

# **Osteopathic Truth**

**April 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

APRIL, 1919

Number 9

## Our Needs

Walter J. Novinger, D. O., Trenton, N. J.

We need more Osteopaths. We must have them. Osteopathy is not forging ahead as its merits entitle it to do, because about all the good Osteopaths are fully occupied treating chronic cases at their office. What the mixers and incompetent are doing at their office or at the bedside, does not help Osteopathy. It is the men and women who cure patients who are winning this fight.

Of course, we are doing good work. We are restoring to usefulness a large number of otherwise incurable people. That is fine, but we can also do valuable work in curing the sick people at the bedside, and we can do it better and quicker and save more lives than the other systems save. Also where this kind of work is done, we are recognized as real doctors and we attract attention and make people realize more fully the real scope and concept of our method.

The continued length of time that Osteopaths have practiced in this town amounts to over 60 years. All were and are straight Osteopaths. None ever gave a dose of medicine, and we have had only two major surgical operations performed so near as I can find out.

When first locating, each of us did a general, or more or less, bedside practice along with office practice, but as soon as the office work became heavy, we gradually were compelled to discontinue acute work. Not because we wanted to do so, and because we were physically unable to do the office practice and continue the acute work. You may say that we are selfish, that we do not care for our profession's future. We may not have all the wild and buoyant enthusiasm we carried away from school on graduation day, but we are better Osteopaths now than then. We are jealous of our profession. We want it to grow and become what it should be, the dominant method. Then what is the solution? Why have new Osteopaths to come and locate and begin as we did; to treat all

kinds of ailments, and when they do come they should be welcomed and helped, and they will be, not only here, but in nearly every place where Osteopathy is well and favorably known, and that is any place where pure Osteopathy is practiced. The day has long passed, and is almost forgotten when the first group of from one to three Osteopaths to locate in a town felt they were being crowded if one more located in their town. What we need now, and we nearly all know it to be a real need, if we want to see Osteopathy continued when we are worn out, in new graduates. Now, I believe my own heart and mind are in the right place on this subject, for I strike a responsive chord every time I come in contact with those who have worked faithfully for our cause. Now, if we are agreed that to penetrate our work, we must have new workers for extension and replacement, then it is up to us to go get them. Get students for the schools, and when these students graduate, we must welcome them into our ranks. This, we are willing and also able to do, but the schools, and these prospective students and graduates also have a duty, and that is and must be to follow the concept of our founder. See "Our Platform" by Dr. Andrew Taylor Still, Pages 14 & 15, "Osteopathy" Research and Practice.

Nearly every living Osteopath, worthy of the name, agrees that drugs are not needed, if one knows how to apply Osteopathy so we can dispose of that class among us, who do resort to drugs, by saying they are dishonest or ignorant of the fundamentals of Osteopathy.

Now, this surgery question, needs attention. It is to-day needing and receiving more careful thought from Osteopaths of all shades of opinion than any other subject.

One of our Osteopaths, who has been a personal friend of mine, ever since he began practice ten years ago, told me

he had a good many operations done, meaning thereby, I understand, perhaps three to five or more per year, a probable total of forty or more operations. These, he was certain were necessary. Did this man call in consultation in each of these cases, one or more A. T. Still ten fingered Osteopaths prior to the operations? He did not. On the other hand, those of us here in this city, in a total of over 60 years of practice, have had a total of less operations than my friend claims for any one year.

We have treated women's diseases, appendicitis and all the other so-called surgical conditions successfully; and, we have ample opportunity to observe our cured cases and compare with those who survived operations and all the evidence is in favor of Osteopathic procedure.

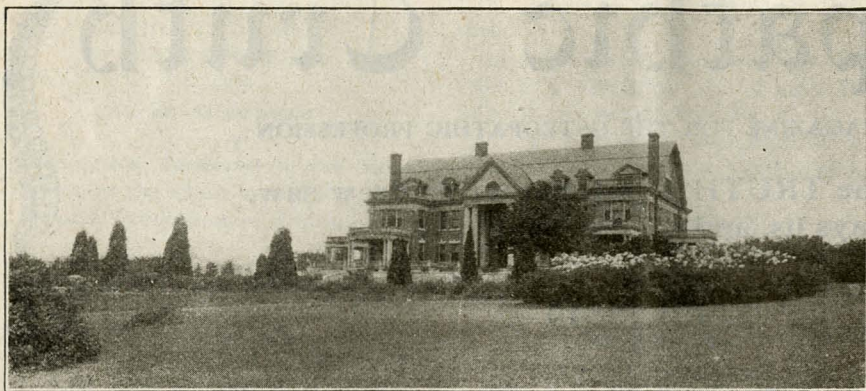
Does this make clear the kind of Osteopaths we will welcome to our midst? Does it make clear the kind of instruction our schools must impart if they want us to send them students? Think this over.

### PROGRESS IS THE WORD

#### More Institutions Needed

Dr. O. O. Bashline, President and Surgeon  
Pennsylvania Osteopathic Sanatorium,  
York, Pa.

We take the liberty to thank the profession for their support and to inform them of our progress. Our profession is passing through a crisis which requires vigilance, and will succeed only by all of us doing our part. It is of general professional importance that we co-operate in the promotion of all Osteopathic Institutions, because of their great service to Humanity. There is another necessity in their support which must not be overlooked, and is too often not seriously



PENNSYLVANIA OSTEOPATHIC SANATORIUM

considered by a great many Osteopaths, namely,—Keeping our Clientele within our professional supervision, first, for their own good, and secondly, to promote our interests by leaving the public know that our field of practice is as broad as Human Diseases, and that all character of diseased conditions that afflict the body are most successfully treated.

This information cannot be produced nor our patients receive the best treatment, regardless of the nature of the case, without Institutional Facilities. We must therefore support our Colleges, Hospitals and Sanatoriums, of which we have too few. Why should we support Medical Institutions by supplying patients for them that we could direct to Osteopathic care? Do we not lower our standard by so doing? Does it advance your interests and hence those of the Profession? Why not support the Institutions which are now in existence and further aid our combined interests? Do we not promote our opponents' interests and lessen our patients' chances for their speedy recovery, when we fail to keep him under Osteopathic Supervision? Do we not thus force the Public to dub us as a "Limited Practitioner?"

The Pennsylvania Osteopathic Sanatorium has been open for ten months, and has done much to bring Osteopathy to the attention of the Public. One Osteopath states "That since the Institution has been open his practice increased \$200.00 per month." This is only one reason; the greater reason is the service rendered to Humanity. We are Osteopathic in every respect. All of the nurses and physicians are graduates from Osteopathic Hospitals and Colleges. Our nurses are intelligent, cultured and take a special interest in the comfort of all patients. We wish to make special mention of the Supervising nurse in the Surgical Department. We have treated a great variety of cases. Some have come for rest, and a few to make it their home. We have had a great variety of major surgical cases, and some of

an Orthopedic nature. Surgical cases have the opportunity here of quiet, rest, and an excellent place to remain for convalescence. However, the majority of our cases have been of the nervous type.

We have reconstructed the West Cottage and the third floor of the main Building. This gives us fifty private rooms, and enables us to separate our patients so that it will work to our convenience, and also prevent mingling of patients that might otherwise prove disagreeable. We do not wish to burden our readers with case reports, why take your time? Go to any Osteopathic Institution. Do as our Great Teacher commanded "Come and See". By your continued co-operation we can advance all our Institutions which will enhance our worth many fold to our clientele and also give us a professional prestige we could not otherwise receive, and thus be of greater service to Humanity, and further advance the cause of Osteopathy.

#### THE THEORY OF OSTEOPATHY IN NEPHRITIC CASES

Arthur S. Bean, D. O., Brooklyn, N. Y.

So, *Osteopathically*, functional disorder must be included as a consequence of structural perversion. With this in mind, let us proceed to see how structural conditions in the spine actually do cause inflammatory conditions in the kidneys.

From my chemical and physical findings in any given case I have decided that I have an inflammatory process in the kidney, and thus far, I am using the same methods as used by physicians of all schools of healing. From here my path turns aside somewhat from the regular route.

First, let us review the foundation principles or things we must have in mind to treat or understand such a case *Osteopathically*?

In the *first* place, we must keep in mind the general anatomy of the organ

involved, and its location in the body, its general histology. But more particularly Osteopathically we must recall its blood and nerve supply.

The arterial supply to the kidney is abundant and comes from the renal artery, the 5th branch of the abdominal aorta just below the superior mesenteric artery. It passes over the crus of the diaphragm nearly at right angles to the abdominal aorta and enters the hilum of the kidney after breaking up into four or five branches, which penetrate the substance of the gland and pass to the cortex.

The veins correspond largely to the arteries, collect the blood from the capillaries and unite to form radicles across the pyramids which finally reach the sinus and form tributaries of the renal, which empties into the inferior vena cava.

Next, we remember the nerve supply of the kidneys which is the most important consideration Osteopathically.

