osteopathy. At that time the course consisted of two periods of ten months each—roughly corresponding to that required by medical schools of that period. We studied anatomy first, last and all the time. Physiology was considered equally important. The Principles and Practise of Osteopathy was the remaining member of the Osteopathic Trinity. As we had no text books concerning the latter subject, our teaching was entirely by lecture, each student making copious notes. In clinic every movement was first demonstrated by the clinician and then carefully, painstakingly practised by the students upon each other to fix them firmly in their memories. Happy and momentous was the occasion when a student became possessed of a typewritten copy of Hazzard's Notes. It was a gold mine. Somewhere I have a long-hand copy made from a borrowed manuscript.

In school and out of school we thought, talked, lived and dreamed Osteopathy. There was room for nothing else. Keen rivalry existed between students. Everybody was on their toes,

figuratively speaking. Enthusiasm permeated the atmosphere.

The courses in Bacteriology, Pathology, Chemistry and Biology were woefully inadequate; Laboratory sciences existed in the average medical courses in name only. The general practitioner made no attempt to make practical application of them. It was Greek to him. The students felt they were put into the course only to confuse and annoy him. I remember hearing a crowd of medical students discussing their course of study; they complained bitterly because they had to take physiology two hours per week for five months—said it was a waste of time, because "we never use it, anyway." Such was the course.

Inasmuch as osteopathy at that time was mainly an office practise, treating chronic cases entirely, the need of laboratory work was not so imperative. Diagnosis was a secondary proposition. Accuracy in this was not considered so important as it is today. Lesions were found and corrected and patients made well in spite of all the existing handicaps. In fact, the osteopath of twenty to thirty years ago, inadequate and

crude as was his instruction, compared with that to be found in our schools today, overcame obstacles in therapeutics considered unsurmountable by their contemporary medical brothers. They led the healing profession then through their successes in the chronic field to the same degree as the osteopaths have jumped into the lead of present-day therapeutics by their wonderful successes in the acute field.

In the epidemic of "flu" last winter the allopathic school of medicine admitted that they were whipped. They could not cope with the situation. Their therapeutic means were inadequate. They were helpless. Osteopathy successfully met the issue with ridiculous ease. Reduced to terms of percentages the mortality in "flu" cases were  $\frac{1}{4}$  per cent, as against 15 per cent on the medical side; in pneumonia 10 per cent as against 30 per cent in civil and 40 per cent military practice medically. These figures are startling and yet they measure the comparison between the two schools of practise.

Twenty years ago we had no specialists; we had no osteopathic text books;

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no professional journals; practically no literature, except individual efforts for publicity purposes. We depended entirely upon personal demonstrations and word of mouth teaching.

Curiously enough, at that time, the thought uppermost in my mind and in those of my classmates was that all the choice locations would be gone before we obtained our coveted diploma; our right to practise. We gave this much thought and comment. We knew we would have to take inferior locations, hence would not have a fair chance. Think of it! Twenty years ago the science of osteopathy was hardly scratching the therapeutic field and yet we students felt we would have no room. Here in Kansas City we have 75 osteopaths, all of whom are doing well, where two or three existed then—and there is room for double and treble that number right now.

It may be that the prospective student body of today feels that it is too late to enter upon the study of osteopathy for the same reason that we had 20 years ago—that the profession is overcrowded.

Let us see what the prospects are professionally for the future. Medically, there are approximately 250,000 doctors in the United States. The majority of these are Medical Nihilists, i. e., they have no faith in the system practised or the means used; they are rudderless upon the therapeutic sea without compass or chart, drifting at the mercy of wind and tide and current—hoping for safe anchorage in a harbor compatible with professional pride. Drugs, electricity, dirt, hydrotherapy have all been tried; Christian Science has been camouflaged by calling it suggestive therapeutics, and now the entire medical energy is being directed along the lines of serum therapy which will not solve the problem. Medical men—I mean the general practitioners—are not getting results; they are not optimistic; they are discouraged; more and more the public is demanding value received for its money; it is insisting upon results which medicine has not, does not and cannot deliver. The time has passed when a doctor can keep his mouth shut, look wise, and get a reputation for wisdom. Medically, the laity was impressed with the fact that it was sacrilege to question or to know. Prescriptions were written in Latin; professional terms were used in explanations which not only confused the average mind, but carried an idea of pro-

