

# **Osteopathic Truth**

**October 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 IV

OCTOBER, 1919

Number 3

## The Future of the Healing Art In "Physical Culture" for October

By Melville Durant

This article is on page 35 of the magazine and begins as with the following paragraphs:

"What is to be the future of the healing art? The writer does not assume to be able to answer the question. He merely propounds it as of interest and importance.

"What has been the history of the healing art? What is it today? The failure of medical practice in the Spanish influenza epidemic is significant in respect to the latter question. As to the history of medicine, even the staunchest defenders of the profession will agree that it has always been unscientific and empirical."

Farther on in the article Mr. Durant has quoted from an article by Ely G. Jones, M. D. on Constitutional Weaknesses in the August, 1919, edition of The Medical Summary. Dr. Jones is from Buffalo, N. Y. Mr. Durant gives the following quotation, which was used as an insert at the beginning of the article:

"It is a fact that the Drugless Healers are growing rapidly in this country; we find them located on about every street.

"We as physicians have got to do more for the sick than ever before, or else we will see the Drugless Healers grow and fatten on our failures. They are here to stay, and must be reckoned with in all our future calculations. As physicians we have failed in our duty to the sick; we have failed to find a definite treatment for the diseases common to our country. As a result of this sad state of things, there are thirty-five million people in the United States that depend upon some form of drugless healing when they are sick.

"I warned the profession of what was coming in 1909. In ten years since then the number of people who employ drugless healers when they are sick, has doubled.

"At that rate, where will the medical profession be in ten years from now? It is a crisis in the life of our profession, and it is about time that we should wake up and do something! The very first thing for us to do is to urge our medical colleges to teach their students the definite action of remedies, to teach the students a definite treatment for the diseases common to our country."

The next paragraph is even more significant, but was not a part of the insert:

"The professors in the medical colleges have failed in their duty to the students when they have failed to teach them definitely how to cure the diseases they will meet with in everyday practice. A doctor's reputation depends upon the cures that he makes, not the failures; the undertaker reaps the reward of his failures. It is said that the average mortality from disease in this country would not be over seven per cent. without any medical treatment. The mortality under the treatment of some physician is twelve per cent. From this it will be seen that the public would be better off without them. If we, as physicians, are to be of any real benefit to the public, the mortality under our treatment must be below seven per cent. The above are facts for the reader to think about."

Mr. Durant closes his article with the following two paragraphs:

"Great impetus in the direction of drugless and natural treatment will be found to have been given by the extraordinary success of osteopathic treatment in last year's epidemic of Spanish influenza, as contrasted with the failure of the medical profession and the high mortality of those treated by "regular" methods. Considering both the Spanish influenza and the pneumonia combined, the mortality rate under os-

teopathic treatment was less than one per cent., while under the drug treatment the mortality from both diseases combined has been estimated at from eighteen to twenty per cent.

"Straws show the way the wind blows. And judging by the results of some of these persecutions mentioned, it is apparent that in future drugless practitioners will be interfered with less and less. Already their work is in ever-increasing demand, and as we have seen, is now recognized even by members of the medical fraternity. Will the doctors continue to fight drugless therapy, or will they finally and wisely adopt it? Indications point to the latter probability for the progressive doctors today are already good physical culturists. And irrespective of medical developments in the field of bacteriology, natural methods are at least destined to become more and more depended upon. Medical science will become less medical. It will become a science of health, rather than a science of disease."

### Our Teacher's Duty

Dr. Jones has expressed in a nutshell the duty of every professor in our own osteopathic colleges:

"The professors in the medical colleges have failed in their duty to the students when they have failed to teach them definitely how to cure the diseases they will meet with in every day practice."

What better axiom for our teachers to follow? Teachers, do you teach your students definitely how to cure the diseases that you are lecturing about, osteopathically?

If not, then for the sake of the future of the students you are teaching, resign, get out of the way of progress, and let the school authorities secure someone who not only can but will teach them definitely how to cure those diseases osteopathically.

**HORRORS! HORRORS!****C. H. Whitcomb Advocates a Non-Drug Law for New York State "Non-Drug Law"**

I have not the time to go into this question as carefully as one should before talking about a matter of such importance. But, I wish to say that I have come to the conclusion that our profession in this State would be wise if it started in NOW to try to get legislation covering non-drug practice. Have this call for a **THREE YEAR COURSE FOR ALL NON-DRUG PRACTITIONERS**. The medical colleges will keep on, year after year, raising the standards for their schools and our colleges will not be able to keep up to those standards. It will end with our having no college registered in New York State and so there will be no new graduates coming here to practice. The M. D.'s will then have us where they want us—exterminated.

It looks to me like very poor management for the members of our Society to let this occur. Why go on dwelling on the claim, or the fact if you wish, that we are the equals of the M. D., or that our colleges give a course of instruction equal to theirs? Don't fool yourself into believing that such claims get you any considerable number of patients. I do not believe it has ever gotten me any. As long as we continue getting results, curing the long list of practically "non-curable" cases, we will not need to worry about getting patients—we cannot keep them away. Our greatest anxiety should be to try to help suffering humanity as much as we possibly can, and that will worry the M. D. more than the length of our college course. We can turn out mighty well educated students with a three year course of nine months each and then we would not have to worry about our colleges getting students.

The M. D.'s are raising their standard to keep down the number of graduates—every one knows this. Why should we be so foolish as to fall into the trap? It looks to me as though we need a guardian. Let us carefully think this question over and come to the next meeting determined to SAY WHAT WE THINK—not to repeat the thought that some one else expresses.—C. H. Whitcomb, Sept. "The Blotter."

Think! Think on these things, brother.

Let us set our own pace.

Do you believe that we should throttle our own profession in apeing another? Shall we really be big and paddle our own canoe to success, or—

Think on these things, brother!

**Blood Pressure****Its Compact, Scientific Principle and Practical Application in Physical Diagnosis**

By H. C. Engeldrum, D. O., 39 S. State St., Chicago, Ill.

Blood pressure is the tension of the blood in the arteries, or the term employed to indicate the degree of pressure under which the blood exists while in the arteries.

The instruments which are necessary in taking the blood pressure accurately are the Stethoscope and Sphygmomanometer, by which the operator should at all times note and record: the **Systolic, Diastolic and Pulse Pressure**. The individual's pulse also should be taken.

In order to understand the results of a complete blood-pressure test, it is essential to review the general anatomy and physiology of the circulatory system, from the clinical standpoint. Thus the busy practitioner can tell the condition of the patient after taking the patient's blood-pressure. We will, therefore, first consider the heart action.

During the working period, Systole, the Ventricles contract; the apex of the heart strikes against the chest wall; the mitral or bicuspid and the tricuspid valves are closed by back pressure during the ventricular systole, while the aortic and pulmonary valves open, forcing the blood out of the ventricles into the pulmonary artery and out of the aorta (blood is now accumulating in atrium), which records on the sphygmomanometer the systolic blood-pressure. Therefore, anything which will cause an **increase in the force of the heart beat will increase the systolic blood-pressure**.

Now, we will note what takes place during ventricular diastole; the apex withdraws from the chest-wall; the ventricles dilate; the mitral and tricuspid valves are opened, the pulmonary and aortic valves are closed by back pressure in aortic and pulmonary arteries. Blood now flows continuously into ventricles until they are nearly filled. Therefore, an **increase in peripheral resistance records the diastolic blood-pressure**, and the difference between the systolic and diastolic blood-pressure or **the pumping capacity of the heart is the pulse-pressure**.

It will thus be seen that the atrium sinistrum and dextrum act as feed pumps, and the ventriculus dexter and sinister as force pumps and partly as suction pumps, and the **systolic pressure will approximate closely the actual pressure developed by the heart within the heart itself at the time of systole**, while

the **diastolic pressure will be the minimal pressure or the measurement of the peripheral resistance** during diastole when the heart is dilating. **Pulse-pressure is the pumping capacity of the heart**, or the measurement of the amount of force exerted by the heart in maintaining blood-pressure over and above that normally maintained by peripheral resistance.

