

Osteopathic Truth

December 1917

Vol. 2, No. 5

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[1991.1334.119]



Osteopathic Truth



A MONTHLY MAGAZINE FOR THE OSTEOPATHIC PROFESSION

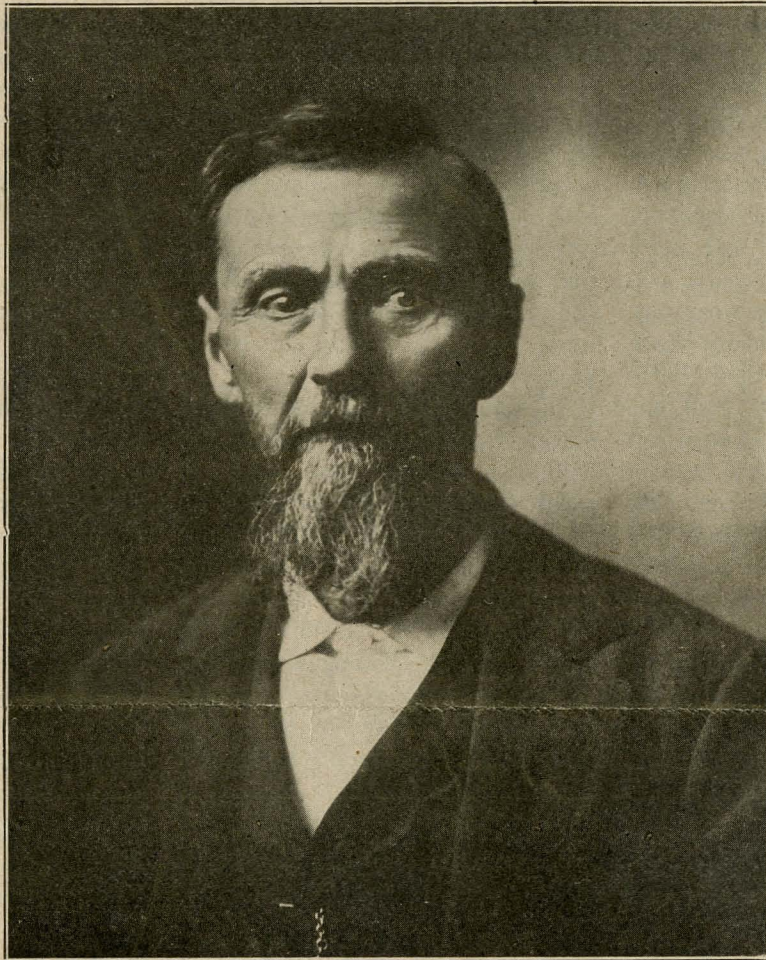
No compromise with materia medica for therapeutic purposes

Volume II

DECEMBER, 1917

Number 5

"INTO GOD'S KEEPING, HE HAS BEEN COMMITTED"



Born August 6, 1828

Died December 12, 1917

"The God I Worship Demonstrates All His Work"—A. T. STILL

"HIS TRUTH GOES MARCHING ON"

DEATH CLAIMS "THE OLD DOCTOR"

DR. A. T. STILL PASSES AWAY AT HIS HOME IN KIRKSVILLE, MISSOURI, WEDNESDAY, DECEMBER 12, 1917, AT 3:30 A. M.

Death again has entered the Osteopathic ranks. This time it has taken our General and Chief,—the beloved founder of our science. Owing to his advanced years and the natural infirmities resulting therefrom, his death was not unexpected, but the shock, the sorrow and grief nevertheless, is none the less profound and keen.

Dr. Still was in his ninetieth year, having celebrated his eighty-ninth birthday on the 6th of August last. He truly was a good example of the efficiency of the philosophy he proclaimed to the world. Man, he claimed, like the locomotive or any other mechanical contrivance should run smoothly and properly into a ripe and useful old age, and like man-made machines, should gradually wear out. When we consider the many trials, vicissitudes and countless hardships experienced by Dr. Still, the wonder is that he did not wear out sooner, the wonder is that he ever lived to such a ripe old age. By means of a strong body and mind coupled with careful and painstaking osteopathic attention was he able to survive as long as he did.

Although Dr. Still has not taken an active part in the affairs of the profession for some years, it was a source of much inspiration and

comfort to know that he was still with us. While his spirit has departed and his earthly remains have been consigned to the dust, his example and his teachings will live on and on forever and benefit and brighten the lives of increased multitudes with each passing year.

Thousands upon thousands of human beings are indebted to Dr. Still already for liberation from disease and suffering and restoration to a life of health and usefulness. This number will swell into greater and greater proportions as time goes on, since each succeeding year finds the osteopathic cause increasing in popular favor—each succeeding year finds an ever increasing number of people seeking relief through Osteopathy—each succeeding year demonstrates more fully the utility of osteopathic practice.

In addition to the blessings resulting from the discoveries of Dr. Still, his life will stand out as a great example and inspiration to many an aspiring youth. The achievements of Dr. Still bear eloquent testimony to his patience and perseverance. In spite of hardships, trials, discouragements and difficulties beyond comprehension, he persevered until his purposes had been fulfilled, his ambition realized.

not a fashionable quarter—there is a woman, Dr. Florence Gair, who devotes herself to curing the children of the poor. She gives between seven hundred and eight hundred treatments a month. From October, 1916, to the following June they numbered forty-two hundred. About eighty per cent. of her infantile paralysis patients were cured.

She employs no drugs, no serums; and the surgeon's knife is used only for the removal of tonsils. Her methods are osteopathic, consisting, in part, of the scientific, painless manipulation of the nerves along the spinal column.

This work to Miss Gair—a lady of

Without any thoughts of honor or fame or fortune, he achieved all, and in due course of time when the deeds and achievements of those who are counted great in this world are being sifted and evaluated by the historian, Dr. Still will be found to rank as one of the foremost benefactors the world has ever produced.

We will miss him. We sympathize and mourn with the bereaved family. We will ever remember in gratitude the blessings he has bestowed upon us individually and upon humanity as a whole. We will take courage when we contemplate the hardships he endured. We will be filled with hope when we call to mind his achievements. We will consecrate ourselves to the development and promulgation of the truths he proclaimed to the world. For in so doing, we will be fulfilling his wish for us as well as serving humanity in a much needed capacity.

"If we work upon marble, it will perish; if we work upon brass, time will efface it; if we rear temples, they will crumble to dust, but if we work upon immortal souls, if we imbue them with principle, with the just fear of God and love of fellow men, we engrave on those tablets something which will brighten all eternity."

independent means—is a work of love. Realizing, however, the old truth that what is given for nothing is often cheaply palued, or ignored, she has a scale of vices. Her charges are from one to five cents a treatment, according to the poverty of the patient. Her own reward is in the joy of helping the helpless, of restoring to health children who, otherwise, would be cripples for life—or dead.

Comment is superfluous. The feelings of the parents of rescued children need no publication. But when names shall be inscribed by Humanity on certain tablets, the name of Florence Gair will be very near the top.—LIFE.

A GOOD FRIEND

(NOTE—The following is from LIFE. This is a splendid recognition of the wonderful work that is being done by Dr. Gair, an osteopath through and through, and one who is helping to demonstrate to the world not only that Osteopathy is an efficient and reliable system of treatment but that the charitable instinct is not altogether lacking in the osteopathic profession. Our medical critics hold us up to the world as a bunch of quacks, actuated solely by the commercial spirit. The work of Dr. Gair and all others in the profession who are devoting part or all of their time to charitable work will aid materially in off-setting this malicious misrepresentation and set us right before the public. Dr. Gair deserves the gratitude of the entire profession for the work she is doing. If you want to get a real vision, an inspiration, you can do so by making a pilgrimage to Dr. Gair's clinic. Such a pilgrimage will bring good returns on the investment of money and time required in making the trip.)

In a certain quarter of Brooklyn—and

THE STRAIT GATE

MARTHA PETREE, D. O., Paris, Kentucky.

Twenty centuries ago, in a little city in the far East, lived a young man, the son of a carpenter, a philosopher, who went about among his people, teaching them the ways of life. One day he took a few of his followers and going up into a mountain, he sat down and spoke wonderful words of wisdom to them, words that are still the marvel of all students of philosophy.

While talking to them, he gave them the following words of advice: "Enter ye in at the strait gate, for wide is the gate and broad is the way that leadeth to destruction, and many there be which go in thereat: because strait is the gate and narrow is the way that leadeth unto life, and few there be that find it."

A little while before, this young man, the carpenter's son, who had spent all his life among the simple scenes about his father's home, had been led by a tempter up to a high pinnacle, from which he could overlook the world and all its glories; and to him had been offered all that the world could give of power and glory, if he would forsake his strait and narrow way.