These nerves come from the renal plexus which is formed from filaments from the lesser and least splanchnics, or the 10-11-12 dorsal, also the 1st lumbar. These filaments accompany the arteries.

It has been proven physiologically that motor fibers are present in the unstriated muscular fibers, also vaso-motor and sensory fibers.

Head states that the sensory supply is from the 10th, 11th, 12th dorsal and 1st lumbar nerves.

Vaso-motor nerves of the kidneys leave the cord from the 6th dorsal to the 2nd lumbar.

Stimulation of the nerves entering the hilum of the kidney will cause a marked and sudden contraction of the kidney. Experimentally, it has been proven that stimulation of certain of the roots of the spinal nerves produces circulatory changes in the kidney.

Clinically, it has been proven that a lesion of the vertebral articulations in relation will have a similar affect.

The explanation is that the nerves conveying vaso-motor impulses pass through the intervertebral foramina and these foramina are lessened in size and bring pressure on the nerves, or the blood supply to the nerve centers in the spinal cord is interfered with by the lesions impinging on the vessels that supply them, thus cutting off the nutrition to the nerve centers in the cord. These lesions may either stimulate or inhibit the nerves; certain it is they change the functioning of the nervous mechanism.

Perhaps it is not so important at this point to discuss whether a lesion

stimulates or inhibits, but there seems to be no doubt that structural changes in the spine in the areas involving the kidney do cause changes in the kidney. This was proven *experimentally* by Dr. C. P. McConnell. One example from his many experiments on dogs will suffice.

Rotation was made on a dog at that part of spine innervating the kidney. Previous to this, all analysis showed the dog *normal* in every way. Eight days after the production of this lesion autopsy was made. It showed very noticeable changes microscopically and there was no doubt as to the existence of the lesion. The *right* kidney appeared congested. Urinalysis, three days after the spine was lesioned, showed large amount of phosphates, considerable albumin, moderate number of epithelial casts. Microscopically, myositis was present; post spinal ganglion, markedly congested and right sympathetic involved. Right kidney showed moderate acute nephritis and left kidney slightly inflamed.

Many similar experiments on animals normal so far as could be ascertained by physical and chemical examinations have been performed and these lesions *artificially* made have caused pathological conditions time and time again.

Again, we have taken cases into our offices many times which have presented such lesions, bony, muscular or ligamentous occurring at that part of the spine which innervates the kidneys, these cases presenting all the symptoms and urinary findings of nephritis, and under Osteopathic manipulations, these findings have disappeared.

Moreover, manipulations to correct these lesions, *artificially* made, have resulted in marked improvement as shown by physical and chemical examination, though this part was more difficult to carry out fully—working on animals.

In kidney conditions, I believe in every case the circulation is changed by lesions, in all probability a congestion results and this congested condition surely makes changes in the kidney, lowers its normal resistance and this renders it more susceptible to the irritants coming to them either as toxins, bacterial infection, or what all in the blood stream.

This is my explanation of the "Why" that colds and exposures do cause kidney trouble. This to my mind is the reason why toxins and bacterial infections involve the kidneys and not the heart or lungs.

In this case I fully believe that if the innervation to the kidneys had been perfectly normal, that the poisons would have involved other tissues.

Why does the poison in syphilitic cases in one person cause Locomotor and in another a gumma in the brain?

No Osetopath would claim today, that lesions alone in locomotor, for example, caused the degeneration of the spinal cord in most cases, but these lesions undoubtedly do lower the resistance of the part and the poison works there instead of other parts where the resistance is not lowered.

Dr. McConnell, one who has done as much or more research work than any other living Osteopath, told me that he had no doubt in his mind that "The Osteopathic lesion determined the point of attack in these leutic conditions."

Now very briefly let us consider what lesions actually do occur in that part of the dorsal spine innervating the kidneys which cause nephritis.

First, let us understand the normal movements in the dorsal spine which are three. There is *flexion* secured by bending the body forward, and this differs at different ages. This is accomplished by the gliding forward of the inferior articular facets upon the superior articular facets of the vertebra below, simultaneously the intervetebral disc is compressed anteriorly and widened posteriorly, also the anterior spinal ligament is relaxed while the posterior ligaments and muscles are at a tension.

Secondly, there is *extension* in the dorsal area, that is, a bending backward

of the spinal column. This is accomplished by a gliding backward of the inferior articular facets upon the superior articular facets of the vertebra below. Simultaneously, the intervetebral disc is compressed posteriorly and stretched anteriorly becoming wedge-shaped with base of the wedge anterior. Naturally, we have stretching of the anterior spinal ligaments and a relaxation posteriorly. Both flexion and extension lesions are common in the dorsal region.

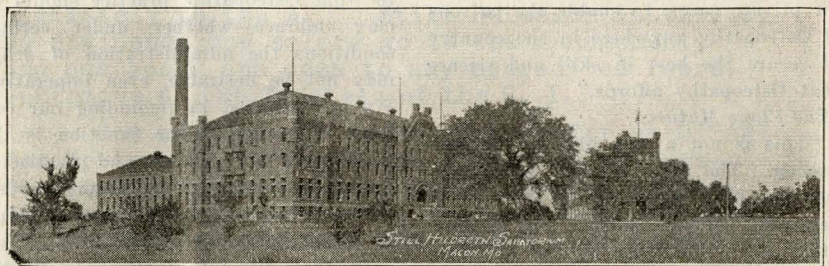
The *third* normal movement in the dorsal spine is rotation, or perhaps side-bending rotation is a better term, for really this is a compound movement as the spine is a series of wedges, bony and cartilaginous rather than rectangular. "They act as a flexible rod which being bent in one plane cannot be turned into another without twisting," as Dr. Ashmore puts it. The bodies of the vertebrae rotate to the concavity of the curve, the high side is on the side of the concavity, and each vertebra is tilted and rotated.

These are the *normal* movements of the dorsal area.

The function of all joints is motion, and if any of their normal movements of the spine are lost, or in some cases partially lost, and perverted function is found in organs getting nerve-supply from this area in the spine—then, that area of the spine is in lesion and Osteopathic manipulation is justified.

(Continued on page 133)

## Don't Fail to Read Justice Hodgkins Report on "Osteopathy" THE BEST IS COMING



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Superintendent

## Justice Hodgkins Report on "Osteopathy"

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

The problems involved in the safeguarding of the public health, and in the social side of disease prevention are closely related to the welfare of society that this function of the practitioner should be adequately provided for. In co-operation with the research department any member of the profession may pursue lines of investigation in which he may have special interest, and the Institute would officially recognize the scientific work of such practitioners and professors as are achieving unusually good results in a specialty. This recognition would help them to devote more and more time to their specialties and thereby more effectually develop improvements in methods of treatment. On the other hand, lectures and conferences held throughout the country in Osteopathic centres, constituting a sort of university extension system, would serve to take to the members of the profession the new things, the advances in knowledge and practice. The final result of all the work of the Institute should be better physicians.

### "Hospital:

"This would be related to each of the other two departments. It should include general Osteopathic, children's, obstetrical and surgical clinics, and isolation wards for contagious diseases. One section should be arranged and equipped with special reference to the scientific study of disease by the research department. Another section should serve primarily as a clinic for the post graduate students. In addition to these, ample provision should be made for private cases, to enable the patrons of Osteopathy anywhere in the country to secure the best in skill and science that Osteopathy affords."

### "The Plans Matured:

"This is not a new idea in the profession. The need of such an institution has been realized from the earliest beginnings of Osteopathy. The organization of the Institute by the American 1907. In this time the profession has realized what it wants to do and has matured and perfected its plans. It is a movement of the entire profession, which Osteopathic Association dates from has shown its faith, and its determination by contributing from its daily earnings to the nucleus of an endowment fund. The income from the fund has been carefully used to the best advantage that circumstances would permit. Committees of the Institute have directed various lines of investigation.

Individuals, both in and out of colleges, have taken a special line of research on their own motion, devoting such time as could be spared from teaching and practice, in animal experimentation and other laboratory work. To these have been appropriated from the income fund small sums, \$100 to \$300 each, to cover in part at least the actual expense of their work."

From the above it will be seen that the American Osteopathic Association recognizes that up to the present time Osteopathy lacks the facilities, technical and otherwise, to solve the problems which it says its system raises.

To quote again:

"Naturally, no research work had ever been done having any direct bearing along these lines. Other scientific institutions and laboratories devote their time and energies to problems coming down to them from medical tradition, and are working along lines entirely foreign to the principles of Osteopathy. Therefore, it is absolutely necessary that Osteopathy should be able to work out the problems of far-reaching importance and deep significance which it has raised, under its own auspices and using its own men and laboratories."

In addition to these definite statements and actions it may be noted that in the official Journal of the American Osteopathic Association the tendency I have noted and the change in the viewpoint is brought forward in many ways.