The normal systolic blood pressure for an adult male (20 years of age) may vary from 105 to 145 mm. of Hg., (millimeter of mercury). **Diastolic blood-pressure from 25 to 45 mm. of Hg., less than systolic B.P. Pulse-pressure may vary from 25 to 45 mm. of Hg., if below 20 or above 50 mm. of Hg., is considered abnormal**. Should the systolic-pressure register below 100 or above 150 mm. of Hg. it is abnormal, for an adult male individual 20 years of age. **In the female the blood-pressure is about 10 mm. of Hg. less than in the male**. Then, for every year of life over 20 years, both sexes, add one-half ( $\frac{1}{2}$ ) mm. of Hg., to the normal range of figures given above. Thus at the age of 50, systolic B. P. will vary from 120 to 160 mm. of Hg. instead of 105 to 145 mm. of Hg. because the difference between 20 years and 50 years is 30 years and adding  $\frac{1}{2}$  mm. of Hg. for each of the 30 years, makes an increase of 15 mm. Hg. above the normal adult male at 20 years of age.

Now, if the writer has made his point clear, the above should impress upon the reader's mind the following points:

An **increase in blood-pressure**, regardless of what the condition or disease may be, either acute or chronic, **shows that there is an increase in peripheral resistance**—congested lung, liver, kidney, muscles, nervous system, etc.; **and the heart is laboring or working under great difficulty**. Therefore, the doctor should assist or help the heart by relieving the congested parts, thereby saving the heart.

Should the blood-pressure be low, it would signify that the vitality of the individual is below normal. Therefore, the doctor should build up the individual by increasing the nerve and blood supply to the parts which are below normal. This should not be done by drugs (because the body must later get rid of the foreign substance in order to be in a normal state). **Either an increase or**

decrease in blood-pressure can be accomplished by Osteopathic treatments. Since the nerves which supply the various structures and organs arise from the spinal column, a deficient nerve and blood supply to the part produces impaired function, which cannot fail to bring about abnormal conditions that can only be corrected by removing the cause; that is to correct the spinal lesion, and have the patient refrain from conditions that would tend to increase or decrease their blood-pressure, whichever the case may be, as for example: Muscular exercise or strain to excess; mental work to excess; highly seasoned foods; stimulants, ingestion of large amounts of fluid (particularly if alcoholic), all tend to increase blood-pressure; on the other hand a strictly vegetarian diet, hot baths, with the reverse to above tend to decrease blood-pressure.

Before considering the direction for using a blood-pressure instrument, it may be well to state that while there are any number of makes of sphygmomanometers, there are only two general classes. First, those dependent upon the weight of a fluid column (usually mercury), which measures the pressure, and, second, those employing some form of spring or aneroid chamber.

To operate either the Mercury or Aneroid type of sphygmomanometer, the patient should be in a comfortable position and in a sitting or reclining posture; the mercury instrument should be upon a level surface within easy reach and view of the examiner, on a level with the heart of the patient if possible. Then open the case and note whether or not the column of mercury is broken. If the column of mercury is broken, shake downward until the mercury is in a solid column, or better still, shake all the mercury into the upper glass bulb and allow it to gradually flow back into the tube (this applies to the "Brown" sphygmomanometer). If the top of the mercury column does not reach the zero on both sides of the scale, shove the scale up or down until the tops of the mercury column on both sides are on a level with zero. If the examiner is using a dial on aneroid instrument, he should be sure and have the hand pointing to the zero mark before forcing air into the cuff.

The hollow rubber bag of the arm-band or cuff should then be firmly wrapped around the bared arm above the elbow. Either arm may be used; proper connections having been made between cuff, bulb or pump and mercury column

or dial. Place the bell of a stethoscope on the bifurcation of the brachial artery just below the bend of the elbow (auscultatory method). Then, slowly force air into the cuff by means of the bulb or pump; continue this until a thump is heard (diastolic B. P.); continue to force air into the cuff until the sound is no longer heard (systolic B. P.); continue to force air into the cuff about 10 mm. of Hg., after the sound has disappeared, to make sure of the systolic reading. Then gradually let the air out by manipulating the needle valve and again note (on mercury column or dial) the highest point at which the thump was heard, systolic B. P. Then, when the sound disappears, it records the diastolic B. P. In this method you will note that the examiner is able to obtain the diastolic and systolic readings both going and coming; thereby obtaining a double reading in practically the same length of time as with the single reading, which is so commonly used.

The difference between the systolic and diastolic pressures is the pulse-pressure, in other words—during the time that the examiner heard the thump sound, when it first appeared and disappeared (or the reverse) that is the pulse-pressure.

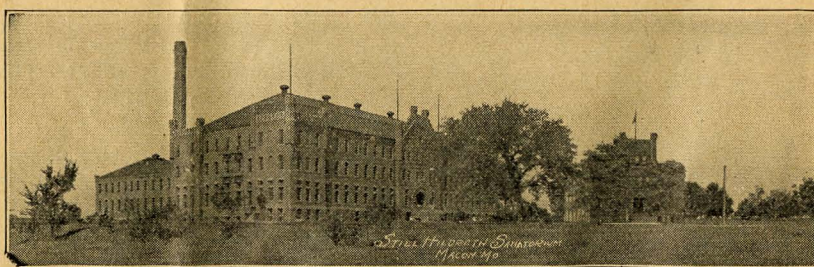
Normally the blood-pressure should be the same for both arms. In thoracic aneurysms there is a marked difference in the blood pressure of the two arms, that is if greater than 20 mm. of Hg. it is a point in favor of aneurysm. The difference must, however, be constant, and observed at a number of examinations.

In normal individuals, on change of posture from the standing to the recumbent, the number of pulse beats per minute varies about ten beats. And upon exercise (in women all tight clothing should be removed), such as running up or down a flight of stairs, or bending forward, backward or sideways, ten or more times will cause a normal elevation in blood-pressure, but when chronic myocarditis develops, this difference tends to disappear. In weakened heart-muscle from any cause, a primary rise may occur, but is quickly followed by a fall; in the worst cases a fall occurs from the first. Do not apply this test to patients with excessively high blood-pressure (200 mm. of Hg. or over), in those of apoplectic tendency or in those with high-grade arteriosclerosis.

The lowest blood-pressure compatible with life has been reported by Neu to be from 40 to 45 millimeters of mercury, and this only occurred with subnormal temperature in the moribund or dying state.

According to Hirst, the highest pressure reported by him, in eclampsia, was 320 mm. of Hg. How much higher, he was unable to determine, because the mercury ran out of the top of the tube before the pulse was shut off.

Having briefly reviewed the important and practical points on blood-pressure, permit me to state that like the clinical thermometer, the stethoscope and other instruments of precision, the sphygmomanometer is an aid to accuracy in diagnosis.



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Superintendent

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**October 17 and 18 at the Hotel Powers Rochester, New York**

**Program**

**Friday Morning**

9:00—Colon Diseases and Their Relation to Human Ills, C. E. Amsden, D. O., Toronto, Ont.

9:30—Physical Diagnosis, T. R. Thorburn, D. O., New York City.

10:00—Strap Technique, Joseph Swart, D. O., Kansas City, Kan.

10:30—Osteopathic Technique, E. S. Comstock, D. O., Chicago, Ill.

11:00—Business Session.

**Friday Afternoon**

**The Business Side of Osteopathy**

1:30—Getting the Patient, How May We Advertise, H. S. Bunting, D. O., Chicago, Ill.; From the Standpoint of the Publisher, G. V. Webster, D. O., Carthage, N. Y.

2:30—Making the Patient, O. J. Snyder, D. O., Philadelphia, Pa.

3:00—The Examination of the Patient, F. M. Vaughan, D. O., Boston, Mass.

3:30—The Psychology of Personal Approach, Prof. L. A. Pechstein, Rochester.

4:00—How to Make Accounts Collectible—How to Collect Them, F. W. Seiler, Rochester.

4:30—Fees, Mary E. McDowell, D. O., Troy, N. Y.

5:00—The Rights and Privileges of an Osteopath, A. S. Downing, Department of Education, Albany, N. Y.

6:00—Banquet.

**Saturday Morning**

9:00—Colon Diseases and Their Relation to Human Ills, C. E. Amsden, D. O., Toronto, Ont.

9:30—Strap Technique, Joseph Swart, D. O., Kansas City, Kan.

10:00—Applied Anatomy of the Nose and Throat, A. M. Flack, D. O., Philadelphia, Pa.

10:30—Business Session—Election of Officers.

**Saturday Afternoon**

1:30—Arthritis Deformans, O. J. Snyder, D. O., Philadelphia, Pa.

2:00—Diagnosis and Prognosis, F. M. Vaughan, D. O., Boston, Mass.