He turned away from the tempter, who pointed to the broad way which led to this glory, and walked his strait and narrow way which was oftentimes stony and painful. So did his followers, whom he taught on the mountain side—all save one, who forsook the narrow path, and whose name has since been a hiss and a byword throughout the world.

This carpenter's son, this philosopher, with his small band of followers, had a truth which they started out to give to the world. A small beginning to what seemed a hopeless task! Yet they went on and on until now, the world is sacrificing its life blood for the sake of the principles he promulgated.

Throughout the centuries the broad gates and the wide ways have been filled with people who have gone to destruction. The narrow ways and the strait gates have never been crowded, but those who have found them and kept them have been led unto life.

How much, think you, would the world now know of the truth taught by this carpenter's son and his little band of followers, if they had altered it to suit the whims of then powerful popular parties? How many people, think you, would now be laying their life's blood on the altar of truth, if this carpenter's son had been weak enough to be tempted by the power and glory of the world? How many, think you, would now be carrying the cup of cold water to the little ones who

are thirsting, if the followers of this philosopher had feared to stand for his principles in all their rugged boldness?

Brother workers, our philosopher, Andrew Taylor Still, had a truth which he wished to give to the world, and like the carpenter's son of long ago, he gathered about him a few people, whom by personal contact, he taught that they might carry this message abroad.



MARTHA PETREE, D. O.

This little band of followers eagerly started forth to heal, and to teach this gospel of healing. A quarter of a century has passed since they first gathered at the feet of their teacher, to learn of him the message of truth which he had for the world. How well they have done their

work, is attested by the fact that thousands are now carrying the message on, and millions are glad to tell of the blessings it has brought them.

We as a profession agree that today a crisis is upon us. How shall we meet it? Might we not win at too great a price? We could better lose out in this great world's war, than to win by entering the wide gate that leads us to destruction.

Should we lose in this fight, we will still live, for our principles are based on truth, and truth never dies. Should we win by sacrificing our principles, we would lose our identity, and our days would be numbered. But, should we win, having kept our principles, what a glorious victory would be ours!

Why need we compromise ourselves to meet this crisis? We exist today, because we have what the other man has not! We owe our standing in the world today, to the fact that we have something peculiarly our own, which the world needed and recognized and accepted! It is because of this principle, which is our unique possession, that our patients are willing to fight for our recognition. They want to be able to give to their sons and brothers and lovers the help that no one else can give them. They would have no reason to fight to win for us the privilege to do the thing which the other man has done, and which has been a failure.

Today Medical doctors are proclaiming in the highways the deception, the danger and the futility of drugs. How absurd that we, even as they are confessing their error, should abandon the triumphant truth of scientific Osteopathy to worship at their old discredited shrine!



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SUPERINTENDENT

BETTER DIAGNOSIS

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

That diagnosis is the keynote of all successful physicians is manifest. Osteopathic physicians should be expert in diagnosis, but that such is not the fact is evident from the methods employed in the treatment room.

The fault lies not with the individual practitioner who is eager in most instances to gain all the knowledge he can, but in the college training.

We will grant that in order to be skilled in diagnosis and treatment of disease the osteopathic physician must first of all have a practical working knowledge of the structure of the organism being treated. But does that go far enough? The science and art of Osteopathy being based so largely upon anatomical science it is a fact that an exact knowledge of anatomy is a prime necessity for the successful osteopathic practitioner. But is this all sufficient? To the mind of the writer no!

How many of us can diagnose a heart lesion other than bony, muscular or ligamentous? How many of us can diagnose a tubercular lung with a stethoscope, phonendoscope or ear? How many of us can differentiate appendicitis from gall stone colic, or salpingitis?

Further, a skilled osteopath must be able not only to recognize the manifestations of abnormal tissue but must have a definite knowledge of the structure of that tissue, its relation to adjacent tissues and especially its connection with certain nerve centers upon which it is dependent for its integrity and nutrition. How many of us give a treatment which the public considers a substitute for exercise?

A patient enters the office of a D. O. and is rushed to a treatment room. He or she is told how to prepare for treatment either by the D. O., the secretary or nurse. No examination is made except a very superficial one. In many cases there is no examination at all. The patient is put through a routine method of treatment. One side of the spine is rubbed or the muscles moved away from the spinal column. Then the other side is treated. In a prone position the patient's back is punched from the occiput to the coccyx. Then the patient lies on the back for a liver squeezing, neck pull and massage, arms and legs pump-handled, feet and hands manipulated and last but not least a facial beauty massage with a scalp rub. In some cases I have known of D. O.'s giving the patient an oil rub as an adjunct to treatment. Then others have treated the patient to a tub bath, while it is a fact that electricity and vibrators are

frequently used to give the patient his money's worth. Hit or miss treatment with no definite object in view except to make the patient feel better (but more often they are exhausted) is not Osteopathy as taught by Dr. A. T. Still.

It seems to me that the student should be taught every element in diagnosis by practical work. He should learn to take an intelligent history of each case. Thoroughly taught how to find lesions by inspection, palpation and auscultation. Then learn to treat each individual case as to its needs thus doing away with general treatment by the hour for so much per.

My method of making a diagnosis might be of interest. After recording the patient's name and address and date of examination I inquire as to whether married or single, occupation and birth-place. Then follows the family history, past history and present illness notations.

Then a physical examination is made which includes the height, weight, heart, ungs, abdomen, pupils, reflexes, temperature, pulse, respiration, blood pressure (especially if over 40 years old) urine, blood (if indicated).

Then a search is made for bony, muscular, and ligamentous lesions and a record made on a chart printed on a card for that purpose. I make it a point too, to examine the teeth and mouth and the nose and ears (especially in children).

In fact I believe in overlooking nothing that will give me a clew to alleviate suffering humanity.

Of course it will be understood that there are exceptions to all rules e. g. in emergency work many of these details would be omitted.

To achieve the best results with our patients let us be more painstaking in our diagnosis and we will become better osteopaths.

Dr. G. E. Morris of Clarksburg has been appointed Secretary-Treasurer of the West Virginia Osteopathic Association to fill out the unexpired term of Dr. W. A. Fletcher, whose death was announced recently. All communications should be addressed to Dr. G. E. Morris, Secretary-Treasurer, Clarksburg, W. Va.

"Osteopathic Truth is a welcome visitor and I am glad to contribute my portion toward its success. You are doing a good work. Keep the camp fire burning, some of the fellows will need to warm up when they return from the swamp of drug therapeutics."—W. C. DAWES, Bozeman, Mont.

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MAJOR SURGEONS

ASA WILLARD, D. O., Missoula, Montana

It would be a good thing for the profession if we could have scattered about over the country a number of osteopathic surgeons, that is, men who are thoroughly osteopathic in their reasoning and attitude, and who are first class major surgeons. They would necessarily be conservative surgeons if they were real osteopaths also.

The profession though does not by any manner of means need to have every one of its members a major surgeon. If our good judgment does not, may a kind Providence keep us from a day when every Tom, Dick and Harry in the osteopathic profession tries to practice major surgery.

One of the prime reasons for the medical profession having lost its influence and hold upon the public was the indiscriminate surgery which has been practiced upon the public. Practically every fellow in the medical profession of late years has considered himself qualified to cut off legs, arms, heads or whatnot, and has not hesitated to do so. The result has been a lot of indiscriminate, ill-advised surgery.

Now the average osteopath is of just about the same clay as the average M. D., and while here and there one of us may be fitted by nature and special training for major surgery, there are a whole lot of us just like there are a whole lot of the M. D.'s, who are not. You cannot make a major surgeon out of any kind of clay. Many a high class general practitioner would not make a major surgeon.

It would be an advantage to us to have a man here and there to whom we could refer cases for surgical work, but for us all to turn ourselves into major surgeons would be turning to the ends of major surgery a field which is generally quite well taken care of, time that should go to osteopathic development and practice, and so taking from osteopathic practice that much. Osteopathy is what there is a lack of, and not major surgery. The public can get all of the major surgery it wants right now.

The only good reason I have been able to figure out for this country's having every practitioner, regardless of his natural fitness, licensed to do major surgery, is that when the country was undeveloped, and the doctor had no specialist to call on to help him, and he had to do the whole thing he had to practice surgery as well as everything else. That condition certainly no longer exists.

There are very, very few communities in our country today in this age of automobiles, etc., which do not have access

to the specialist's services, and it would be much more rational, and to the public's benefit if we would work to the arrangement which Great Britain has, whereby physicians are licensed as such and surgeons are licensed as such after meeting qualifications which especially indicate their fitness for surgery.

Again let me remark that an osteopathic surgeon, and by that I mean an osteopathic surgeon, not a man who simply labels himself an osteopath, here and there, would be an advantage to us, but

even such is not by any means a vital need.