fundity upon the user thereof. As with the old-time religion, the laity is not content with the dictum that God in His infinite mercy has seen fit to do this—yours is not to reason “why.” Men are demanding a reason; they want to know why: they are insisting upon results. Briefly, then, surgeons and laboratory men are making good; the rank and file of the general practitioners are losing ground rapidly. **Who will take their place?**

Osteopathy offers the only logical solution of the problem. The osteopathic concept of the lesion and its influence upon blood, nerve and lymph flow, is the germ from which a logical, scientific system of healing has developed; one that does not get too heavy and fall of its own weight; one that does not change front every few years on account of theories being proved fallacious, for its foundation is of truth; hence it is capable of sustaining any amount of growth demanded of it. It has no limitations. Its devotee can go as far as he may choose. His horizon is determined by his ability, his energy, and by the use he makes of his opportunities.

We have 5,000 to 7,000 practising osteopaths in the world today. Practically all of these are engaged mainly in chronic practise. The specialties and the acute field are virgin territory. Our competent surgeons can be counted on the fingers; our eye, ear, nose and throat men are few and far between; there are a few orthopedic men; obstetricians are as scarce as the proverbial “hen’s teeth”; lung, heart, stomach, liver, kidney, bladder and skin specialties are undeveloped; tuberculosis offers a rich field. As above stated, we have as yet merely scratched the surface of the therapeutic field. When we put into practise the principles of intensive development, i. e., specializing and team work, what a wonderful harvest will obtain!

The prospective student, in fact any person of discernment, can see that the opportunities now in the field of osteopathic practise are better than they have ever been. The pioneer work has been done. The science is “roughed in,” so to speak. The public is rapidly being educated to the fact that **osteopaths are doctors**; that they are scientific in principle, optimistic in practise and, best of all, **at the bedside they get results**. They deliver the goods and they can give a plain common sense reason, backed up by anatomy and physiology, as to “why.” They satisfy from every point of view.

The student today has the advantage of all that has gone before, all that has been so laboriously developed by our pioneers in the past. That represents his starting point. He then has opening before him practically the entire field of general practise, he can enter any chosen specialty and find virgin soil. Here is a profession not overcrowded; vastly rich in opportunity; fascinating; entrancing to the imagination; clean, wholesome and stimulating to the individual; all this is waiting for you. Are you ready? Opportunity calls!—Osteopathic Quarterly, K. C. C. O. S.



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# Food and Diet As Related to Osteopathic Practice

Edited by Dr. E. H. Bean, 71 East State Street, Columbus, Ohio

## SERIES NO. 3

Jan. 22, 1918.

Dear Doctor:

Your letter of the 18th received and I was very glad of your further suggestions, and much interested in your explanation of the distention of the stomach. The bowels have been getting much better. I had not used the petrolatum, only an enema or two, but yesterday I gave a little of the oil and today the movements were quite loose. Before giving the oil some of the movements had been hard but were gradually getting better, and she seems to digest the food very well indeed. She has not been acting nearly so hungry just before feeding time either, so possibly she was just getting used to the new arrangement. I give her much water and am careful about the nipples. I won't give any more oil unless she becomes constipated again. She usually has two stools a day.

Today the orange juice distressed her. Possibly I gave her too much. I will give less tomorrow or change to pineapple. I had to stop giving the vegetable juice. I found she had colic and it must have been that.