2:30—Business Session—Legislation.

3:00—The General Practitioner's Treatment for Auto-Intoxication, H. W. Conklin, D. O., Battle Creek, Mich.

own 3:30—Symposium of Technique, Cervical, Arm, Shoulder, E. A. Larter, D. O.,

Niagara Falls, N. Y.; Dorsal and Lumbar, Wm. Craig, D. O., Ogdensburg, N. Y.; Pelvis and Dorsal, Ethel K. Traver, D. O., New York City; Lumbar and Pelvis, Grace C. Learner, D. O., Buffalo, N. Y.

4:00—Symposium of Technique, Shoulder, Arm, Leg, Elizabeth Frink, D. O., Troy, N. Y.; Dorsal and Pelvis, C. S. Green, D. O., New York City; Cervical and Pelvis, H. V. Hillman, D. O., New York City; Lumbar, Shoulder, Arm, C. D. Clapp, D. O., Utica, N. Y.

4:30—Adjournment.

**TWO AND THREE**

**Putting the Next One Over the Old Home Plate with "Bugs" Bear**

**Osteopathy**

The bird who chirped that it took two to make a fight must have meant an osteopath and his patient. Osteopathy is the treatment of ailments without drugs.

Drugs affect the mind. In order to take no chance, a good osteopath uses neither. An osteopath doesn't cure you as quick as lightning because lightning only strikes once in the same place. An ostie isn't satisfied unless he wallops you eleven times in the same spot and six more for an encore, whether you demand it or not. He soaks you and then soaks you for soaking you. We prefer the common or beergarden variety of doctor. They only soak you in the bill.

In the old days when the Pilgrim Fathers played leapfrog on Plymouth Rock, the superstitious cuckoos used to beat the blue devils out of persons accused of witchcraft. That was the start of osteopathy, except that the blue devils are now black and blue.

The boxing commission should compel osteopaths to wear six-ounce gloves. If you have a pain in the vest the ostie pounds you on the back collar button with both mitts. Then he takes your left leg and ties it around your neck for a lavalliere. Then he twists your neckpiece into a lover's knot and flattens you out with a barrage of knuckles. If your wife ain't a widow by this time, the ostie looks the answer up in the Marquis of Queensberry book and starts in to make next year's job easier for the census takers.

If you're still running on one cylinder, he figures that he must have been slapping you with the wrong hand. He

starts in right where he left off and you leave off where he starts in. It's a great cure if you don't weaken. Which is the reason it ain't a great cure.

The way one of those birds punches you, you might think that he was your relative or something.

Like the President's peace terms, osteopathy has some good points. It's a great cure for insomnia, if he hits you in the right place. And an ostie has the edge on M. D.'s, B. V. D.'s and other doctors. If an ostie doesn't collect his bill, he doesn't care, because he has had his revenge already. He punches you before he doesn't get his money, while another doctor tries it afterward.

When an ostie grabs your leg and tries to wind it up like an eight-day clock, you realize that it is your own fault. The Constitution or Declaration or some old-fashioned document buzzes that all men are created equal, but they don't recommend any tailors or osteopaths. If the birds who printed the Constitution only had rented out a few pages to advertisers of the better sort, a guy would know where to go when he got dizzy. When you take a pain to a modern doctor, it's just like going shopping in a boiler factory.

If you have a pain and flatwheel into an osteopath he doesn't try to get rid of it. It's just like taking a ribbon down to a millinery store. He thinks that you want it matched.

Still, it must be a great science, as we never saw an ostie get nipped by a return blow. He'll powder your nose with a overhand swing and then dust off your suspenders with a left hook. After spanking you loose from a couple of pivot teeth, he'll get a toehold on your Adam's apple and reduce the width of your neck by four sizes. In other battles the sheriff would hop into the ring and yank the gong, but we never heard of an ostie having a fight stopped. Must stand in with the bulls.

Paying for a beating is something new. Paying for anything would be a novelty for most of us tough boiled eggs, but if we have to pay for something it's not going to be a trouncing.

The only thing that you've got to stake the ostie's credit for is that they stay within the law.

They never kick a patient.—Chicago Herald-Examiner, May 30.

**DR. M. F. HULETT SETS CON-  
GENITAL HIP**

**OSTEOPATHIC SURGERY USED**

**Congenital Hip Dislocation Is Cor-  
rected by Bloodless Surgery Sunday**

**Dr. M. F. Hulett of Columbus Does  
Work on Marjorie Sullivan at  
Dr. Koontz Office**

A most unusual and interesting operation, from a scientific standpoint, was performed in the office of Dr. Effie Koontz Sunday, when osteopaths set the hip of little Marjorie Sullivan, daughter of Tim Sullivan, Georgesville road.

The child, who is 5 years of age, was born with both hips out of place. The hip bones have rested in the large muscles above the hip socket instead of in the socket itself. Both bones were out of place at least an inch. She has been able to walk, but the bones working in the bed of muscles, had produced a decided lameness, which in a short time would have made walking impossible, according to Dr. Koontz.

**Specialists Called**

Dr. Koontz has had the matter under consideration for some time. A decision was reached to operate Sunday. Dr. M. F. Hulett, famous for his bloodless surgery in Columbus, came to London Sunday with his assistants, Drs. John Scott and Iona Hulett. Dr. M. L. Naughton, of London, administered the anaesthetic and Drs. Rosnagle and Manchester were present as observers.

The left hip was set and placed in a plaster cast in about 40 minutes. This cast will be left on for about three months. In the meantime, in two weeks, it is expected to set the other hip, which work could not be attempted yesterday on account of the length of time the child had to be kept under the anaesthetic. The patient was resting easily Monday afternoon.

**The Armour Case**

About 15 years ago the first case of bloodless surgery was performed on the small daughter of Ogden Armour. A specialist, Lorenz, came from Germany and received a fee of \$10,000 and all expenses for his work. The same sort of operation was performed in London yesterday.—Madison Co. Press., Sept. 22, 1919.

**Good Publicity**

The above is good, although Osteopathy could be mentioned more freely.

**IMPERIAL PUBLISHING CO.**

**Stereoscopic Anatomy**

Dr. Still said that we should study anatomy always. The Imperial Publishing Co. offer an interesting way to pursue further anatomical studies through the stereoscopic plates. The firm and the plates are so well known that we need say nothing further.

**DR. CHAS. CARTER MOVES TO  
RICHMOND**

Dr. Charles Carter, who has been in practice for a number of year in Danville, Va., has moved to Richmond, with office at 809-810 Chamber of Commerce Building. Dr. Carter desired to dispose of his practice in Danville to some live young man, and having said nothing about it in his last letter we will presume that there is still an opening for a live young man, or a man and his wife.

**5990** Osteopaths in the U. S. received sample pages of my **Osteopathic Appointment Book**, ruled, dated, lined, month, week, day treatment periods, 15-minute periods, 20-minute periods and 30-minute periods, Adds greatly to office efficiency. Price \$1.50 for the year 1920 if you order early.

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## Is Dr. Hildreth the Man?

### Who of the Early Students Under Dr. Still Will Assist Him?

For some time past we have realized that there is needed, by those who teach, by those who are taught, and those in practice a series of articles or a book which will explain how Dr. Still, himself, made his diagnosis and how he corrected deviated structure. We might call this work a bridge between us and his own writings which will enable us to grasp more fully his concept of Osteopathy that we may advance in our research for further light.

In looking over the profession and attempting an analysis of each of its members we have come to the conclusion that Dr. Arthur G. Hildreth is the man, who could prepare such a work.

Dr. Hildreth seems a bit backward in making such a step, so we are herewith printing a letter from him, which after you have read the same we wish you would immediately write to us, telling us frankly just what you think.

#### Is Dr. Hildreth the Man?

Your letters to us will be handled confidentially, although those who will assist Dr. Hildreth will have their names forwarded to him. May we have

your immediate response in order that we may start this work which is so badly needed at the present time.

Editor of Truth:

Your letter saying that our profession is in urgent need of a series of articles which will carefully describe just how the "Old Doctor" taught us to make a diagnosis of a lesion and just how to adjust it, also articles which will lead to a deeper study of his works, such as Research and Practice of Osteopathy, came this morning, and I appreciate to the full the compliment you pay me personally and the honor you do me wherein you say, "I think you are the man to start this work and it seems to me there is no time more propitious than now for you to prepare some literature relative to Osteopathy which will be left to posterity." Mr. Editor, I fully realize the truth of all you have to say relative to the necessity of such a work, and too the fact that such articles, if properly written, are needed to-day as never before. The facts are that our profession needs a awakening to Oste-

opathy as taught by Andrew Taylor Still.