The public is crying for osteopathic service. We have got to supply it or the fakir will, and supplying that service is of infinitely more importance than having our people qualify to do major surgery.

"Find enclosed draft in payment of another year's subscription. It certainly does my 'Osteopathic Truth' seeking spirit good to note the forward movement progressing through your columns from month to month. Surely it will do much to 'lign' us up more nearly as our Dr. A. T. Still would have us be."—E. GERTRUDE FERGUSON,

OTTARI

AN INSTITUTION FOR THE OSTEOPATHIC CARE
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ASHEVILLE, N. C.

Dear Doctor:

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

Here are some of my notes:

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(Signed) M. J. CARSON,
Secy. N. C. Osteopathic Society.
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THE PASSING OF QUACKERY

A Scourge of Peace and a Deliverance by War

(NOTE—Our medical brethren evidently see some hope of wiping out so-called quackery during the present war. The following excerpts from an article on the above title are taken from the Medical Council, October edition. It is interesting to observe the plans outlined herein for making away with Osteopathy and other irregular systems of treatment. Will this medical ideal be realized? Not, if we unite and formulate a defensive program to cope with medical autocracy and tyranny.)

The currents of life run deep in war and man analyzes his surroundings. We fill up rutty roads that the cannon may pass. We root out ornaments that potatoes may have room to grow. A pallid sun is setting on the old cosmos; and the "place in the sun" of the new age will be lighted by an orb that casts no shadows to conceal the unworthy, the pretender or the quack. His day is hastening to its close.

H. G. Wells, writing on "The God of this New Age," assumes that a new age has come, and with it a co-ordination of the activities of all mankind. "Old things will pass away, and all things will become new."

Perhaps it may be profitable for us to sense the spirit of this new age in medicine. But, in the darkness of war, "when men's hearts begin to fail them for fear of those things that are coming on the earth," it is, perhaps, a strain upon our vision to look through the shadows to the coming of "The Day."

Materialism has been a failure in medicine. True, it has built well in places, where there was the sound rock of truth to build upon; but the shifting sands of superficial and transient opinion have given such foundation as they afford to a host of structures now falling to their ruin.

The testing time has come. The waters have risen and the wind is blowing, and they are beating upon the medical structures, as they are upon many another; and great will be the fall of many.

Heterodoxy and quackery are cut from the same roll of cloth, and they are considered damaged goods. But not always so; it depends largely upon the man who wears them. Smug orthodoxy and complacent regularity may cover narrow men of insignificant attainment, as priestly robes may cover the petty ecclesiastical hypocrite. Let us be fair in our estimate of heresy and quackery, remembering that it is more the man than the system that counts in the estimate the historian finally passes.

The Individualism of Medicine

Probably more than in any other field, medicine has been individualistic; it has been based upon opinion and evidence without proper controls and comparisons. After all, this is the factor accounting for the erratic theory, the fanciful "system" and, if you please, even for the quack.

But modern medicine, while materialistic in a way, is coming to be founded upon laws of nature that are well ascertained. Empiricism, in its material forms,

is fast giving way. The scientifically demonstrated is coming to rule, and scientific demonstration is rapidly breaking down the line between materialism and the scientifically transcendental domain. A SYSTEM, instead of several systems, of medicine is being elaborated. Technic is becoming dominant, and technic is an accretion, not the mere deliverance of one man. Therefore individualism in medicine is disappearing, even as it long since disappeared in mathematics. Modern medical progress is leaving little room for "schools," new systems, and quackery; and the quack will be simply outgrown and disappear.

The Last Recrudescence

Christian Science, so far as its healing features is concerned, is a recrudescence of long discredited thought, and it has given rise to many imitators because essentially a form of ancient quackery, and each imitation is more commercial and sordid than the original. Finally all will fall together, though the cheerful religious features and ethical concepts of Christian Science may persist in a modified form.

Osteopathy may fairly be said to be one-sided, though not wholly unscientific; but its better exponents and schools of instruction are coming more and more to be modified by medical science in its larger outlook and broader application. It, too, has its imitators, such as Chiropractic, which is a form of rampant quackery, wholly ridiculous and unjustified both in theory and in practice. And this imitation is fast resulting in the absorption of Osteopathy—what is true in it—into general medical science.

The very commercialism of these recrudescences is their own undoing, for TRUE MEDICINE never can persist in a commercial form, and commercial imitations of medicine are doomed to extinction. All medical history has illustrated this. History repeats itself.

War is Hastening This

The present war is one dominated by technic, science, efficiency and machinery. Medicine therein must be scientific and technically efficient. The cult, ism, pathy and school in medicine are unheard of in this war; they are fast being shot to pieces, and the people know it.

In America it is the big men in medicine—the capable, efficient, busy men of affairs in hospital, research laboratory and private practice—that are the more quickly dropping all and flocking to the colors. They see the opportunity to recreate medicine here, while the skulking quack is seeking some underhanded ad-

vantage to continue his nefarious preying upon the sick and injured. The quack is a born slacker.

The present duty of the efficient and busy physicians who remain in civilian practice is to root out quackery and all of its works. We owe this to the people and we owe it to medical science. The maintenance of high standards of public health, keeping the workman efficiently on his job, the capable handling of the sick and injured, are war duties we all face. We are responsible to the Government therein, and to the people we serve. In war time no quackery has any right to existence, and we have every right to do all we can to crush out every form of it, both in high and in low circles. Now is no time to temporize and be timid. We are pro-Ally in the war in the field, and we must be pro-medicine in the war at home. We must declare war on quackery and fight it to its finish. This is our duty as citizens and as physicians.

Publicity in this Propaganda

Three forms of publicity will be effective in this propaganda: first, that by the individual physician; second, that by the County Medical Society; third, that by the various units in public health work.

The individual physician can do much to discourage and even to eliminate quackery. A discreet word on occasion to patients helps very much; but militant tactics lose force and are regarded as persecution. Certain experiences have convinced us that many quacks and irregulars have become such through trying experiences and discouragement. Indeed, many well educated physicians have thus lapsed, and many of them would rejoice to get into reputable practice again. We have known quacks to "come back." They were gentlemen at heart, and well educated; but adverse circumstances induced them to take up irregular practice. Why not help these men, finding places for them, where under new environment and new incentive they may redeem their failures? Then, too, many of the better educated osteopaths are true scientific gentlemen, and they gradually come to realize that they are working in a contracted field. Why not provide courses whereby they may obtain the degree in medicine and enjoy a larger field and a more stable position?

The County Medical Societies

The County Medical Societies can do much to advance war efficiency by the elimination of quackery. We trust the societies will discuss the matter, each one determining for itself which ways open to it will be most effective. We beg to suggest that one way is to induce one of the drug stores in business in your community to become an "ethical drug store"

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and cease its patent medicine sales. Another is to try to reform the newspaper advertising columns, urging the publishers to refuse advertising from quacks. Perhaps if several physicians placed their ethical announcement cards in a paper, the quack advertising could be eliminated as part of the bargain. The district attorney will cooperate with the censors of the society in prosecuting abortionists and the practitioners not legally licensed. Indeed, a live and energetic society that goes to the trouble to procure evidence can do much. Gentlemen, it is our duty to proceed in this matter.

The Boards of Health

The various health units, more especially the State departments, find avenues of publicity open to them that practicing physicians find closed because of their alleged financial interest. No such limitation confronts the sanitarian and health officer, for he is not in medical practice, and what he says is recognized by the people as disinterested. Incidentally, it is a shame that the average newspaper misconstrues the attitude of the practicing physicians whenever they try to eliminate quackery, believing, or claiming to believe, that business interest is back of it all. This we know to be a mistaken attitude on the part of the newspapers, but we are encouraged to believe that the present war emergency is the time to disabuse the newspaper people of this erroneous impression; and we trust the health boards will aid the profession in this direction.

The anti-tuberculosis propaganda is an instance of what a health board can do; so we trust they may as effectively take up this matter of quackery.

Our Readers

This journal aims to keep up for some time agitating the matter, and we shall welcome concrete and practical suggestions and contributions from our readers. The matter impresses us as an important one, especially at this time, when all of our energies must be used in a constructive manner to help win the war.—MEDICAL COUNCIL.

"Here is the renewal of my subscription to Osteopathic Truth. The little journal seems to have filled a long felt want in the ranks of the true blues. And I believe it must have had the effect of holding many a wavering recruit to the firing line and also calling back to the 'front' not a few who had allowed themselves to hear the word 'retreat' from the bugle, but which in reality was sounding 'Forward Charge!' No; we cannot afford to do without Osteopathic Truth."—STANLEY M. HUNTER, Los Angeles, Cal.