In his Presidential Address made at the Convention of Osteopaths held at Kansas City in July and August, 1916, Dr. O. J. Snyder said (p. 8):

"We are not raising here an issue as to what Osteopathic practice should or may embrace—whether under certain conditions the administration of drugs may not be desirable, even imperative. We are justified in reminding our colleges that their prime function is the teaching of the principle and practice of Osteopathy, and without thorough prosecution of this work they cannot faithfully fulfill their obligations."

In the editorial of the issue of the Journal of September, 1916, commenting upon the "spirit of the 1916 meeting," reference is made to the two previous annual conventions in Philadelphia and Portland, thus:

"Sentiment at Philadelphia (1914) was intense for the promulgation of the Osteopathic truth. So intense, in fact, that it crystallized in an undertaking to enforce this by resolution and by prohibition. The report was that heresy

(Continued on Page 141)

## 2nd Post Graduate Course

at the

## Chicago College of Osteopathy

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The recommendations of the 42 Osteopaths attending the first Course should be sufficient evidence of its **value** to **YOU**.

Details of the Course will appear in the next issue.

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**THE THEORY OF OSTEOPATHY  
IN NEPHRITIC CASES**

Arthur S. Bean, D. O.

(Continued from page 131)

But this is theoretical. To get down to facts, what lesions have been most found in nephritic conditions?

In the case cited in this paper, there were marked muscular and ligamentous lesions from the 6th dorsal—2nd lumbar, and the spine was somewhat posterior in this area, that is, the spine was partially unmobilized in flexion and my treatment consisted in re-establishing normal movements in this part of the spine.

In another case, the 10th, 11th, 12th dorsal were posterior and curved laterally.

In another case, there was a 12th dorsal vertebra anterior, that is, there was a fixed condition of extension between 11th and 12th dorsal.

In every well developed case of nephritis that I have examined there have been Osteopathic lesions in that area of the spine innervating the kidneys.

These lesions give a very reasonable explanation why the kidneys suffered, particularly from these toxins rather than other organs of the body. Sure, it is the correction of these lesions brought results and gave our navy one more man.

**IOWA IS PROGRESSIVE**

**Des Moines Wants the  
Convention in 1920**

We hear the rumblings of the chariot of determination in Iowa headed toward Chicago. The chariot will arrive about June 29th ready for the race to land the next convention of the American Osteopathic Association.

Two new hotels will be completed this Spring in Des Moines, making the accommodations ample for the largest convention the D. O.'s wish to stage.

**Legislation**

The Iowa association is attempting to secure some amendments to the state laws, with the chances good for winning.

**THIS IS THE WAY THE MEDICS  
SPREAD THE GOSPEL**

**They Used To Say The "Rubbin" Did  
No Good or Harm. Now They  
Have Changed Their Tactics.  
Treatment for a Cold Dislocates  
Neck; Dies**

Suffering from paralysis said to have resulted from dislocation of his neck while taking Osteopathic treatment for a cold eighteen months ago, Florian Miller, 19 years old, of 2103 Parnell

avenue, died yesterday at the county hospital. At the inquest to be held today, it is expected that the police will be asked to seek the Osteopath who treated Miller.—Chicago Tribune, March 25, 1919.

**(BEGGING YOUR PARDON)  
Inquest Delayed To Force Dr. Miller's  
Attendance**

Testimony given at the inquest into the death of Florian Miller, 19 years old, who died at the county hospital on Monday, tended to prove that Dr. S. W. Miller, a mechano-therapist, who advertises himself as an expert in making spinal adjustments by naturopathic methods, had dislocated the third cervical vertebra in the young man's neck while treating him for a cold. Dr. Miller, no relation to his former patient, is not an osteopath, or a graduate of any school of Osteopathy, as was at first alleged. He did not appear at the inquest, and it was continued to compel him to attend and testify.—Chicago Tribune, March 29, 1919.

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## MAINE WINS LAW

## Governor Signed the Bill on April 4th

## Dr. R. Kendrick Smith Presents Case Before Legislative Committee

The Judiciary Committee of the Legislature of the state of Maine has just reported unanimously in favor of the passage of a bill creating a separate board of Osteopathic registration. The State Medical Society has withdrawn its opposition so it is expected that the bill will become a law at this session. This is the third year that Dr. R. Kendrick Smith of Boston has addressed the legislative hearing on this bill. The Maine Chiropractic Association appeared in opposition but withdrew their objections when the Osteopaths agreed to omit the section defining Osteopathy. The medical men withdrew their objection when the Osteopaths compromised by specifying that licensed Osteopaths will not be permitted to practice Obstetrics "at the time of parturition except as now provided by statute."

The bill as unanimously reported by the committee is as follows in its essential features:

Within thirty days after this act shall take effect, the governor, by and with the advice and consent of the council, shall appoint five persons who shall constitute a board of osteopathic examination and registration. Said persons shall be residents of this state, shall be graduates of a legally chartered osteopathic college or university having the power to confer degrees in osteopathy, shall have been at the time of their appointment actively engaged in the practice of their profession for a period of at least three years.

Any person, before engaging in the practice of osteopathy in this state, shall make application for a certificate to practice osteopathy to the board of osteopathic examination and registration, on a form prescribed by said board. Said application shall be filed with the secretary of the board, at least seven days before the date of examination, together with a deposit of twenty-five dollars, which said deposit shall be returned to applicant in case the application is rejected. Each applicant must be at least twenty-one years of age, and shall present a diploma from a high school, academy, state normal school, college, or university, or otherwise satisfy the members of the board of sufficient prior academic education. The applicant shall also present a diploma granted by a legally chartered osteopathic college or university in good standing and having the power to confer degrees in osteop-

athy, which diploma shall show that it was granted on personal attendance of the applicant and completion of a course of not less than eight months in a year for four separate years. All applicants must also present a certificate of good moral character signed by some reputable resident of the state of Maine, and such other reasonable and proper facts as the board in its blank application may require.

The board shall then require the applicant to submit to an examination as to his or her other qualifications for the practice of osteopathy which examination shall include, the subjects of anatomy, physiology, chemistry, bacteriology, toxicology, pathology, dietetics, diagnosis, hygiene, obstetrics, gynecology, and principles and practice of osteopathy. If such examination is passed in a manner satisfactory to the board, then the board shall issue to the said applicant a certificate granting him or her the right to practice osteopathy in the state of Maine: Provided, however, that any person who has been a practitioner of osteopathy in this state for a period of three years next prior to the passage of this act, or any person having a diploma from a legally chartered osteopathic college or university having the power to confer degrees in osteopathy, which institution was in good standing at the time of the issuance of said diploma, who was in active practice in the state of Maine at the time of the passage of this act, shall, upon exhibition of satisfactory proof thereof to said board and upon the payment of a fee of ten dollars, be entitled to make application for such certificate, which certificate shall be granted, without examination, if such application is made and filed within ninety days after this act becomes effective. Every graduate of a reputable school of osteopathy who has been strictly examined and thereafter licensed to practice osteopathy in another state, may be licensed to practice osteopathy in this state upon the payment of twenty-five dollars and the production to the board of his or her diploma, the license obtained in such other state, and satisfactory evidence of moral character; but the board may, in its discretion, require an examination of any such applicant. The board may refuse to grant a certificate to any person convicted of a felony, guilty of gross unprofessional conduct, or who is indicted to any vice to such a degree as to render such person unfit to practice osteopathy, and may, after due notice and hearing, revoke a certificate already issued, for like cause.

When the board shall have granted to a person the certificate mentioned in

section four hereof, such certificate shall designate the holder as an Osteopathic physician and shall be publicly displayed at the person's principal place of business so long as such person shall continue to practice osteopathy for gain or hire. Such certificate shall entitle the person to whom it is granted to practice osteopathy in any county in this state, in all its branches as taught and practiced by the recognized schools and colleges of osteopathy, but it shall not authorize its holder to administer drugs or to perform surgical operations with the use of instruments, or to practice obstetrics at the time of parturition except as now provided by statute. Provided, however, that nothing in this act shall be construed to prohibit any legally registered osteopathic physician in this state from practicing surgery after having passed a satisfactory examination before the state board of medical examiners. Any person to whom a certificate has been granted under this act may prefix the title "doctor," or the letters "Dr." to his name, when accompanied by the word "Osteopath."

Any person who shall practice or attempt to practice, or use the science or system of osteopathy in treating diseases of the human body, or any person who shall buy, sell or fraudulently obtain any diploma, license, record, or registration to practice osteopathy, or who shall aid or abet in such selling or fraudulent obtaining; or who shall practice osteopathy under cover of any diploma, license, record, or registration to practice osteopathy, or who shall aid or abet in such selling or fraudulent obtaining; or who shall practice osteopathy under cover of any diploma, license, record, or registration to practice osteopathy, illegally obtained, or signed or issued unlawfully or under fraudulent representations; or who after conviction of felony shall practice osteopathy, or who shall use any of the forms of letters, "Osteopath," "Osteopathist," "Osteopathy," "Osteopathic Practitioner," "Doctor of Osteopathy," "Diplomate in Osteopathy," "D. O.," "D. Sc. O." or any other titles or letters, either alone or with qualifying words or phrases, under such circumstances as to induce the belief that the person who uses such terms is engaged in the practice of osteopathy, without having complied with the provisions of this act, shall be deemed guilty of a misdemeanor, and upon conviction thereof, shall be fined not less than fifty dollars, nor more than five hundred dollars, or be imprisoned in the county jail not less than thirty days nor more than one year, or both; Provided, that nothing in this act shall

be construed to prohibit any lawfully qualified physician in any other state meeting a registered osteopathic practitioner in this state for consultation; Provided, further, that this section shall not apply to the two classes of persons mentioned in the proviso of section four hereof until ninety days after the passage of this act the time allowed within which they may secure the **required certificate**.

