

Osteopathic Truth

June 1919

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Osteopathic Truth

A MONTHLY MAGAZINE FOR THE OSTEOPATHIC PROFESSION

Pledged to the TRUTH which Father Andrew saw,
No favor sways us, and no fear shall awe.

Volume III

JUNE, 1919

Number 11

OUR PLATFORM BY Dr. Andrew Taylor Still

IT SHOULD be known where OSTEOPATHY stands and what it stands for. A political party has a platform that all may know its position in regard to matters of public importance, what it stands for and what principles it advocates. The osteopath should make his position just as clear to the public. He should let the public know, in his platform, what he advocates in his campaign against disease. Our position can be tersely stated in the following planks!

First

We believe in sanitation and hygiene.

Second

We are opposed to the use of drugs as remedial agencies.

Third

We are opposed to vaccination.

Fourth

We are opposed to the use of serums in the treatment of diseases. Nature furnishes its own serum if we know how to deliver them.

Fifth

We realize that many cases require surgical treatment and therefore advocate it as a last resort. We believe many surgical operations are unnecessarily performed and that many operations can be avoided by osteopathic treatment.

Sixth

The osteopath does not depend



Dr. A. T. Still

"The God I worship demonstrates all His truth."

on electricity, X-radiance, hydrotherapy, or other adjuncts, but relies on osteopathic measures in the treatment of disease.

Seventh

We have a friendly feeling for other non-drug natural methods of healing, but we do not incorporate any other methods into our system. We are opposed to drugs; in that respect at least, all natural, unharmed methods occupy the same ground. The fundamental principles of osteopathy are different from those of any other system and the cause of disease is considered from one standpoint, viz: Disease is the result of anatomical abnormalities followed by physiological discord. To cure disease the abnormal parts must be adjusted to the normal; therefore other methods that are entirely different in principle have no place in the osteopathic system.

Eighth

Osteopathy is an independent system and can be applied to all conditions of disease, including purely surgical cases, and in these cases surgery is but a branch of osteopathy.

Ninth

We believe that our therapeutic house is just large enough for osteopathy and that when other methods are brought in just that much of osteopathy must move out.

CONVENTION ATTENDANCE AN AID TO EFFICIENCY

Geo. W. Reid, D. O., Worcester, Mass.

At a certain convention a few years ago, I was conversing with a doctor who looked a little bit worn and tired out. He was telling about how busy he was, how he had to work both night and day in order to attend to all the patients desiring treatment. I was somewhat curious to know how much business he was doing, so I asked how many patients he was treating a day. He said around twenty.

At another convention a few years later, I was conversing with another Osteopath. This man was the very picture of health. There was no evidence of the slightest fatigue. He was telling about his work. The day he came to the convention he was in his office until about two o'clock in the afternoon and he told me he treated about thirty-six that day. He was averaging something like 45 or 50 patients a day.

As this doctor was talking my thoughts went back to the man I had talked with at the previous convention. He was worn, haggard and weary. He was doing perhaps no more than one-half as much business as the second man and yet the second man was full of vigor and vim, evidencing no signs of fatigue or weariness. I asked myself why this difference? There was a difference in their physical makeup. The first one was rather small of stature yet his physique was that of the average. The second one was a large man and by nature stronger physically, therefore, undoubtedly able to do more work. But allowing for this difference in stature I was convinced right then and there that the main point of difference, the reason why one was able to do so much more work than the other with less wear and tear upon himself was because of increased business and technical efficiency. One was highly efficient while the other perhaps was only moderately efficient. One could treat two or three patients undoubtedly while the other was treating one.

Here I had demonstrated to me in no uncertain terms the importance of efficiency. At other conventions I have had many opportunities for making similar observations, so the importance of convention attendance as an aid to efficiency has been brought forcibly to my attention. We are all far from what it is possible for us to be. There is always opportunity for individual improvement and advancement and by mixing with our professional brethren we are able to wise counsel and uplifting influence.

make some interesting comparisons and deductions. We are able to pick up points on efficiency and at the same time discover our own weaknesses and shortcomings.

If there is any one thing that the average Osteopathic physician is in need of, it is efficiency—efficiency in many directions and particularly with reference to Osteopathic technic and office management. Why is it that Osteopathy is so frequently contrasted with massage in any community where you may go? We are inclined to get a little cross when someone refers to our practice as massage, but if we will take the time to analyze the situation we will find that we are responsible to a certain degree at least for this opinion on the part of the public. As a matter of fact the average Osteopath does administer a good deal of massage in his routine treatment, in other words, efficient Osteopathic technic is sadly needed. There is too much promiscuous kneading, stretching, pulling, etc., on the part of many who practice Osteopathy.

Osteopathy is not massage as we have maintained from the very beginning and if every Osteopath would take upon himself the task of administering Osteopathy and eliminating massage from his work the impression would not be so general today that Osteopathy is massage. Of course we are not altogether responsible for this conception as our medical critics are continuously spreading false propaganda, but the point is there is room for improvement on the part of all of us in our Osteopathic technic. You will find one Osteopath treating a patient for a half an hour or more, while another will treat a patient three minutes or ten minutes and get better results than the time-serving one. The one is skillful, the other is unskillful and endeavors to make up for his lack of skill by the generous application of elbow grease. I have even known of Osteopaths endeavoring to draw trade by advertising the fact that they gave longer treatments than their competitors, but I have always noticed that the competitors were the ones that were drawing the business. People seem to be able to distinguish between skill and time-serving. Dr. Still was not the author of the half-hour treatment idea.

There is a rather popular conception in our ranks that an Osteopath cannot stand up under a heavy practice for more than ten years. In other words, the active professional life of an Osteopath is popularly regarded as being from ten to fifteen years. This popular misconception has done our profession great harm. It has influenced many promising

Osteopaths to drift into lines of service that are considered less wearing and debilitating. You will often hear the remark that Dr. So and So is working into surgery and electricity, or taking up the study of medicine because he thinks there is too much work to Osteopathy for him to stand up under the practice for many years.

There is some work in Osteopathy. It is not a profession that offers very much inducement to a lazy person, but the wear and tear phase of Osteopathic practice has been unduly emphasized. Indeed in emphasizing this aspect of Osteopathic practice, efficiency has been lost sight of by many. They have gone out into practice thinking they had to spend one-half hour or more on every patient that came into the office so have not given much thought to improving their technical ability. My honest opinion is that an efficient Osteopath can hold up as many years in practice, providing he exercises reasonable discretion as any person can in any other profession or business. We have many in our profession today who have been practicing fifteen or twenty years or more and are still in the pink of condition. We have many who are expert technicians, many who can handle thirty, forty and fifty patients a day and then go out of the office around five o'clock and enjoy a good game of golf or an evening's entertainment at the theatre. These doctors constitute convincing evidence of the fallacy of the belief mentioned above.

What we need is more efficiency. If we would talk and preach efficiency to our students and young graduates rather than harp on the wearing features of Osteopathic practice we would fare much better as a profession in the long run. Fortunately very much more attention is being directed along this line at the present time. Some members of our profession are specializing along efficiency lines and are offering courses which many have taken with great profit. While recognizing the value of such courses we must not underestimate the importance of convention attendance as an aid to efficiency. The excuse is often advanced that one cannot afford to attend our conventions, but this is putting the matter in the wrong light. All who think they cannot afford to attend should really ask themselves the question, "Can I afford not to attend the convention?" and consider the matter from this standpoint rather than the other.

All aboard for Chicago! Our live wires will be there, so we can get in touch with them and profit in accordance with our ability to respond to their wise counsel and uplifting influence.

On -- To -- Chicago

Program for Twenty-Third Annual Convention of A. O. A.
Hotel Sherman, June 30th to July 3rd

Program for the A. O. A. convention at Chicago including only section of Eye, Ear, Nose and Throat; Obstetrical and Gynecological. Also subject to several changes, especially in the latter part.

SUNDAY, JUNE 29

Special services in all churches. Pulpits filled by prominent osteopaths.

MONDAY, JUNE 30

Morning

- 8:00 Special corrective gymnastic exercises by Dr. Evelyn R. Bush and Dr. A. A. Gour.
- 7:30 to 9:00 Eye, Ear, Nose and Throat Section. Surgical operations at the Hospital—Drs. C. C. Reid, John Deason and W. V. Goodfellow.
- 10:00 Chicago's greeting to visiting osteopaths.
- 10:30 "Treatment of Spinal Curvature and Flat Feet"—Dr. A. A. Gour.
- 11:00 "Goiter"—Dr. Carl P. McConnell.
- 11:30 "Diagnosis in Gynecology"—Dr. L. Alice Foley.
- 12:00 "Unsolved Problems"—Dr. W. B. Meacham.

- 12:30 to 1:00 "Results Obtained in the Treatment of 523 cases of Mental Derangement Through Osteopathic Treatment"—Dr. L. Von H. Gerdine.

Afternoon

Eye, Ear, Nose and Throat Section

- 2:00 Examination of Clinics—Drs. T. J. Ruddy, C. C. Reid, J. D. Edwards and L. S. Larimore.
- 3:00 "Source of Infection"—Dr. C. C. Reid.
- 3:30 "Reflex Nervous Disorders Related to Eye Strain and Their Osteopathic Management"—Dr. C. L. Draper.
- 4:00 "Sinus Affections and Reflex Involvement"—Dr. J. Deason.
- 4:30 "Relation of General Nutrition to Diseases of the Eye, Ear, Nose and Throat"—Dr. G. V. Webster.

Gynecological Section

- 2:30 "Lesions Causing Pelvic Congestion"—Dr. Louisa Burns. Clinical aspects of same—Dr. Georgia Carter.

- 3:20 "Pelvic Reflexes"—Dr. L. Alice Foley. Discussion—Dr. Ella D. Still.

- 4:00 Clinics conducted by Drs. Jessie O'Connor and Dr. Ella D. Still.

Obstetrical Section

- 2:00 "Osteopathic Technique in Obstetrics"—Dr. C. B. Blakeslee. Discussion—Dr. Josephine Pierce and Dr. J. A. Chapman.
- 3:00 "Gynecology Due to Obstetric Injuries"—Dr. Percy H. Woodall. Open Discussion.

TUESDAY, JULY 1

Morning

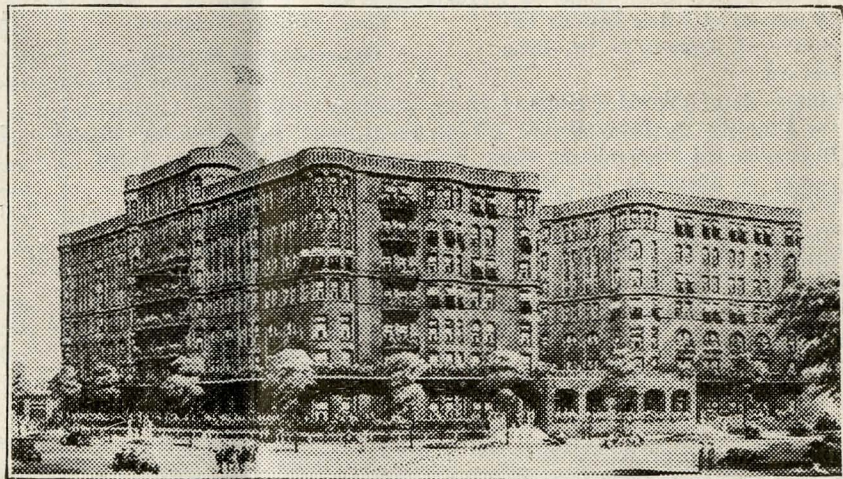
- 8:00 Special corrective gymnastic exercises by Dr. Evelyn R. Bush and Dr. A. A. Gour.

Eye, Ear, Nose and Throat Section

- 7:30 to 9:00 Surgical Operations at the Hospital—Drs. W. V. Goodfellow, T. J. Ruddy, L. S. Larimore and J. H. Bailey.
- 10:00 Opening Address by President, H. H. Fryette.
- 10:20 "Bedside Technique"—Dr. C. J. Gaddis.

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Tuesday—Continued

- 10:40— "Hay Fever and Asthma"—Dr. J. H. Bailey.
 11:00 "Osteopathic Principles"—S. H. Kjerner.
 11:20 "Statistics on Influenza"—Dr. G. W. Riley.
 11:50 "Psychiatry"—Dr. Edward S. Merrill.
 12:10 to 1:00 "Dissected Specimen"—H. V. Halladay.

Afternoon**Eye, Ear, Nose and Throat Section**

- 2:00 Examination of Clinics—Drs. J. H. Bailey, W. S. Nicholl, Stanley Hunter and E. J. Breitzman.
 3:00 "Brain Tumors and Their Detection by Eye, Ear, Nose and Throat Symptoms"—Dr. T. J. Ruddy.
 3:30 "Acute Mastoiditis"—Dr. W. V. Goodfellow.
 4:00 "Finger Surgery of the Orbit in the Treatment of Incipient Cataract, Glaucoma and other Intra-ocular Diseases"—Dr. James D. Edwards.
 4:30 Ear, Nose and Throat Complications Due to the "Flu"—Dr. E. H. Cosner.

Gynecological Section

- 2:30 "Relation of Focal Infection to Pelvic Disease"—Dr. George Conley.
 Discussion—Dr. W. Curtis Brigham.
 3:10 "Diagnosis of Pelvic Lesions Exclusive of Tumors"—Dr. Dena Hansen.
 "Diagnosis of Fibroid Tumors of the Uterus"—Dr. Betsy Hicks.
 Discussion of the above two papers on Diagnosis—Dr. H. C. Wallace.
 3:50 "Osteopathic Treatment of Pelvic Diseases"—Dr. Mary Emery.
 Discussion—Dr. Mabel Andrews.
 4:20 Clinics conducted by Drs. George Conley and W. Curtis Brigham.

Obstetrical Section

- 2:00 "Asepsis and Antisepsis"—Dr. B. D. Truman.
 Demonstration of Birth Room Technique in the Hospital—Dr. R. L. McCarthy.
 Demonstration of Birth Room Technique at Home—Dr. Alex. M. Walker.
 3:00 "Puerperal Sepsis"—Dr. Fannie E. Shutts.
 Open Discussion.

WEDNESDAY, JULY 2**Morning**

- 8:00 Special corrective gymnastic exercises by Dr. Evelyn R. Bush and Dr. A. A. Gour.

Eye, Ear, Nose and Throat Section

- 7:30 to 9:00 Surgical Operations at Hospital—Drs. C. C. Reid, T. J. Ruddy, J. Deason and W. V. Goodfellow.
 10:00 "Genito Urinary Diseases"—Dr. Edward B. Jones.
 10:20 "Diseases of the Colon, Rectum and Prostate Gland with their Etiological Relation to other Human Ills"—Dr. C. E. Amsden.
 11:00 "Orthopedics"—Dr. G. M. Laughlin.
 11:40 "Effect of Lower Dorsal and Lumbar Lesions on Labor"—Dr. Lillian M. Whiting.
 12:10 to 1:00 "Diagnosis of the Submerged Subluxation by the Galvanometer"—Dr. J. D. Edwards.

Afternoon**Report of Nominating Body and Election of Officers of A. O. A.****Eye, Ear, Nose and Throat Section**

- 2:00 Examination of Clinics—Drs. J. D. Edwards, G. V. Webster, L. M. Bush and G. M. La Rue.
 3:00 "Otosclerosis, Differentiation of, and Prognosis"—Dr. Chas. M. La Rue.
 3:30 Ear, Nose and Throat Work Combined with General Practice"—Dr. Harry Semones.
 4:00 "Adenoids"—Dr. L. M. Bush.
 4:30 Finger Surgery of Waldeyer's Ring"—Dr. F. E. Magee.

Gynecological Section

- 2:30 "Indications for Surgery in Gynecology"—Dr. J. B. Littlejohn.
 3:00 "Orificial Surgery"—Dr. Benoni A. Bullock. Discussion—Dr. O. O. Bashline.
 3:40 "Some Obscure Causes of Malpositions"—Dr. Louisa Burns.
 Clinical aspects of same—Dr. Lillian Whiting.
 Election of Chairman for Gynecology Section 1920.
 4:20 Clinics conducted by Dr. Lola Taylor and Dr. Ella D. Still.