Osteopathic Truth

A MONTHLY JOURNAL OF
OSTEOPATHIC PROGRESS

EDITED AND PUBLISHED BY

PRACTICING OSTEOPATHIC PHYSICIANS
FOR THE OSTEOPATHIC PROFESSION

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DECEMBER, 1917

"Not a truth has to art or to science
been given,
But brows have ached for it, and souls
toiled and striven."

—Owen Meredith.

BOSTON—1918

A mass meeting of the New England profession was held in Boston December 1st to consider and make arrangements for the coming Convention. In spite of adverse weather conditions about fifty were present, including several from distant parts of New England. Among those coming from a distance were Dr. Lizzie Osgood, Pittsfield, Mass. and Dr. Pearson, Bangor, Maine.

Dr. George W. Riley, President of the A. O. A., Dr. H. L. Chiles, Secretary of the A. O. A. and Dr. Richard Wanless, a Trustee of the A. O. A. were present and made speeches that were brimful of enthusiasm. Others taking part in the discussion were Drs. R. K. Smith, L. Curtis Turner, A. W. Rogers, S. A. Ellis, F. M. Vaughan and Geo. W. Goode.

Dr. Francis A. Cave, President of the National Convention Association presided. Ninety-eight dollars were collected towards the expense fund.

It has been definitely decided to hold the Convention from June 30th to July 6th. This ought to meet with the approval of the profession generally and insure a good attendance. Dr. R. K. Smith who has charge of the program gives assurance that the scientific feast will be the equal, if not the superior of any the profession has enjoyed thus far.

Prepare now to attend the A. O. A. Convention, June 30th to July 6th, 1918, Boston, Mass.

"Daddy" Still is gone, but his memory will ever be with us, and that memory to those who knew him and associated with him will be for the highest of ideals and service for mankind. It was my extreme good fortune to meet and talk with him no later than Sunday last; I had been to call on him on Saturday, but on Sunday, Private Peat was my guest in Kirksville, and at an appointed hour I took him to see the Old Doctor. We found Daddy lying on his table, but he knew me immediately, and was pleased to meet Peat. He was interested in Peat's experiences and insisted upon seeing his wound; without examining conditions, he instructed me to place my fingers on the inner half of the clavicle and pull forward, and at the same time to bring the arm back; the lesion was at the acromio-clavicular articulation, and it went "in" with a pop. Daddy presented Peat with a copy of his autobiography and signed it for him; probably the last signature he made. He chatted, told jokes as always, and even insisted upon the ladies leaving the room so he might tell us something in private. We recalled happy moments spent together, and he seemed himself, a twinkle in his eye, and a smile worth millions. He told Peat that he (Daddy) was the biggest liar in the world (he spent most of his time lying on the table), he insisted that I conduct Peat to all the points of interest in the house, a trip I had made many times for him while a guest in his home. He kissed us both good-bye, and gave Peat a cut of tobacco, his favorite brand. Generous to the last, he thought of the comforts of others and their pleasures. I came into his life only in the last years, but there the privilege of doing the many little services which gave him pleasure will be mine always. He is gone, but with us forever. The King is dead, long live the King. O. C. FOREMAN, D. O.

GOOD TIDINGS OF GREAT JOY

"Behold I bring you good tidings of great joy which shall be unto all people."

Two thousand years ago, good tidings of great joy were proclaimed to the world

on the occasion of the birth of Jesus. These tidings concern man's spiritual and moral salvation. They were contrary to the orthodox teachings of the day and therefore, met with opposition on all sides. But in them was the precious gem of Truth, which is indestructible and everlasting, and while the words of this great teacher have not been accepted and properly evaluated by mankind they have nevertheless made a wonderful imprint on civilization. The words of Jesus moreover, if given free course throughout the world would bring forth a civilization that is ideal and would guarantee man's salvation, both morally and spiritually. The fact, therefore, that ideal civilization does not obtain at the present time is no fault of the principles laid down by this great teacher. The fault is with mankind in not properly evaluating, accepting and acting in accordance with these principles.

Almost a century ago, another great teacher was born into the world. There was nothing strange, nothing mysterious about his birth, as in the case of Jesus. His message concerns physical salvation. He has laid down the fundamental basis for all therapeutic procedure, and therefore, has brought good tidings of great joy which are designed to benefit all mankind. His message of physical salvation is for the whole world, and the world, moreover, is sadly in need of his message. It is contrary to the current teachings of the day. It conflicts with orthodoxy and therefore, has met with tremendous opposition. Indeed this opposition was never greater than at the present time, but the message of Dr. Still in spite of opposition from the very beginning, has gladdened the hearts of untold thousands, has redeemed multitudes from suffering and made life worth living. In spite of opposition, this message has made continual headway since that bright June day in 1874, when it was formally proclaimed to the world.

We, the disciples of Dr. Still are entrusted with the dissemination of his message of physical salvation to mankind. In order that we may prove true to the trust, it is necessary that we properly evaluate his teachings; it is necessary also that we recognize the dire need of suffering humanity for the therapeutic truths enunciated by our leader. In case we do grasp the significance of both of these needs, that is, our personal need and the need of mankind, we will go about our work with enthusiasm and a determination that knows no defeat or setback. Humanity is in need of physical salvation just as truly as it is in need of spiritual and moral salvation. All three go hand in hand. In other words, that which enhances man's physical well being, like-

wise enhances his moral and spiritual well being and vice versa.

We, therefore, must realize that we possess good tidings of great joy and that these therapeutic tidings are for all people, even as the message of Jesus is for all people, and that we are not true to our calling, yea more, we are not true to our fellow men unless we, to the best of our ability, proclaim these teachings to the world, and defend them from those who would set them at naught, or condemn them by false witness,—the only kind of testimony that can be arrayed against them.

Doctor, are you giving your patients the osteopathic vision? Are you preaching Osteopathy to them? Are you supplying them with good osteopathic literature? Here is a practical, inexpensive, and withal, a very profitable way in which you can proclaim good tidings of great joy to a world that is sick and tired of drugging, a world that is sorely in need of OSTEOPATHIC TRUTH.

SLACKERS

Private Peat says: 'A slacker is anyone who sees something that he can do to help the cause, and does not do it.' You who have not subscribed for Osteopathic Truth then are slackers. The management is anxious for all osteopaths to have the little paper, but it is not in a position to continue always to play the Santa Claus and send it to you for nothing. If you do not like the paper, and do not wish to have it sent you, then address a card to the circulating manager, and he will see that your name is stricken from the list; but if you do want the paper, and feel it is of value to you and the profession, then send your dollar to the Treasurer. We need the money and we need the encouragement that comes with the subscription. Osteopathic Truth is not a publication for financial gain—you all know that. It stands for a principle, and its backers are willing to spend their money and efforts to further that principle, but they would appreciate the cooperation of everyone who feels as they do, that the paper is worthy and well qualified to be supported. We number among our underwriters and subscribers the best men and women in the profession, our contributors are from the best, and merit your appreciation. Come, join, and 'do your bit.' Send your subscription at once to

Dr. Richard Wanless, Treasurer,
347 Fifth Avenue,
New York, N. Y.

THE ILLINOIS ESSAY CONTEST IS ON The Biggest Publicity Campaign Ever Conducted by Any State for Osteopathy

The article on "The Passing of Quackery" is answered by an eighteen inch shell in the State Wide Essay Contest just now started by the Illinois Osteopathic Association.

Education of the public is certainly the way to eradicate anything that is obnoxious to one's viewpoint, and since drug therapy is covered by that statement it is the purpose of the contest to so educate the public that Osteopathy will be the preferred remedy.

The contest is open to four year high school senior students only, and the essay on "Osteopathy" or some phase of it must be written in perfect English. The "mechanics," which is the spelling, grammar, punctuation, penmanship and sentence structure, will be given seventy-five per cent of the grading total. This part of the essay will be judged by teachers of English throughout the State, and the "thought and composition" will be judged by osteopathic physicians.

The Prizes

The prizes are two in number. The first is the choice of a four-year (Full College) scholarship in the Des Moines Still College of Osteopathy of Des Moines, Iowa, or the Chicago College of Osteopathy of Chicago, Illinois, and a trip to Rockford with all expenses paid. The second prize is the remaining scholarship and a trip to Rockford.

The Trip

The trip to Rockford is for a distinct purpose. During the next annual convention which will be held jointly with the Wisconsin association it is desired to conduct a public meeting, and the best talent will be these two prize winners. Their essays on "Osteopathy" will have weight with those who hear them, and the newspapers will be glad to give them space. The educational value cannot be estimated.

A four page pamphlet giving all necessary instructions has been sent to every senior student in the State through the principals of the high schools.

On the last page of the folder is given a list of all the available reference books and where they may be obtained.

Each entrant is required to register with the Contest Editor, Dr. Earl J. Drinkall, of Chicago, who is also chairman of the publicity committee.