All laws, rules, or regulations now in force in this state, or which shall hereafter be enacted, for the purpose of regulating the reporting of contagious diseases, deaths, or births, to the proper authorities, and to which the registered practitioner of medicine is subject, shall apply equally to the practitioner of osteopathy.

The system, method, or science of treating diseases of the human body, commonly known as osteopathy, is hereby declared not to be the practice of medicine or surgery within the meaning of sections nine, ten, eleven, twelve, thirteen, fourteen, and fifteen of chapter eighteen of the revised statutes of Maine, passed September twenty-ninth, nineteen hundred and sixteen, and all acts additional thereto and amendatory thereof.

**NEW JERSEY AT THE TOP**  
State Society has a meeting every Month.

New Jersey should be given a medal for having a State meeting each and every month. The first Saturday evening is the usual date, and the meetings are held at the Down Town Club in Newark, N. J.

An informal dinner is held at six thirty, followed by the program at eight. The programs are usually of a practical nature with two or three speakers as the main attraction.

**March Program**

- Experiences in the Great War
- Grenadier S. S. S. McNeil
- 1st South African Infantry
- 10th Flying Division
- War Surgery?

Lieutenant R. W. Walton,  
Salem, Ore.

Osteopathic Treatment of Brachial Neuritis

Dr. R. M. Colborn  
Newark, N. J.

Business Committee Reports

**April Program**

Practical Osteopathy (Demonstrations)  
Dr. F. L. Gants  
Providence, R. I.

Practical Examination and Treatment of Ear, Nose and Throat Troubles  
(Bring your troublesome cases for demonstration.)

Dr. Moriss M. Brill

New York, N. Y.

Does the Clinic Pay?

Dr. H. F. Underwood

Business. Brooklyn, N. Y.

A small four-page pamphlet with dinner reservation card is sent prior to the meetings to all members in the State. Beside the program and the officers of the Society, there are usually some pithy pointed paragraphs on the third page, which keep the members in touch with what is going on.

**Good For All**

Indeed, it would be an excellent thing if all the States would adopt the same plan. Have the meetings in a central city where all can reach it within a few hours.

The main advantage would be in the frequent association of the different members, with the consequent result of closer co-operation and understanding. When a meeting is held once a year there are twelve long months to forget what the other fellow was trying to do to advance Osteopathy.

A meeting once a month will be an incentive for committees to work, and if they do not then new ones can be appointed without the loss of time in the twelve months.

The more the members know of the minor details of association work the better do they understand the year's objective. Every member working for the same thing makes for a power that knows no stopping until the task is done.

Co-operation, not competition, is the life of our organizations.

**Dr. Dayton Gives a Luncheon To a Body From Woman's Club**

Dr. F. E. Dayton gave a most enjoyable luncheon to the members of the Clinic Committee of the Escanaba Woman's Club. Dr. Dayton conducts free clinics twice each week for the treatment of afflicted children and at the luncheon he expanded in a most interesting manner on the subject of "True Care of the Child."

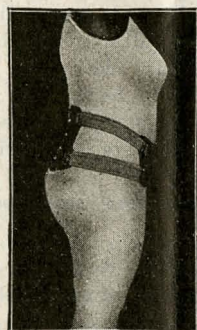
The luncheon was given at the Delta Hotel at 1 o'clock, those present being Mrs. Huston, chairman of the clinic committee; Mrs. Rushton, Mrs. Cummsky, Mrs. Andrews, Mrs. Young and Miss Mason.—Escanaba Daily Mirror, Mar. 10, 1919.

Dr. Dayton is keeping the people of Escanaba, Mich., informed about Osteopathy through the columns of the local paper. On March 18th he had copied the article from The Journal of the National League for the Prevention of Spinal Curvature on "The Flu Epidemic and Its Aftermath." This is commendable work.

Dr. Walter J. Novinger of Trenton, N. J., says, "I respect a good M. D., but not a mixing D. O." His article on "Mixers" will appear next month. Order now.

Dr. Fred Taylor of Lewistown, Mont., had 100 cases of influenza and 100 cases to get well. I wonder how many medical men can show such a record. Dr. Taylor of course is an Osteopath and a good one.

**Hundreds of the Foremost Osteopaths Are Using and Recommending Our EL-AR**



Sacro-Iliac Supporter, for the relief of Sacro-Iliac sprain, luxation and dislocation of the sacrum, for men and women.

Another important service performed by our supporter is, that it acts as an abdominal Supporter, preventing rupture and relieving all of those symptoms resulting from an unsupported heavy, pendulous abdomen.

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# Osteopathic Truth

A MONTHLY JOURNAL OF  
OSTEOPATHIC PROGRESS

EDITED AND PUBLISHED BY  
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FOR THE OSTEOPATHIC PROFESSION

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## ADVERTISING RATES

Advertising rates will be submitted upon application to the Business Office in Chicago.

APRIL, 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?"

## PROGRESS

### WHAT ARE YOU DOING TO ADVANCE OSTEOPATHY?

#### The Public Has Never Opposed.

Progress, Noah Webster tells us, is the growth, development, or course of anything.

#### Stop—Look—Reason

The end of the osteopathic year is fast drawing to a close and each one of us, whether in the city or out in some town far removed from somewhere should STOP for a moment and ask ourselves a few pointed questions.

Are we true to Dr. Still's philosophy?

Are we practicing as Dr. Still did?

Are we adhering to his platform?

Are we teaching others pure osteopathy?

Are we doing anything to advance the science?

Are we aiding our societies?

Are we what we are supposed to be?

It makes no difference where we are, nor among what particular class of people, the fact remains that Osteopathy as given to the World by Dr. Andrew Taylor Still is the only Osteopathy that up to this date has counted.

Stop for a moment. Can you recall a single person who has ever come up to the "Old Doctor?" Now that is not peculiar for no inventor of any machine ever has anyone who can come alongside of them. Their engineers never know as much about that machine. We are the engineers for Dr. Still, and there is not a person living today who knows what he knew about Osteopathy. True, is it not?

#### Look

Yes look about you and see what the other man is doing. Are you doing as much, or is there not a way in which you can help that man do as much as you are doing to progress.

The end of a fiscal year is always time to take stock, to look all over the place in every crack, cranny and crevice, to see what you have on hand. As we make our inventory let us LOOK to—

If, we have learned more of Sr. Still's philosophy.

If, we have taught more people about Osteopathy.

If, we have advanced the science.

If, we have been true to our trust.

If, we have done our part in the local society.

If, we have done our part in the national association.

If, we are sticking close to Dr. Still's platform.

Look not only at the other man's house but at the inside of your own. It is not so much what the other man can inventory but what you can show in your stock room that counts.

No local or national organization can ever expect to advance unless you do your little mite. You do not have to be president or a trustee, nor even a member of a committee to do just what you ought to do, the others are privileges. Every D. O. should belong to his local and national organization regardless of his own personal grudges and opinions about the other members in it. He should do the little that is asked of him without carrying sixteen chips on his shoulders. Look at the inventory.

Look at the patients who come to you and carefully inventory the teaching you have given them judged by the standard of Dr. Still's Platform. Keep in mind always that Dr. Still has not been surpassed by you as yet, although we are awaiting the arrival of a man who can lead us a step farther. We will follow where he leads. Look at your inventory and see how you are leading your following—astray or aright. There is but one standard—Dr. Still's Platform.

Perhaps the most important stock in trade is the knowledge we have of Osteopathy. How much has that stock increased during the past year? Twelve months for growth and development—progress. A seed is planted in the garden, it sprouts, it matures, you reap the harvest. Did you plant the seed of a thought twelve months ago, or at the last convention did you get a seed thought—has it sprouted, has it matured, have you reaped the harvest? Test it alongside the standard—Dr. Still's Platform. Is it a distinct increase of stock or worthless? If it is truly osteopathic it is an increase, otherwise worthless.

#### Reason

Again it has become necessary to consult with Noah Webster and he tells us that reason is a consideration, motive, or judgment inducing or confirming a belief, influencing the will, or leading to an action or course of action.

In this particular case we would first desire a confirmation of belief that the Osteopathy, as given to the world by Dr. Still and so stated in his platform, is the only Osteopathy worthy of our attention, and that as we add anything foreign to it, so much Osteopathy must move out.