Obstetrical Section

- 2:00 "Anomalies in Pregnancy and Labor"—Dr. M. E. Clark.
 Personal experiences.
 "Ectopic Gestation"—Dr. W. Curtis Brigham.
 "Errors in Mechanism in Head Presentations"—Dr. Blanche Mayes Elfrink.
 Open Discussion.

THURSDAY, JULY 3**Morning**

- 8:00 Special Corrective Gymnastic Exercises by Dr. Evelyn R. Bush and Dr. A. A. Gour.

Eye, Ear, Nose and Throat Section

- 7:30 to 9:00 Surgical Operations at Hospital—Drs. J. Deason, L. S. Larimore, L. M. Bush and Stanley Hunter.
 10:00 "Pathological Conditions of the Stomach and Intestines"—With Stereopticon—Dr. D. B. Holcomb.
 10:15 "Auto-intoxication Through Focal Infection"—Dr. Robert T. Alston.
 11:05 "Pathological Conditions of Tonsils and Systemic Effects"—Dr. E. J. Breitzman.
 11:25 to 11:55 Osteopathic Service League. The rest of the time Thursday afternoon will be devoted to X-ray slides and plates on Pneumonia from its Inception to conclusion on several hundred cases (by a member whose name is withheld for the present).

Afternoon**Eye, Ear, Nose and Throat Section**

- 2:00 Examination of Clinics—Dr. Harry Semones, J. H. Bailey, E. H. Cosner, H. S. Beckler and W. S. Nicholl.
 3:00 "The Middle Turbinate, Its Uses and Abuses"—Dr. L. S. Larimore.
 3:30 "Traumatic Iritis"—Dr. Stanley M. Hunter.
 4:00 "Nervous and Constitutional Effects of Diseased Tonsils, Impacted Teeth and Alveolar Abscesses"—Dr. E. J. Breitzman.
 4:30 "Orificial Philosophy Applied to the Eye, Ear, Nose, and Throat"—Dr. H. S. Beckler.

Gynecological Section

- 2:30 "Cause and Treatment of Dysmenorrhea"—Dr. Mary Golden.
 Discussion—Dr. Lola Taylor.
 3:10 "The Curative Powers of Diet in Relation to Intestinal Secretions and Pelvic Disease"—Dr. Isabella Biddle.

Obstetrical Section

- 2:00 "Anesthesia During Labor, Nitrous Oxide and Oxygen"—Dr. E. C. Dymond.
 Anesthesia During Labor. Scopalamine—Morphine—Dr. George J. Conley.
 Anesthesia During Labor, Ether.
 Open Discussion.

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Justice Hodgkins Report on "Osteopathy"

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

Dr. Downing, the Assistant Commissioner for Higher Education in New York State, said in his statement before me: "Candidates for a license to practice osteopathy must pass identically the same examination as that required of men who are seeking a medical license and who possess the degree of M. D."

In New York State and in Pennsylvania the examinations are not clinical examinations, and do not examine into therapeutics.

Dr. Chiles, Secretary of the American Osteopathic Association, said before me that the standard which has been achieved by osteopathic schools is equal to that demanded by the American Medical Association, and that a larger percentage of their graduates get through the California and New York State examinations than these from Medical Institutions.

Dr. Snyder, president of the Board of Osteopathic Examiners for the State of Pennsylvania, says that the course of study in the Philadelphia College of Osteopathy comprises practically all the subjects of a regular medical course and standard text books such as are used by medical students, and that in anatomy, as prescribed in New York State, the students are taught in such a way that they will be able to pass that examination, the questions of which are not based in any way upon the Osteopathic view. This view is in general terms concurred in by Dr. R. B. Henderson, President of the Ontario Osteopathic Association on page 329.

A very serious factor in the situation here is the circumstance that in the United States, until recently there was no standard of preliminary education required before a pupil was admitted to an osteopathic college. Lately, this has been to a certain extent remedied because many states will not examine students who have not the preliminary educational qualifications.

But that does not meet the fact that those who have come here to practice did not need to show their possession of such a preliminary educational qualification before they graduated for the colleges in the United States.

The comment of Dr. Matson, Secretary of the Ohio State Medical Board, on this subject follows:

"Even today in the last announcement of the largest osteopathic school in this country, viz: The American School of Osteopathy, Kirksville, Missouri, there appears a statement in substance as follows: 'Those admitted to the freshman class applicants must produce evidence of an education equivalent to graduation from a recognized high school.' Immediate following this statement, in parenthesis, it is announced that 'A student may be admitted conditionally on one year's high school work, provided the condition is renewed before entering upon the second year'—that is to say, a student may take one year of osteopathic work and three years of high school work in twelve months. Even following this statement the catalogue announces that a student lacking evidence of both may be admitted on examination. It is not stated by whom the examination is given, but it may be presumed that the

(Continued on page 166)

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Osteopathy

(Continued from page 165)

officers of the school set the examination. Still following this statement is the announcement that the Trustees reserve the right to admit mature and well qualified students, though they are unable to furnish the exact requirements specified."

An example of the difficulties now confronting osteopaths may be found in the fact that when the Philadelphia College of Osteopathy raised its required the immediate result was that the student body was reduced a great deal in numbers, and its income was thereby reduced, so that in July, 1915, its registration by the New York State Board was cancelled.

The Still Research Fund is still on paper although the effort to secure an annual contribution seems to have been successful (p. 1871).

I may add that those administering the law in the two States which divide up the different schools of medical thought, classifies them and issues limited certificates, are not satisfied with it.

Dr. Matson, Secretary of the Ohio State Medical Board, thus gave his experience:

"The law has now been in effect nearly two years, but regardless of the fact that an agreement was reached with reference to the provisions concerning the practice, the chiropractors are not satisfied, and at the last session of the legislature sought to disconnect themselves from the jurisdiction of the department under which they now operate. We are, therefore, unable to state at this time whether the enactment shall be regarded as proper in the interests of the sick—in fact, the only excuse we have to offer is, that some regulation is probably better than none, that a makeshift only has been adopted. This is all probably due to the fact that in the beginning there was lack of one single educational standard for everyone who was to meet and treat the sick.

"Our law was modeled after the one in Pennsylvania, advantage being taken of the trouble arising from the administration of the law in that state. We are advised that provision has been made in the medical schools of Pennsylvania for a course to be given drugless healers in subjects up to and including diagnosis, after which they may present a diploma from a school representing the branch they desire to practice and be examined before the Board of Licensure. We have been officially advised, however, that there are no students attending the course provided."

Dr. Baldy, the President of the Board of Medical Education and Licensure, Philadelphia, says, regarding their system of classification and license, in which the Osteopaths are not included, having a separate board, which system provided for no clinical examination:

"Q. Do you regard that as a satisfactory system?"

"A. I will tell you how it has worked out. It has been in force for two or three years. Now, as an explanation of what has happened, I want to point out to you this: there is not a chiropractic school—take that as an illustration of drugless therapists—there is not a chiropractic school in the country with more than a one-year course. There has not been a single, solitary man who has taken that course I outlined in Pennsylvania. In other words, they do not want to; they want to practice medicine under cover of something else, and they want to do that with a three-months or six-months' or a one-year course. These people are not sufficiently earnest, they are not sufficiently honest, nor do they want to take a real course and really know something. Osteopathy has a four-year course. There is not an Osteopathic school in this country that has a laboratory that is worth calling such. Our school in Philadelphia, I may say, is one of the best; it has a single laboratory in which it teaches merely inorganic chemistry superficially, and they admit that it is really a pretense, that they have to have it in order to get admitted to the State Board Examinations, and that is all they use it for. They have not the money to put in other laboratories.

I may add the opinion of Dr. Snyder, of Philadelphia, President of the Board of Osteopathic Examiners for the State of Pennsylvania—that the limited license is a dangerous procedure, because it will be exceeded, and the extent of the excess cannot be satisfactorily watched.

In conclusion, I view this part of the general subject in this way:

On the one hand, there is a system of medicine known and recognized in Ontario for over half a century. This system has to its credit the discovery of anti-toxins for diphtheria, smallpox and typhoid fever. It has driven typhoid and tetanus from the fighting forces of the empire. It has reduced tuberculosis and scarlet fever, and has substantially brought down the death rate among children. Its sanitary and public health laws have prolonged human life. Those who require to practice their own system of medicine without the training

and study which those at present registered have had to undergo in order to practice that system to which, speaking generally, the whole Anglo-Saxon world is committed should, I think, be permitted to shoulder the onus not merely of asserting that certain theories will, if put in force, produce beneficial results, but of showing that refusal to allow them to practice upon their own terms, will be a denial of real benefit to suffering humanity.

I think many of the arguments, presented with great ability by members of the medical fraternity particularly at the sitting held on the 3rd and 5th days of November, 1915, may well be pondered by those who desire to realize the great responsibility of reducing in any way the volume of knowledge absolutely required by a student if he is to become a real factor in saving and preserving human life and health, or of ever permitting him to remain ignorant of the extraordinary triumphs over disease achieved through the laboratory and scientific experiment.

This onus to which I have referred has not, I am satisfied, been met, nor has it been demonstrated that the boons offered will be any less real if accompanied by a liberal education in medical science as now practiced.

The real issue comes down to this, that the osteopath and the chiropractor desires to put his theories into practice without entering by the same gate that others, also with theories upon the same subject, are compelled to pass.

It seems to me that any one claiming such a right should be prepared to deal with things as they are, and be ready to suggest how his proposal can be worked into and made part of the present situation, rather than to adopt an irreconcilable attitude. He should also be ready, if need be, to stand by his views to the extent of being prepared to inculcate them into others, and not to require a change to be made based upon instruction given and received in a foreign country.

Any change is bound to be far reaching. The registered physician has benefited by the progress of medical science, and has inherited all that has been added in a medical way to our institutions.

In an action for damages the registered physician examines; under the Workmen's Compensation Act he alone can examine the workman or act as medical referee. In all the legislation regarding the custody of the afflicted, etc., he is the only one mentioned, and he only can sign death certificates.

While the health of the individual is of extreme importance, the public health is equally to be safeguarded.

The Chief Officer of the Ontario Board of Health, Dr. J. W. S. McCullough, in his address before the Commission, after a reference to osteopathy in its younger days, said: "The most important phase of medicine today is the prevention of disease. Prevention of disease is absolutely dependent upon a correct knowledge of the fundamental medical sciences. Unless one can correctly diagnose disease, constant mistakes will be made. Nowhere is this more true or more unfortunate than in connection with communicable diseases. Trained medical men sometimes make mistakes—how much more likely is this to happen to the untrained man. Closely related to diagnosis is clinical experience, only to be secured by the actual observation and handling of cases soon in general and isolation hospitals. How disastrous it is to fail to make an early diagnosis in the case of diphtheria, or, the diagnosis made, to neglect the use of diphtheria anti-toxin. Yet the medical sectarian and the drugless physician have not the education and training to make the diagnosis, and, since they deny the value of anti-toxin, which has reduced the death rate from this disease nearly fifty per cent, they allow the young patient to die. Many examples of this have been seen in this city in recent years (and given).

"Who but well-trained physicians have discovered to the world the causes of tuberculosis, of malaria, of yellow fever, of typhoid fever, of cholera, of the plague, of typhus fever, of Malta fever, as well as of many others. The attempt at construction of the Panama Canal by the French was a failure because they could not overcome the ravages of malaria and yellow fever. This great work was successfully carried out after the cause of these diseases had been discovered. In possession of this knowledge, Colonel Gorgas made the Panama Zone as safe to live in as the city of Toronto, the healthiest city in the world. Who but a physician gave to the world a preventive against small-pox, so that this disease, which in confluent form is ravaging at the present time the Islands of the Eastern Archipelago, is unknown in the Philippines, which were thoroughly vaccinated under the military rule of the United States. The Provincial Board of Health, by providing free preventive treatment of children and other persons bitten by rabid dogs, has been able to prevent the death from

hydrophobia of some four hundred citizens of the province in the last five years.

"In the Boer War of fifteen years, in an army of 328,241, 14,626 were inoculated against typhoid fever. Although the preventive treatment of this disease was then in its infancy, there were but 163 deaths among the inoculated men, while in those not inoculated there were 48,754 cases of typhoid, with 6,991 deaths. Contrast this with our experience in the present war. Up to May last in the British Expeditionary Forces in France, of about 750,000 men, 90 per cent of whom were inoculated, there were only 807 cases, with 128 deaths, and of these but 22 in men inoculated against typhoid fever.

"The water at the Niagara Camp, where the troops of this division were quartered for the last six months, is perhaps the worst in Canada carrying as it does the sewage of Buffalo and other towns up the river, where the presence of typhoid is almost constant. Yet in the 20,000 who passed through the camp in the period mentioned, not a single trace of typhoid was traceable to infection in the camp. This was due not only to the inoculation of the men against the disease, but also the preventive measures taken to purify the water and by daily and hourly checking of water samples by means of bacteriological laboratory, by careful sanitary supervision, by the destruction of flies, and by the boiling of the dishes and other common utensils used by the men.

"Preventive medicine has reduced

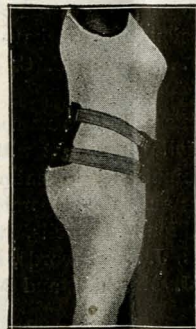
the death-rate from tuberculosis in the province from 148 per 100,000 to 85 per 100,000 in the last ten years. It has served within the last three years to reduce the death rate among babies under 1 year from 117 per 1,000 births to 103. It will do more than this if the standard of medical education in the province is maintained, but if, on the other hand, unqualified charlatana, who treat every disease by massage or by re-adjustment of the spinal vertebrae or by mechanical exercise or by prayer, present or absent, without the aid which God has given to mankind, are allowed to legally carry on their propaganda, I look forward to a serious setback to the prevention of disease among our people.

"Every single effort made in the prevention of disease among mankind and animals, every discovery which has aided in the length and comfort of men's lives, the triumphs of present-day surgery, the conserving of our armies from disease, the rescue of wounded soldiers from the inevitable death of their comrades of forty or fifty years ago, have been due to a sound knowledge of the principle of medical science. The well-trained physician despises nothing which may save his patient from disease and its consequences, he proves all things, holding fast to that which is good. Is there any reason, then, why we should do anything which will expose the public to the practice of unqualified men?"

It is, however, fair to remark, in connection with the above, that an exam-

(Continued on page 174)

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PROGRAM

American Osteopathic Society Ophthalmology and Oto-Laryngology

Hotel Sherman and Chicago College, June 25, 26 and 27

The annual convention of the American Osteopathic Society of Ophthalmology and Oto-laryngology will convene at the Hotel Sherman on Wednesday, June 25th, continuing through Friday.

The mornings of the convention days will be devoted to examinations, treatments and operations. This part of the convention program will be carried on at the Chicago College of Osteopathy and Hospital, at 5200 Ellis Ave., in the Hyde Park area of Chicago.

The evenings are open for social functions with the exception of Friday, when the annual banquet will be held.

The afternoons will be devoted to the reading and discussion of the following papers:

EYE SESSION

Wednesday P. M.

- 1:30 Paper—President's Address "Osteopathic Concept from Specialists Viewpoint". J. Deason
- 2:00 "Research on Eye" (25 min.) (15 min. for discussion) R. E. Hamilton
- 2:40 "General Practitioner and the Eye in Nervous Diseases" (25 min.) (15 min. for discussion)..... C. L. Draper
- 3:20 "Eye defects as revealed by the selective service examinations" (25 min.) (15 min. for discussion)... C. E. Abegglin
- 4:00 "Eye Symptoms and their interpretation" (25 min.) (15 min. for discussion)... G. V. Hilburn
- 4:40 "Traumatic Ititis" (25 min.) (15 min. for discussion)... S. M. Hunter
- 5:20 "Recent advancement in Thyroid Management" (25 min.) (15 min. for discussion) T. J. Ruddy

EAR SESSION

Thursday P. M.