Another feature of the contest is that all the newspapers in the towns where the high schools are located are to be kept in close touch with the progress, and in this way aid general public opinion toward Osteopathy.

MASSACHUSETTS COLLEGE IN NEW BUILDING

Important Purchase Just Completed

The long-promised removal of the Massachusetts College of Osteopathy from East Cambridge into the city of Boston has become a fact. The management has very recently completed arrangements for the purchase of the magnificent property at 614 Newbury Street, Back Bay, Boston, conducted for many years as an exclusive college preparatory school.

The new quarters of the Massachusetts College are located in about the heart of the Back Bay district, and upon the same square as the exclusive Hotels Somerset, Carleton and Puritan, also very near the fine new building of the Harvard Club.

The building is 3 stories in height, approximately 80 feet frontage on Newbury Street, with a depth of about 50 feet. The original cost of construction was about \$95,000 and the building was erected specifically for school purposes, therefore being most admirably adapted to the purposes of the Massachusetts College of Osteopathy.

The general arrangement of lecture, assembly and administration rooms is almost ideal. The large auditorium on the top floor will seat about 300 people. There are two chemical laboratories and one physical laboratory. Six lecture rooms, a library, administration room, faculty room, office, fully equipped gymnasium with running track and three shower baths, and various other smaller rooms comprise the unusual equipment offered by these new quarters of the M. C. O.

The osteopathic hospital property in East Cambridge will be used as heretofore for dispensary and surgical clinics, the osteopathic clinics being handled in Boston from the abundance of material offered by the central location of the new quarters. Students and faculty alike are jubilant over the exceptional facilities acquired by ownership of the new building, but this is not all. Many advantages will accrue to the entire profession through the use of this building during the Boston Convention of the A. O. A., beginning June 30th, for special clinical work. Reconstruction work on drafted men will be early taken up, also the establishment of a large orthopedic clinic. Boston proposes to offer an osteopathic course and clinical facilities of the very first class, and will matriculate a mid-year class beginning in January.

Dr. Vane B. Sigler of Trenton, N. J. has been commissioned a first lieutenant in the Medical Department of the U. S. A. Dr. Robert H. Conover has succeeded him in practice.

Observations on a Trip Across the Country

No. 3—C. C. REID, D. O., Denver, Colo.

Monday, August 13th, my brother G. W. and I left Warren, Ohio for Pittsburg, Pa. where we were the guests of Dr. Harry M. Goehring.

Dr. Goehring owns a nice home, runs a Cadillac Eight, keeps a chauffeur and has a fine office with mahogany furniture. He talks fluently and freely, apparently willing to give you everything he can about best methods of conducting a successful practice. Among many things which Dr. Goehring mentioned along practice lines was his unique way of dealing with that obstinate sort of patient who will never acknowledge that he is better or improving. After he has treated the patient a sufficient length of time and knows that the patient is decidedly improved, he gives him a little different turn in his technique with strong suggestions that he will take a turn for the better in a few days and tells him to take a vacation from treatment until the reaction comes. (He means the mental reaction). He makes it emphatic that he is not to return until he can notice that he is better. Dr. Goehring says they always return in a couple of days ready to report improvement. Then with that changed state of mind he has a better chance to do them real and permanent good. If he did not return the poor state of psychology would make him an undesirable patient anyway. This is one way of handling one kind of a bad mental state. There are seventeen systems as has been pointed out with thousands of little methods which the resourceful doctor may use.

Osteopathy in the Pressed Steel Car Plant

Dr. Goehring has succeeded in putting an office and department of Osteopathy in one of the big steel plants of Pittsburg. He deals with the company, makes terms for so much, hires an osteopath and a nurse to take care of the office and do the work. He goes out there at his convenience about an hour a day or less and keeps close supervision of the work. He makes something out of it besides giving Osteopathy some better standing. He is also educating to Osteopathy all these officials of the company who are rapidly getting the idea of bringing their families to him at his private office.

The various benefits of such an arrangement are quite self-evident to one who thinks it over.

Dr. W. L. Grubb

We also visited Dr. Grubb and others. The unique thing about Dr. Grubb is his IRIDOLGY. He studies the iris to the

finest detail claiming to note the variations in color, structure, markings, pigment, etc., in health and disease. In this study he has learned to diagnose various diseases, tell the general state of the health, the character, the motives, emotions and propensities. He has outdone the palmists and astrologers and I have no doubt could cast a better horoscope or tell a better fortune.

But Dr. Grubb is studying the iris indications in diagnosis of disease and turning his studies to practical account. He has worked at it long enough to become a wonder, almost a wizard. Such a study helps to make one a close observer, one of the essential qualities of a good physician.

Dr. Grubb has a good practice, is genial and delights to explain his work to any honest seeker after truth.

On Tuesday August 14th at 4 P. M. we started for Harrisburg arriving in the evening. Next morning we found that our friend Dr. H. M. Vastine was away from the city so we decided to spend the day on a trip to Gettysburg. A trip there with a good guide over the grounds where the turning point of the Civil War was fought, is the only way to get a true conception of the three days encounter.

This being a historical trip it will be left out as to detail.

Philadelphia

That afternoon we left for Philadelphia arriving in time for a good night's rest. We called up Dr. John H. Bailey who was out, we left word that we were in town. After we had gone to bed Dr. Bailey came up and a most pleasant visit we had. Dr. Bailey is so wide awake, so agreeable yet so positive and generally well informed that he puts things through that would be impossible for many osteopaths who might know more about book knowledge. Dr. Bailey, Dr. Chas. J. Muttart and Dr. J. Ivan Dufur are members of the Draft Board with three allopaths and one homeopath. Here is one place in government work where Osteopathy is prominent, due to the strong personality and good standing of these three men. We were invited by Dr. Bailey to see them in action next day. We spent half a day, Thursday August 16th watching the examination of the drafted men.

They came to Dr. Bailey first who gave their proper blanks and took name and address of each. After they had been the round of the doctors they came back to Dr. Bailey for final report. Each doctor had a certain part to examine. The would-be recruit was completely stripped. Dr. Dufur examined the back and legs. Dr. Muttart examined the chest, lungs

Educating Your Patients Is a Profitable Duty

Profitable because it brings you more business which means more fees, a duty because everybody is under obligation to spread the truth

Your patients recognize this obligation and accordingly carry the knowledge of Osteopathy to their friends.

Why not make every patient an intelligent booster, by using regularly the Herald of Osteopathy? This booklet is published monthly, especially for the laity. It is dignified, conservative and timely in its contents and make-up.

Sample copies will be sent on request.

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F. L. LINK, Business Manager, Kirksville, Mo.

A Retrospect and a Prospect

HARRY M. VASTINE, D. O., Harrisburg, Pa.

Osteopathic Truth has closed its first year's existence. In the initial issue in 1916 we cited that certain conditions exist within the profession and its appendages, and as well the lack of others, that unless corrected our disintegration as an organized system would rapidly and certainly ensue. We have not changed our minds, and each month's history vindicates our contention. For such a conglomeration of ideas on a subject, it is unthinkable that it could achieve progress. And the natural sequence is a policy equally conglomerate. Because of these we are grinding between the millstones. The purpose of this sheet has been to be the "voice crying in the wilderness," pointing to the great master giver of this marvelous truth and saying—"Hear him and make your paths straight." We believe that we see evidences of some stirring of the dry bones, and yet much remains to be done. Some of our leaders deny the completeness of Dr. Still's great discovery, and don't regard us as real physicians. Osteopathy is revolutionary in medicine, and is not compromisable. The issue must be clean cut. How such a great truth ever fell to the lot of those who have permitted it to follow such a drifting policy is inconceivable, for its supposed proponents are ever and anon attempting to explain its limitations, whereas it is their own limitations and not that of the great God-law-Osteopathy, that is at fault. It is this self (ego) that suffers from over-estimation, because of its woeful lack of a great concept of this truth. We have no directive, purposeful working plan. We have urged over and over again a conference of our leaders to lay out such a plan, but without avail. A supposed conference for this purpose was called in New York and it was turned into a meeting of discussion on the merits of Osteopathy, and no tangible, constructive, results were ever obtained from it. It was simply a talk-fest. Osteopathy's merits are so far above and beyond our conception, that it ill becomes those who question them to proclaim their colossal sophistry. Yet sad to relate, this specious argument—the most dangerous of all, has actually caught the ear of some of our leaders. Is it that we lack the ability to organize Osteopathy, or don't we care? If we lack the ability, then why not hire it? If we don't care, then we ought to get out, and join the German Army.

It is charitable enough to say that the job is bigger than the man, or a case of the tail wagging the dog. We don't see big, and hence we remain small. And when we do see, it is generally backward. Our

and heart. If the recruit was passed all around as sound it was final. If he was turned down by any one a conference was had if there was any doubt. The boys were doing the work thoroughly, conscientiously and rapidly. Each one was doing his bit for Uncle Sam, gratuitously, but Osteopathy was getting some fine credit.