She is so much better, doctor, that I am very much encouraged. Her forehead and top of her head still have eczema and her face keeps so

dry and chapped looking. I suppose it is also the eczema and takes time to clear up, but is there anything you know of I could put on to relieve it or should I just let it clear up by her condition becoming better? It seems to hurt her as she digs at her face occasionally. It is better than it was, but seems slow.

This is how she usually is for a day: I feed her at 6:00 A. M. and she then sleeps until 10:00, sometimes 10:30, and yesterday it was 11:30. Then I bathe and dress her and give her the orange juice, and feed her again at 12:00. Now possibly by her sleeping so long in the A. M. it is too near noon to give the orange. Possibly it would be best to give it to her before her bath, or in the P. M. I will try that out.

She usually sleeps right after her noon feeding for two or three hours. Then I let her fuss some and give her water and feed her at 6:00. Then I never hear from her before 11:30 P. M., sometimes not until past 12:00. I give her water and she sleeps until 6:00 A. M. This schedule varies a little, of course. I find it so much easier on me and she is so good, often lying in her crib very contented when not sleeping.

I wish you would give me any suggestions you may have, some time

when you write, as to the room for a baby, the temperature day and night, etc. I hear so many different ideas. I was born and lived all my life in California until I was married, so you see this climate is even very different to me and I hardly know how to manage for myself. It gets very cold here. I put the baby on the porch in her carriage for a few hours on pleasant days when the temperature is not below 25 degrees, and when it is too severe outside, I have kept her in a well aired, cold room (about 30 degrees), and at night have a window open and the room gets quite cold. When she is not sleeping I keep her in rooms about 70 degrees. I have to keep her bundled around her shoulders when in cold rooms. If I don't her hands and shoulders get so cold, and I wondered if I was keeping her too much bundled, and if the cold air was keeping her face so dry. She sleeps well in the cold room, but if it is best for a tiny baby to be kept in warmer rooms, I want to do the right thing.

I will continue the vegetable juice again, trying a very small amount and gradually increase. In case her bowels become too loose what should I do?

About the baby's weight. She seemed to lose at first but has gained back what she lost and another ounce, so she ought to gain from now on, should she not? Is there any special gain she should make being fed this way? I am carrying out your instructions as carefully as I know how and I feel sure they will work out fine. This morning the baby's forehead and face look fine, better than at any time, and I am in hopes they stay so, but once before they cleared up nicely and then it all came back. That is why I wondered if it was best to put something on while it was so bad.

Jan. 26, 1918.

Answer:

The report you give of how the baby is doing is all that could be expected. The baby is responding nicely to the care you are giving it.

There are so many things that are to be considered in determining the temperature of the room, the living room and the sleeping room for the baby, that it is difficult to give any

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definite instructions. More care must be exercised in some houses than others, in some climates than others, on some days than others, with some children than others, etc.

A little baby may have extremities that feel cold to one's touch and not be at all uncomfortable to the baby, and it may be in good health. One can usually determine whether the extremities that feel cool should have more covering in this way: warm a soft garment and place over them and if the child immediately fights it away the limbs do not need to be covered. Sometimes a child will fight the clothing off when asleep, and this means that it has too much over it even though the extremities feel cool to the touch. But if the child is weakly and if it accepts extra covering when the extremities are cold, it most surely should be kept warm. Any person who is sick should be kept warm and the extremities should have special attention, if necessary. The most of such matters must be left to the judgment of the mother.

Now as to a lotion of some kind to put on the skin affected with the eczema. There are many of them. Their usefulness and appropriateness to any one case may be determined only by experience or experimenting. It is the same old guessing peculiar to the use of medicine. I have tried a number of them out, and if one can find a lotion which is palliative, it may be very helpful, so it may be worth the while trying to find one by testing some of them. Dr. Parker's lotion is the best I have ever tried, but I have found cases of eczema that it did not phase. But if there is any one lotion that I would recommend trying it is the skin lotion of Dr. F. D. Parker, N. Y. Life Bldg., St. Paul, Minn.