- 12:00 Trustee meeting.
- 1:30 "Practical Ear, Nose and Throat Technique of General Practice" (25 min.) (15 min. for discussion)..... E. J. Breitzman
- 2:10 "Diseases of the Heart and Blood Vessels in Relation to the Ear" (25 min.) (15 min. for discussion).... Henry Viehe
- 2:50 "Some deductions in Relation to the Ear, Nose and

- Throat" (25 min.) (15 min. for discussion)..... M. M. Brill
- 3:30 "Nerve Deafness, differential diagnosis and treatment" (25 min.) (15 min. for discussion) H. Semone
- 4:10 "Paper on 'Vertigo'" (25 min.) (15 min. for discussion)..... F. A. Turfler
- 4:50 "Chronic Suppurative Otitis Media and the Radical Mastoid Operation" (40 min.) Ruddy, Reid, Deason, Edwards and others.
- 5:30 "Summary of Case Reports" (30 min.) C. A. Ross

**NOSE AND THROAT SESSION
Friday P. M.**

- 1:30 "Nasal Obstructions, its effect and remedy" (25 min.) (15 min. for discussion) C. T. Mitchell
- 2:10 "Relation of Tooth and Sinus Affections" (25 min.) (15 min. for discussion) W. V. Goodfellow
- 2:50 "Treatment and permanent cause of Head Colds" (25 min.) (15 min. for discussion)..... C. H. Muncie
- 3:30 "Non-Surgical Treatment of Sinuitis" (25 min.) (15 min. for discussion)... G. V. Webster
- 4:10 "Osteopathic Theory and Treatment for the Prevention and Cure of Acute Tonsillitis" (25 min.) (15 min. for discussion)..... Byron LaRue
- 4:50 "Roentgenology as an Aid in Diagnosis" (25 min.) (15 min. for discussion)..... L. S. Larimore
- 5:30 "Ethics" (Hay Fever Statistics). (25 min.) (15 min. for discussion; if we have time) C. C. Reid
- 8:00 Banquet.

In addition to those doctors named on the program the following eight will assist with the examinations: Treatments (Finger Surgery) and the Operations, Drs. L. M. Bush, Mary Howells, R. T. Quick, F. D. Pauls, J. D. Edwards, Harold Fenner, H. J. Marshall and Mary S. Crowell.

Drs. C. L. Draper and C. E. Abegglin will devote their time to conditions of the eye.

From all indications, this convention will be one of the best ever held by the Association.

The following amendment is proposed to the by-laws of the American Osteopathic Society of Ophthalmology and Oto-Laryngology.

Moved that Part 1, Section 4, which reads as follows:

Fees and dues: The dues in this Society shall be one dollar a year for active members and fifty cents for associate members. Dues shall be due and payable the first day of July each year. Each application made three months before July 1 shall, on payment of one dollar, be credited with dues for the succeeding year.

Be amended to read:

Fees and dues: The dues in this Society shall be two dollars a year for active members and one dollar for associate members. Dues shall be due and payable the first day of July each year. Each application made three months before July 1 shall, on payment of one dollar, be credited with dues for the succeeding year.

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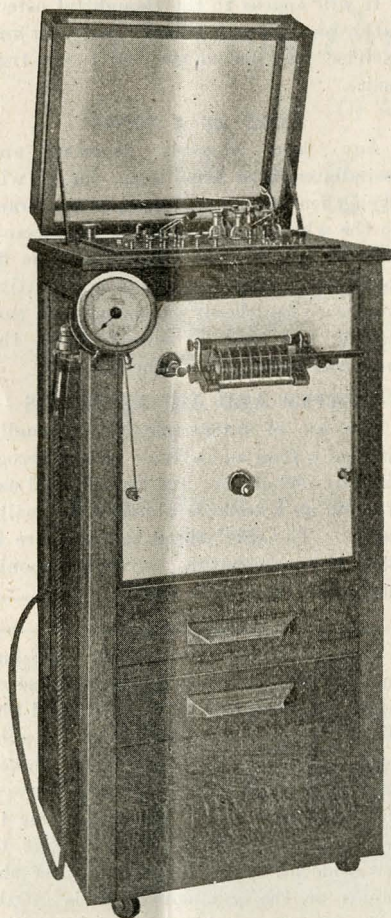
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High amperage and perfect control of an extreme high frequency for Auto Condensation.

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Under perfect and positive regulation. With 3 platinum knives, a pair of extra flexible cords, and a handle adjustable to five positions.

Sinusoidal Current

With Cords and Handles.

Auto Condensation Couch

Extra large and heavily insulated.

Diathermic Current

With complete set of electrodes in pairs for local or enlarged area application. Under simple control for any amount of amperage from zero to all that can be safely applied.

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Food and Diet As Related to Osteopathic Practice

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

While the subject of diet has not been given the place it merits in the osteopathic thought and practice, it has not been neglected by osteopaths as it has by allopaths. There are osteopathic physicians who ignore it entirely but many others have studied the subject extensively and intelligently, and have applied their knowledge successfully.

Therefore, it will not be essential nor profitable to carry on a didactic discussion of foods such as may be found in many reliable books on the subject. It may be most helpful, however, to discover and report in these columns to what extent osteopaths are putting their necks to this important phase of their work; and to discuss the subject as related to rather than as independent of their practice. Primarily the subject will be handled only in a general way. Such details as are desired may be brought out by questions and the relating of experiences. In this way these columns may be of great use to the entire profession. If you are at all interested in any phase of this subject will you communicate at once with Dr. E. H. Bean, 71 E. State Street, Columbus, Ohio. Your name and address is all that is necessary, but a live idea or an interesting experience will be profitable.

Before the advent of the osteopathic physician the should-have-been health educators were clothing their work and their ignorance in a dim haze of mystery which also provided the necessary enchantment. Osteopathic physicians have been primarily educators. Other teachers have seldom accomplished so much in so short a time. They have laid a good foundation—have constructed a springboard from which to leap into the sea of confusion of ideas and there in the distant reaches of public opinion build a pool of transparent clearness on the subject of diet.

May they greet the task as a delicious condiment. May they persist in it with downright mulishness and an unflinching determination to finish it properly.

TONICS

The word TONIC has a variety of meanings. It is an agent that invigorates the whole system; increases the tonicity of some one or all of the body tissues or organs; improves the quality of the blood; aids the functioning of the stomach, etc.

The osteopathic physician will at once appreciate the completeness with which

his treatment fulfills the definition. There need be no discussion of that fact here.

Drug tonics do not do what is claimed for them. In fact, there is no drug that fully complies with the requirements of the definition, and therefore, no drug that is a true tonic. Drugs taken as a tonic accomplish something very different in nature from that of strengthening the organs or toning up the various tissues. They send wrong nerve impulses laden with deceitful messages to the brain which results in impaired body functioning and faulty elimination.

It will appear to the thoughtful osteopathic physician that food, water, air and exercise may be so used as to be true tonics.

FOOD AS A TONIC

Any food properly digested and assimilated is a true tonic, for it will strengthen organs and tissues and brace up the whole body. It is the physician's duty to put the complaining body in fit condition for carrying on the digestive process so faultlessly as to approach perfection, and then to wisely direct the intake of food to the same end.

WATER AND AIR AS TONICS

The use of water and air internally both as a food and a tonic is well recognized by physicians; and the external use of them as a tonic is almost universally valued. The chief thing to note here is that the osteopathic physician should emphasize their tonic effect.

EXERCISE

Exercise is not only a true tonic but an OPSONIN which promotes the use of larger quantities of food, water, and air. While this is dimly grasped by the public its profound importance is smothered under the wet blanket of drug heresy. If there was ever an opportune time to get the busy mother and housewife to lay aside all other duties and enter the games of the gymnasium it is NOW, and the osteopathic physician cannot afford to do less than to instruct that this is as essential as any treatment.

There is such a direct relation between exercise and the proper digestion of food that one is justified in linking the two in a discussion of this nature. If foods are taken wrongly in many ways, so also is exercise. If many are hurt by food, so are many injured by exercise. If food is essential to health, it can scarcely be considered more so than well chosen exercise properly taken.

There are no teachers in the land who may view this subject of exercise from so many helpful angles as can the osteopathic physician. They are ruthlessly lacking in not giving vigorous thought to the construction of the channel of truth the public needs to follow in playful exercise. The public should be speedily shown that one who is taking a drug as a tonic to increase the appetite would manifest greater wisdom by taking exercise with a full appreciation of the value of games, swimming, the hot and cold shower, rough towel rubbing, etc. And the time is here when instruction must be suited to the aged as well as the young; to women of all walks of life as well as to men.

EXAMINATION OF THE BOWELS

A few observations about examining the bowels to get information relative to the diet may be helpful. A proper inquiry into the state of the bowels should be as much of a routine examination as that of the spine. Neither should be neglected, though it would not be essential to examine either of them if the patient complained only of a sprained ankle.

It is only taking unnecessary space and multiplying useless words to enumerate many things that should be kept in mind in conducting an examination of the bowels by palpation. The osteopathic physician would be alert to discover the presence of tenderness, tumors, and other prominent pathological conditions. But to gain information about the bowels as related to the diet, the amount of gas, the tonicity of the abdominal tissues, and the condition of the mesentery are all of the highest moment.

GAS

The "life history" of the gas should be obtained; whether it is legitimate or illegitimate (physiological or born of wrong combinations, etc.); whether its home is in the stomach, small, or large intestines, or if it is a vagrant; to what extent it has enlarged and thinned the walls of its dwelling place, etc. A painful pocket of gas will be hard and make one think of tumor. Percussion and treatment will soon differentiate them. There may be pockets of gas that do not fully distend the intestines, or a general distribution of it. The feel of gas in the intestines may be sensed with certainty.

(Continued Next Month)

OSTEOPATHIC EFFICIENCY ILLUSTRATED

Geo. F. Burton, D. O., Los Angeles, Cal.

Osteopathic Efficiency is being practically dramatized by the California Osteopaths.

We are thoroughly organized, virtually unified and the goal of our ambition is to become 100% effective Osteopathically. We expect no drones. We plan for harmony along democratic lines of cooperation. We have therefore determined upon a majority rule. Our stakes are set for an Educational Institution owned and controlled by Osteopathic Capital.

The vision that Father Andrew saw has fallen upon us. We see through a glass darkly now. We are going to establish an Osteopathic Educational Institution in Los Angeles second to none.

Anatomy, Physiology, Pathology, Chemistry, and allied and inter-related subjects will be scrutinized under the complete effulgence of osteopathic interpretation.

Then our vision will be more complete, and in a few years there will be no halting or backward turning.

The desire will be to gaze steadfastly.

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Under such sacrificial concentration we will enroll every Osteopath who has left within him the vital spark, a member of the California Osteopathic Association; and we will then begin to unfold the ideals of the enlightened imagination which shall be the basic pillars for genuine educational development and true legislative protection.

The Osteopathic profession in California has done and will do more in the year 1919 to enlighten the masses osteopathically of this Golden State than has been accomplished in all the years which have preceded.

Would that such thorough organization, such disinterested unification of purpose and such singleness of vision could be accorded the Osteopathic Profession in every Commonwealth of the United States.

"It ain't the guns, nor armaments, nor funds that they can pay,
But the close-cooperation that helps them win the day;
It ain't the individual, nor the army as a whole,
But the everlastin' team work of every bloomin' soul."

RUDYARD KIPLING.

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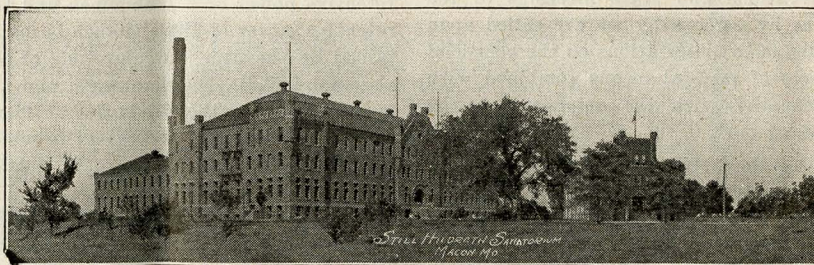
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Louise A. Griffin, D. O., Boulder, Colo.

The osteopathic profession is unique. It differs radically from all the other systems of the healing art. In contradistinction to every other method of healing it is **first**; a drugless system, **second**; a system based on the mechanical cause of disease, and **third**, its method of cure depends on mechanical adjustment.

It is an accepted physiological fact that the body has within itself all the elements necessary for the preservation and restoration of its parts, therefore, when the mechanical interference with function is removed, nature is capable of bringing function back to normal except in those cases where function has been perverted to the extent of forming organic ultimates.

This is the osteopathy that the "Old Doctor" discovered, developed and demonstrated as a practical working fact. It is the osteopathy that in its early days attracted the attention of the unrelieved sick who found it efficacious when the then regular methods failed. It is the osteopathy that the public having found good has made popular, and possible for the osteopathic profession to grow to its present numbers.

We osteopaths, however, have to admit that osteopathy owes its prosperity to the successful work of the early followers of the "Old Doctor" who knowing nothing else used **only** those methods he had taught them.

As time has passed and our schools have multiplied and our numbers have increased, heterodoxy has crept into our midst. Now, instead of hearing at our conventions and state meetings of the cures by osteopathy we are called upon to listen to dissertations on the beneficial effects of medical means combined with osteopathy with the emphasis on the medical part.

And the heterodoxy practitioners not being content with being heterodox themselves take every opportunity to extol their defection and urge the same on others of the profession, some even establishing private classes to encourage the "weak in the faith" in heterodoxy.

Reports of osteopathic successes at our meetings are giving place to reports of the specific treatment advocated by the old school, to the detriment of osteopathy.

It is not that osteopathy has failed to meet the requirements and bring results, for there are many successful straight osteopaths, but it is the individual osteopath who has failed to use osteopathy successfully.

Since the osteopath has no receipt book, such as traditional medicine has, to tell him how to proceed in a given case, it is necessary for him to evolve his own procedure from his knowledge of the principles of osteopathy and if he does not thoroughly understand those principles it is easy enough for him to resort to traditional medicine's receipt book for such information as it gives and there begins his defection. Then with the glamor of medicine before his eyes he is inspired to study for a medical degree using the earnings of his osteopathic practice to pay his way. Having obtained his medical degree his heterodoxy is complete.

When I was connected with the Mass. College of Osteopathy, a graduate osteopath, a senior student and myself opened a small private clinic for the purpose of studying and applying the osteopathic principles to diseases of women. I was teaching gynecology at the time, but knew very little practically of the application of osteopathy to this class of cases.

The theory, not generally accepted at that time, that the ligaments (anterior, posterior and lateral) were not the supports of the uterus, they acting only as guy lines to limit its motion under strain, but that its position was maintained by the intra-abdominal pressure, the retentive power of the abdomen and integrity of the pelvic floor, appealed to me as being most sensible.

The results obtained in our clinic demonstrated the fact that the intra-abdominal pressure is dependent on the retentive power of the abdomen and the retentive power of the abdomen is maintained by the firm muscular tone of the abdominal walls, the diaphragm and the muscles forming the pelvic floor. These muscles forming a closed cavity in which the intra-abdominal pressure is exerted evenly on all sides of the uterus. The diaphragm acting as a suction apparatus draws the abdominal and pelvic viscera upward with every expiration. If these muscles become relaxed the retentive power of the abdomen is weakened or lost as the case may be with more or less visceroposis, hence the reason for so many cases of uterine displacements.

A few years later, Dr. McConnell's articles on the effect of general muscular relaxation on the position of the abdominal and pelvic viscera, which appeared in the A. O. A. Journal corroborated our findings.

The following case reports will serve

to show the correctness of our deductions and also that given the osteopathic principles alone it is possible to evolve one's own procedure to a successful termination of the case.

Case 1. Mrs. W., age 40, youngest child, a year old, slight subinvolution following the birth of the last child; flaccid, pendulous abdominal walls; prolapsus first degree; pelvic floor intact; general muscular weakness; entire spine rigid especially marked in the lumbar area; faulty position on standing.