New York City

In the afternoon we started for New York. The scenery, in nature and the remarkable works of man, along the route of this trip might have volumes written in the description. That is purposely left out of these "observations."

We arrived at N. Y. about 6:30 P. M. where I got a room at the Waldorf-Astoria, brother G. W. Reid going on home to Worcester, Mass. that evening.

My purpose in N. Y. was to do Eye, Ear, Nose and Throat work in some of the hospitals, so instead of calling on my friends, the osteopaths, I looked for hospitals.

Beginning Friday, August 17th, I was a very busy man taking private work on the cadaver and attending clinics at the New York Eye and Ear Infirmary and The Roosevelt Hospital and the West Side Hospital. Before leaving N. Y. however I did call at the office of Dr. Chas. Hazzard where I found Dr. Richard Wanless, Dr. Hazzard being out of the city.

Dr. George W. Riley

The good genial Dr. Riley would have me lunch with him which was much appreciated. He was very busy when I called. He has a fine office, mahogany furnished and nicely arranged.

Dr. Riley has one of our great osteopathic problems nearest his heart. He wants to see our numbers increase, so he is pushing what he calls "The Forward Movement" for more students in all of our schools.

This is especially timely now as the draft will prevent many from entering college and may take a good percentage from our colleges that have entered. I understand at this writing (Sept. 8, 1917) that a decision has been rendered that will allow all medical students a furlough through the school year. If we fight for it I believe this can be made to apply to osteopathic students. (Our plea turned down.—Ed.)

Dr. Riley, no doubt, will make a fine A. O. A. president. He is a fine specimen of humanity, a good personality, tactful, kind and genial. He is loyal through and through, has a broad vision, altruistic and a thorough gentleman. Osteopathy should prosper under his administration. (To be continued.)

"Pleased with O. T."—E. C. LINK, Stamford, Conn.

bump of hindsight is finely developed; quite an accomplishment for the carrying out of a great commission, don't you think. True there are some real progressives sitting in our high councils, and they are laboring untiringly and unselfishly for a status for our profession that will eventually put it to the forefront. But they have set over against them a powerful, sinister influence which, in the guise of altruism represents a decided reactionary force and the chief menace to our development. It represents the very self same influence that has been effectually rooted from both our national political parties. These reactionaries lack vision, and even primary business foresight. "Where there is no vision the people perish." A great hue and cry is raised for constructive criticism. Agreed. For all criticism is fruitless, if it does not offer to point the way to better things. We submit, therefore, that it is thoroly constructive to diagnose, correct these mal-adjustments—lesions—in order that the machine may function properly. This is the foundation of constructive building. We fiddle and fume, but we don't move directly and purposefully forward. Instead of developing naturally and forcefully, we wait, like Macawber, for something to turn up; and when it does, (Witness our attempt for Army recognition) we hop around like frogs in a skillet, pull wires and blunder in a way so costly as to jeopardize the whole movement. We not only blunder, but this great blunder received a nice coat of white wash at the hands of one of our high officials; while some of these very ones who blundered us to defeat, still sit on our National Committee. Thank God the profession is beginning to open its eyes and they will find the lesion. They are beginning to see that their problems are impossible of solution without a strong organizational policy, which must be forthcoming to have even the first essentials of success. Instead of wining and dining each other, while the osteopathic building totters, we had better be about this serious business. If the profession once learns, and it must learn, why we fail so sadly as an organization, and by reason of which they, as individuals in their several fields, suffer from so many problems through this weak-kneed policy, they will arise and find a way to inaugurate a policy of strength and not weakness.

Our policies, if we ever had such things try to straddle everything from Osteopathy to the Medicine man's incantations, with the result that it is no policy at all. Why don't we wake up, look for

ward, be concise on straight osteopathic development and steer towards its achievement? Every other even half truth has found its place in the great economy of Government in relation to this great war, and if the A. O. A. had been on the job, Osteopathy would not now be an unknown quantity begging the Nation to accept it, but it would have been sought after. We are too busy looking after some PET PERSONAL PLANS. We are only known as private practitioners. Never thought of in a big public way. When will we ever wake up to our mission? Instead of showing the Government that it needs us, the attitude of some of our people would impress the average person that we need the Government. There are thousands upon thousands of helpless war cripples which can only find health through us, and this is a part of this great work for which we are eminently fitted. Why is not some movement afoot to have the public know this, and have public sentiment sent forth to see that they get what they need. A great drive by the public to have the Government see the need of utilizing this great force in its plan of selection, ought to have emanated from us long ago. The selective (?) Draft is hurrying our fine men capable of this great service into the first line trenches, just as the Ohio State Medical Journal said they hoped would obtain. These men turn to a helpless National body to defend them in this injustice, but to receive a deaf ear, because they have no public policy. How long will the individual osteopath continue to support the organization, when he cannot rely on it to protect him? This is the fault that lies back of our failure to secure more than one out of three practitioners as members of the A. O. A. The profession would rally to almost the last one, if he could see its National body standing back of him, helping him to cultivate his public to a realization of the great science he represents, and its place in the public life. Why this is not obtaining must rest largely on the following:

1. We fail to recognize the value of the great masterpiece we possess—its scope and mission.

2. We lack foresight and business acumen to properly develop Osteopathy.

3. We've been damnably and criminally selfish. Which? All three.

If you don't believe the first just witness the squirming we did at Columbus under Dr. Lane's straight-forwardness, and yet Dr. Lane did not begin to peel the bark off like Dr. Still, and Dr. Still's force in the early days was sufficient to make Osteopathy a possibility. Our spineless policy can't hold it. It is failing today in public opinion because of our own lowered estimate of it. If you don't

believe number two and three look at our attitude on the War problem, and the history of the past needs of our institutions. (Research Institute an example.) Thankless and disagreeable as the task may be, we've felt that it was our duty to sacrifice both our time, money, and good report from even some of our very good friends to tell the story. Thus our mission lay in citing the state of affairs, and aiding the profession to find its way to real solid ground, if it has not sinned too long. Let us hope. We believe we've held to our task with fidelity. We are now entering a new year with great problems confronting us, and we trust that our leaders will grasp the opportunity which lays before them to re-incarnate genuine Osteopathy, adopt efficient business-like methods or put some there who will give Osteopathy a fixed place in the geography of the professions. We hope that a crack of the door of opportunity remains open. Many professional men and women are minus the central cells of business; hence we believe a fine stroke, that would make the forthcoming year a real history maker, would be to raise a fund sufficient to employ the services of an efficiency business expert as advisory counsel. We have personally consulted such a firm and know the plan is not only feasible but advisable. The best people obtainable should be secured. They would find a way for us, since most of our problems are business ones. They would accomplish more for us in a year than our present policy would in twenty-five years for we use six year old methods. We commend to our newly elected President, Dr. Riley, and his Cabinet, the Board of Trustees, and those who will labor together for the coming year, three objects, among others, that we believe, should they alone be achieved, would make this a record year. They are

1. The defining and standardizing of straight, clean cut, Osteopathy.

2. The enlightenment of public opinion on our relations to all questions of public concern, which includes a statement, brief and strong of our ability to render a most wonderful War service, that the great need must be met by placing us in a position to render this service. This is most imperative now, so that our men may be reclaimed from the life of a simple soldier of the ranks.

3. A great drive in and out of the profession for an osteopathic war fund should be undertaken at once.

4. The business expert to aid us to achieve these and other parts of a great plan of development.

Go to it Dr. Riley! We are already long overdue. We pledge you our columns and personal help.

Nov. 17, 1917.

ANOTHER BUNTING BABY

The Chicago Herald, November 9, 1917 announces the birth of Van Asmus Bunting, son of our old friend, Dr. H. C. Bunting. Now, Harry, as he is known throughout the profession is feeling so light footed and jubilant that he scarcely knows whether he is a biplane or a biped.

This is the second Bunting baby, in the twenty years of the Buntings' wedded life, the first or Elizabeth arrived March 12, 1914. This is all the more reason why congratulations are in order.

There is a rather interesting story connected with the arrival of Dr. Bunting's



MRS. BUNTING AND DAUGHTER, ELIZABETH

babies. There is a residence in Lake Bluff, known as the Chimney House. The dwelling was originally built by J. J. Murdock, a theatrical manager. As originally built there was no chimney visible for halting the stork on his various journeyings and so no baby came to bless the home. An inviting chimney was afterwards erected and behold the bird stopped twice. Other couples came and benefited by the blessing of the Chimney House. Then the Buntings occupied it and the stork has smiled on them twice.