Then we would desire to influence your will to do the things that should be done. The smallest mite is membership in your local society, the next larger mite is membership in the A. O. A., and from there on you have the rare privi-

lege of doing what you care to do in the way of association work. Some one has the work to do or we would perish quickly and why should you not put your shoulder to the wheel, and with all hands at work tasks are readily accomplished. Where there is a will, there is a way.

Last but not greatest of all, will be the action or course of action arising from your reasoning with yourself as to how these vital things should be done. Can't you imagine a snow ball growing as it is rolled about. Your idea carried to your local society will bring action, that rolls into the next higher organization, and then it rolls into the national organization, gathering force of numbers as it goes until in the national body it spreads all over the country. A definite objective each and every year should be promulgated by the national association. That definite objective must come from you.

Do you realize that the A. M. A. is pushing the definite objective of putting a doctor in each and every public school at your expense? Are the children of this land public, to be exploited and taught medically, or are they to be free to think and employ whom they will? Remember it is the impressions of childhood that stick.

**What Has Our Objective Been?**

Have we had a definite national objective during the past year? One, left over from the year before and not to be accomplished this year—the law admitting the D. O. to the medical department of the Army and Navy.

Have we had any definite state legislative program, national in scope? No. Every state is after a different law, and we are sorry to say most of the state legislative committees tell the national legislative committee to go to hell with its uniform law. Illinois today is asking for an amendment to the educational requirements which will make it necessary to have six years of preparation to practice surgery. Washington just passed a law which only requires one more year than is required for general practice, and that time is governed by the Associated Colleges. Maine won't even get a chance at obstetrics without considering surgery.

Maybe we are a mile or two off the question but we could at least give ear to the national committee and attempt the passage of a uniform bill. Might be good policy to try it in all states at once.

Have we had a definite National educational campaign? No. Everybody works for himself or not at all.

Have we a definite national school program? No. Each are teaching anything they want at any time they want.

**What Will You Do?**

The PUBLIC has never opposed the progress of Osteopathy, but we expect nothing else from M. D.'s. Why waste time fooling with a group of people whom we know will never break their neck to help us. The Lord helps those who help themselves—and only those.

Never was a time brighter for the future of Osteopathy than today. The young men who have come back from France realize the futility of drug therapy and would like to study something worth while. They had a first hand illustration that vaccination and serums did not prevent or cure, and that drugs killed. We should follow that advantage while the iron is hot, not a million years from now.

So doctor, as Dr. George Reid says, "STOP, LOOK and REASON."

**Action**

Bring your ideas with you to CHICAGO at the convention and help us clean our own skirts of the MIXER; help us plan for real national concerted action to put Dr. Still's Osteopathy where it should be; help us clean up the schools and teach the Osteopathy that is not tainted nor polluted; help us to help you PROGRESS.

**CHICAGO TAKES BIG STEP**

**TAG DAY NETS OVER \$6,000**

**Benefit Children's Clinic**

Perhaps no greater single advancing step has ever been taken by Osteopathy in Chicago than in the Tag Day recently held in the city as a benefit for the Children's Clinic at the Chicago Osteopathic Hospital.

**Tag Day**

A Tag Day is quite an institution for raising money in Chicago. People are stationed at all the street corners in the downtown district and at all other important railway stations, elevated stations, and street railway transfer points where large numbers of the citizens are wont to congregate on their way to and from work.

The Tagger carries a box with a convenient slit in the top where the checks, bills, and change can be dropped therein, and for each deposit the purchaser is given a tag. This tag he ties to the outside of his coat in order that the next tagger will let him pass unmolested.

Permission for a tag day must be obtained from the city officials, and certain obligations of a city ordinance must be complied with before that permission may be granted. To be able to comply with that ordinance is a distinct advance, and to secure the official right to stop each and every citizen and ask them for

a donation to the Chicago Osteopathic Hospital is another.

**Advertising**

Everybody knows what a tag day is for because it is usually well advertised by the newspapers in advance in news items. But, with thousands wearing a tag on the front of their clothing bearing the words Chicago Osteopathic Hospital is a point in advertising that can not be estimated—its value is unlimited. Thousands of people were made acquainted with the fact that there was such a place as an osteopathic hospital in the city of Chicago. Many of the taggers report that people came to them and asked the location of the hospital.

**Warm Reception**

In all parts of the city the taggers were given the most courteous attention and many and many were the compliments to the work of osteopathic physicians either upon themselves or their family.

**At No Time Was There Any Opposition on The Part of The Public**

The only opposition manifested, and nothing but opposition was expected, came from M. D.'s. No one expected anything else. It was amusing to watch the face of an M. D. who would buy a tag and then ask what it was for, and upon being told would either blurt out some expression which we cannot print, or, turning in disgust, tear the tag in pieces or shove it into the farthest corner of his pocket. Some were "game" and at least wore the tag until out of sight.

The men students who have been in the army and navy were in uniform and it gave them great delight in tagging the officers of the medical department, and listening to them cuss when finding that they had given to an osteopathic hospital.

**But At No Time Did The Public Oppose**

**THE JOURNAL OF THE NATIONAL LEAGUE FOR THE PREVENTION OF SPINAL CURVATURE PASSES ANOTHER MILESTONE**

**Time Flies**

Volume Two of the Journal of the National League for the Prevention of Spinal Curvature has just been completed and we take this occasion to extend our congratulations to Dr. F. P. Millard of Toronto, Can., as the man behind the gun.

Dr. Millard has put in many hours and more money to make the League a success and to him is due the credit. The Journal makes one of the best mediums for educational purposes among parents that we have today.

# An Osteopathic College for Ontario

Progress and Justice Demand It

There are few people in Ontario who have not been made aware, either through their own, or their friends' experience, of the healing powers of Osteopathy.

There are within the Province of Ontario ninety Doctors of Osteopathy, duly and regularly qualified to practice their profession. These are graduates of accredited American Colleges of Osteopathy, who have practical hospital experience as well as academic training. A large number of them are Canadian born.

The Province of Alberta (since 1906) requires of a candidate for examination for license as an Osteopath the same preliminary education as is required of an ordinary medical student, as well as a graduation diploma from a recognized College of Osteopathy. Candidates for license must pass regular medical examinations except in surgery and medicine. In the case of the former, the examination is confined to surgical diagnosis and the conduct of minor operations, and for medicine is substituted the theory and practice of Osteopathy.

The Province of British Columbia since 1909 has admitted Osteopathic candidates to examination upon the production of a diploma from an Osteopathic College recognized by the American Osteopathic Association. These candidates substitute for the practice of medicine, and for the theory and practice of sur-

gery, an examination in minor surgery, neurology and the principles and practice of Osteopathy.

In the Province of Saskatchewan since 1913 there has been an independent Board of from three to five Osteopathic physicians, to examine candidates for license to practice Osteopathy.

In Manitoba and also in Quebec a movement is on foot to secure legislation which will recognize the Osteopathic system and provide Osteopathic Boards.

The science of Osteopathy has already been recognized in practically every one of the United States, and is rapidly gaining favor in the following countries, in which it is practiced by graduates of American Colleges: Australia, Bermuda, Cuba, England, Germany, Ireland, Japan, India, Scotland, Sweden, South America, Argentine Republic, West Africa, Sierra Leone.

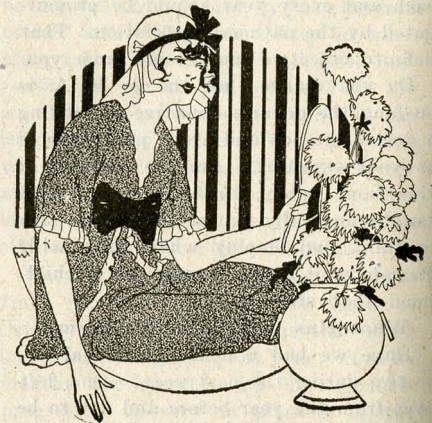
Shall Ontario lag behind? Up to the present, our Province has withheld from the trained and educated Osteopath the protection which it freely accords to the similarly qualified medical man. Is it British fair play to class one group of graduates with quacks and fakers while according to the other group the full protection of the law? Would the Allopath and Homeopath submit tamely if the case happened to be reversed?

The present situation is not only grossly unfair to the graduate Osteo-

pathic physician, but is fraught with an element of real danger to the public. A man or woman who lacks the most elementary scientific knowledge can take a few weeks' course by correspondence or otherwise from a bogus "Osteopathic College", or may hang out his shingle lacking even this smattering of professional knowledge, and there is no way by which the long-suffering public can distinguish him from the qualified Osteopath, with his years of study behind him. The result in too many cases has been a serious and sometimes permanent injury to the health of the innocent vic-

(Continued on next page second column)

ON TO CHICAGO  
JUNE 30th-JULY 3rd



## Looking in the Glass

or

## Looking in a Book

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

It has a convincing appeal.

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

It is just what your patient wants, too.

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Carthage, N. Y.