Any child that has eczema in infancy is more or less susceptible to this disease whenever the vitality is low. So for many years to come or probably throughout her whole life eczema may show up as a warning of low resistance in your child. And if we succeed in teaching her how to live so as to avoid it we will have done more than it is usual to do. It looks to me, however, that if it can be temporarily overcome it should be entirely possible to permanently overcome it.

If the orange juice or the vegetable juices seem to give trouble I would discontinue them. If the milk is

handled perfectly the system should so right itself as to throw off the eczema condition on milk alone. To conquer the eczema condition we must have perfect digestion or nearly so.

I have come to believe, after pretty close observation, that the secret of children sleeping so nicely in cold air is the fact of moving air. In other words I emphasize the movement of the air more than I do the coldness of it. Too much heat, too hot air, is very harmful. Air that is cool enough to be invigorating is much better, but aside from that the air should be in motion. I do not believe I can emphasize that too much. It does not have to be a wind, but just in motion.

You often put your child on the porch and in an open room to sleep and find that she sleeps better there. I have often observed this truth. I have also observed that not infrequently frail people who just bought a new automobile improved at once in health and that in the face of the fact that they rode in the dust. "They get out more" is the usual explanation. But aside from breaking the usual routine I believe the important thing is the breathing of moving air.

If the room is about 70 degrees I do not believe I would huddle baby up much, not unless I saw from experience that she did not do well without it. And if the room got quite cold at night I would not close the window nor do anything about it unless baby did not seem to be doing nicely, then I would supply a little heat in the room, keeping the window open. But if baby does do better with a little bundling, then I would certainly use it.

#### DR. REID REPLIES TO DR. WOODWARD IN REGARD TO VACCINATION.

To the Editor of the Gazette:

Sir:—Dr. S. B. Woodward's communication in last night's Gazette is characteristic of those who attempt to uphold the practice of vaccination. They stoop to sarcasm and misrepresentation; they try to make their opponent stand out in a ridiculous light. If I am not sadly mistaken this kind of tactics does not carry much weight with the public, whose interests this question concerns the most.

Doctors too often take the stand that the public is ignorant and incap-

able of considering intelligently questions of a scientific or semi-scientific character. These doctors are inclined to the idea that to explain or argue such questions for the benefit of the public is wasted time and energy. Thus they insist that their opinions and theories be accepted with child-like faith, without question on the part of the public. Here they do err greatly. People are thinking and thinking as never before. They have been made the goat so many times in the past that they are waking up to the fact that it is absolutely necessary for their best interests to do some serious, downright thinking for themselves, and they are not neglecting therapeutic matters either.

If Dr. Woodward had read my communication carefully, as he ought to before offering his criticism, he would have saved me as well as himself some valuable time. For example, he asks me to give him the names of homeopathic physicians in this city who have registered their opposition to compulsory vaccination, when I said absolutely nothing about the homeopathic doctors here. I spoke about the smallpox epidemic in Toronto, and the efforts being made by the medical tyrants in that city to coerce all people and particularly school children, into being vaccinated. Here is the paragraph in question: Read it carefully this time, Dr. Woodward:

"In Toronto the medical tyrant has met with the most strenuous opposition. The homeopathic profession almost to a man has gone on record as opposed to compulsory vaccination. The osteopathic profession likewise has declared against the practice."

I know nothing about the sentiments of the homeopathic physicians of Worcester regarding vaccination, but am satisfied that they are fully competent to and will speak for themselves if they so desire, and that they would not choose Dr. Woodward either as their champion or mouthpiece.