HOME MEDICINE

"People used to have good, well-stocked medicine closets at home, but one of the best signs of the time, I think, is that medicine closets are disappearing. Gauze is a very essential thing to have. But we do not need to have brandy, for instance, or whiskey, or any "stimulant" at hand. There is no occasion for those drinks in medicine. Any one who needs a stimulant had better have coffee, or hot milk, or hot soup. I do not really know a single medicine that I think is necessary to keep in stock in a house."—From CABOT, "A Layman's Handbook of Medicine," 1916.

Laboratory Necessities for the Osteopathic Physician

NO. II. Urine Proof of Toxemia, Acidosis, Poor Elimination, Etc.

WALDO HORTON, D. O., 500 Boylston St., Boston, Mass.

(Editor's Note—This department on Laboratory Diagnosis is to be a regular feature of Osteopathic Truth. Dr. Horton will be glad to receive questions and suggestions bearing on the subject from all who may be interested.)

To estimate the eliminative ability of the kidneys, take a specimen from a mixed 24 hr. collection and carefully obtain its specific gravity. The most accurate instrument I know of for this is the Tycos Urinometer, which gives a temperature correction, and costs about \$3.00. For ordinary work a less expensive instrument at half the price will do. Have patient make these careful observations: exact amount passed in 24 hours; whether it is about the daily average quantity, or whether it is a "scanty day" or "flooding day;" the activity of patient, (the solids output of a patient at hard physical or mental work is 50% to 60% greater than that of the same individual resting quietly in bed without fever); and in some cases, what the patient has been eating and drinking. Then take the weight of patient and whether it is 1-10 or 4-10 fat. (A muscular person weighing 180 pounds should excrete 20% more solids than a fat person weighing the same amount. It is obvious that a 180-pound person will excrete double the solids that one weighing 90 pounds will.) Multiply the last two figures of specific gravity of the urine by the co-efficient 2.33. This gives approximately the number of grams of solids in each 1000 cc. of the urine, from which, with the number of cc. actually passed, it is easy to compute this day's solids output in grams. With this and the general data above obtained, together with patient's age, you can calculate pretty closely the kidney efficiency. In a mean or average case, under all above considerations, (145 pounds weight, moderate activity, etc.), the total solids should not be below 50 grams; 80 grams would show excessive metabolism and compensatory increased kidney function. Time required, not including gathering of data, less than two minutes.

It is often of very great help in determining the index of acidosis or auto-intoxication to measure the total acidity of the urine. There are several little acidometer outfits made for this. The Tycos people make one. The Abbott people put up the outfit complete for test for about \$2.00. It consists of a carefully graduated tube in which 10 cc. of urine is placed and 2 or 3 drops of color indicator (phenolphthalein) added; decinormal sodium hydrate is then added till faint pink color appears when reading is carefully taken. 10 cc. of urine of normal acidity requires between 3 and 4 cc. of this

solution to neutralize. If it is below 3, it denotes probable acid retention in the blood; if above 4, too great production and consequent speeding up of acid eliminating function of kidneys. With proper outfit, the test takes less than one minute's time.

In every one of these cases, the test for indican should also be made. Its absence practically rules out toxic intestinal tract absorptions, as a cause. The test is simple, and with proper equipment, can be done in two minutes. These same companies make an indicanometer and outfit complete at about the same price.



WALDO HORTON, D. O.

However, as reagents are expensive, and amount of indican depends on density of color only, it serves as well to use a small test tube (4 inch), into which are put equal parts of urine for test and Obermeyer's solution (.0½ ferric chloride in concentrated hydrochloric acid). This is vigorously shaken for 1 or 2 minutes; then add ½ inch of chloroform for every 2 inches of the shaken solution; shake again 4 or 5 times, allow to settle, and the depth of blue color indicates amount of indican. In extreme cases, it may be so intense as to be almost black. Where it is absent, chloroform color is white. Where it is normal (?), there is just the slightest tint of green when held against white background.

In a few of these cases, it may be of value to separately determine the content of urea, but for most ordinary clinical purposes, it can usually be figured in

terms of specific gravity; i. e., a 1.012 urine will contain about 1.2% urea; a 1.018 urine, about 1.8% urea. I have found on many tests, that in non-sugar urines, or urines not containing an excess of albumen, chlorides, or phosphates, (these last are rare), that the urea percentage will not vary over one figure either way from the specific gravity; i. e., a 1.014 urine will almost always contain between 1.3% and 1.5% urea. Clinically, the important urea variations are in half percent amounts or over, rather than the small difference above. All successful quantitative urea tests depend upon hypobromite solution which is open to the objection for the general practitioner that the bromine is unstable and difficult to keep standard. (Sodium hydrate and bromine are prepared separately for this test by all houses.) The best ureameter is the Hinds modification of the Doremus. Squibb also makes a compact outfit complete. Both above outfits costs about \$3.00 each. Time, one minute, plus 15 minutes to stand before taking final reading.

The quantitative determination of uric acid is longer and more difficult with more apparatus necessary. With the above estimations carefully done, particularly the total acidity, and in addition perhaps a microscopic look at sediment to rule out possible excess of uric acid crystals, its slight variation is of little importance. What is of more importance is its estimation in patient's blood, and that is as easily done as in urine, with the same instrument which is now the best for its urine determination—the Kuttner-Leitz Micro-Colorimeter—costing about \$30.00, but useful for several important clinical tests.

It is scarcely necessary to say that these same estimations which are of such importance in your first diagnosis of case, continue their importance during progress of your treatment as a checking factor on index of patients' improvement, and finally on their permanent cure.

Next Issue: BRIGHT'S DISEASE URINES.

"Hope you will continue to make 'Truth' constructively osteopathic. We are getting too much 'Chiro' stuff in our publication. They have their own journals and so far as I am concerned their doings and vaporings should be confined to them. But in every way I want to emphasize and have emphasized the worth of our own principles and practice backed up by practical results reported from the field."—CLARENCE V. KERR, Cleveland, Ohio.

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REFERRED CASES

BY AN OLD TIMER

(Editor's Note—This is the second installment by this "Old Timer." It contains much food for constructive thought. Follow these articles carefully and you will get a clearer, better osteopathic vision which, after all is said and done, is the most vital and fundamental element for success along any line.)

Physicians are at best a jealous body of men, we are sorry to admit. Ethics play no small part in relation to cases treated conjointly. The older school of medicine is a stickler for ethics and seldom does a member of that profession break away from and disagree openly with his fellow practitioner.

A case referred by a doctor of any school is supposed to be received by the next doctor in a spirit of conformity. A letter posted in advance to the referred doctor is the rule in the older school. In osteopathic circles this is not the rule, as an osteopath is supposed to make his own diagnosis and treat accordingly. We were trained not to accept any man's diagnosis. It is a pleasure to state that diagnoses made by practitioners of our schools tally remarkably well, while in the older school we seldom hear of two physicians making the same diagnosis and giving the same prognosis, if they are cases not referred.

In our school, while our diagnoses are almost always the same, we differ in technique. The city man, with his heavy practice running up into the thirties, forties and fifties a day, is not prepared to cater to referred cases from men who have never treated twenty in any one day. When you see an announcement in a journal stating that Dr. So-and-So gives especial attention to referred cases, you can just depend he is the man who is prepared to give a referred case anywhere from half an hour to a full hour, if it is necessary to do this in order to please the case sent to him. This may startle you, but it is true, when I say that the doctor with a large practice is one who never caters to referred cases, and much prefers not to have such cases sent to him, with but one exception, and that is this: cases referred by practitioners who know their technique, and that means they "find it, fix it and leave it alone" doctors, and that also means those who can treat a patient properly by specific adjustment in a few minutes' time. It is a pleasure to have cases referred from doctors of this type. They are the doctors who put Osteopathy on the map, and keep the spinal lesion idea to the forefront. Would that we had more of this type, and if we had had more of this precious type the pseudos never would have made the encroachments which they have upon our spinal field.

Two years ago we had wandered so far away from the spine that it was in danger of being kidnapped from us. Fortunately, we are swinging back to the good old trade mark, and Dr. A. T. Still is once more joyous to see his boys and girls hewing to the line.

Just yesterday a man came in for treatment. He said, "Shall I take my shirt off? A doctor in B—gave me a treatment last week and he took my shirt off. He simply loosened every muscle from head to toe. It took him just three quarters of an hour." Imagine any of our boys degenerating to the level of a Swedish masseur! Heaven forbid that many should get down to that level. For an osteopath who gives short, specific treatments to compete with one of the kind mentioned above is out of the question. Just six minutes were spent in treating the patient who, when it was over, said: "This is a revelation to me. I thought I was getting Osteopathy the other day, but I guess it was massage." Lesions were not corrected by massage-opathy and his gastritis was still on the rampage.