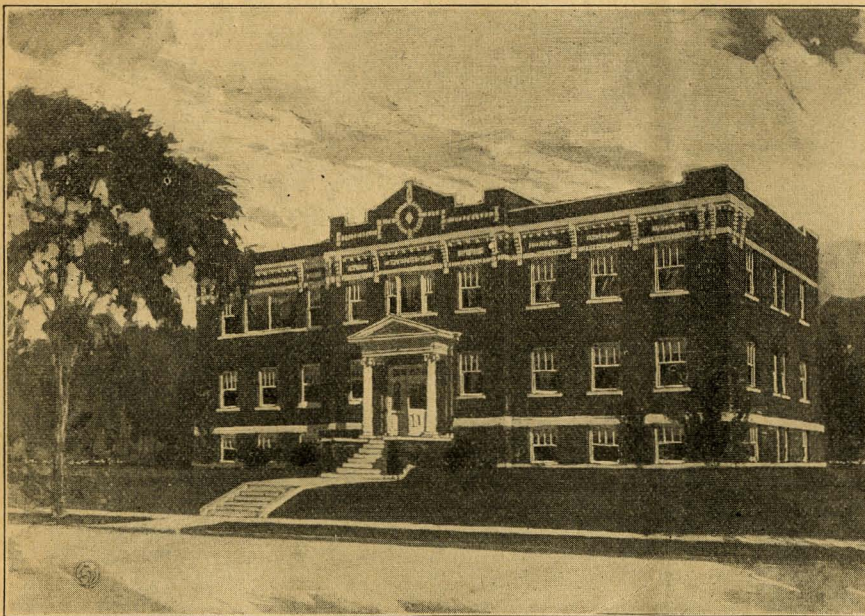
The question, however, is where is there a man who can do this work in the way that would inspire confidence and at the same time give in a practical form the diagnosis as made by Doctor Still, and the correcting of lesions as taught by him? Such a work would be of incalculable value to the profession and is needed above all things else, in my judgment, at this time. If my friends think I am the man to undertake such a task and I could find the right parties to help me to prepare these articles in proper form, I would be glad to do anything I could that might strengthen this wonderful profession of ours, or that might give to the world in a scientific way the practical knowledge that has led up to the success that has made us what we are.

I shall take your letter under advisement and after giving it due consideration will let you hear from me again.

Very truly yours,

A. G. Hildreth, D. O.,

October 16, 1919. Superintendent.



## 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. 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. Obstretics       | 6. Nose and Throat | 8. X-Ray and Laboratory Diagnosis |

Dr. Laughlin has secured competent

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**

## The Optometrist and Osteopathy

He Is Doing to the Oculist What the Osteopathic Physician Is Doing to the Drug Dispenser

Dr. Spence Urges Greater Co-Operation.

To the Editor:

In the Review of Current Optometrical Literature of 1917, in the August 16th number of the Keystone Magazine of Optometry, Dr. Ryer (an associate editor of that paper) reports on a case of blindness which was cured by osteopathy. It was recommended that there be a warmer co-operation between optometrist and osteopath, and osteopathic treatment was suggested for cases of optic atrophy and optic neuritis.

Dr. Tallman—now in private optometric practice and who was once associated with Dr. Ryer—was the first to give osteopathy marked publicity in the columns of optometric publications. The acorns which he planted have already taken root.

Those headaches which are not cured—though relieved—by osteopathy are sometimes caused by ailments which may be drugged into temporary absence—but not cured by medical treatment. To avoid this, these cases should be referred to the proper practitioners who can eliminate the cause of the disturbance without creating and bad impression for osteopathy.

For instance, when headache is caused by suspected teeth trouble, the patient may be safely sent to a reliable dentist, or, if eyestrain be suspected as the cause of chronic headache, he should be referred to a competent optometrist. In doing this you are doing justice to your patient and to osteopathy, but if the patient turns and seeks relief in the hands of a medico, the chances are that osteopathy will be slandered by said medico.

If an osteopath refers a case to an oculist (an M.D.) for refraction, he injures his own profession and he slights the optometrist who has made a specialty of this work and to whom such cases may be sent with safety.

An optometrist is one who specializes in the refractive errors and other errors of the eye, and who prescribes glasses to correct these errors.

Optometry is a non-medical profession. It is not included in the unity medical bill in New York State as is dentistry, etc.; it is a profession independent of the medical interests. Its fight for recognition was similar to that of osteopathy—it is in sympathy with osteopathy.

Medical license gives one the power to infringe upon the rights of almost any other profession. Many medical

men who see the advantages in the professions of osteopathy and optometry, and who desire to practise as osteopaths or optometrists, do so under their medical license. They may not call themselves osteopaths nor optometrists, however, but they may call themselves chiropractors or oculists, according to the profession they desire to ape.

It is this blanket privilege of the medical license which allows one to overstep his ground and tread upon osteopathy and optometry, and which encourages some of the boisterous ones in the medical clique to claim that osteopaths and optometrists are infringing upon medicine.

When an M.D. practises optometry (refraction), we have no guarantee that he has sufficient knowledge of the subject to permit us to refer cases to him.

So far, no medical man has humbled himself to submit to taking the state board examination in optometry to prove his ability in refraction.

Fraternally yours,

Philip Sumner Spence, D.O.

902 Main St., Hartford, Conn.

### McMANIS TABLE CO. HAVE A NEW CATALOG

#### A Credit to the Company

The McManis Table Co., of which Dr. J. V. McManis is president, have just issued a very handsome catalog containing numerous pictures illustrating their tables and accessories. The Deason chair and new Folding table are features of note, also the addition of other office equipment.

It is indeed a pleasure to note the progress the company has made in the past few years, and from indications we might predict that in a few years more we will see a concern far in advance of any of its kind in the country.

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### AN OPPORTUNITY

Dr. R. Kendrick Smith, New Editor of Journal of the American Osteopathic Association

Dr. R. Kendrick Smith of Boston has been chosen by the executive committee of the Board of Trustees to the high position of Editor of the A. O. A. Journal.

Dr. Smith's former newspaper experience will aid him greatly in putting out a magazine worthy of the profession it represents.

The editorship of the association's magazine is in truth an opportunity to help mold the thought of the profession, and of course, time alone will tell whether that will be toward the progress of A. T. Still Osteopathy or the detrimental mixing of drugs, either for something or nothing.

The opportunity is also present to make the Journal the real leader of all magazines of the profession, and we trust Dr. Smith will soon have the magazine forging head and shoulders above the rest, "Osteopathic Truth" included, in its advocacy of A. T. Still Osteopathy.

We leave it to you, Dr. Smith.

### Dr. R. K. Smith Reads Paper Before American Association of Clinical Research

Dr. R. Kendrick Smith of Boston read a paper on October 18 at the annual convention of the American Association of Clinical Research in New York City, his subject being "One Hundred Thousand Cases of Influenza with a Death Rate of One-fortieth of That Under Conventional Medical Treatment," incorporating the statistics of the epidemic as officially published by the American Osteopathic Association.

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OCTOBER, 1919

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

—Abraham Lincoln.

## Do Your Patients Know More Than You About Osteopathy?

### Do Your Patients Have More Thought for the Future of Yourself Than You?

A young woman called me by phone  
the other day and asked if we had Dr.  
A. T. Still's books for sale. Upon being  
told that we did and that we had a sup-  
ply on hand she inquired the way to  
reach our office. She was told.

The following morning she arrived  
Still." Our usual custom is to know to  
Practice of Osteopathy, by Dr. A. T.  
and asked for a copy of "Research and  
whom Dr. Still's books are destined and  
since she did not appear to be anyone  
we knew we inquired as to whom she  
might be.

We found out that she was not an  
osteopathic physician but a patient of  
a doctor in a distant city and state, and  
THAT SHE WANTED THE BOOK TO  
GIVE HER DOCTOR. She stated that  
she wanted the book for him to learn  
more about A. T. Still Osteopathy in or-  
der that he might give a better treat-  
ment that was more than muscle  
rubbing.