I want to quote two loose and absolutely untruthful and unwarranted phrases from Dr. Woodward's communication, and present evidence in support of my characterization of these phrases. He said: "When smallpox breaks out it never stops until vaccination is enforced." He also refers to vaccination as "one of the greatest barriers erected against human misery." As evidence that vaccination is powerless to stop smallpox and that after this practice dismally fails, sanitation and isolation



will succeed, I will give one outstanding example:

Cleveland, Ohio, for several years was troubled with smallpox. In spite of vaccination it continued to flourish until the health officer, Dr. Martin Friedrich, became convinced of the absolute futility of vaccination, and instituted a clean-up campaign throughout the city. The report of Dr. Friedrich's experience is contained in the Cleveland Medical Journal, February, 1902. A few brief quotations follow: "Smallpox has raged here uninterruptedly since 1893; we relied upon vaccination and quarantine, but it doubled itself every year. Last year the virus took altogether too well, fully one-fourth developed sepsis (blood poison) instead of vaccinia, pieces of flesh as big as a silver dollar and twice as thick would drop out, leaving ugly suppurating wounds, and such a vaccination does not protect against smallpox, as I found out at 60 Louis street, where three children developed smallpox 19 days after vaccination. To top the climax four fatal cases of tetanus (lockjaw) developed after vaccination. Vaccination had become a drawback in the fight, so I dropped it."

Here the doctor goes on to give the minute details of the quarantine, sanitary and fumigation methods, which he claims made Cleveland free from smallpox. "Along with disinfection," he says, "went the sanitary measures—a house to house crusade against dirt of any description; all puddles were drained and sewer connections enforced." Note this quotation particularly: "I pointed out that smallpox was hardest to eradicate along streets which have neither sewer nor pavement, for a city with dirty streets and insufficient drainage unwittingly invites every epidemic that rushes through the land." Closing he says: "In my opinion strict quarantine and sanitary measures come in for a great share of our victory, but the death blow was dealt by formaldehyde."

Dr. Friedrich no doubt attributes too much virtue to fumigation, but this, however, does not detract from the weight of the argument here presented. His experience shows that vaccination will not stamp out smallpox, but it must be done by means of a clean-up campaign coupled with quarantine or isolation.

How a practice that induces blood poison and causes pieces of flesh as big as a silver dollar and twice as thick to drop out, leaving ugly suppur-

## Some Reminiscences of "The Old Doctor"

Told the Portland Osteopathic Association Several Years Ago By Dr.

Theodocia E. Purdom, Westover Bldg., Kansas City, Mo.

Five Out of Family of Eight Practicing Osteopathy.

Dr. Andrew Taylor Still, the founder and discoverer of the science of osteopathy, was married the second time to Mary Elvira Turner. At the time of his life to which I wish to refer, he was blessed with five children, having had two others by the first marriage. At this period he was attending physician for the Shawnee Indian Mission in Kansas. His father and two brothers were also M. D's.

When the dreaded disease of spinal meningitis attacked his little ones, from which three died, he told me if there was nothing more in the healing system of drugs than to let children die like hogs with the cholera, he would take a solemn oath to never give another dose of medicine, and from that time he began to search for some curative power besides drugs. In the beginning of this search, his first study was simply the human skeleton, and he went around with his pocket full of human bones, from which originated the cause of the drug doctors calling him "Old Bone Doctor."

We following the practice of osteopathy must recognize the fact that in the death of three dear little ones, it has been the source that many others have been saved by the science of osteopathy.

When I first knew Dr. Still he could close his eyes and give the name, the articulation and the muscles attached and the nerve and blood supply to any bone in the human body. I often won-

ating wounds; how a practice that frequently leads to death from lockjaw and other diseases can be regarded as Dr. Woodward maintains, is more than I can understand. If suffering and death are barriers to human misery, then Dr. Woodward is right, and so was Sir Walter Raleigh when, after feeling of the axe with which he was to be executed, he remarked: "This is a sharp medicine, but a sure cure for all diseases."

Yours for Truth as well as Freedom,

GEO. W. REID, M. D., D. O.

—Worcester Evening Gazette, December 10, 1919.

der if he has a graduate who has followed so closely after him.