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# The Proof of the Pudding

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

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

## UPPER DORSAL SCOLIOSES AND HEART DILATATIONS

Medical critics and the laity sometimes ask why the severe results ascribed to a comparatively insignificant change in positions of a vertebral segment are not many times exaggerated in the gross deformities of spinal outline found in scoliosis.

As an example, the "hunch-back" who "never" has anything the matter with him is always referred to. The gradual outset giving time for reaction and adaption takes the greater part of the burden. These people perforce have to follow occupations and lives suited to their structural deformities. Their everyday life may be said to be that of "specialists" rather than "general practitioners." They are poor risks in infectious diseases because their adaptation, while sufficient when all things are favorable fails under times of stress. One of these causes for failure is due to disturbed heart innervation where the upper dorsal spine is involved in one of the different forms of scoliosis.

Percussion outlines of the heart of these cases especially if the orthodiagraphic method is used, show an enlargement of heart and usually fairly uniform as to heart structure without relative increase in tone of dullness or increase in the pressure exerted by contraction.

Radiographically the heart gives a large thin shadow without the average normal extent of difference in size between systole and diastole. This difference so far has seemed uniform without reference to any particular chamber.

Clinically and radiographically they are then dilatations rather than hypertrophies.

Hypertrophy shows an increased thickening of shadow cast by X-ray with a tendency to localization in the walls of the particular cavity most involved.

Cabot in Vol. I of his *Differential Diagnoses*, pages 80 and 84, in reference to "Backaches" speaks of the sensation being due to "fatigue" "which has become cumulative and is so chronic that it has developed as it were into a member of the household."

Certainly the fixed position of the spinal segments in an unusual flexed or rotated position as we have even in a mild case of scoliosis leads to increased muscular work to maintain balance of

the body as a whole. Nature adapts the passage of nerve impulses to the condition but the cumulative action of localized fatigue tends to interfere with normal nerve impulses from the segment involved.

The white rami of the upper thoracic region carry impulses which increase the speed and force of the heart's beat, tonicity, to the superior and middle cervical sympathetic ganglia. From these ganglia the gray fibers join the vagi and are carried with them to the heart where they are distributed to the cardiac muscle fibers.

Fatigue of vertebral muscle interferes with nerve passage from segments involved—so the result of a lowered heart tonicity is to be expected and seems to be present in all these cases.

The problem of "cumulated" fatigue in the muscles about a lesioned area is of more importance than is usually ascribed to it. It is just as abnormal for vertebral muscles to maintain a constant tension on a vertebral segment as it is for the muscles of the arm and shoulder girdle to keep an arm extended for a corresponding length of time. The only differences are those of muscle mass, sensory innervation and effects upon contiguous structures.

Owing to conditions, X-Ray cuts could not be made in time for this issue. An extra number will be run next month.

## AN OSTEOPATHIC COLLEGE FOR ONTARIO

(Continued from Page 138)

tim, who of course condemns the whole science of Osteopathy to the end of his days—or until he learns that he has been the victim of a quack, with the connivance of the law of Ontario. If the law protected the D. O. as it protects the M. D. the imitation Osteopath would have to go. When the Doctor of Medicine opposes legislation to this effect, is he working in the interest of the public? The Ontario legislature has at present under consideration the passing of legislation which will affect the practice of medicine. Let us see to it that no clause shall be inserted which may directly or indirectly bar the way to Osteopathy.

A strong effort will be made by certain of the medical doctors to influence this legislation in such a manner as seri-

ously to injure the practice of Osteopathy. They dare not attack it in the open. It is too well established. They have a far more insidious method of attack.

A second suggestion is even more insidious in its character, because it is made under the guise of friendliness. It is this, that a chair of Osteopathy be established at Toronto University. Any student of the question will see at once that this would kill Osteopathy—which of course is the object aimed at. It cannot exist as an adjunct to a medical course. **Medicine and Osteopathy are fundamentally incompatible. They won't mix.** It is true that the same subjects are taught by both schools, as will be seen below, but they are taught and studied from two totally different viewpoints. The medical student throughout his course must regard each subject from the medical angle: the Osteopath with a single eye to his special science. It is as impractical to speak of adding a chair of Osteopathy to a long-established medical college, as it would be to make a chair of "Medicine" an adjunct to an Osteopathic curriculum. The suggestion is a shrewd and desperate attempt on the part of a few medical doctors to hoodwink the public, while quietly and peacefully making an end of their rivals. The Walrus and the Carpenter, as everyone knows, were most polite to the dear oysters, and invited them to go for a friendly walk. But in the course of it, they gently ate them up.

Osteopathy is not an adjunct of medicine. It is not a by-product. It is a science in itself, and as such must have its own College in Ontario and its own Provincial Osteopathic Board, both established by law.

This is what the Osteopathic physician asks and what a large and growing section of the public demands:

(a) Legislative recognition of graduates of accredited colleges of Osteopathy;

(b) The right generally to practice the science of Osteopathy as taught in such colleges;

(c) The right of such graduates to use the title Doctor and to use the letters "D.O.";

(d) The right to establish an Osteopathic college within the province of Ontario either affiliated with one of the Universities or not, such College to give the highest type of Osteopathic training, to be under Government control and be subject to the same disabilities and enjoy the same advantages as the medical colleges of the Province;

(e) No restriction upon the admission of properly qualified graduates of

accredited colleges of Osteopathy in the United States, until such time as an Ontario college can be established;

(f) The establishment by Statute, of a Provincial Osteopathic Board composed of Osteopathic physicians of recognized standing, which Board would be required to pass upon the qualifications of all persons either practicing in the province as Osteopathic physicians, or coming into the province to practice Osteopathy;

(g) An open field with the Allopathic and Homeopathic physicians to enable the work of the Osteopathic physicians to speak for itself;

(h) The full privileges and rights of a physician, particularly in public hospitals, in matters of public health, and in the collection of accounts;

(i) Clinical facilities in the public hospital supported by public funds;

(j) That this whole subject be treated on its merits, that the truth be brought out, and that the sophistry of the opponents of the science be exposed, so that the legislators may not be misled.

W. Othur Hillery,

Chairman Publicity Committee,  
Ontario Ass'n of Osteopathy.

#### OHIO ASKS AMENDMENT TO PRES- ENT LAW FOR QUALIFICA- TION AS SURGEONS

##### Proposed Amendment

Sec. 1288 the provisions of this chapter shall not apply to an osteopathic physician who passes an examination before the State Medical Board in the subjects of anatomy, physiology, obstetrics, diag-

nosis and surgery in the manner required by the board, receives a certificate from such board, and deposits it with the probate judge as required by law in the case of other certificates. Such certificates shall authorize the holder thereof to practice osteopathy and surgery in the state, but shall not permit him to prescribe or administer drugs, except anesthetics and antiseptics. \* \* \* Such certificates may be refused, revoked or suspended as in the case of certificates to other physicians and surgeons.

##### Necessity For Such An Amendment

Some changes are necessary to clarify disputed points, and to provide for the further expansion of the osteopathic profession in harmony with the progress of this school of the healing art. When the law was first enacted, it was generally understood that the osteopaths had all the privileges of physicians, except in the administration of drugs as therapeutic agents and in major surgery. To their great disappointment, the executors of the law did not so interpret it.

For instance, when an insurance company asked the secretary of the medical board if osteopaths were "legally qualified physicians" (a clause in its insurance policy) and eligible as such to sign insurance health certificates, he answered no. On April 4, 1911, a committee from the Osteopathic Society appealed to the Medical Board for a reversal of that ruling. It answered in the following ambiguous resolution:

"RESOLVED, That in the opinion of this board anyone holding a certificate to practice osteopathy only is not a phy-

sician and surgeon within the meaning of the law. But this opinion is not to be construed to disqualify such osteopaths from signing a certificate of health."

Many insurance companies have used this resolution to our disadvantage.

More recently the Board of Administration, October, 1917, received from the Attorney General a ruling (Opinion No. 741) that the medical certificate of commitment papers for admission of patients to hospitals for the insane, signed by an osteopath are not sufficient, because he is not a "reputable physician," the signature of which is required by law. (The definition of physician used is "A person who has received the degree of Doctor of Medicine from an incorporated institution; one lawfully engaged in the practice of medicine.") A study of that opinion reveals that the restricted definition of the term "physician" is based upon the closing sentence of Section 1288; it alleges that there is a distinction between osteopath and physician, "in providing that the certificates of osteopaths may be refused, revoked or suspended as in the case of certificates of physicians and surgeons."

So far as tests are concerned, judging by state requirements, the osteopaths should be even better qualified to diagnose insanity, or any condition, than are other physicians—he takes the same examination in that subject, and in addition under the osteopathic examining committee.

(Please note that not all of the required examination for osteopaths is in the section discussed. Section 1289 provides for tests in six other branches.)

Physicians' certificates are required by many statutes for various purposes. Under the Attorney General's ruling, if accepted by other departments, the osteopath is barred from signing any of them. For instance, if he is not a physician, he can sign no legal paper requiring the signature of a physician—and therefore he may not treat any conditions when such signature is required—birth and death certificates, insurance companies' health certificates, teachers' sickness certificates, vaccination certificates, certificates for professional service claims under the jurisdiction of the State Industrial Commission. Neither need the osteopath, if this opinion be tenable, report contagious diseases to Boards of Health, as is required of physicians.