Entire work directed to bringing back the tone of the whole muscular system with special attention to the lumbar area. Exercises to correct the faulty standing position and to strengthen the abdominal muscles so that the retentive power of the abdomen should again become operative. No local treatment whatever was given. In three months' time she presented a trig graceful figure and in prime health. Needless to say the recovery was complete.

Case 2. Miss P., age 30, teacher, great general muscular weakness; emaciation; general visceroposis; uterine prolapsus; gastroptosis most marked, sag down to the brim of the pelvis; could not retain food, ejected in a few hours or if retained longer hyper-acidity with great distress; lesion 3d to 6th dorsal anterior and irregular.

The general muscular weakness seemed to be dependent on the malnutrition which was occasioned by her inability to retain food enough to keep her body nourished. She was living on concentrated food lozenges which left almost no substance after they were dissolved.

The problem in this case was how to keep her nourished while the lesions were being adjusted and kept in position. We evolved a mechanical method of emptying the contents of the stomach after each meal into the duodenum. The sag was so low that the stomach muscle could not force its contents out through the pylorus, so it was regurgitated.

To make sure that the pylorus was patulous we had her drink about a pint of warm water and then palpated the sag where the water could be located and worked it upward and out through the pylorus. We then had her eat a meal of considerable bulk but nourishing and after the usual time necessary to macerate the food completely in the stomach we gave her a glass of warm water to further liquefy the mass and palpated the sag again and worked the contents of the stomach upward and out through the pylorus. She had no distress after

that first meal showing that it had passed out of the stomach completely.

Improvement began at once. She gained flesh fast and in a few weeks was able to do quite a bit of work. In a year she was back in school again having been ill and out of school three years.

Recovery was complete. The pro-lapsed organs were returned to their normal positions without any local help.

It would seem that osteopathy ought to revolutionize the treatment of women's diseases by recognizing that intra pelvic treatments are contra-indicated in certainly those cases, which are most common, where there is no rupture of the perineal tissues and even after a rupture has occurred and the tear is stitched up the case would come under the above condition and require no local treatment.

I am very well aware that with the knowledge that many of the recent graduates in osteopathy have they are unable to evolve their own procedure or in their lack of faith they are fearful that their results may not be successful, hence they are open to heterodox conviction and the heterodox practitioners are ever ready to encourage the defection.

Let us note what heterodoxy is doing for osteopathy. First it is belittling osteopathy. Second it is diluting the force of osteopathy. Third it is a leaven that by continuous working will after a time put osteopathy so deep in the shadow that it will not be recognized for

what it is. Fourth it will eventually become a small part of the medical armamentarium along with massage, hydro-pathy, electrical treatment, etc. Fifth, its chance to develop and expand will be lost for it will be used only as a side issue.

Now we of the so-called "narrow, ten finger, A. T. Still Brand of osteopaths" who call ourselves orthodox, realize where the profession of osteopathy is trending under the insidious influence of heterodoxy and we feel that while we know that it is impossible to convert the heterodox practitioner back to orthodoxy we may be able to prevent the osteopath in the making from becoming heterodox by giving him in his student days such an education as will place osteopathy in its true light before him and give him confidence in its efficiency.

The idea of the International School originated with the "Old Doctor." He had been gravely anxious about the future of osteopathy for some time and realized that the leaven of heterodoxy was busy undermining his conception of osteopathy. Especially was this evident when the A. S. O. was inspired to broaden osteopathy by adding a medical school annex. While this did not materialize, owing to the objection of the loyal part of the profession, it showed the tendency of the corporation to be willing to sacrifice osteopathy to commercialism.

His idea was that a school or a group of schools should have a standard of

education, should be owned by the A. O. A. and under its government. That osteopathy should be definitely defined and every branch should be taught from the osteopathic standpoint.

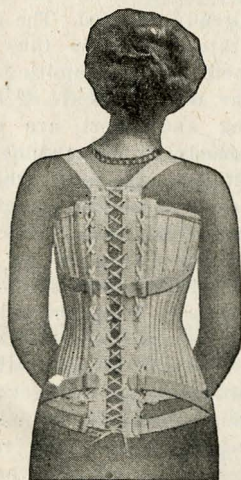
There are in the ranks of our profession many able osteopaths who have been not only thoroughly orthodox but successful in practice as well who would be willing to give a series of lectures on osteopathy that would be of great value from the practical side of the profession, to the student.

Many details have been suggested but the main facts to be considered are that the schools should have uniform instruction, should not be commercialized, should be endowed, be fewer in number and under the government of a selected board of the A. O. A.

The student who registers to study osteopathy has a right to the opportunity of learning osteopathy as the "Old Doctor" taught it. The schools that advertise to teach osteopathy have no right to place osteopathy in the background.

We realize that the present schools are not working in unison. That the emphasis in many of the schools is not being placed on osteopathy. That the commercialized schools have not the motive necessary to keep osteopathy up to the A. T. Still standard. And that the time has come when the schools should be unified and planted on the firm foundation of the osteopathic principles.

Many Osteopathic Physicians Find It a Great Help



YOU doctors of Osteopathy have the faculty of finding the *cause* of ailments in your patients. You are not given to treating symptoms. You seek out the *source* of trouble. And *very often* you find the source of trouble in the spine—a deflected vertebra, a slight or perhaps well-defined curvature, or tender spots at various points. Now, in cases of that sort, in addition to the regular osteopathic treatment many of your brother practitioners have found a most efficient aid in the

Philo Burt Spinal Appliance

The Philo Burt Appliance serves to give your patients the utmost good from your scientific treatments. It supplements your work by helping *retain* the results as you achieve them step by step. A great many osteopathic practitioners of highest repute use the Philo Burt Spinal Appliance in all their cases of spinal trouble with distinguished success.

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We will make to order a Philo Burt Appliance for any case you are treating, allow its use on a 30-day guaranteed trial and refund the price if, at the expiration of the trial period, the appliance is not satisfactory in your judgment.

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PHILO BURT MFG. CO.

31-Z Odd Fellows Temple

Jamestown, N. Y.

OSTEOPATHY

(Continued from Page 167)

ination of the schedule, already quoted, showing the hours devoted to the different subjects by the Chicago College of Osteopathy as contrasted with those of the four medical colleges in Chicago, and of the appeal issued by the American Osteopathic Association will disclose the fact that bacteriology and separate hospitals for infectious diseases are now treated as matters quite within the scope of the osteopathic idea.

An illustration of the advance in ideal of osteopathy is furnished by Dr. Hulett a member of the Osteopathic Board of Examiners appointed by the State Medical Board of Ohio. It appears that osteopaths were examined by the State authorities in obstetrics, which they considered gave them the right to practice that branch and therefore use antiseptics and anaesthetics. This is, of course, administering drugs, and the osteopaths applied to the Legislature in 1916 for and obtained the right to do so, notwithstanding the fact that originally osteopathy repudiated drugs altogether.

To this may be added the comment made in the N. O. Medical and Surgical Journal that osteopaths have applied and in many cases succeeded in being registered under the Harrison Narcotic Law in order to be permitted to administer legally opium and other narcotics, the use of which it is the intent of the United States to restrict to the most legitimate channels.

The suggestion that osteopaths should be licensed as such, and their practise restricted is not one that commends itself to me. In addition to the fact that they are approximating to the regular schools, and that it would be unfortunate if Ontario were to be the dumping ground for all those graduating from unregistered colleges, there is the practical difficulty of enforcing any such restrictions. Its difficulties from both professional, political and practical standpoints are well set out in the Bulletin, Vol. 1, No. 6 of the State Medical Boards of the United States and in it I entirely concur.

Under the pretext that they are 'not practicing medicine', so-called drugless practitioners have prevailed on the legislatures of several states to grant them the privilege of obtaining licenses under lower educational standards than are required of physicians. In the majority of these states such practitioners are not permitted legally to practice surgery or to prescribe the use of drugs. In other words, they are supposed to

limit their practice to the use of the method or system of treatment advocated by the particular cult to which they belong. This arrangement, in which the public interests were forgotten, if not deliberately set aside, is unsatisfactory and indefensible from every point of view. It is class legislation, since it provides unequal educational standards for different groups of practitioners of the healing art. The limitation of practice is dangerous, since every practitioner of the healing art should be acquainted with all methods of treatment and be free to use the one which meets the immediate needs of the patient—to save his life if it is an emergency case, the prompt administration of a drug may be essential. The arrangement is a serious handicap to those drugless practitioners who honestly comply with its provisions, and places a premium on law-breaking, deceit and pretence for those who disregard the restrictions. In short, this scheme of restricted practice provides a limitation which does not limit; it adds to the confusion already existing in the licensing of physicians; it defeats the purpose of the Medical Practise Act, and betrays the public to the hords of these who are not qualified by training to know whether a patient is sick or well, to differentiate between diseases, to select and apply the treatment most apt to result in a cure, or to take such measures as will prevent the spread of a contagious disease to others. The only way to correct the evils of this bad arrangement, and at the same time safeguard the public welfare, is to require every practitioner of the healing art to meet certain minimum educational qualifications by which it can be known that he has obtained a satisfactory training in the fundamental medical sciences. The interests of the public should not be pushed aside in order to favor one clique of practitioners, by whatever name they may be called. The first essential of the practice of the healing art is the educational qualifications."

I may add here a discussion of this subject from the Flexnor Report, the essence of which is the undoubted fact that the differences between the scientific medical school and that of osteopathy concerns therapeutics only, and that on all other subjects there is complete agreement.

The extract follows:

"A model State Board law must therefore guard the following points: the membership of the board must be drawn from the best elements of the profession, including—not, as now,

prohibiting—those engaged in teaching; the board must be armed with the authority and machinery to institute practical examinations, to refuse recognition to unfit schools, and to insist upon such preliminary educational standards as the State's own educational system warrants; finally, it must be provided either by appropriation or by greatly increased fees with funds adequate to perform efficiently the functions for which it was created. The additional powers needed, in order to deal as efficiently with the practice of medicine, lie outside the present discussion.

"Far-reaching legislative changes would be required in most states before the State Boards could play the part here assigned to them. Yet for it they are clearly destined. As a matter of fact, recent legislation has been self-contradictory. The Boards have been strengthened, their powers more satisfactorily defined and thereupon the end thus sought has been partially defeated by the creation of sectarian boards with lower standards and looser ideas. Minnesota, for example, obtained an excellent law, consolidated the medical schools of the state, established a high standard, and quarantined against invasion by a low-grade product from without and then, having fairly secured for the people of the state the best attainable conditions in the matter of protecting the public health, it proceeded partly to undo the good work by establishing a separate Osteopathic Board with power to license osteopaths—who will treat all diseases, and quite possibly in all sorts of ways—according to standards and methods fundamentally at variance with the main statute already outlined. The creation of separate boards is thus a roundabout method of recommmitting the errors that the main currents of scientific thinking and effort are endeavoring to remedy. Our forty-nine states and territories have now eighty-two different boards of medical examiners. The province of the state in this matter is plain. It cannot allow one set of practitioners to exist on easier and lower terms than another. It cannot indeed be a party to sectarian or scientific controversy. But it can and must safeguard the conditions upon which such controversy may be fought to its finish. The mooted points concern only therapeutics; in respect to all else there is complete agreement. If matters in dispute are omitted from the examination enough is left for all essential purposes. A single board should subject all candi-

(Continued on page 179)

OSTEOPATHS Should Insure with the Income Guaranty Company

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Life.....	\$5,000	Eye and Foot.....	\$5,000
Both Hands.....	5,000	Eye and Hand.....	5,000
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Hand and Foot.....	5,000	Either Foot.....	2,500
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\$50.00 a Week

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while partially disabled up to 26 weeks.

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Why Osteopaths should Insure with the Income Guaranty Company

- 1st. Because, they are given an equal standing with the Medical Profession.
- 2nd. Because, they can carry a policy much cheaper than elsewhere for the same kind of a policy.
- 3rd. Because, the Policy pays full benefit for one day or more, including first week; covers Rheumatism, Paralysis, Tuberculosis, Insanity, Neurasthenia, and every other disease except Venereal.

For further information and application write the

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Osteopathic Truth

A MONTHLY JOURNAL OF
OSTEOPATHIC PROGRESS

EDITED AND PUBLISHED BY

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FOR THE OSTEOPATHIC PROFESSION

President

H. M. Vastine, D. O. . . . Harrisburg, Pa.
102 Locust St.

Vice-President

Richard Wanless, D. O. . . . N. Y., N. Y.
347 Fifth Ave.

Secretary-Treasurer

Oliver C. Foreman, D. O. . . . Chicago, Ill.
27 E. Monroe St.

Address all correspondence to
THE OSTEOPATHIC TRUTH PUBLISHING CO.

1421 Morse Ave., Chicago, Ill.

Editor

Earl J. Drinkall, D. O. . . . Chicago, Ill.
1421 Morse Ave.

Business Manager

George W. Goode, D. O. . . . Boston, Mass.
687 Boylston St.

Circulation Manager

H. W. Shain, D. O. . . . Chicago, Ill.
1421 Morse Ave.

CONTRIBUTING EDITORS

George W. Reid, D. O. . . . Worcester, Mass.
Carl P. McConnell, D. O. . . . Chicago, Ill.
Francis A. Cave, D. O. . . . Boston, Mass.
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JUNE, 1919

THE GOSPEL ACCORDING TO YOU

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

F-I-N-I-S

A New Beginning, a Chance to Progress

A few more weeks and the year 1918-1919 will have passed, and ere we plunge into the unknown of the new year we will pause and review what has been done in the twelve months just completed. The annual convention will bring us face to face with the past.

Rewards

We always receive a reward for the things we do, and the things we do not do. Rewards are not always given at the time the deed is accomplished or not accomplished, and in many instances that reward is not reaped by the sower, but by someone far removed.

The question is not so much what has or has not been accomplished, nor who will reap the reward, for those things deal with the past to a great extent.

In Review

Montana, led by Asa Willard, has passed a law requiring reasonable educational standards from every chiropractor. The profession of Montana will reap the reward in less dirty competition. The entire osteopathic profession will reap the reward of a precedent set by a progressive State, and that precedent will aid in the legislative work of the United States.

Washington passed a law which is second to none, and which sets the standard that "once an osteopath always an osteopath." The wedge started by this progressive Western state is worthy of emulation, and the reward to the profession of the State comes through their setting a pace that the M. D.'s cannot follow.

Maine, the far northeastern State, entered the ranks with a law this year which legally recognizes Osteopathy with her separate board of examiners and a law, which for the first one, can be considered very good. The profession of the State will reap the reward of not having any old imitator call himself an Osteopathic Physician, thus confusing the public mind. Every osteopathic physician gains by this rise in public opinion.

Ohio, led by M. E. Hulett, gained a signal victory and lost none of its independence. D. O.'s can now practice minor surgery without extra examination, sign papers committing persons to insane institutions, qualify as physicians where such qualifications are needed under any State law, and can take the examination for major surgery. The satisfaction of a work well done is a reward that cannot be taken from one by another. This law will now enable other states

to gain favor with their legislators. As Ohioians travel from state to state they will tell of the victory gained in their state with increased enthusiasm, thus developing confidence in their auditors. The rolling snowball gathers flakes as it goes, and the bigger it gets the wider its swath.

Nebraska followed the footsteps of Ohio in the securing of a new law which, without surrendering any of its former independence, allows for the full development of an osteopathic physician.

We could go on and on enumerating the progress that has been made during the past year. Truly as the merchant of old said to his servant who returned ten talents in place of the five which had been given him: "Well done, thou good and faithful servant; thou hast been faithful over a few things, I will make thee ruler over many things; enter thou into the joy of thy lord" this may well be said of those who have given of their time and sustenance to advance A. T. Still Osteopathy—pure and undefiled.

In Contrast

In contrast to the foregoing may we cite again what happened during the recent session of the legislature in Pennsylvania. (More detailed on another page.) The reward for not doing what should have been done, and which was promised by the Legislation Committee of the state association, rebounds onto the profession in the severe blows given to public opinion about Osteopathy. Years will be needed to patch the breach and in every legislative fight hereafter the medics will have a club, and the legislators will be a bit cautious in granting favors. When the big Philadelphia newspapers herald it broadcast that the "OSTEOPATHIC BILL VICIOUS" is up for consideration, you can well imagine the result, both in and out of the state.