**Enthusiasm**

This young woman who thought so  
much of the future of Osteopathy  
bubbled over with enthusiasm for our  
beloved science. The appalling contrast  
to this was the doctor who was sup-  
posed to know; who cared so little for  
his future; who cared so little for the  
future of Osteopathy; who cared so lit-  
tle for the welfare of his patients, that  
he did not make himself better.

How many are in the same boat?

Let us look within and be honest with  
ourselves.

**Opportunity**

Every day an opportunity is thrown  
away for the study of Osteopathy, that  
wonder of wonders. Every day we  
throw away opportunities to let our en-  
thusiasm bubble over to the individuals  
around us. Every day we show just  
what we know about Osteopathy to our  
patients, and fear not, "You can fool  
some of the people part of the time,  
but not all the people all the time."

This young woman came from the end  
of the earth, so to speak, but with a  
knowledge of Osteopathy greater than  
the doctor of her home town.

Dooley has truly said, "Opportunity  
knocks wunet at every man's dur, some  
times it knocks the dur down, and some-  
times it goes in an' knocks 'im on the  
'ead."

Opportunity is knocking at your door  
in the way of post graduate work, state

conventions, and national conventions,  
and sometimes it knocks you on the head  
by coming to your very town.

**Do**

The deeds never done return nothing  
but to him that doeth shall come the re-  
ward. So, my brother and sister, gaze  
within, measure your own guilt and then  
grasp the opportunity as it knocks at  
your door and DO that you may be  
DONE by.

**LET'S GET AT THE TRUTH**

A few months ago Dr. John B. Fraser  
of Toronto published an article describ-  
ing extensive experiments which he had  
made to determine if germs cause dis-  
ease or not, his conclusion being that  
they do not. He ended by challenging  
the medical profession to make similar  
experiments to test the germ theory.  
The matter was taken up by Dr. H. W.  
Hill of Minneapolis, who challenged Dr.  
Fraser to submit himself as the subject  
of the experiments. Dr. Fraser being  
then on his vacation, the challenge was  
accepted by Dr. H. A. Zettel of St. Paul,  
who suggested that both he and Dr. Hill  
should submit to inoculation with the  
germs of typhoid, tuberculosis, diph-  
theria, meningitis, smallpox and leprosy.  
Dr. Zettel was to rely on diet and gen-  
eral hygiene for protection against these  
diseases, while Dr. Hill would use anti-  
toxins and vaccines. Dr. Hill, how-  
ever, did not accept the challenge and  
the "duel" still hangs fire. Legal ex-  
perts say that if the plan were carried  
out and one of the doctors should die the  
other would be legally guilty of murder.

While the circumstances of this  
"germ duel" are rather amusing, it  
brings up a subject of vital importance,  
the correctness of the germ theory, ac-  
cording to a physician. As a result of  
the lack of success of the medical pro-  
fession in trying to prevent and cure  
disease by treatments based on the germ  
theory, the number of people who de-  
pend on drugless healing is rapidly in-  
creasing. In an article in a medical  
magazine, Ely G. Jones, M. D., of Buf-  
falo, recently said: "As physicians we  
have failed in our duty to the sick; we  
have failed to find a definite treatment  
for the diseases common to our coun-  
try. As a result of this sad state of  
things there are thirty-five million peo-  
ple in the United States that depend

upon some form of drugless healing when they are sick. It is said that 'the average mortality from disease in this country would not be over 7 per cent without any medical treatment.' The mortality under the treatment of some physicians is 12 per cent. From this it will be seen that the public would be better off without them. If we as physicians are to be of any real benefit to the public the mortality under our treatment must be below 7 per cent."

It might be mentioned in connection with the above statement that the mortality from the flu during the epidemic was from 10 to 20 per cent when treated by the regular medical methods, whereas it is claimed drugless methods of treatment resulted in a mortality of less than 1 per cent.

It would seem that more conclusive proof of the germ theory is required than has yet been produced. For the benefit of humanity as well as in the interest of science, the medical profession should perform experiments similar to Dr. Fraser's and those made by the government last winter when unsuccessful attempts were made to cause the flu by inoculation and voluntary exposure to contagion. If the germ theory is right the results of such experiments will prove it. And if it is wrong the sooner the world knows it the better.—From the Rocky Mountain News, Denver, Colo., October 13, 1919, and Chicago Evening Post, October 21, 1919.

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8:00 A. M.  
9:00 A. M.

Histology.....Dr. R. Platt  
10:00 A. M.  
Descriptive Anatomy, Bones, Ligaments, Fascia, etc.....Dr. S. S. Still  
11:00 A. M.  
Biology.....Dr. M. A. Lane  
1:15 P. M.

Chemistry, General and Inorganic.....Dr. T. M. Patrick  
Class divided into sections for Laboratory work in Chemistry.....Patrick and assistants  
Histology; Biology.....Becker

**SECOND SEMESTER**

8:00 A. M.

Histology, Neurology, Splanchnology.....Dr. R. Platt  
9:00 A. M.  
Descriptive Anatomy, Muscles, Arteries, Lymphatics, etc.....Dr. S. S. Still  
10:00 A. M.

Chemistry, Organic and Analytical.....Dr. T. M. Patrick  
11:00 A. M.  
Physiology.....Dr. C. R. Schmidt  
1:15 P. M.  
Embryology.....Dr. L. E. Browne  
2:00-5:00 P. M.

Laboratory section in Chemistry.....Patrick and assistants  
Physiology.....Schmidt  
Embryology.....Browne  
Histology

Museum of Osteopathic Medicine, Kirksville, MO

**THIRD SEMESTER**

8:00 A. M.

Pathology.....Dr. M. A. Lane  
9:00 A. M.

Descriptive and Demonstrated Anatomy.....Dr. H. V. Halladay  
10:00 A. M.

Synthetic and Physiological Chemistry Urinalysis.....Dr. E. H. Henry  
11:00 A. M.

Bacteriology.....Dr. H. A. Gorrell  
1:15 P. M.

Physiology.....Dr. C. R. Schmidt  
2:00-5:00 P. M.

Laboratory sections in Bacteriology.....Gorrell  
Pathology.....Dr. Lane's assistants  
Urinalysis.....Gorrell  
Anatomy.....Halladay  
Embryology.....Browne

**FOURTH SEMESTER**

8:00 A. M.

Hygiene and Sanitation Mon. and Wed. ....Dr. Hamilton  
Oral Hygiene, Fri.; Dietetics, Tues., Thur.....Miss Heising  
9:00 A. M.

Pathology.....Dr. M. A. Lane  
10:00 A. M.

Demonstrated Anatomy.....Dr. H. V. Halladay  
11:00 A. M.

Physiology of Central Nervous System. Beginning Neurology and Psychology with commoner diseases of same.....Dr. E. H. Henry  
1:15 P. M.

History and Principles of Osteopathy.....Dr. R. Platt  
2:00-5:00 P. M.

Laboratory sections in Physical Diagnosis.....Drs. Henry and Rieger  
Anatomy.....Halladay

**FIFTH SEMESTER**

8:00 A. M.

Physiology of organs of Special Sense. Common Diseases of the Eye, Ear, Nose and Throat.....Dr. R. E. Hamilton  
9:00 A. M.

Physical Diagnosis.....Dr. E. H. Henry  
10:00 A. M.

Animal Parasites and Hematology, Clinical Diagnosis.....Dr. H. A. Gorrell  
11:00 A. M.

Principles and Mechanics of Osteopathy.....Dr. R. Platt  
1:15 P. M.

Applied Anatomy.....Dr. H. V. Halladay  
2:00-5:00 P. M.

Clinical Diagnosis including Animal Parasites and Hematology.....Gorrell  
Osteopathic Mechanics.....McCullum, Teall, Platt, Browne, etc.

Physical Diag.

**SIXTH SEMESTER**

8:00 A. M.

Osteology and Dislocation. Orthopedic Surgery. (Weekly lecture on Bedside Nursing and Technique—Miss Cora Gottreu).....H. S. Hain  
9:00 A. M.

Pediatrics.....Dr. B. D. Turman  
10:00 A. M.

Obstetrics.....Dr. B. D. Turman  
11:00 A. M.

Principles and Practice of Osteopathy.....Dr. C. C. Teall  
1:15 P. M.

Minor Surgery, Fractures, Wounds, etc.....Dr. B. D. Turman  
2:00-5:00 P. M.