In addition to these, the osteopaths who are in the army cannot obtain releases now as can physicians of other schools, because they are unable to secure official certificates that they are physicians.

## Osteopathic Propaganda

Osteopathic propaganda is the key that unlocks the door of opportunity for Osteopathic practitioners.

Osteopathic propaganda makes all of our problems more easy of solution.

Osteopathic propaganda creates a better understanding between patient and physician.

Osteopathic propaganda helps to dispel the doubts of the doubting.

Osteopathic propaganda helps to offset the destructive influence of our critics.

Osteopathic propaganda is one valuable way of letting your Osteopathic light shine before men, that they may know of your good works and patronize you when necessary.

For real, ethical, effective Osteopathic propaganda, use the

### HERALD OF OSTEOPATHY

Sample Copy on Request

F. L. LINK, Business Manager

KIRKSVILLE, MISSOURI

If the law remains as it is, the osteopath may as well close his office and cease practicing, as there is little left for him to do. We are sure this was not the legislative intent. So we are appealing to you for the remedy.

From these statements, the necessity for the amendment bearing upon this point appears quite evident.

**Surgery**

The other change will permit osteopathic physicians to **qualify as surgeons**. Many States have already made this provision (Massachusetts, Pennsylvania, Michigan, Wisconsin, Missouri, Texas, Washington, California, Utah). Since the recognition of osteopathy in Ohio (1902) the osteopath was, until two years ago, authorized to do **any minor surgery operation**, having qualified by examination in that branch. But the last General Assembly in defining major surgery, considerably restricted the minor surgery field. This definition includes much that all text books upon the subject class as minor surgery. Now, the osteopath cannot legally remove a hangnail, nor can he do any operation which requires the removal of a "part of the body." We have every reason to believe this limiting in minor surgery was not intended.

But now that the school of osteopathy requires a course of study (including surgery) equivalent to that of the M. D., the request for surgery privileges is pertinent. It is unjust to ask of the osteopath four years more in a medical college, much of which is duplicate study, before permitting his entrance into this field. **He is qualified and willing to take the same examination in surgery, as he does in diagnosis, that is required of other physicians.**

Let it be specifically understood that not all osteopathic physicians will practice general surgery. Only a few M. D.'s practice it. And only a few osteopaths would. But with equivalent training, the State should not discriminate in favor of the M. D. The osteopath requests the same privilege to qualify for this work.

With the high educational standards, osteopathic physicians are prepared to diagnose and handle with intelligence cases that come under their care. Like other physicians, they refer cases to specialists where special treatment is needed. Osteopaths do not want to practice drug therapy. This is an age of specialty. The allopath has no desire to practice osteopathy; the homeopath does not practice allopathy; and the osteopath has no desire to practice either allopathy or homeopathy. With the same educational standards, osteo-

paths ask equivalent rights as other schools; that is, to practice that which is taught in their schools.

**McMANIS TABLE COMPANY  
PROGRESSES**

**Shipping Table to Dr. May—London**

Kirksville and the McManis Table Company are not only on the map in the United States, but abroad as well. The McManis Table Company is in receipt of a cablegram from Dr. D. T. May, Park Lane, London, England, ordering a DeLuxe McManis Table and Stool. Evidently the McManis products are known everywhere.

**OSTEOPATHY**

(Continued from page 132)

was widespread and increasing; that Osteopathy was not being taught and other subjects and methods were supplanting it. There was an alarm at the door, and it must receive immediate attention. The result was the adoption of the resolution, well intended but it appeared later ill advised, in that it does not get at the subject from the right angle.

"A year later (1915) at Portland the sentiment may have been equally strong regarding the fundamental principle of Osteopathy, but it was equally against trying to enforce the acceptance of principle by majority vote. A year had passed by in which to consider the situation more carefully and the effect of the action of the previous meeting. The feeling which took tangible form at Portland in the repeal of the action of the previous year was that we must establish the practice of Osteopathy through education, and not through rules and regulations.

"Kansas City stakes off another twelve-month, a year in which there has been much discussion, some of it senseless, harmful and unnecessary, but the year has given an excellent opportunity to view the situation calmly and plan for the future. Especially has it given an opportunity to study it from the college viewpoint, and certainly without that consideration no duty of the situation would be adequate or complete. While we may say that the profession belongs to the men and women in practice, who are making it and making the reputation which creates its valuable asset, we cannot, if we would, forget our responsibility to the colleges.

"The existing colleges, our present educational system, are the direct successors of those, and profit by the trail of good and suffer for the bad which

those early institutions left. With raised restrictions making the struggle for existence more difficult, self-elimination among the colleges has gone on until now we find seven such institutions. Happily these, with one or two exceptions, have gone upon the basis of educational institutions, and individual proprietorship with them is no longer a condition with which to contend.

"The real feature of the meeting is that the colleges and the member of the Educational Committee present agreed upon a schedule which meets the State law in the strictest States, and yet sets conditions which the colleges say they are ready to meet, and which other colleges say they will try to work toward. When this is accomplished our educative system will for the first time be adequate to the State laws. Now the work is to make them adequate to the needs of making Osteopaths such as the profession demands.

"What are the demands of the profession for future Osteopathy? Naturally, men and women successful in practice think that what they practice is about right, and naturally their idea is that those who come out should practice about as they do. It is safe to say that **nine-tenths** of the Osteopaths who attend meetings, whose influence is felt,

(Continued on Page 142)

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Miss Maude Marion Meagher, 2240 Divisadero St., San Francisco, Cal.

# 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)

## DEFINITIONS OF OSTEOPATHY BY GRADUATES IN OSTEOPATHY

These Definitions Are Not Found in Dictionaries or Encyclopedias With the Possible Exception of One. Give Them Careful Study

"1. Osteopathy is a physical method of treating disease without drugs.

2. Osteopathy is applied physiology.

These two definitions refer to Osteopathy in its broad sense.

3. The cell is the unit of the body which inherits its vitality. This vitality is kept up by pabulum received from the blood, while the waste is carried away by the lymph and venous streams.

The differentiated cell to be able to trophize properly must receive a nerve. Every cell has the inherent capacity to recuperate after injury, and as the nervous system controls the circulation of the blood, it follows that any abnormality of position or size of any tissue, or any change in the chemical constitution of a tissue leads to disease.

The nervous system yields most readily to mechanical stimuli, therefore "osteopathy is the art of treating disease by physical and mechanical means; the science of aiding the vital processes by means of stimulation or inhibition of nerves, and by the removal of lesions or obstructions."

J. W. HOFSESS, D. O.

"Osteopathy is a complete system of healing, wherein only food and water is allowed to enter the stomach, and all natural means are employed to place a diseased body under such conditions as will permit nature to effect a cure, including the most effective dietetic and hygienic measures, such as suggestion, fasting, exercise and hydrotherapy; special use being made of manipulations that normalize the tonicity of muscles, the flow of blood and lymph, the transmission of nerve force and the functioning of bodily organs, by replacing deranged anatomical structures, stretching and pressing muscles, vessels and nerves, freeing the movements of joints and correcting dislocations and subluxations."

C. W. YOUNG, D. O.

"Osteopathy is that science or system of healing which using every means of

diagnosis, with a view to discovering not only the symptoms, but the causes of disease, seeks, by scientific manipulations of the human body, and other physical means, the correcting and removing of all abnormalities in the physical relations of the cells, tissues and organs of the body, particularly the correcting of misplacements of organs or parts, the relaxing of contracted tissues, the removing of obstructions to the movements of fluids, the removing of interferences with the transmission of nerve impulses, the neutralizing and removing of septic or foreign substances from the body; thereby restoring normal physiological processes, through the re-establishment of normal chemical and vital relations of the cells, tissues and organs of the body, and resulting in the restoration of health through the automatic stimulation and free operation of the inherent resistant and remedial forces within the body itself."

C. M. TURNER HULETT, D. O.

"Osteopathy is that science which reasons on the human system from a mechanical as well as a chemical standpoint, taking into consideration in its diagnosis, heredity, the habits of the patient, past and present; the history of the trouble, including symptoms, falls, strains, injuries, toxic and septic conditions, and especially in every case a physical examination by inspection, palpation, percussion, auscultation, etc., to determine all abnormal physical conditions; the treatment emphasizing scientific manipulations to correct mechanical lesions, to stimulate or inhibit and regulate nerve force and circulating fluids for the recuperation of any diseased part, using the vital forces within the body; also the habits of the patient are regulated as to hygiene, air, food; water, rest, exercises, climate and baths, such means as hydropathy, electricity, massage, antidotes and antiseptics, and suggestion sometimes being used as adjuncts."

CHAS. C. REID, D. O.