At Red Wing, Minnesota, during the early discovery of osteopathy, there was an epidemic of diphtheria, and as many as one hundred and fourteen Swedish and Norwegian children died in one day under medical care, but osteopathy did not lose a case, for which his son, Doctor Charlie, was arrested, but the fathers and mothers of these children said that if Dr. Still was found guilty they would hang the doctors.

I so well remember that in the very early days of osteopathy, Dr. Still was called to my home town to see a small child with membranous croup. There were five medical men in attendance, and one was an Englishman, who said that the child would soon be in the "Harms of the great Hi Ham," and when Dr. Still arrived he was taken into the home through the back door, so fearful were they that he would meet one of the five attending physicians. In less than thirty minutes after treatment the child began to breathe easy and rapidly recovered.

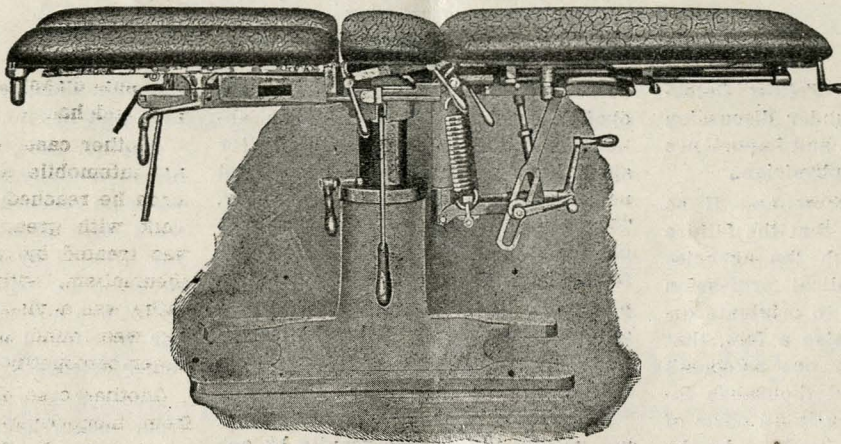
Another case came under my knowledge and was one of the first osteopathic cures. A poor woman was walking in the streets of Macon, (which is forty miles south of Kirksville) with a babe in her arms and two small children following. They were thinly clad, and Dr. Still walking behind them noticed that blood was running down the little legs of one. He picked the child up in his arms, placed his hands on the spine in the lumbar region, which was very hot, while the abdomen was cold. Finding several other hot and cold spots in the head and body he reasoned that the physical disturbance thus manifested was the cause of flux. He treated the child while in his arms, and told the mother if the child was not better in the morning to let him know and he would do all he could for her.

She reported next morning the child was well. I claim the honor of being one of Dr. Still's first patients, an illness of eleven years cured by him, after all other remedies had failed, and this is the reason why five out of my family of eight are practicing osteopathy.



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# Shall Osteopathy Grow; And If So, How? Or Shall Osteopathy Remain a Ten-Finger Treatment; And If So, Why?

Edwin W. Tate, D. O., Newark, N. J.

(Read before the New Jersey Osteopathic Society, Feb. 7, 1920.)

Mr. Chairman and Fellow Osteopaths: The subject under discussion is one of vital interest and importance to every osteopathic physician.

Shall osteopathy grow and if so how? Is it not a fact that the failure to get results through the agencies employed by the medical profession caused Dr. A. T. Still to originate osteopathy? Is it not also a fact, that where there was only one osteopath then there are several thousands today, who are practicing in all parts of the world and gaining converts by the tens of thousands to our method of treating disease? Is it not also a fact that when you and I opened an office we were lucky if we had one or two patients each day, whereas today the busy osteopath (and there are many of them) is often unable to see all the patients who desire osteopathic treatment? Is it not also a fact that in the early days of osteopathy there were few who believed in our method of treatment, while today our one-time opponents are sending us patients, and we are treating all kinds of disease with success whereas in the early days of osteopathy the cases we received for treatment were of a chronic nature but now the public believes in osteopathy and we are successfully treating acute cases, and have laws in practically every state recognizing us as physicians. With these facts in view can anyone truthfully say osteopathy has not grown; but it might have grown more had every osteopath grasped the idea of A. T. Still and remained a true blue osteopath, which leads me to the second part of our discussion, viz., shall osteopathy remain a ten finger treatment and if so why?