This is not the only illustration. Recently the Minnesota State Board of Osteopathic Examiners passed a resolution that applicants for license to practice in that state lacked in the fundamental conception of Osteopathy. This reaches back to the schools and what they are teaching. Again the reward for not doing what should be done is even more far reaching. The student starting in practice without the knowledge that he should have, knows not what he is doing, cannot deliver the goods, does not get results, becomes discouraged, knocks Osteopathy, thinks he needs drugs to fill the gap, and instead of his putting the blame on his own lack of knowledge, he blames Osteopathy, and then tries to secure legislation that will let him "use any agency" which he thinks his patients

should have. He reaps a reward for not doing what he should—seeking that which he had not. His patients reap a reward in the lack of results and in turn tell their friends that Osteopathy is no good,

May it not well be said of those who do not do, as the merchant of old told the servant who had been given one talent, and instead of producing he dug a hole in the ground and buried it until the master returned, that—"For unto every one that hath shall be given, and he shall have abundance; but from him that hath not, shall be taken away even that which he hath.

And cast ye the unprofitable servant into outer darkness; there shall be weeping and gnashing of teeth."

The Future

"Work while the daylight shines,

Man of strength and will.

Never does the streamlet glide

Useless by the mill.

Wait not till tomorrow's sun

Beams upon the way;

All that thou canst call thine own

Lies in thy today.

Power, intellect, and health

May not, cannot last—

"The mill will never grind

With the water that has passed."

—Boston's Young Men.

Our mill will never grind with the water that has passed, but it does depend upon the guidance of the miller (our officers) as to how fast the oncoming water will drive the mill, and it is his guiding hand that directs the grain to the machine and the finished product to the market.

No mill or business gets very far in this world with a half dozen different standards of production. Dr. Still gave us a standard to produce by, but alas we have strayed far afield. The same standard is to come up at the convention for adoption as a qualifying clause for all those who seek membership in our national association. It should be adopted, and those who will not live up to its teaching, can seek amusement elsewhere.

"Our Platform" as written by Dr. Still for our guidance in everything pertaining to our professional growth, stands today more solidly correct than the day it was written. Read it carefully and study it more carefully, then read and study Dr. Burton's elucidation of it under the heading, "Our Profession Needs A Definite Program."

Live and practice by that platform, and as you handle your patients so will it rebound to the glory of A. T. Still Osteopathy.

OSTEOPATHY as given to the world

by Dr. Still, is the biggest and broadest system of healing today, barring none. Will you during the coming year do something to make that philosophy come true? The drug schools are tottering, and if we should carry on a nation-wide advertising campaign for students during the next five years we could ring their death knell.

The future lies with you and what ye sow that shall ye also reap, but alas, you do not reap all. Some seed must drop in the corners and on the other man's ground, where he reaps the reward. Are you sowing to produce pure unadulterated Osteopathy, or a hyphenated mixture?

We receive a reward for the things we do and the things we do not do.

PUBLIC OPINION IN PENNSYLVANIA RECEIVES BLACK EYE

Legislation Committee Did Not Carry Out Promise

At the last session of the legislature an attempt was made to amend the osteopathic law in order to get around rulings made by Dr. Baldy, the president of the medical board, and in this amendment was the following clause:—"and shall also authorize such holder to utilize any means or agency necessary in the treatment of disease, injury or deformity."

In "The Bulletin of the Pennsylvania Osteopathic Association," Vol. 1, No. 2, May, 1919, page 2 appeared the following item:—

MEDICS IN HOT FIGHT ON OSTEOPATHIC BILL; MEASURE IS CHANGED

Dr. O. J. Snyder Declares Too Many State Practitioners Are Using Drugs

It has come to the attention of the State Board (Dr. Snyder is president) and the Legislation Committee (Dr. John H. Bailey is chairman) for some time, and more forcefully within the past few weeks, that many Osteopaths of our State are unnecessarily resorting to drugs in the treatment of their patients and in a manner and degree that is not only unwarranted and dangerous to the highest interests of their patients, but to an extent that it has become an outright affront upon the philosophy and dignity of Osteopathy which every licensed D. O. of this State is imperatively expected to uphold.

Your Legislation Committee has accordingly, lest the provision might give encouragement to that practice and be interpreted to be an endorsement of it, had eliminated from section eleven, of the bill (Senate bill 446) that portion which reads as follows:

"And shall also authorize such holder to utilize any means or agency necessary in the treatment of disease, injury or deformity."

In doing this, we do not wish to be understood to take the position that drugs in some form or other are under no circumstances ever necessary or desirable in the management of certain conditions and in certain and specific procedures as, for instance, the employment of sedatives and anesthetics when indicated—but the free and promiscuous use of all manner of drugging is what we condemn and, therefore, we thought it the act of wisdom not to open the gates too widely, as this provision would unquestionably do, but accept as sufficient and adequate for our needs the authority already vested in us by virtue of the original provision in section eleven of the act, viz: to practice Osteopathy "as taught and practiced in the legally organized reputable Colleges of Osteopathy."

Words in the bracket are our insertion.

Promise Not Kept

Although promised in this article and in committee meeting, this clause was not removed and it went to vote as written.

The Philadelphia Ledger one of the leading newspapers of Pennsylvania had a front page news article some time ago headed "OSTEOPATHIC BILL VICIOUS." This went all over the State and out of the State creating public opinion against not only the bill but against osteopathy, for any profession which claims one thing and then tries to put something else over on the public will be found out sooner or later.

"Sooner" seems to be the case now for the papers rapped it, and the legislature rapped it to the tune of 126 to 53. That is a terrific blow to osteopathic public opinion in the State, and all because of a promise not being kept.

A building can be torn down in a very short space of time but it takes years and years to build the house of public opinion. It will take years to repair the damage which has been done, and legislators will be timid about voting for osteopathic legislation with the voters at home thinking the opposite way.

One of the members of the House frankly told Dr. H. M. Vastine that when a profession which represents itself as one thing, then tries to bunco the public in this manner that it needs a good defeat—and it got it. He further stated that the House was not against legitimate Osteopathy, but that it was against any attempt at dishonest legislation, that he could take him over the

House and pick up twenty men who voted against the Bill, but who would vote for legitimate legislation that the profession needed.

Are We Our Worst Enemy?

Wherein are drugs essential in an osteopathic practice of the acute, chronic, or emergency type? That means drugs used with an object of cure and not anaesthetics, antiseptics, nor antidotes.

Dr. A. T. Still says not.

How many more million years will it take before we realize that the man who makes a rat trap just a little bit different from the other fellow will have the people tramping through the wilderness to his door.

We have that rat trap and if we deliver the goods—as Dr. Still intended, a path will be made to our door through the wilderness of M. D.'s offices and drug stores.

Our profession truly needs a DEFINITE PROGRAM or PLATFORM, and the one written by Dr. Still himself should be so incorporated in our by-laws that a member who does not live up to that platform or standard cannot become a member of our organizations and disrupt our laws.

As long as we let any Tom, Dick, and Harry who cares naught for Osteopathy, but the filthy dollar they get out of it, run our societies we are our worst enemy.

For years we have been lenient, easy is a better word, letting the mixers with their glib tongues argue us into any thing that will help them, and not true Osteopathy, until the end of the road has been reached. It is time to say good-bye. It is this type of individual who will teach osteopathy to the medics, chiro, chiropodists, dish washers, floor scrubbers, and what-not for the dirty dollar.

Osteopathy is just what we make it.

If the national association adopts a standard, then everyone will have to conform to that standard. The Platform written by Dr. Still and printed on the front page does not limit either the individual nor Osteopathy.

"Osteopathy," Dr. J. B. Littlejohn says, "is only limited by the limit of man's mind." That does not include drugs either, nor serums, nor vaccines.

The time is here. We have been easy long enough, and as the tide of the ocean turns, so our tide is turning and we will set a pace of our own for true osteopathy.

Shakespeare says:

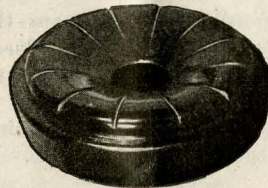
"This above all:
To thine own self be true,
And it must follow, as the night the day,
THOU CANST NOT THEN BE FALSE
TO ANY MAN."

OUR ADVERTISERS

THERAPHONY

The Evolution Phone Co., of New York have a new device which goes on the telephone receiver. It is designed to aid the hearing in order that straining may be avoided and its consequent deafness. The device is an aid in the cure of deafness.

The patent states that the object of the invention is to provide a sound re-



producer of compact structure in which the sounds are clearly and accurately reproduced, and in which every compression, reflection, refraction, concentration, and swelling of sound and air are properly accounted for and the sounds reproduced in the desired strength and in the most natural manner.

A device such as this should be an aid to those who have office in the busy parts of the larger cities where it is a strain to hear.

GOLDEN WHEAT FOOD

Dr. John Wirt is a dentist in Frankfort, Ind., and through his knowledge of the teeth with respect to digestion and other kindred physiological functions he developed Golden Wheat Food. He desires us to call attention to the fact that all the wheat is there, and that the food is prepared in the most sanitary manner.

THOMPSON-PLASTER CABINET

The Thompson-Plaster Co. of Leesburg, Va., have an electrical cabinet which is particularly designed for the ear, nose and throat specialist, thus our presenting it to you.

COATS

M. Weissfeld Mfg. Co. of New York are again calling your attention to their line of office coats, cool summer suits, auto dusters, etc.

SOUTHWESTERN SANATARIUM

We are pleased to present in this issue the Southwestern Osteopathic Sanatorium at Blackwell, Okla. Their list of physicians include many that you know have proven their ability. They are progressing satisfactorily and merit your patronage.

PHILO-BURT

The Philo-Burt Mfg. Co., Jamestown, N. Y., are well known to the Osteopathic profession as they have been making a support for spinal curvature cases for years. We are pleased to call your attention to their advertisement.

X-RADIANCE

Dr. E. R. Hoskins, formerly with the A. T. Still Research Institute, and who edits our department on the "Proof of the Pudding," is now operating an X-ray department in the office of Dr. J. B. Littlejohn. For ten days during the latter part of June he intends to give a course in X-radiance during the evenings. According to schedule it will cover practically the entire field of X-radiance.

INSURANCE

The Income Guaranty Co. of South Bend, Ind., carries a goodly number of Osteopathic physicians on their list of policy holders. Accidents do happen in the best of well regulated families.

CASE RECORDS

Records must be kept of monies due and of our cases. The Collingswood Case Card Co. of Collingswood, N. J., of which Dr. E. M. Coffee is the president, calls your attention to their particularly designed Osteopathic case card records.

A HOTEL

The Hyde Park Hotel is located within a few minutes' walk of the Chicago College of Osteopathy. It is delightfully situated on the shores of Lake Michigan where the coolest breezes blow. The downtown is reached in twelve minutes by the Illinois Central suburban system. You can stay at this hotel, convenient for early morning operations at the school hospital, and by the use of the ten-ride ticket have cheap rapid transportation to the center of activity.

THE STANDBYES

In this resumé we would be ungrateful if we did not mention those who have been with us for some time. The Still-Hildreth Sanatorium at Macon, Mo.; Ottari at Asheville, N. C.; Geo. V. Webster with his books; The Herald of Osteopathy; New England Breakfast Food Co.; McManis; Table Co.; The Laughlin Hospital, and the newer members of the family;—The Battle Creek Deformity Appliance Co., Merry Optical Co., C. E. Brooks and the School of Orificial Surgery.

Do not fail to visit our booth at the convention where we will have the Osteopathic books for sale and order.

OSTEOPATHY

(Continued from page 174)

dates, of whatever school, to the same tests at every point. The license of the state is a guarantee of knowledge, education and skill. The layman is in no position to make allowances. The state's M. D. and the state's D. O. offer themselves for essentially the same purposes. The state stands equally as guarantor of both. No citizen can indeed be wholly protected by the state against his own ignorance, fanaticism, or folly. A man who does not 'believe' in doctors cannot be forced to call them in or heed them, any more than a man who does not 'believe' in wearing rubbers can be compelled to don them in slushy weather. The state is powerless there. But having undertaken to vice practicing physicians for the protection of those who summon them, it must see to it that the licenses to which it gives currency bear a fairly uniform value. Between the graduate of Harvard and the graduate of the Boston College of Physicians and Surgeons, the layman could not judge even if he knew the origin of each. As a matter of fact he merely knows so much. But in the act of licensing both for one pur-

pose, the state assures its citizens of their substantial equality. It is shocking to reflect that, what with written examinations and separate boards, the divergencies run all the way from a high degree of competency to utter ignorance and unfitness."

I have, in discussing this matter, made the assumption that the osteopathic colleges and profession itself are making a serious effort at improvement. If this is wrong there is only left the alternative asserted by Dr. Baldy and Dr. Prichett, that it is a paper progress. If so, then the conclusion I have come to becomes inevitable.

This concludes the Hodgins Report on Osteopathy.

EDGAR D. HEIST,
61 King Street West,
Kitchener, Ontario.

PHILADELPHIA COLLEGE GETS NEW YORK RECOGNITION

The Philadelphia College of Osteopathy we are told has received recognition from the Board of Regents of the State of New York.

This will make two schools now quali-

fied to grant diplomas acceptable in New York.

We congratulate Philadelphia.

WHEN BLUE STARS TURN TO GOLD

Dr. Nettie Olds-Haight composed above song.

Dr. Nettie Olds-Haight of San Gabriel, Calif., has composed a song called, "When Blue Stars Turn to Gold," and which has been dedicated to the mothers of "Our Boys."

The song has been introduced by Mrs. Gertrude J. Hand and is now enjoying a good sale over the country.

At Convention

The song will probably be sung at the convention, but in order that those who would enjoy having the music it has been arranged to have copies on sale at the booth of Osteopathic Truth. The funds from the sale of the music will be used in educational work.

On to Chicago
and
Better Osteopathy

NOW OPEN

The Laughlin Hospital
Kirkville, Missouri

The Laughlin Hospital of Kirkville, Missouri, has just been completed and is now ready for your patronage. The hospital, which was built at a cost of over \$50,000, is a modern fireproof structure of forty-two rooms. Thirty-five of these rooms contain beds for patients. The building is built of the very best material and has every convenience that can be put in a hospital of this size. An electric automatic elevator has been installed, which means a great convenience. There are two operating rooms, one for general surgery and the other for orthopedics.

Dr. Laughlin and his associates will do an osteopathic and general surgical practice. Dr. Laughlin has secured competent assistants to help him in the various departments, of which there are the following:

- | | | | |
|----------------|---------------------|--------------------|-----------------------------------|
| 1. Osteopathic | 3. General Surgical | 5. Gynecology | 7. Proctology and Urology |
| 2. Orthopedic | 4. Obstetrics | 6. Nose and Throat | 8. X-Ray and Laboratory Diagnosis |

A Training School for Nurses will also be maintained, with a separate building for the nurses' home

For further information address

DR. GEORGE M. LAUGHLIN - - **Kirkville, Missouri**

(See Illustration on Page 146)

The Proof of the Pudding

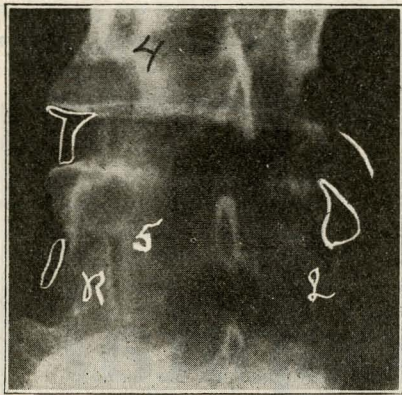
In this department it is intended to prove scientifically by X-Ray and other up-to-the minute laboratory methods that the Osteopathic Conception of Disease is correct

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

A Factor in Orthostatic Albuminuria

Much has been written recently concerning the patients with negative, or nearly so, kidney findings who persistently excrete albumin in the urine while on their feet. Keeping the patient in bed stops the excretion of albumin. Some workers cite a persistent slight heart dilatation as the only physical finding. Others lay emphasis upon the tendency to lumbar lordosis. The reasons given sound very like a page from an osteopathic text book on principles.