"Osteopathy is a school of mechanical therapeutics based on several theories:

1. Anatomical order of the bones and other structures of the body, is productive of physiological order, i. e., ease or health in contra distinction to disease or disorder which is usually due directly, or indirectly, to anatomical disorder.

2. Sluggish organs may be stimulated mechanically by way of appropriate nerves (frequently by utilizing reflexes) or nerve centers.

3. Inhibition of over-active organs may be effected by steady pressure substituted for the mechanical stimulation mentioned above.

4. Removal of causes of faulty action of any part or organ is the key-note of the science."

C. M. CASE, M. D., D. O.

"Thus the word (osteopathy) has come to mean that science which finds in disturbed mechanical relations of the anatomical parts of the body the causes of the various diseases to which the human system is liable; that science which cures disease by applying technical knowledge and high manual skill to the restoration of any or all disturbed mechanical relations occurring in the body."

CHAS. HAZZARD, P. H. B., D. O.

"Osteopathy means that science or system of healing which treats diseases of the human body by manual therapeutics for the stimulation of the remedial and resisting forces within the body itself, for the correction of misplaced tissue and the removal of obstructions or interferences with the fluids of the body, all without the internal administration of drugs or medicines."

CHAS. C. TEALL, D. O.,

Ex-Pres. American Osteopathic Assn.

## OSTEOPATHY

(Continued from page 141)

who give character to the profession, do not use drugs in their practice, and no doubt most of these believe that drugs have no place in our work. This sentiment was as pronounced at Kansas City as at any meeting in recent time.

"To insure this condition in practice some propose to go further and forbid teaching concerning the use and effect of drugs, serums and vaccines in the schools. Unfortunately, not to teach drugs is no guarantee that the students will not want to resort to drugs—or will resort to them in practice. Most of those who mix in drug therapeutics have no adequate training for it. The schools report there is a demand on the part of many students for a knowledge of materia medica, and especially pharmacology. At least one of our colleges maintains that as the law stands in the State in which it is located, it must teach these subjects.

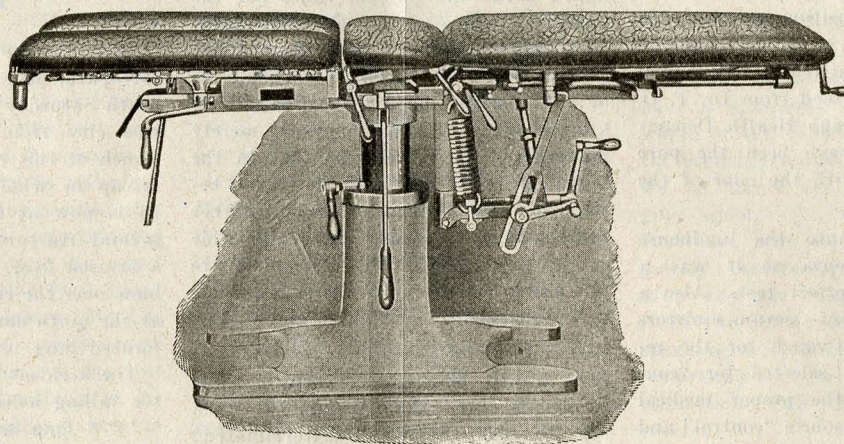
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## McManis Table Company

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## Busted Bunk

About once in a blue moon we can corkscrew a small agent of truth out of the bang of pus-punching serum-squirting banditti engaged in looting the public under the skull and cross-bones flag of Allopathy. It is our proposition that pus-punching or serum-squirting has about as much effect upon influenza as liniment would have if rubbed upon an amputated leg or as hair tonic would have if rubbed upon an old maid's wig. And now we will prove it to you.

Recently a coterie of Allopathic serum-squirters segregated just 780 lunatics for experimental purposes. Just why lunatics were selected we know not unless the whole proposition savored of a madhouse. But anyway, here are the results; The dope squirted into the squad of lunatics was obtained from Dr. F. O. Tonney, of the Chicago Health Department, so it must have been the pure quill and redolent with the odor of the Allopathic Sanctity.

The serum got into the madhouse ahead of the influenza so it was a virgin field for a perfect test. Also a distinguished trio of serum-squirters Allopathically haloed-vouch for the results. The lunatics selected for "control" (for that is the proper medical term) were under absolute "control" and observation from serum-squirting to shroud—or to recover whichever it chanced to be. And "chanced" is right, too. All of those experimented upon were physically healthy and some perchance as mentally healthy as the experimenters. But that is just a surmise. There is no surmise, however, about the facts and here they are:

Out of 390 of the serum-squirting brigade 119 had influenza, 23 had pneumonia and 10 drew a wooden overcoat. Out of 390 who were uncontaminated by the serum witchcraft only 103 had influenza, only 17 had pneumonia and only 7 died. Consider the figures. Among the "immunized," out of precisely the same number, 16 more had influenza, 6 more had pneumonia and 3 more died than among the squad left unquilted by the wonderful "preventive!" And these aren't the figures of any "prejudiced and hypercritical layman" either. And where do we get these facts? We get them from the sacred book of the Journal of the American Medical Association. They grandiloquently call it "The Failure of a Bacterial Vaccine as a Prophylactic against Influenza." We could give them a shorter headline than that: It would be "Busted Bunk."

"Be Immunized!" "Be Inoculated!" These are their battle cries and their mazuma lures when influenza is marching on; and "Call the Undertaker" is their response as it proceeds! About four hundred thousand Americans—almost eight times the number of Americans who fell in the World War—have laid down their lives in the deadly epidemic, with the sorcery and witchcraft of Allopathy as helpless as a babe in a lion's pathway.

And while on the subject, we would like to drop a few words anent this bacilli bunk. Did it ever occur to you that possibly all these billions of maligned bacilli are not the cause but the result of disease? A flock of buzzards devouring the carcass of a steer didn't kill the steer, did they? The thousands of ants feasting upon a dead rat didn't kill the rat, did they. They are merely scavengers. So it may be that in the human body when any of the tissues become diseased billions of baccilli gather to remove it. Possibly these allopathic soothsayers of medical sectarianism are mistaking the effect for the cause. Some very able scientists think so and say so.

Despite all of the millions spent, have the deadly pneumococci—which these magicians say cause pneumonia—been run to their lair and exterminated? Have the tubercle bacilli which they say cause consumption been annihilated? Have the cancerous bacilli which they say cause cancer been ousted? What has become of the infantile paralysis Ghost Dance? Was any specific cure ever found for it? What has become of the appendix excision craze? It is as dead as Pharaoh and nowadays a man can have a plain equatorial storm and an appendix too! Why don't we ever hear of an epidemic of headaches? They are common enough—even in this bone dry land—and people have found by bitter experience that the Medical Trust can't cure them. Still we are expecting some A. M. A. soothsaying faker to "isolate" "The headache bacillus" and squirt a little diseased blood from a horse with the blind staggers into human beings:

Only the other day young Prince John, son of England's King—for they still support a King and a flock of princelets in democratic England—died of epilepsy. About the time that Jenner started his cow pox fake in England the physician to the King of England issued this prescription for epilepsy: "Take two drops of blood from the tail of a black cat, preferably mad." Has any better prescription for epilepsy ever

been issued? Isn't Allopathic witchcraft just as helpless now as it was then in treating epilepsy? Has the blood from a diseased horse—which is what serum is—any more virtue than blood from a mad black cat?

Do you want to be practically embalmed before you are dead by having a lot of poison force-pumped into you? Do you want to be a mere perambulating cadaver to satisfy the greed of a gang of medical sectarians? Have their witchcraft and sorcery and soothsaying, or pus-punching and serum-squirting, benefited anybody but themselves?

March Jim Jam Jems.

### DR. R. M. WOLF SERIOUSLY INJURED

"Dr. R. M. Wolf, the well known osteopath, had a narrow escape from death Saturday night while returning to this city from a visit to the Fisher Ranch of this city. As a result of the mixup in which his auto turned over he is now at his home suffering from several fractured ribs on his left side, a bruised liver, bruised bowels, a severe blow over the right temple, spine injured at the ninth dorsal vertebrae, and a perforated lung—enough for any one man.

The accident was a result of the doctor falling asleep while driving his car \* \* \* long hours in looking after Flu patients as well as many miles spent on the road had had their effect, \* \* \* nature asserted its self and by the merest streak of good luck he emerged with his life. The accident happened while he was turning a curve. When he was awakened he was pinned under the car, injured in many places and alone. A passing auto brought him to the city. Drs. Windsor of Livingston and Townsend of Chico Hot Springs, were summoned and every thing possible was done for the patient. Later Drs. Stryker and Stuart of Livingston and Payne of Columbus were called in consultation. While it is difficult to determine the full extent or the probable result of his injuries at this time, the patient is reported to day as doing well."

From the Big Timber Pioneer, April 3, 1919.

I talked with Dr. Townsend over the phone yesterday and he stated that Dr. Wolf was in a critical condition although he had shown some improvement. We are hoping for his speedy and complete recovery.

Bozeman, Mont., April 5, 1919.

W. C. DAWES.