In the first place osteopathy is a mechanical method of treatment and best administered by the hands. In college we are taught that any obstruction to the normal flow of fluid or force will result in disease, and that the obstruction, known as a lesion, is usually ligamentous or bony and can best be corrected by manual means. When an automobile or any kind of machinery needs fixing, do you have a mechanic squirt oil into it? No, certainly not, for when any part needs fixing a mechanic is employed to do the work with his hands; so also

does the human machine need an osteopathic mechanic to correct an abnormal condition, and what better agent have we than the hands, so let us stick to A. T. Still osteopathy. Then and only then will we be able to get the results that we should get and furthermore there will be fewer people going to our imitators. Some, I am sorry to say, are doing better osteopathic work than some graduate osteopaths.

Sometimes we get discouraged at not getting the desired results by our method of treatment, which may be and usually is the fault of the osteopath; so let us not blame osteopathy but take stock of ourselves and get out of the rut that so many are apt to get into unless we keep studying and trying to learn more about osteopathy; when we leave college we usually think we know it all, but in reality, we are only beginning to learn how to apply the principles of osteopathy, and the longer we are in practice the more we realize there is still a lot to learn about diagnosis and treatment of disease.

Look at our record during the "flu" epidemic, when it was unusual for us to lose a case, did not our fingers do the work; take pneumonia cases, where more good can be done by ten finger osteopathy, than by any other method, and our record last winter showed a mortality of only 10 per cent, whereas the record of the medical profession showed a mortality of 51 per cent; why fellow practitioners we have the greatest science on earth for the treatment of disease, if we will only stick to ten finger osteopathy.

Let me tell you of one or two cases recently treated successfully. Three weeks ago I was called to see a man, who during October, 1919, began to have very severe pains in the left side of his head, his tonsils were removed, his teeth and sinuses were x-rayed, he was given as many as 40 dope powders in one day, with numerous other drugs, the result being only temporary, although several so-called nerve specialists had examined him; osteopathic examination showed a rotated atlas, which was immediately corrected by ten finger osteopathy,

the pain disappearing in a few minutes and has not since returned.

Another case, when a man cranked his automobile and two hours later, when he reached home he could only walk with great difficulty, the case was treated by a medical doctor for rheumatism, with no results, osteopathy was advised, a rotated 5th lumbar was found and corrected, by ten finger osteopathy, and the case cured.

Another case of a woman suffering from menorrhagia, currettment was advised by the family physician, osteopathic examination found a subluxated innominata, ten finger osteopathy corrected this lesion and a cure resulted.

Another case of asthma where dope had been used for years, osteopathic examination found an anterior 5th Dorsal, ten finger osteopathy fixed it, and the asthma was a thing of the past.

One more case of a young Ensign who was unable to read and was placed in the Brooklyn Naval Hospital, he made no progress, and asked permission to see an osteopath. He was told it could not be granted, but that he would be given a forty-hour leave, and if during that time he consulted an osteopath, the physician in charge, asked that the osteopath state in writing what he found. This was done, and the correction of a lateral 3rd cervical cured the case; in the course of 2 or 3 days after returning to the hospital the patient was discharged and told that the osteopath cured him.

Fellow osteopaths, it is needless to give more of these reports, as you have all had many such cases, but I have brought these cases to your attention to prove that osteopathy is an exact science if we will practice Simon Pure Osteopathy, and the results will be most gratifying to both the patient and the doctor.

Finally osteopathy has grown, and will continue to grow. If every osteopath will wake up and give ten finger treatment, why we would be so busy that we wouldn't have time to treat all the patients who would desire our services, so let us begin now to follow the old Doctor's advice, "find it, fix it, and leave it alone."