"Jehle believes that while vaso-motor influences may play a part in the etiology of orthostatic albuminuria, the most important factor in practically all cases is the mechanical effect of the lordosis."—Hewlett.



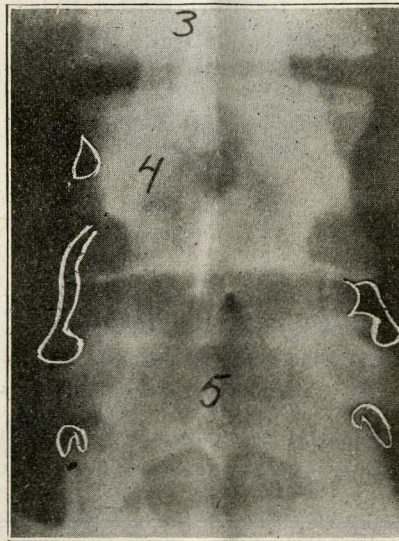
No. 1: Plate taken 12 hours after a severe wrench in getting off of a moving street car. Large "puffy" disk on left side between 4th and 5th lumbar. Dark areas of oedema on both sides but larger and darker on left.

Other workers do not find the heart enlarged except as the patient is on the feet. Still others find the lumbar lordosis is a postural condition—approximating normal as soon as weight bearing is removed. The technique given of making a spinal examination is as crude as many of the medical methods of reducing a "sacro iliac strain."

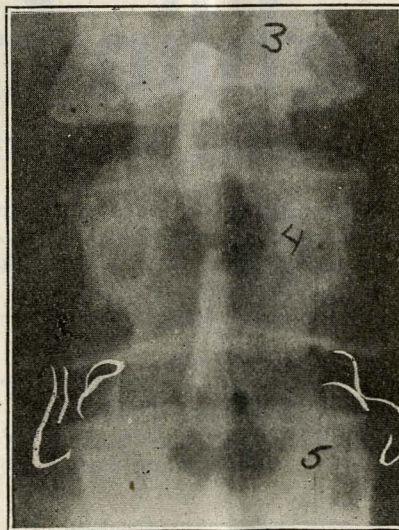
Fisher (page 616) states that "many of these are really undiagnosed cases of cardiac insufficiency. Such patients may not show a single abnormal urinary feature when at rest in bed, but the increased work incident to mere maintenance of the upright position for an

hour or two make albumin and casts appear, and continue as long as the upright position is persisted in."

Without doubt many of such cases are treated as nephritides both by medical

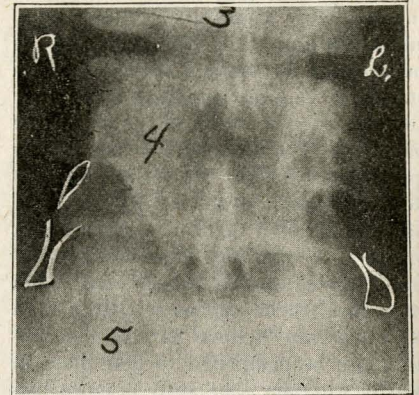


No. 2: Normal disk between 3rd and 4th lumbar. Lesion of unknown origin between 4th and 5th lumbar with fibrosis of disk and surrounding oedema.



No. 3: Apparently normal disk between 3rd and 4th lumbar. Acute lesion between 4th and 5th lumbar obtained from a fall while playing basketball. Plate taken 36 hours after injury. Oedema in greater amount than fibrous proliferation.

physicians and osteopaths. Most urinary analyses are made from samples taken while the patient is about his ordinary

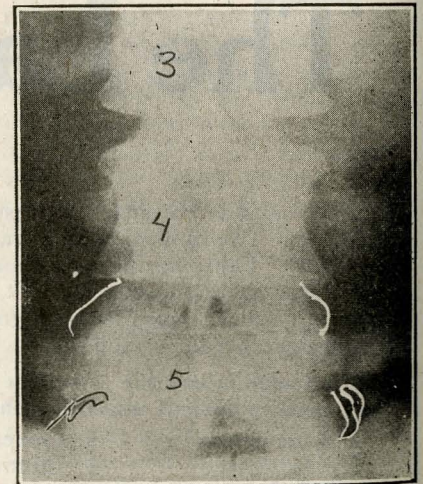


No. 4: Normal 4th and 5th articulation. Fibrosed disk with external dark oedematous areas extending up along body of 4th lumbar on the right side.

avocation, and includes both day and night urine.

"The increased work incident to mere maintenance of the upright position"—is not sufficient cause to lower heart action equilibrium enough to alter kidney function, unless there is some disturbance in the forces which do the work of "mere maintenance of the upright position." Lumbar lordosis with compensatory dorsal configuration with intrinsic disturbances of the segmental innervation may easily cause the phenomena.

Localized osteopathic lesions may in-



No. 5: Normal 3rd and 4th articulation. Chronic lesion between 4th and 5th. "Chronically acute" lesion between 5th and sacrum.

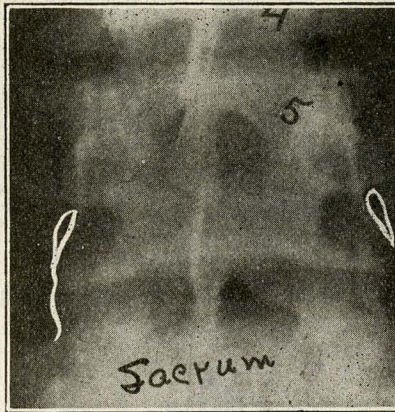
terfere with heart tonicity sufficiently to lead to severe enough "cardiac insufficiency" to also give the condition.

Time after time Albuminuria has

ceased after correction of osteopathic lesions in the segments of the spine directly associated with the kidneys. These lesions as well as those of the upper dorsal region may be of such result-

tempt at compensation. The time at which they can be recognized depends on the etiological history obtainable, the structural pathology discoverable, and development of resulting symptoms. Any of these three may be masked and come to light sometime after the process is well established. As a parallel-titration for acidity, for example, no indicator will change color until enough change in hydrogen ions has been accomplished to throw the color over,—or in other words, until the “indicator inertia” has been overcome.

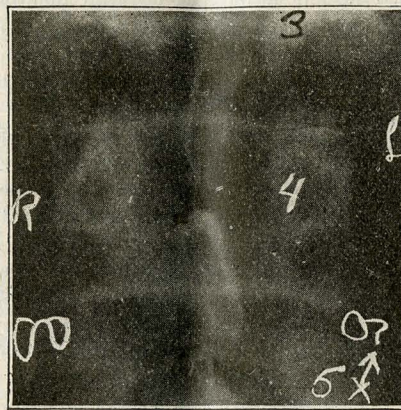
buminuria when the resulting pathology is sufficient to give symptoms only when irritated by attempted motion and the stress of weight bearing.



No. 6: Apparently normal articulation between 4th and 5th lumbar. Lesion with extensive thickening of disk between 5th and sacrum.

ing pathology, size or location, that the relaxation of the spinal ligaments gives enough room for the resulting oedema and infiltration so that they are not symptomatically active. Without correction the irritation accompanying function under difficulties tends to increase them until they are constantly active. The “orthostatic” albuminuria then persists in spite of rest in bed.

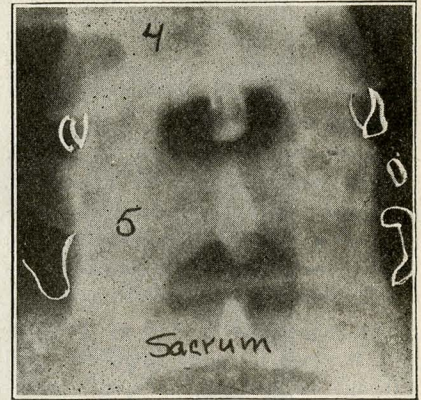
The osteopathic lesion except in the traumatic type is a progressive process—growing until corrected or walled in by nature with fibrous adhesions in an at-



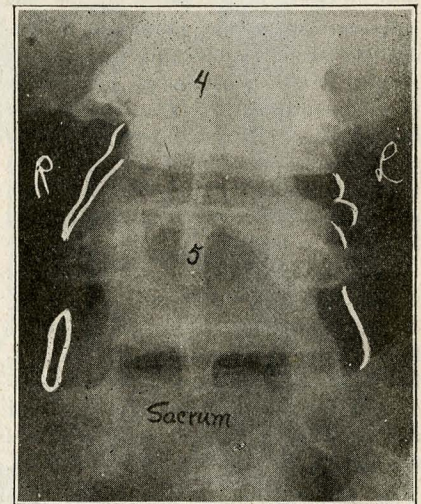
No. 8: Normal disk structure between 3rd and 4th lumbar. Slight thickening of disk between 5th and sacrum. “Fibrinous halo” at “x” on left side. This finding has been observed many times in experimentally produced lesions in animals. Large oedematous area on left side.

Any cause of disease can bring to view symptoms only after the normal body equilibrium of compensation has been interfered with sufficiently to unbalance it.

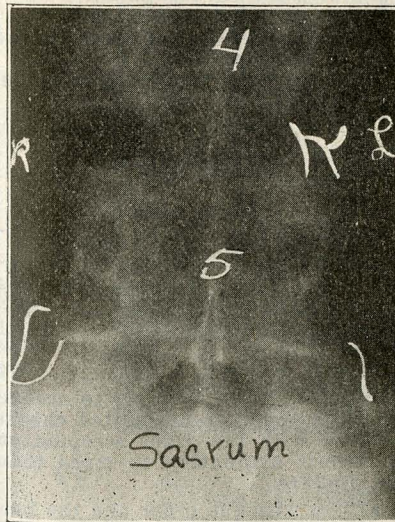
This is true of the osteopathic lesion. It is often a factor in orthostatic al-



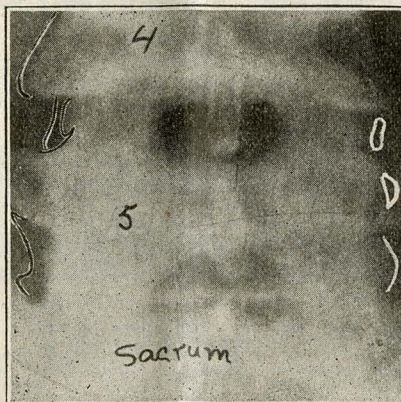
No. 10: Old chronic lesion of both 4th and 5th segments. No visible motion between segments. Thickening appears to have affected even the articular surfaces of the bodies of the vertebrae.



No. 11: “Chronically acute lesion of 4th and 5th lumbar. Probably partly calcified bulging of disk on right side. Practically ankylosis between 5th and sacrum. Patient had been treated medically for sciatica for 20 years.



No. 7: Old chronic lesion between 4th and 5th lumbar. Fibrosis on left side. Disk structure almost as dense as bone between 5th and sacrum.



No. 9: Irritative lesions of 4th and 5th segments. Heavy disk fibrosis and surrounding darker areas of oedema.

We must keep alive “OSTEOPATHIC TRUTH”; study it and demonstrate it—the wonder of the therapeutic world—let us put it on such scientific basis as to preserve it beyond peradventure. Your journal is becoming the oracular expression of Osteopathy and no one wishing to keep enlightened can be without its inspiration.

Yours truly and fraternally,
WILLIAM LEONARD ROGERS, D. O.
Morristown, N. J.

POLIOMYELITIS

The Book by F. P. Millard, D. O.,
Toronto, Ont.—Incomparable
Addition to Our Literature

Not a long while ago it was written that a profession is no greater than its literature, and that without literature it cannot progress.

Poliomyelitis is the title of a book recently finished by Dr. F. P. Millard, of Toronto, Ont. The book is incomparable down to the minutest detail, and besides being a credit to Dr. Millard is a still greater credit to Osteopathy.

The subject, as handled by Dr. Millard, is made intensely interesting and although scientifically written is understandable by the laity. No better argument for Osteopathy could be given your doubting patients, and if they are not wedded to Osteopathy after reading the chapter on Applied Anatomy they have not the brains to comprehend a rain storm.

Every osteopathic physician in the country should study this book for it is the best exposition of osteopathic principles printed in years. The chapter on Applied Anatomy will teach you more about the application of Osteopathy in the few minutes it takes to read it than any other article now in print of equal length.

As a treatise on the subject of Infantile Paralysis it is in a class by itself. No osteopathic book has ever before been written on the subject and no medical book can even qualify for comparison. If you follow closely the treatment and handling of these cases you will not fail to get the maximum of results.

Dr. Millard and his collaborators are to be congratulated.

Dr. Gair's chapter on the results she has obtained in her clinic will soon convince the worst skeptic that there is something to Osteopathy that does not exist in any other branch of the healing art. Her remarks will leave no doubt in the mind of the reader as to the status of braces, cast, etc., and what she has accomplished without them.

The case histories presented by the various doctors are interesting for study and re-study.

The book will be on sale at the "Osteopathic Truth" booth during the A. O. A. convention. We should be glad to have you inspect the same, and if you do not wish to order at that time you will have a knowledge of the book for future reference.

A NEW SPIRIT IS ESSENTIAL TO
MEDICAL RESEARCH

from
"Principles of Diagnosis and Treatment in Heart Affections"

by SIR JAMES MACKENZIE

M.D., F.R.S., F.R.C.P., LL.D., Ab. & Ed.,
F.R.C.P.I. (Hon. Physician to the London Hospital, in Charge of the Cardiac Department); Consulting Physician to the Victoria Hospital, Burnley.

If progress is to be made a new spirit must be infused into teaching and into research. If the most enlightened members of our profession were to inquire into the grounds of their beliefs, even those most dearly cherished, how often would they be surprised to find on what fallacies their beliefs are based. Medicine is being evolved out of ages of tradition, and the bonds of tradition are difficult to shake off. It is not only the superstitious beliefs of bygone ages that hamper us, but also the spirit of tradition, which is ever present; for the tendency to believe without reason is ever recurring, while the reverence for authority makes us accept statements without proof.

I could illustrate this in almost every field of medicine, but the most notorious example is to be found in our methods of treatment. Take the official pharmacopeia and inquire into the grounds on which the various drugs have gained admission to its pages. You will find that the vast bulk of these drugs has never been subjected to any accurate observation, and that many have gained admittance because the popular belief attributed them to some supposed effect—evidence that would equally have justified the inclusion in the pharmacopeia of the King's touch, amulets, and invocations. Even the few drugs that are of value have never been observed with that precision which would enable the student to understand how to make the best use of them.

I TRUST IT WILL NOT BE LONG BEFORE THE MOST RECENT OF PHARMACOPEIAS WILL BE REGARDED AS NO MORE AUTHORITY IN THERAPEUTICS THAN WOULD A MEDIAEVAL WORK ON ALCHEMY BE REGARDED AS AUTHORITY AS A TEXT-BOOK OF MODERN CHEMISTRY.

QUERY:—Has any osteopathic physician ever written anything more condemnatory of drug medication than the foregoing from the pen of one of England's foremost physicians and educators? Dr. Mackenzie has the courage of his convictions and should receive the highest respect. FRANCIS A. CAVE, D. O.

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Looking in the Glass

or

Looking in a Book

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

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WAKE UP, YE D. O'S.

George W. Woods

To quote a biblical saying, "By their fruits ye shall know them," and another old quotation, "Concentration is the keynote to success," form the basis of my text.

Results count every time. We are known by our works.

There has been a great tendency in recent years to break away from the old-time Osteopathy as set forth by Dr. A. T. Still and enter devious paths. By broadening our educational standards we have become imitators, emulating the medics and have lost sight of the backbone.

There is a hue and cry all along the line that **Our** imitators are cutting into our practices and injuring Osteopathy. They deserve to.

Why? They deliver the goods.

How? By being specific. They concentrate on the backbone.

The simon pures have no use for the mixers. And the mixers are in the small minority. Such is not the case with the Osteopathic profession.