Laboratory section in Bandaging, Plaster Work, Molds, Casts, etc.....Hain  
Obstetrics.....Turman  
Gynecology.....Dr. E. Still  
Osteopathic Clinics and Treatment.....Teall

**SEVENTH SEMESTER**

8:00 A. M.

Differential Diagnosis and Clinics.....Dr. E. H. Henry  
9:00 A. M.

Major Surgery and Diagnostic Clinics.....Dr. George A. Still

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10:00 A. M.

Osteopathic Practice and Clinics.....Dr. C. C. Teall

11:00 A. M.

Gynecology.....Dr. Ella Still  
1:15 P. M.

Cross Section Anatomy.....Drs. Halladay and Walmsley  
2:00-5:00 P. M.

Section Clinics in Osteopathic Treatment and Examinations, Teall  
Minor Surgery and Anaesthesia.....George Still and assistants  
Ophthalmology and Optics.....Dr. Hamilton

**EIGHTH SEMESTER**

8:00 A. M.

Differential Diagnosis and Clinics.....Dr. E. H. Henry  
9:00 A. M.

Major Surgery and Diagnostic Clinics.....Dr. George A. Still  
10:00 A. M.

Osteopathic Practice and Clinics.....Dr. C. C. Teall  
11:00 A. M.

Skin and Venereal Diseases.....Still  
Mental and Nervous Diseases—Continued.....Dr. R. Platt  
1:15 P. M.

Eye, Ear, Nose and Throat Clinics and Lecture.....Dr. R. E. Hamilton  
2:00-5:00 P. M.

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Such terms as "Osteopathic Physiology," etc., are not used because the faculty are all Osteopathic Scientists, and all the subjects are taught from that standpoint.

The special courses in Proctology, Special Gynecology, Orificial Surgery, Anaesthetics, Bandaging, Plaster Work and Minor Surgery, and the course in Ophthalmology and Optics were formerly given as special outside courses with fees ranging from twenty to seventy-five dollars and with special diplomas. The courses and diplomas will be part of the regular work hereafter as will Dr. Lane's special course for the present.

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# Enuresis

By F. J. Feidler, D. O.

There are many causes for the involuntary emptying of the bladder, ranging from paralysis to mental emotions.

Some of these are only contributory exciting causes to already existing predisposing weaknesses.

It is not the intention of this paper to go into the details of all the various causes of enuresis, nor their various specific treatments. I will restrict my subject to the ordinary, common bed wetting of children.

The bed wetting of children—occasionally continued to maturity—is not entirely due to a congenital weakness of the vesicle sphincter. As a matter of fact, very few cases are actually congenital.

A few, very few, babies DO have a continuous, unabated, dribbling of urine, or, at any rate are wet much more frequently than normal children, who keep their nurse busy keeping them dry to prevent soreness from chafing.

Very young babies have very little will power over micturition. The control, or release, of the sphincter, at first,

is entirely automatic, regulated by the quantity of liquid in the bladder.

The VOLUNTARY control is acquired later, when the discomfort induces efforts at voluntary control to avoid the discomfort.

In normal children the constriction of the sphincter urenae is mostly automatic, involuntary, yet considerable control of the constriction is exercised by the will.

Automatically the sphincter can only resist a certain amount of pressure and stretching before it must let go its hold of the flood gates. But this resistance can be greatly augmented by the will. The release of the sphincter should be MOSTLY under control of the will, which it generally is in normal adults.

That an overweak sphincter is not the cause of bed wetting is evident, because these bed wetting children generally are able to control their bladder during the day time.

If the wetting was merely a case of weak sphincters the condition would soon yield to nerve stimulation in the

lumbar region and the directing of better blood supply to the parts through the internal iliac vessels, which is the treatment usually given by osteopaths.

This treatment is correct as far as it goes. It undoubtedly does build up and strengthen the parts. But it does not go far enough. Osteopaths repeatedly fail because they confine their treatments to manipulations only.

There are several contributory causes which assist in prolonging the continuance of this condition even after the weak sphincter has been toned up to normal strength, such as exhaustion, suggestion and habit, and treatment must include instructions to combat these contributing exciting causes.

Cases are rare indeed where a child is not able to control its bladder during the day time. It is during the early part of the night when the profound sleep so completely relaxes the sphincter that the damage is done.

During sleep all the muscles of the body relax, more so in children, because they have very little muscle to relax, their muscles are not yet well developed. Therefore, given an under-

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toned sphincter, not well controlled by the will, sleep relaxes it still more—the profounder the sleep the greater the relaxation—to which is added the pressure of the accumulation in the bladder causing the complete relaxation of the sphincter and the escape of the urine so gently that often the child is not aware of it.

The child's sleep, and relaxation, is most profound in the first hour or two of sleep. If this period is safely passed there is less likelihood of a spill later in the night.

Instructions forbidding the drinking of any kind of fluids in the evening, and instructing the parents to awaken the child an hour after sleeping to break the too deep sleep, and making the child use the bed vessel, are very important and necessary parts of the treatment.

The worst thing the mother can do is to scold the child and threaten punishment for the act just before bed time. There is no use in berating the child, the poor child is thoroughly ashamed anyhow and would gladly stop it if it could.

The scolding and the promise of a whipping is the last thing the child remembers as it falls asleep. Later it dreams about the spill and the accident follows. The child is a victim of fear, suggestion and dreams.

Another mode of suggestion, with like results, is a flow of water, or a dripping faucet.

A frequent and unconscious mode of suggestion are grandfather's evening interesting stories of seas, lakes, boats, fishing and swimming.

Several years ago I had a case of a young woman, about twenty-two years old, who had wet the bed every night of her life. Now she wanted to get married but could not, for a nice new hubby wouldn't love her very much if she treated him so rudely. Otherwise the girl was quite normal, healthy and husky. No particular lesion could be found to account for the weakness. I gave her the usual manipulations at first to third lumbar to strengthen the related nerves and the internal iliaes in the lower abdomen to increase the circulation to the parts, instructing her not to drink after supper, not to read or talk about anything pertaining to water after supper, set the alarm to awaken her an hour after retiring, to be sure that there is no water-faucet dripping, and during the day to retain the urine in the bladder as long as possible before evacuation. After the third treatment she went through safely for three nights, but her delight dropped with a dull thud when the bed was wet on the fourth

night. Then there were two dry nights and again a wet one. And thus it went for three weeks, Wednesday and Saturday nights were always wet.

I questioned her closely relative to her actions on these days or nights, but she did nothing unusual. I was getting about as discouraged as she was. When, happily, she solved the mystery herself.

One of these expected wet nights she worried so that she could not sleep after the alarm clock's first awakening, and tossed about the bed for an hour or more, when something happened that made her sit up and take notice, and the riddle was solved. The head of her bed was close to the wall and she heard the flow of water into a bath tub in the adjoining room where another roomer took her bath late every Wednesday and Saturday nights. By moving her bed to another part of the room where she could not hear the water flow her cure became permanent at once, she married and according to Hoyle, lived happily ever afterward.

I want to call special attention to one error that parents and physicians make, that is in instructing the child to micaturate often during the day. This is very wrong. The child should be advised, even bribed, to "Wait a little longer," even for a few minutes. Instruct the child to "pinch in" and thus the child will strengthen the sphincter and learn the habit of voluntary control and will resist the inclination even at night.

I know that the sphincter urenae can be strengthened by manipulation of the pereneum. But as this treatment may lead to a bad habit I avoid it, and find that it is unnecessary, as rapid cures result in every case without it.

Some of the cured cases occasionally relapse even after being dry for months and years. Some of these temporary relapses may be due to colds, fevers, etc., but most of them are due to suggestion and too profound sleep after great exhaustion at play.

These relapses seldom return to us for treatment. The parents have learned how to manage the children themselves, by early waking, eliminating suggestion, etc., and get happy results quickly. We only hear of these relapses through the parents some time after they are dry again.

**DR. C. C. REID SPECIALIZING**

Dr. C. C. Reid, of Denver, Colo., after twelve years of general practice has announced that hereafter he will limit his practice to Diseases of the Eye, Ear, Nose and Throat.

**Dr. Alex Walker Fractures Wrist**

**Elizabeth Balked**

Dr. Alex E. Walker of 1811 W. 103rd St., Chicago, broke his wrist on Monday, September 29th, while cranking his "Elizabeth." His enforced vacation will be spent with his brother at Roundhill, Alberta, Can.