Now, what is to be done? Are we going to raise our technical standards to a higher level, or are we going to deteriorate into a bunch of movement masseurs, just to convey the idea to a patient that he is receiving careful and extra consideration.

If the man with a big practice can hold it, and at the same time charge twice the fees of the one with a medium practice and small fees, does it not seem logical that he is making good? The people will not continue to come back, and recommend their friends to go for treatment, unless they are receiving benefit.

The doctor who stands back and says, "I don't see how Dr. . . . can give a good treatment and get results, when he only treats from six to ten minutes, has something to learn. Just because he handles only a dozen or fifteen in a day and is "all in," is no proof that some other doctor cannot treat three times as many and get superb results.

The expert who takes your magneto out and all to pieces, and then puts it back and finds that it works, is not half as much accomplished as the other expert who simply looks over the magneto and gives a little attention to some screws or points of contact, thus insuring in six minutes' time that everything is all right. I can only advise these half-hour men to go to some of the rapid experts and learn something—learn how it is done. THE OLD METHOD OF REACHING AROUND A PATIENT, AND PULLING AND HAULING UNTIL YOU ARE BLUE IN THE FACE, IS ALL WRONG.

NO WONDER SO MANY OF OUR MEN GO TO PIECES AND GIVE UP THEIR WORK. THEY HAVE FAILED TO GET THE RIGHT VIEWPOINT, AND THEY ARE POOR MECHANICS.

I think it childish and unethical from a higher point of view for an "old-timer" to say that he has technique which cannot be grasped by a doctor of the newer class; and I think that the more recent graduates who state in a high-minded way that the "old-timer" is not posted in pathology and modern methods of examination are "away off their beat."

Some of the most widely read and best writers for our magazines are the old timers. They often take a variety of journals that the newer men have not yet learned about. They have a different vision because they have had longer and wider experiences.

I would like to see this slam-back stuff cut out, and let the old timer be known for his good works; and let the newer graduate realize that he has much to learn, despite claims to a broader education.

We are in our work to develop, and the physician who is not a student will soon be a back number and his practice will show it. We are supposed to do a certain amount of studying each week, not once in a while, but every week, and that is the only way we can bring ourselves up to and keep ourselves up to a standard that will pass muster.

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THE IMPRINT OF OSTEOPATHY

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

"Nothing succeeds like success."

"Eternal vigilance is the price of liberty."

Clearness of vision coupled with inspired determination rarely ever fails.

In order to obtain perfect vision it is often necessary for nations to be deluged with periods of dense darkness, and individuals to pass through crucial tests of buffeting, contumely, uninterrupted mental and physical application, sleepless nights, hungry days, and a loneliness all alone as huge rocks that jut out like Obelisks or as vast areas of non-oasis desert wastes.

The greatest scientists and philosophers of all the ages have been dreamers, ever gazing intently, hoping that each day's sun would shed satisfaction in its effulgence,—day by day hoping and dreaming; and ever dreaming on until a ray of light of peculiar lustre is given. Truth manifest is always so simple. The more simple the more profound. The clearer the more dignified, so it has been down through the ages, so it will ever be, and each day's sun will continue with brighter light until the perfect day. This is the boundary of man's dream. This is the ultimate of the imagination, and until then the dreamer will continue to dream his dreams.

"Truth is eternal." "Truth crushed to earth will rise again." All truth is revealed truth. It is either a direct revelation or an indirect revelation. Sense-perception enumerates the things of direct revelation. Men walk upon the hill-tops and are caught up in the clouds or ride on the "wings of the wind" high above the quagmires and swamps and valleys of decay and putrefaction, of discontent and ignorance, of superstition and abuse; and untrammelled and unfettered spirally ascend into the height of heights and there commune with the fountain head of all knowledge. These are the men who have brought down to earth the living truths of demonstration. These are the men who have made it possible for men of like minds to attain unto an understanding of the veritable laws governing these revealed truths. Discovery of truth is indirect revelation of truth. Each truth is dove-tailed with all other truths into a complete mosaic. Harmonic correlation is the cement of fixity.

The thinkers and philosophers always advise us away from the complex and the dubious and back to the simple and clear. Superstition and mysticism and fatality are cast aside as unworthy competitive elements. Charms, incantations,

necromancy and all kindred illusions are left in the scrap heap. Heavily ballasted vehicles are no longer used for the transportation of commercial products. Over-taxed nerves, mental and physical fatigue, dissipation in every form are scrupulously guarded against by every careful thinker and scientific philosopher.

This is an age of scientific undertaking, scientific methods prevail in every avenue of travel or development. There is scientific farming. The people who till the soil must understand every step and turn of the processes involved. This for economy of production, increased yield and preservation of soil for future use. Cereals, fruits, vegetables, nuts and all of earth's products are cultivated and garnered according to the best known laws. Commercial life in all its varied phases of capital and combination observes the highest scientific development. Civic life, cities, states and nations, are constantly adding improved methods. And, finally our educational system is striving after the best there is for the physical and mental training of our boys and girls so that well-rounded full-grown men and women of maturity will adorn the stage of action.

It is needless to say that one mind is not large enough to grasp the entire field of vision; or that one body is agile and strong sufficient to make application in all lines of endeavor. On the contrary the greatest mind can only grasp perfectly a small or infinitesimal part of any great undertaking. In the final product of manufacture one man is allotted a single piece or work. In all the larger corporations each man is singled out for concentration and cumulation of effort. In this way the best products are produced from the soil; the finest articles of manufacture are had; and the best distribution of finished products through the highly organized combinations of capital are delivered to the individual.

The same scientific law of development, preservation and dispensing permeates every field of endeavor. The great medical profession must be amenable to the same scientific unfoldment.

Allopathy, homeopathy, eclecticism and Osteopathy comprise the four great potentialities of the entire medical philosophy or dogma.

Allopathy has its distinct claim. Virtually claiming the earth and the fullness thereof. Homeopathy, from a different viewpoint, claims to have a universal system and a much less dangerous manner of procedure. Eclectisms with the whole world for the field, holds out the alluring

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In contra-distinction to the three dogmas mentioned above, Osteopathy is a drugless system of healing. Osteopathy brings to the human race a new philosophy, a less dangerous practice, and a natural scientific analysis. When Osteopathy announced her philosophy as that of a drugless system of healing the entire world was as a stone wall, mute and dumb to her pronouncement; but when the "old guard" went forth from the grand old State of Missouri with the motto "Find it and fix it," and demonstrated the classic "show me" to the unexpected satisfaction of the maimed and suffering, a new era dawned. Light shed its effulgence abroad. The masses began to be awakened and enthused. All former cults and philosophies aroused from lethargic slumber and a revival of learning was inaugurated which is destined to reach to the very heights of human knowledge or achievement in the medical field.

Sharp contrasts, healthy opposition,

and antipodal rivalry are necessary either for a genuine controversy or for scientific inspirational advancement.

Witness already the progress in medical achievement since the advent of Osteopathy.

Anatomy as the basis of all medical knowledge is taught and studied in such a remarkable manner that even the ordinary student is convinced that "the greatest study of mankind is man."

Physiology, bacteriology, pathology, toxicology, and all the ologies built upon an understanding of the anatomical foundation have received such scrutiny and such elucidation and such clarification that if no further results were attainable, Osteopathy would be entitled to distinctive mural decoration in the world's hall of fame.

It is not enough to say that Osteopathy holds a place unique in the therapeutic field as an educational stimulant. We have got to show in the general field of practice that Osteopathy has a greater per cent of cures and benefits than the other three combined systems of therapy.

We have got to show convincing proof of Osteopathy as a healing factor in all the different departments of therapy.

It must be the best method to use in the obstetrical field; best for the development of the growing child; best for the

child or grown person in acute sickness; best for all classes in accident; best in chronic ailments; and best to soothe and comfort in the last stages of suffering of all the dread diseases as well as in old age.

What then is this Osteopathy that is causing the other three schools or potentialities to rewrite texts, to rechart charts, and to delve deeper and deeper into the very innermost intricacies of analytical diagnosis?

Why cannot we have a proper setting for Osteopathy? Would it not be well for our men of genius, our men of discovery and our men who live high above the fogs and clouds to outline the tenets of our philosophy, at least circumscribe the temporary area of our influence, lest the clouds of unbelief befall; the accepted prejudices of ignorance grind and rot; and the vice of commercialism sap the very vitality of the life of every nation?

Dr. Adella Moyer of Payette, Idaho writes: "Please send me Osteopathic Truth, it sounds good to me."

"Enclosed please find one dollar for the Subscription price of 'Truth.' It is sure a good exponent of Osteopathy, and I hail with delight its advent for we were sorely in need of such an exponent, so clean and forceful."—W. J. DEEMING, Brookfield, Mo.

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