We have branched out so much that we have lost sight of the one thing we entered an Osteopathic college to learn.

The imitators are practicing crude Osteopathy and what is the reason we cannot meet them in open competition?

They are getting results in many cases where the D. O's. have fallen down.

Why? They find it, fix it and let it alone. They produce the fruits according to the text.

In metropolitan Boston there are not more than twelve D. O's. who are drugless to the core. I mean Osteopaths who could go on the witness stand and take an oath that they do not prescribe drugs in some cases.

Osteopathy and its philosophy is preached but not practised. There are M. D's. practising in Boston who give fewer drugs than D. O's.

Where is this fault? It lies in our colleges. Many of the D. O's were graduated without the Osteopathic concept.

A certain D. O. who claims to be a power in the profession has said many times, "The philosophy is greater than the technic." Is it? If you are a tailor with a piece of cloth for a suiting and you have no technic as to how it should be cut, a suit cannot be made. Here again the fruits must be produced.

The remedy as it looks to me.

Concentrate! Concentrate! Concentrate!

Teach anatomy, physiology and the use of the hands and then embellish

these with enough of the other subjects so that the graduates can pass state boards. Then later if they wish to specialize as pathologists, surgeons, chemists, obstetricians or along other lines let them do so by pursuing further study in these branches and then "By their fruits ye shall know them as peers in the Osteopathic ranks."

CHICAGO COLLEGE GRADUATES TWENTY-THREE**Shows Progress**

The Chicago College of Osteopathy held their graduation exercises, the evening of June 6th. Twenty-three members of the class received their sheepskin and are now ready to enter the Field for practice.

Graduation week began with the doctorate sermon given by Clyde Reed, D. D., Sunday afternoon, June 1st, in the auditorium of the school. The class marched to and from the exercises. Dr. Geo. Carpenter, president of the school made a short address.

The graduation exercises were also held in the auditorium of the school. The class marched in and were seated upon the platform. Relatives and friends completely filled the room.

Mr. Perry S. Patterson was the main speaker delivering a forceful address befitting the occasion.

Progress

The Chicago College shows progress in all its departments. The new freshmen class is the largest class enrolled for a number of years, and is composed of excellent material for our profession.

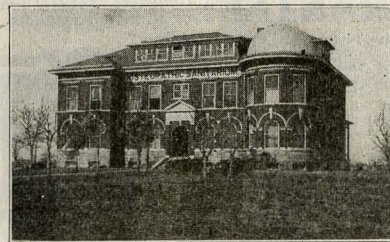
GYNECOLOGICAL DEPARTMENT AT THE CONVENTION

The Pelvic Organs offer a greater variety of pathology and complications than any other part of the human body and for this reason the discussion of subjects in the Department of Gynecology should be of keen interest to every physician. We should be on the lookout for new ideas and data looking to the possibilities of the best plan of diagnosis and treatment, and, since the greater per cent of the cases coming to us are those belonging to this class, I therefore impress upon your minds the advisability of attending the full number of sessions of this department. This program, under the auspices of Dr. Bertha Fair, has been arranged along most interesting lines of thought and will be presented by a corp of speakers who should bring us new and varied thoughts concerning their respective subjects, and it is with a great deal of satisfaction I invite your special attention to this section of the A. O. A. Convention program.

There is no one who will attend the convention who needs to be introduced to those handling the clinical sections for this department, for they are to be given by those who have had varied and valuable experience and it is just this part of the program no one can afford to miss.

Sessions will be held each afternoon. Clinics and Round Table talks will follow. Same to be announced each day on the Bulletins at the Convention Headquarters. L. ALICE FOLEY, D. O.

Publicity Chairman, Gynecology Dept.



Southwestern Osteopathic Sanitarium Blackwell, Oklahoma

The only institution in the world that we know where all surgical cases get post-operative osteopathic treatment by graduate osteopathic physicians. :: :: ::

Dr. Geo. J. Conley, Chief Surgeon; Dr. L. S. Larimore, Eye, Ear, Nose and Throat and X-Radiance; Dr. H. C. Wallace, Surgery, Orthopedics and Diagnosis; Dr. C. D. Ball, Obstetrician; Dr. S. T. Anderson, Dr. G. C. Tillman, Dr. W. W. Palmer, and Dr. M. M. Estlack, Staff Physicians. A Graduate masseur and masseuse have charge of the complete Hydrotherapy Department. Mrs. H. E. Welch, R. N., Superintendent. :: :: :: ::

TRAINING SCHOOL FOR NURSES :: PUPILS WANTED

OSTEOPATHIC NOMENCLATURE

George M. McCole, D. O.

(Note—Dr. McCole has here begun a much needed work—the true naming of our patients' conditions. The M. D.'s nomenclature went out of date years ago. Let us push this.—Editor.)

A lady came to my office once saying that she had asked her family physician (an M. D.) 'if it would not be a good thing if she consulted an Osteopath. He had said, "Certainly not. You will only be wasting your time and your money."

I instructed her to return to him and tell him that she had "spinal-cord-insufficiency," that she could never be well until it was treated and relieved, and that nothing on earth would do it but Osteopathic treatment.

The fact that she had something definite to describe to the family physician which he probably knew nothing of, coupled with the fact that she had a disease (she thought of the condition as such) of which she had never heard before, so pleased and interested her that I could not help but notice it.

Since then I have with regularity explained to my patients their condition and have given it its real name—spinal-cord-insufficiency.

The Osteopathic profession has always prided itself on going to the bottom of things, on making a thorough examination, on making a diagnosis after making this examination, in short on "finding the cause and removing it."

This cause of disease is most often found to be that the spinal cord is low in vitality from a lack of a good arterial blood supply and from a poor venous drainage, coupled with a lowered power of getting its nervous impulses out to the glands of internal secretion and other tissues of the body. This stagnation is caused by a muscular, or ligamentous contraction which may directly impinge on the nerve, contraction artery and vein, or this contraction may cause bones to become the impinging structures.

Now this is all a very fine explanation to give a patient, but I have found it is even more valuable to give them a definitely named condition to carry with them away from the examination. It adds to the explanation and experience has proven to me that it is of far more importance to them than the long explanation itself.

To take a half hour or an hour in examining a patient and then to tell them that they have a twisted or tightened up spine which is causing their symptoms is all good work, but to make that sink home with them it is necessary to give the condition a definite name.

Besides the effect on the patient it is scientific and our profession is lacking in the attitude it assumes toward its scientific aspects.

To say to a patient, "Mrs. Brown, you have a definite condition here. You have a chronic spinal-cord-insufficiency. It is causing this lowered circulation and this low state of vitality in which I find you," is giving the patient a truthful statement of her condition and is giving her something upon which to form a decision and for which to present herself for treatment.

When Mr. Jones comes in after having driven an automobile several hundred miles and feeling generally miserable, to say to him and truthfully, "Mr. Jones, you have been overdoing your strength. You have an acute attack of spinal-cord-insufficiency. It is a good thing you have come in for treatment, for such conditions long continued tend to become chronic and a great drain on the vitality," is stating a fact with the directness which appeals to a man of intelligence. It is scientific.

Spinal-cord-insufficiency may be classified as—

Chronic (contractures).

Acute (contractions).

Local or circumscribed.

General or diffuse.

Superficial.

Deep.

Traumatic (from blows, twists, strains).

Toxic (poisons in the blood).

Neurotic (nervous tension).

Auto-static (holding muscles in one position too long).

Just since I sat down to my desk to write this a patient came to the door who has recently been thrown out of an automobile and asked what I really thought was wrong with her. I said, "Mrs. B., you have spinal-cord-insufficiency of an acute type brought by this fall you have had." Her face lighted up when she really knew what was wrong and she said, "Doctor, that is exactly what it feels like to me. And you can fix all that, can't you?" I assured her I could and she went out of the office relieved of a load of worry because she knew what the trouble was and confident that she had selected the right physician to heal her.

(Note—Dr. McCole would like to have you give this matter careful thought and attention. Write him your ideas and all together we may set a pace far in advance of any other branch of the healing art. Dr. McCole will write further along this subject from time to time. Help him advance our science.—Editor.)

DR. E. FLORENCE GAIR GOES TO PARIS

The splendid success of Osteopathy as applied by Dr. Florence Gair of Brooklyn, N. Y., in her children's clinic has reached the ears of Dr. Guillemiu, Orthopedic surgeon-in-chief of the Hospital des Freres de St. Jean de Dieu, Paris, France. Dr. Guillemiu is one of the progressive medical men of France and when our good friend, Jean B. Claverie, discussed the merits of Osteopathy with him, he was open to conviction. However, Dr. Guillemiu is a very busy man and not so young, and he does not speak English. Now, how was he to hear and learn more of this wonderful new science of the States? When he couldn't come, he asked Claverie to go and learn all he could and return and give it to him. More recently, Claverie chose to bring the work of Dr. Gair to the attention of Dr. Guillemiu. He entered into a correspondence with Dr. Gair, inviting her to the children's clinic of his hospital, telling her she might have as many of the 500 patients in his children's ward as she wished to work on; that she might pick her cases, and if she had the success with them that he was positive she would have, he would flood Paris papers with the merits of this new science. Dr. Gair is to have carte blanche, and those who know of the many cures she had effected in her work, feel positive that she will duplicate the same in her new opportunity. Dr. Gair sailed on the "Touraine" Thursday, May 29th, and Truth will from time to time print articles of her work.

Doctor Andrew T. Still Doctor E. Hartley Pratt

These two giants stand side by side in modern therapeutic advance.

One gave us Osteopathy. The other gives us Orificial Surgery.

These two healing measures work hand in hand. Orificial measures add to Osteopathic Efficiency. Peripheral Sympathetic lesions produce as positive and harmful conditions as do central lesions of the spine.

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GALLI-CURCI CONCERT

Benefit of Chicago Osteopathic Hospital—Appreciation to Osteopathy

Madame Galli-Curci sang as she never sang before at the concert given June 8th in the Auditorium Theatre as her appreciation of what Osteopathy has done for her.

Dr. H. H. Fryette has been watching the health of Madame Galli-Curci during the past year or so, and it was through Drs. H. H. and Myrtle Fryette that this concert was arranged.

Crowded Theatre

The theatre was crowded to its limit, every seat being sold. The crowded theatre was a double tribute, to Madame Galli-Curci and to Osteopathy.

The Chicago Osteopathic Hospital will receive about \$10,000 from the concert, and will use this fund to pay on the building debt.

Gratitude

The gratitude of the profession is extended to Madame Galli-Curci, the world's greatest prima donna, who has thus given to the cause of Osteopathy.

Some of Chicago's wealthiest people occupied the boxes and throughout the entire audience sat the representative

men and women of the "I WILL" city. Daughters of some of Chicago's best known families sold programs at the concert.

The Woman's Board of the Hospital,

of which Mrs. Bohling is president, and Mrs. Foreman is secretary, did most of the work in making the concert the success it was, and to them is due a heap of gratitude.

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That is what The Herald of Osteopathy is. It is Published Monthly Especially for the Laity.

As a Monthly Visitor to Your Patients it can't be beat.

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Skeyhill Hits the Trail for Osteopathy

F. A. CAVE, D. O., Boston, Mass.

Signaller Tom Skeyhill has "hit the trail" for Osteopathy. There is no longer room for doubt about that. After having been blind for a year and a half, treated by the world's greatest oculists and pronounced hopelessly blind as the result of shell-shock, only to have his eye-sight restored by a single osteopathic adjustment, Signaller Skeyhill feels the call of humanity for further knowledge of Osteopathy.

On May 6th and 7th, he was the guest of the Rhode Island Osteopathic Society and stated his position as squarely and unequivocally FOR OSTEOPATHY. He claimed his statements had been persistently misquoted and that the whole facts had never been published regarding the restoration of his eye-sight. Furthermore, he had been repeatedly requested not to mention Osteopathy by officials directly concerned with his contracts, hence was not free to speak his mind.

Henceforth things will be different, or his name is not Skeyhill. Thousands of blind soldiers might have their sight restored, as was his own. Thousands of blind soldiers might have their sight restored to physical usefulness through the same agency which has restored his sight. Humanity calls and Tom Skeyhill answers. From now on, he is for Osteopathy, first, last and all the time.

At last fully awake to the great injustice which has been done to the multitudes of wounded and blinded soldiers through the organized suppression of THE TRUTH concerning the restoration of his eye-sight, Signaller Skeyhill is most anxious that Osteopathy, AND OSTEOPATHY ALONE, be given the credit for his recovery.

In pursuance of this policy, he has recently appeared before public audiences at two osteopathic gatherings, at his own expense, for the purpose of proclaiming his gratitude to the science which brought back his sight. At the annual Convention of the New England Osteopathic Association, held at Springfield, Mass., on May 23rd, and at the annual Convention of the Pennsylvania Osteopathic Association, held at Lancaster on May 30th, he not only furnished a most wonderful program of war stories and original poems, which held his audience in rapt attention, but also vividly portrayed the miseries of his sudden blindness and the wonders of the equally sudden restoration of his sight at the hands of an osteopathic physician, making a strong appeal to all lovers of humanity to carry the great message of

Osteopathy to blind and injured soldiers throughout the world.

Negotiations are being conducted by the OSTEOPATHIC SERVICE LEAGUE for the purpose of enlisting Mr. Skeyhill for a country-wide tour in the interests of "OSTEOPATHY FOR HUMANITY."

Skeyhill Can Speak Now Without Reservation

A short time ago we presented the facts relative to the restoration of sight to Thomas Skeyhill, the Australian lad who was blinded by shell shock on the Gallipoli peninsula. We also called attention to the fact that the American Medical Association through its grip on the press of the country succeeded in almost suppressing the real facts relative to Skeyhill's cure, so the credit instead of going to Osteopathy was given to the medical profession.

Signaller Skeyhill it appears has been the subject of some criticism, it being maintained that he did not show due appreciation of the benefits received from osteopathic treatment. It appears however, that any such criticism is unjust, that the trouble was not with Mr. Skeyhill but was due to conditions that were beyond his control. On May 6th and 7th, he was the guest of the Rhode Island osteopaths at Providence, R. I. In an informal talk to the osteopaths at a luncheon in his honor, on May 6th he said that he had explained to reporters several times how he was cured but that the papers came out with misleading statements. He said that he had even contradicted these misleading statements but for some reason or other, the whole facts were not published. At the time of his cure he was under contract with the American Red Cross and he said he was repeatedly told not to mention Osteopathy in any of his lectures.

It is a well known fact that the American Red Cross is dominated by the American Medical Association and this accounts for the fact that Mr. Skeyhill was warned not to mention Osteopathy in any of his discourses. But he is free now and will be free for five weeks, being no longer in the employ of the Red Cross, and he declared to the osteopaths present at the luncheon that he would not fail to mention how he was cured in every one of his lectures during this period. At this same luncheon, Mr. Skeyhill told how Osteopathy had worked miracles on him on three occasions. In the first place, he said, it had given him back his eyes; in the second place, he was cured of Influenza in Chicago in remarkably short order. On Sunday he

had a temperature of 103 degrees and the following Tuesday he gave a Liberty Loan Address at which twenty-five million dollars were subscribed. Afterwards in New York City, he came down with pneumonia, the diagnosis being made by an M. D. He called in an osteopath who put him on his feet in an almost incredibly short time.

In the evening of May 6th, Mr. Skeyhill gave a Victory Loan address at the Elks Home. The large auditorium, the largest in fact to be found in Providence, was filled. True to his declaration, he referred to Osteopathy two or three times during his lecture, giving due credit for his remarkable restoration of sight. In his introduction he spoke about his love for America, one reason being that he came to America stone blind, hopelessly blind, and that an American osteopath gave him back his sight.

Later along in his lecture, he was speaking of some of the peculiarities he observed in America. For example, he said in San Francisco it takes two years to get a divorce, while in Reno you can get a divorce in six months. Then again, he said the science that gave him back his sight has not been recognized by the government, that osteopathic physicians were not permitted to treat his comrades in the army and navy. "I am not an American," he said, "and it would be discourteous of me to tell the American government what to do, but if I were an American, I would travel up and down this country trying to get all blind soldiers to go to the osteopaths: I am sure they would get cured. So sure am I of this that I am having two of my blind friends from Australia come to America at my expense in order to secure osteopathic treatment."