**William W. Fifield, D. O., Dead**

**A. S. O. June 1913**

William W. Fifield, D. O., a graduate of the June '13 class of A. S. O., died at the home of his parents in Old Town, Me., September 22nd, after a lingering illness. Dr. Fifield was thirty years years of age.



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or

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

## Innominate Lesions

Dr. Joseph Swart

My experience leads me to believe that more attention should be given to innominate lesions. I recently treated a boy who for more than a year past had painful, swollen feet. The right foot was much worse than the left. He had been treated by M. D.s and D. O.s, none of whom discovered the patient's innominate lesion. The osteopaths examined carefully for a foci of pus in the tonsils and teeth, but neglected to examine properly for bony lesions.

We may excuse the medical men for diagnosing synovitis or other local trouble, as rheumatism, but I see no excuse for an osteopath making such a blunder. If there are pyogenic organisms in the blood, starting from a foci of pus, they will be carried to all joints and muscles of the body and will become manifest many places by rheumatic pains, stiffness and soreness. When the pathology remains in one or both feet and is not found elsewhere in the body, the trouble is not due to rheumatism. If the trouble remains in one knee for weeks or months, as it often does in cases of synovitis, we should not diagnose it as rheumatism. I have treated many cases of synovitis of one or both knees after medical men had unwisely advised removal of the tonsils as a remedy for the knee trouble.

Doctor Cabot, one of the leading medical men of this country, says that rheumatism ought to be diagnosed as a

streptococci infection. Many of the medical men seem to think that a streptococci infection in the blood could collect in one joint or in one foot and not become manifest in other parts of the body supplied by the same blood and containing the same kind of streptococci. They don't know that a bony lesion could make knee trouble or foot trouble, so they are unable to give a rational explanation of such cases. As they do not know the cause of the trouble in the knee or foot, they could not be expected to diagnose it correctly nor to treat it intelligently. On the other hand, every graduate osteopath has been taught the cause of such trouble. He has no excuse for making a bad diagnosis in such cases. Why should he be looking for a foci of pus when the trouble is strictly localized? Why not seek the bony lesion? It is there and it should be corrected, as that is the only proper osteopathic treatment. I corrected the innominate lesion for the little boy with the bad feet and he began improving at once. In this case, both feet were affected, but the one on the lesioned side was much worse than the other one.

If space would permit, I might describe scores of cases similar to this one, all of which tends to prove that osteopaths do overlook innominate lesions. Why should they do it? Perhaps it is because they have not been

successful in correcting them. Patients often come to me and tell of their sad experiences with osteopaths attempting to correct their innominate lesions.

There is no reasonable excuse for an osteopath to stick to the old methods for correcting such lesions. The strap method is as far ahead of the old methods as the modern threshing machine is ahead of the flail. The strap method will correct innominate lesions that cannot be corrected by the old methods. I proved this point to some osteopaths at the A. O. A. convention, at Chicago. A lady, who had a bad innominate lesion on which many experienced osteopaths had worked and failed, was brought to the convention. By my strap method, I corrected the lesion without difficulty. Those who knew the case well and knew how many osteopaths had failed on the case, spoke of my successful technic as something wonderful. Yes, it is wonderful, compared with the old system, and anyone can use it successfully. The only equipment needed is one eight-foot strap.

If all osteopaths would use strap technic for innominate lesions they would soon learn to look for such lesions and to correct them. The results obtained would be gratifying and osteopathy would take a boom. Overlooking bony lesions is what keeps our profession down. We should not overlook an innominate lesion, for anyone can correct such a lesion by the aid of a strap, and give prompt relief. Don't stick to the old pull, haul and try methods for correcting an innominate lesion when the strap method is easy, simple, quick and certain.

I have written this article for the good of osteopathy. If I can wake up the members of our profession and cause them to find and correct all innominate lesions that come to them, I will have done a great good to humanity and will have elevated the standing of osteopathy.—From Osteopathic Quarterly of K. C. C. O. S., Kansas City, Kan.

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## Get a Student

**DR. ARTHUR M. HACKLEMAN  
MOVES TO BETTER OFFICE**

Dr. Arthur M. Hackleman has removed his office from the Essex Building to the Masonic Temple, Suite 521, Minneapolis, Minn.

CONSULTING

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

We mean calling a fellow-Osteopath when we are in trouble, when we cannot fully diagnose and understand a condition; when the case does not respond as we believe it should, or from those many uncontrollable causes when the case is going to quit us and most likely discontinue Osteopathy. These are nearly always the times to have a fellow-Osteopath see the case with us. Most of these cases can be held for your own practice, but sometimes the other fellow will get the case, which would be far better than to let the case get away from Osteopathy entirely. For, while you lose a case your fellow-worker gets it and generally the case still remains osteopathic, and, according to the law of averages, your fellow-Osteopaths will lose a few cases to you through the same channels. There are many very useful, helpful and pleasing sequels arising where Osteopaths consult with one another and bear and forbear.

There is far too little consulting among our own fellow-workers to the great detriment of ourselves, our profession and our patients, many of whom would be cured that are not, if only we would get better acquainted with our fellow-worker through frequent consultation and interchange of patients. These are my views from years of practicing with faithfulness the principle advocated in this article.

BOSTON OSTEOPATHIC ASSOCIATION

Begins Year With Excellent Program

The monthly meeting of the Boston Osteopathic Society was held Saturday evening, September 27th, in the Flemish Room of the Hotel Lenox. The following program was given:

Technique—Posture and Resuscitation, Dr. Alexander F. McWilliams.

Acute Diseases, Dr. William H. Jones.

The 1919 A. O. A. Convention, Dr. Mary Emery, Dr. Peter J. Wright, Dr. Francis K. Byrkit.

Sprew, Dr. Shepard, Providence, R. I. Reflexes, Dr. Frank A. Dennette.

Routine Methods of Examination at an Army Base Hospital, Dr. Lester R. Whitaker.

Dr. Elizabeth F. Kelley was elected vice-president to succeed Dr. Carl L. Watson, resigned.

Frances Graves, Secretary.

Dr. M. E. Clark and Dr. Clarence Blakeslee Form a Partnership.

Will do Orthopedic Surgery

Dr. M. E. Clark, of Indianapolis, Ind., has taken Dr. Clarence B. Blakeslee into partnership with him and has equipped his office for applying plaster casts in cases of spinal curvature, congenital hip dislocations, talipes, etc. Dr. Blakeslee has specialized in this particular type of treatment.

"GETTING AHEAD"

is the fascinating story of a man who accumulated \$10,000 in ten years, by systematic investing in high-grade stocks and bonds. Amount invested \$25 monthly. "Getting Ahead" contains nothing for the man who wants to get rich in a hurry, but will be helpful to all who wish to save from \$5 to \$100 monthly and invest by a safe method. We sell all high-grade stocks and bonds listed on the New York Stock Exchange, and other reliable exchanges—convenient monthly payments. "Getting Ahead" explains plan free.

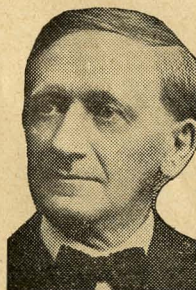
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C. E. BROOKS

155 State Street, Marshall, Mich.

How Military Surgeons Reclaim Spinal Cripples

The reconstruction of maimed and crippled soldiers of the great war is calling forth the best efforts of the great surgeons and physicians of the entire civilized world. Results have been obtained that a few years ago would have been considered impossible. Not only will the crippled soldiers benefit by these new methods of reconstruction but thousands of the unfortunate deformed and maimed in all walks of life will find relief. Each discovery should be carefully recorded and the information made available for the benefit of all sufferers.



Corp. Frank Fernie

Of particular interest to physicians having in their care sufferers from spinal deformities caused by accident, is the authenticated case of Corporal Frank Fernie, a veteran of the First Canadian Contingent. The full history of this case, which has attracted wide attention, will be sent to any reader of this magazine on request.

Seven ribs fractured, two lower vertebrae bent and twisted one inch out of position, paralysis in both legs and arms were the injuries sustained by Corporal Fernie when the explosion of a German shell killed eight of his companions in an artillery excavation.

Old methods of treatment were tried by the army surgeons without success. Encased in a plaster cast for five months, Corporal Fernie was finally transferred to Canada where the surgeons at the Royal Victoria Hospital (Montreal) substituted a rigid leather brace for the plaster cast, but the patient continued helpless until he was supplied with a Philo Burt Spinal Appliance, the results from which were a revelation to his medical advisers.