Signaller Skeyhill's blindness was brought on by the explosion of a 12 inch shell a few yards in front of him. He lay unconscious for several weeks in a hospital. Later, he was treated by the greatest oculists of England, France, Australia, Italy and Egypt. But according to his own words, "it took an American,—an osteopath—to give me back my sight." He had been blind seventeen months and the most remarkable feature about his cure is the sudden manner in which it was brought about. His sight returned immediately after his first treatment—when the osteopath had adjusted the bones of his neck. This was about a year ago and he says his sight is better now than ever before.—G.

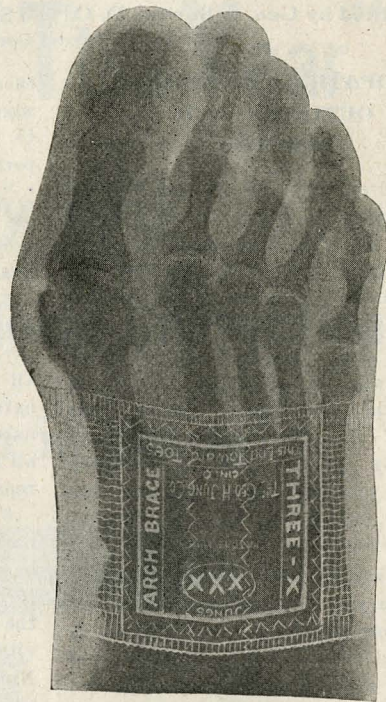
—June Herald of Osteopathy.

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It is built so as to counteract the force of the body weight in the vertical plane at those points where the greatest stress is centered.

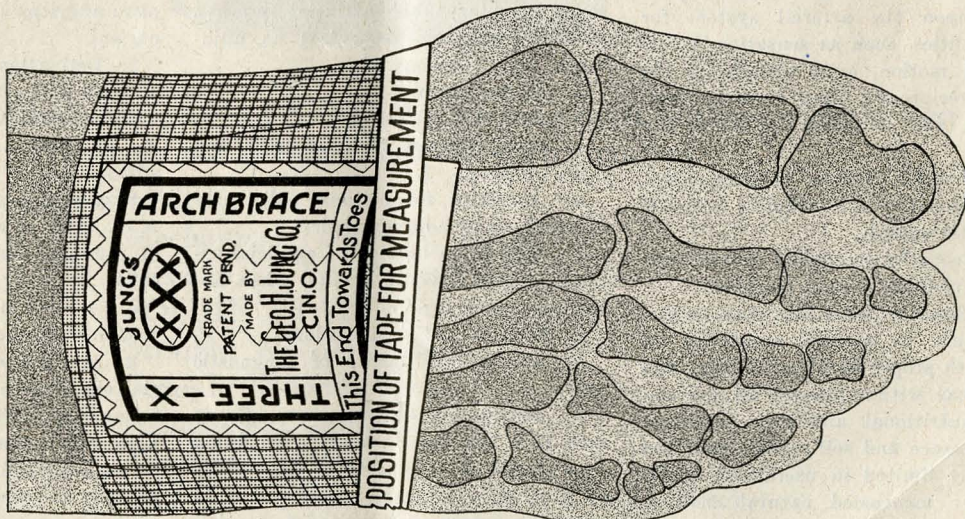


What the X-Ray Reveals

The above shadowgraph shows what the X-Ray reveals in a common case of weakened anterior arch, the cause of Bunion and numerous painful conditions of the foot. This malady is due to the weakening of the muscles and tendons, which is often caused by wearing short, wide shoes, crowding the toes backward and permitting the foot to broaden below the instep, for want of support.

This X-Ray shadowgraph of the same foot, taken at the same time as that on the opposite page, shows the deformity greatly corrected by wearing Jung's xXx Arch Brace, which, when properly applied, assists nature in strengthening the interosseal muscles of the metatarsal by gripping the foot firmly, thus supporting the anterior as well as the longitudinal arch and removing the cause of many painful conditions.

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The Osteopathic Profession Must Have A Definite Program

Edited by Geo. F. Burton, D. O., 220 Story Bldg., Los Angeles, Cal.
(Dr. Burton Invites Correspondence)

OSTEOPATHY TENTATIVELY OUTLINED AND DEFINED

Dr. Andrew Taylor Still, the Founder of Osteopathy, was born in Lee County, Virginia, in 1828; and died December 12th, 1917, at Kirksville, Missouri, his home and the birthplace of his beloved Science.

About ten thousand intelligently trained and scientifically developed Osteopathic practitioners attest the merits of the Therapeutic System of Osteopathy which dates its discovery from the year 1874, when Dr. Still, the originator, made the following remarkable statement:

"A disturbed artery marks the period to an hour and minute, when disease begins to sow its seeds of destruction in the human body. That in no case could it be done without a broken or suspended current of arterial blood which, by nature, is intended to supply and nourish all nerves, ligaments, muscles, skin, bones and the artery itself. **THE RULE OF THE ARTERY MUST BE ABSOLUTE, UNIVERSAL, AND UNOBSTRUCTED, OR DISEASE WILL BE THE RESULT.** All nerves depend wholly upon the arterial system for their qualities, such as sensation, nutrition and motion, even though by the law of reciprocity they furnish force, nutrition, and sensation to the artery itself."

I. Tentative Outline of Osteopathy.

1. Osteopathy is a complete scientific therapeutic system.

2. Osteopathy recognizes generic man as a complete or perfect machine.

3. Osteopathy holds that man, in perfect health, in perfect correlation of parts, with proper food and clothing and shelter, has within himself all the elements, nutritional and even chemical, for sustenance and self-repair; and that he is only limited in usefulness, under the above mentioned natural environments, by the God-given vitality which is his portion.

According to the Founder of Osteopathy, "The Rule of the Artery is Supreme." It is absolutely necessary to have and to maintain an uninterrupted and an unobstructed flow of normal arterial blood in order that generic man, as a perfect machine, may be kept in the perfect equipoise of balanced nutrition.

4. Osteopathy acknowledges that

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

"As a man thinketh in his heart so is he."

"A sound mind in a sound body" is the final test.

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

6. The law of restoration of the abnormal to the normal may thoroughly be designated by the proper use of the term adjustment. Adjustment, under the Osteopathic regime, deals with every vital portion or cell of the human body. Ninety per cent or more of the corrective or adjustive work is performed by manipulation; yet the genuine Osteopathic practitioner is alive to the fact that the small per cent added to the ninety per cent or more of a strictly manipulative character, may be required to be reduced, adjusted, equipoised, correlated, or even removed by some unharmed or wholesome or reasonable artificial process. Hence Osteopathy recognizes as adjuncts, the following, viz.:

- a. Hydrotherapy.
- b. Heat and cold.
- c. Food, shelter, clothing, rest and right thinking.
- d. Antidotes for poisons maliciously or accidentally administered.
- e. Asepsis, including the artificial assistance of antiseptic agents, when absolutely necessary.
- f. Surgery and its procedures.
- g. All helpful agents of diagnostic value.
- h. Strictly autogenous serum. Every man is a law unto himself. No living man should be permitted to draw from or give to another any force or fluid which by reason of inheritance, acquisition, or accident may vitiate the second system.

The following epigrammatic quotations of Dr. A. T. Still, the Founder of Osteopathy, are here significantly appropriate, viz.:

"The integrity of the structure determines the integrity of the function."

"Man is a self-oiling, self-regulating, self-reparative, animated machine. Given

proper air, food and water, the machine will function perfectly, so long as the parts are maintained in perfect alignment. When order in all parts is found, disease cannot prevail."

"A lesion precedes and produces the effect known as disease. This is the soul and body of Osteopathy as a healing art."

"The great Inventor of the Universe, by the union of mind and matter, has constructed the most wonderful of all machines, man, and Osteopathy demonstrates fully that he is capable of running without the aid of whiskey, drugs or kindred poisons."

II. Tentative Definition of Osteopathy.

1. Explanatory suggestions.

a. Osteopathy is a complete scientific therapeutic system.

b. Osteopathy is the only therapeutic system which acknowledges generic man as a perfect machine.

c. Osteopathy is the only therapeutic system with which generic man as a perfect machine, under the right environments, generates and maintains all the chemical fluids and juices necessary for battery voltage and nutritional advantage.

d. Osteopathy is the only therapeutic system which depends upon manual manipulation up to 90 or more per cent aided or abetted by 10 or less per cent of artificial adjustment ranging from hydrotherapy to surgery for the complete adjustment of the abnormal to the normal.

2. Derivation Osteopathy. (Gr. osteo = bone + naOos = disease).

a. A word chosen to convey the meaning of skeletal unbalance or bone-non-adjustment.

b. A word coined by the Founder, Dr. A. T. Still, to represent his new system of therapy, which dates from the year 1874.

c. A word in harmony with the other "pathies" of medical fame.

d. A word which carries with it special significance as the bony skeleton or framework forms the fulcrums and levers with which the larger per cent of the manual manipulations of necessary corrections are made possible.

3. Definition.

Osteopathy as a complete scientific therapeutic system is the science and the art of adjustment mainly of manual manipulation, aided or abetted by wholesome or unharmed artificial processes, wherein perfect physiological functioning is absolutely dependent upon anatomical integrity.

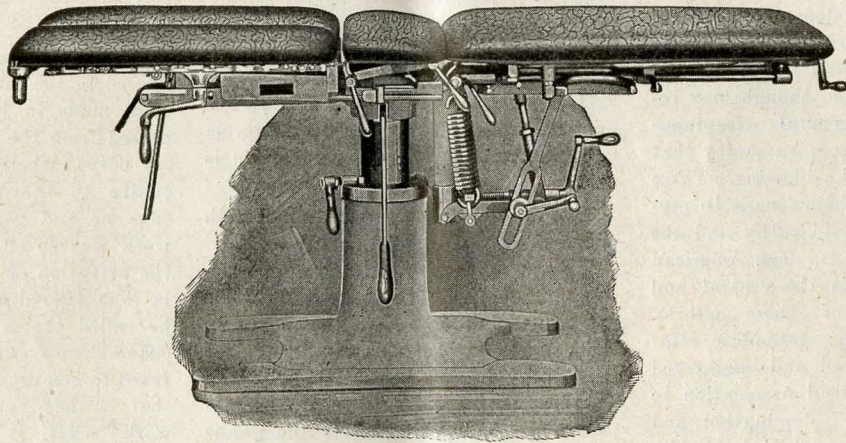
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INTEREST IN LEGISLATION A NECESSITY

Asa Willard, D. O., Missoula, Mont.

It is of vital import to the progress and development of the science of Osteopathy that its practitioners be interested in our legislative problems and helpful in meeting them. It is only the sordid selfish practitioner interested in Osteopathy merely for the dollars and cents he can accumulate through it, or the thoughtless sluggard who, through fortuitous circumstances happened to be thrown into the osteopathic ranks that can consistently be neither interested nor helpful in legislation affecting Osteopaths and even such, thank Providence, are frequently the losers by such course.

Truth will prevail. There is no doubt about that. Hence, Osteopathy is bound some day to be accorded universal recognition even if you and I do shirk and lie down. Our inaction, though may retard Osteopathy's general acceptance and thus hold back from humanity that which is a benefit and a blessing. There are organized efforts being made to prevent the spread of Osteopathy and the public's acceptance of it. The American Medical Association is the central and dominating factor of these efforts. There is an extensive systematic campaign being formulated and engineered by the American Medical Association to bring about "regular" domination and control in the healing art through legislative enactments. Every year the state legislatures are flooded with public health bills, vital statistics bills, school inspection bills, etc., which contain cunningly worded clauses tending to curtail the usefulness and opportunities of those not "regular," but particularly the Osteopath. An organized effort is being made over the whole country to prevent the Osteopaths managing their own profession through separate boards and to control them by giving them minor representation on a composite board. Recently the American Medical Association requested the Presidents of State Medical Societies to urge this campaign upon the "regulars" in their annual addresses to the State Societies.

In urging such it was openly stated that such form of regulation was particularly desired to control "Osteopaths, Christian Scientists and other fakers."

Our venerable founder knew, when he discovered Osteopathy, that he had discovered that which could bring to his fellowman happiness and contentment through health. To develop and spread

that truth which would help others he thereafter devoted his life. He sacrificed social position and means; endured sneers, jeers, ridicule and even personal hardship; but did you ever hear of his flinching, of his giving a willing ear to entangling alliances or compromises, of his even considering lying down and giving up the unequal fight? Not our "Old Doctor." He unceasingly, unswervingly worked and sacrificed to the end that the truth which he had found should receive universal recognition and mankind be blessed. The school was established. His disciples went out and located in every state in Uncle Sam's dominion. Then the "Old Doctor" said, "I now give the fight into the hands of those who have accepted the truth of Osteopathy and have decided to make its practice their life work—to my 'boys and girls.'" Are we going to carry on the battle to bring about the speediest universal recognition of the truth of Osteopathy in a manner worthy of the indomitable spirit of its founder?

If so, we must each do our share. The fight has assumed a little different form; but the battle for truth's recognition is still on.

This can only be successfully met with devoted organized effort on our part.

Line up with your brothers and sisters and do your share, and don't be afraid of doing more than your share, in their efforts to meet this assault against Osteopathy in the legislative halls and on the positive side, to secure legislation which will best protect the public and insure the best opportunity for Osteopathy's development and universal recognition. Don't be like the boy who steals a ride on the runners when his companions are pushing the sled up the hill.

When you leave school leave it with the determination to put forth your share of this effort for our common professional welfare. At the earliest possible moment after you have located, join your national and state associations.

Chicago Calls!

Chicago calls you to pause in the duties of your busy practice and come and abide with her the few days that the Convention is in session.

It would be well to make your hotel reservation now. The Hotel Sherman, corner of Clark and Randolph Streets, is the Convention headquarters. There are other hotels in the down town district where a more reasonable rate may be obtained. Out near the School and Hospital is the Hyde Park Hotel, corner of

Hyde Park Boulevard and Lake Park Avenue. This is but a few minutes walk from the Hospital, and 12 minutes from downtown by the Illinois Central Suburban service.

JEAN B. CLAVERIE Welcome to America

Jean Baptiste Claverie, from the south of France, was studying Osteopathy in 1913 and 1914; during the summer of 1914 he was taking some special work at the Valparaiso University, and on the first of August, when he read in the papers that France and Germany were at war, there was nothing else to do but to drop everything, figuratively speaking, and on August 6th he sailed from Brooklyn, N. Y., aboard the Santa Ana for France. He eventually landed at Bordeaux, after an exciting trip of about sixteen days. He joined his regiment and went over the top in September. How close he came to being killed is registered in the fact that four bullet holes were made in his garments. He soon passed from the infantry into the medical corps, where he took every opportunity to use the Osteopathic knowledge he had gained. At one time his work was so effective that it attracted the attention of the medical authorities, he was offered a special unit providing he called the work he was doing mechano-therapy and massage, but he refused to compromise Osteopathy, stating that if they permitted him to call his work what it was—Osteopathy—and print such case reports as he chose, he would take the unit. This they refused to do, and he lost his opportunity. However, he passed into the *laisson* department, then into the aviation. On March 11, 1918, he was injured and lay unconscious for five days. How near they thought he came to dying was evidenced by the fact that the surgeon sewed up the wounds in his face with twelve stitches without removing the pieces of glass and dirt therein. Jean suffered nine operations on his face, and was discharged January 11th, only after it was stated he had lost all vision in his left eye. Not to be discouraged, he laid his plans, and arrived in New York on May 15th on the *Espagne*, and will continue his studies of Osteopathy. He has many plans for the future and we are confident he will make them all come true. How he earned the *Medaille Militaire*, the *Croix du Guerre*, with five citations, and the recommendation for the *Legion of Honor* are all stories of which he hesitates to tell. We hope to learn more of them later. Jean! we are yours to command.