Within one year from the date of his injury Corporal Fernie was working every day in the shipbuilding department of the Imperial Munitions Board at Ottawa, at which time he wrote us:

"The army medical authorities are not only going to refund to me the amount I paid for my Philo Burt Spinal Appliance, but they have placed your name on file for future reference."

We will be glad to send a complete case record to any physician or surgeon without charge. It is our policy to co-operate directly with local physicians and surgeons, or if preferred, we assume full responsibility for results from the Philo Burt method for treating every kind of spinal deformity resulting from accident or disease, which in 18 years has been used with success in more than 30,000 cases.

The Philo Burt Spinal Appliance is sold on 30 days' trial at our risk, and is made to individual measurements in every case. Address, giving name of your physician,

PHILO BURT COMPANY,

31B Odd Fellows Bldg., Jamestown, N. Y.

# 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 unarmful or wholesome or reasonable artificial process. Hence Osteopathy recognizes as adjustments, 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 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. oste = 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.

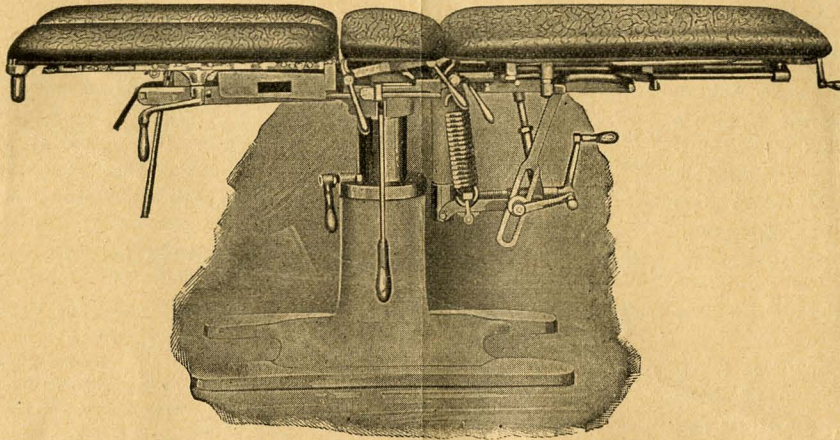
### 3. Definition.

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 unarmful artificial processes, wherein perfect physiological functioning is absolutely dependent upon anatomical integrity.

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A Doctor, with broken down arches, paid \$1400.00 for an automobile and cut out walking. Figuring thusly, each arch had valuation of \$700.00 placed on it.

The same Doctor, broken down from overwork, hesitated to place \$350.00 in a McMannis table. His spine was out of shape and needed a rest. A McMannis table rests the Doctor's spine!

QUESTION! If one arch is worth \$700.00 what is a healthy spine worth? We hesitate to answer.

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## THE ESCANABA CLINIC

### 709 Treatments Given Last Year

#### Dr. F. E. Dayton the Power Behind the Throne

Up in Escanaba, Mich., there is an Osteopathic Clinic with one lone Osteopathic physician as the power behind the throne. The throne is the Woman's Club of Escanaba, with Mrs. F. B. Houston as chairman of the Osteopathic Clinic Committee. Mrs. Houston uses her electric automobile to bring the children and mothers who otherwise would not be able to attend the Clinic, or would have to have the doctor call upon them.

During the past year 709 free treatments have been given, 479 of those treatments were given at the clinic and 230 were given outside the clinic proper. Eighty-four clinic meetings were held, with sixteen people assisting. Seventy-two families were represented among the clinic patients. Eighty-nine separate cases were cared for with the best record for attendance being thirty-seven treatments out of the possible eighty-four.

#### Appreciation

Dr. Dayton says it is impossible to properly convey an idea of the interest and gratitude that is shown by the little patients.

Dr. Dayton is himself duly appreciative of the work of Mrs. Houston and her committee.

#### Assistants

Dr. Dayton states that if you have the co-operation of one "sure enough" woman that is all that is necessary, when the physicians giving their services will deliver the goods.

Dr. Dayton presents each new woman of the Clinic with a copy of Dr. Millard's book on Poliomyelitis, and others who were interested with a copy of Osteopathy, the Science of Healing by Adjustment, and various booklets, particularly: Why I Go To the Osteopath; That Machine You Call Your Body; and current numbers of the Journal of the League for the Prevention of Spinal Curvature, Herald of Osteopathy, and Osteopathic Health. A most wonderful way of keeping the interest of the workers up to fever heat.

#### Keeping Up

Dr. Dayton keeps himself up-to-the-minute by attending State and National conventions, Child Welfare conferences, etc.

"Deliver the Goods"—where have we heard it before?

## "Back to the Backbone"

C. C. Teal, D. O.

### DIAGNOSIS

In February I went up to Iowa to make some talk at an osteopathic meeting and in their invitation they said, "Come up and tell us what is the matter." But I wrote back, "I'm tired of scolding, let me do something constructive and talk about deltoid paralysis or some such exciting thing."

Well, I went and talked about the arm, mighty personal matter with me, but soon drifted onto the subject that will not down, "Why are things as they are?" and that really narrowed down to about one word—disloyalty.

I could fill the entire Blotter with a discussion of that subject but a few words directly to the point will be more impressive.

It's hard to say just where the thing begins for it is a wonderful example of the vicious cycle. We have developed too fast educationally and are trying to comprehend all the lore of the ages and in so doing have drifted from our moorings. It makes no difference how one may feel on the subject of broadness or narrowness, the result is the same and we cannot hold the pace set by the centuries old medical brother.

We have gotten away from the central idea that made us and the lengthened course has been filled with many useful and interesting things but at the expense of osteopathy and that is, really, what we were supposed to be learning.

But, primarily, the great disaster is that so many are calling themselves osteopaths who are only third rate rubbers. Find a lesion? Good Lord, they would not know one if it were big as a load of hay, and why? Because they never got the idea and foolishly thought they could get by with some passes and big talk and darned if they don't do it lots of times.

But, what is the result? In this grand old state of Missouri, home of the old doctor and where rest his bones, right here the cooties had the nerve to appeal to the legislature and ask that they be given control of the spine for treatment purposes and that the osteopaths be kept on the museles as they were only masseurs while said cooties adjusted. Think of that, my brethren, and then cogitate who is responsible for such an impression.

Someone is stealing the name-plate off our door, help!!—C. C. Teal, Sept. "The Blotter."

## A NEW OSTEOPATHIC HOSPITAL IN NORTH PLATTE, NEB.

If the medics won't let you in their hospital, then start one of your own, is what North Platte D. O.'s say and do.

"More people today want Osteopathy than ever before and it is up to the Osteopathic physicians to make places to accommodate them," says Dr. Will Ivern Shaffer of North Platte, Neb.

The medical men controlling the "General Hospital" told Drs. Louis G. Drost, Harold Fenner and Will I. Shaffer that they would be glad to receive their patients at the hospital but that those patients would have to be turned over entirely to one of the doctors of the hospital.

### Osteopathic Hospital

The three doctors of North Platte want every D. O. in the country to know that no group of M. D.'s are going to shut them out of their natural growth, so on October 15th the North Platte Osteopathic Hospital and Sanatorium will open its doors to those who would find aid and relief from sickness.

The Hospital and Sanatorium will occupy a ground plot of 36 lots and have a group of buildings suitable for its needs. This is the first osteopathic hospital and sanatorium in the State of Nebraska.

### The Men

Dr. Louis C. Drost is a graduate of the American School of Osteopathy and has practiced in North Platte for a number of years. Dr. Drost has made Osteopathy popular in western Nebraska and is known as a most excellent diagnostician.

Dr. Harold Fenner graduated from the Los Angeles College of Osteopathic Physicians and Surgeons in June, '15. Dr. Fenner had charge of the Venereal Department of the Army camp in which he served while in service and since has had a general, major and minor surgical practice.

Dr. Will I. Shaffer graduated in the same class with Dr. Fenner from the L. A. C. O. P. S., and they have both been practicing in North Platte except the time spent in the service of Uncle Sam.

Dr. Shaffer is devoting most of his time to obstetrics.

### North Platte

North Platte is a town of eight to ten thousand. Every city of this size and even less or greater should have an Osteopathic institution. Such an institution can be advertised with great credit to Osteopathy as a science.

We wish the doctors success and know that they will have success as they deliver the Osteopathic goods.