

Volume VII.

Number 1

The Bulletin
of



Atlas & Axis Clubs



DEVOTED
TO THE



SCIENCE OF OSTEOPATHY

SEPTEMBER, 1905

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The Bulletin

OF THE ATLAS AND AXIS CLUBS.

VOLUME VI.

SEPTEMBER, 1905.

NUMBER 1.

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OSTEOPATHIC LEGISLATION.

C. W. PROCTOR, PH. D., D. O., BUFFALO, N. Y.

(Dr. Proctor is a graduate of the A. S. O. class of 1900, for five years a member of its faculty and the author of several text-books. He is now at the head of Proctor Institute of Osteopathy, Buffalo, N. Y.—Editor).

The osteopathic profession is dividing itself, this year, into two camps on the question of legislation. One section advocates securing laws placing our practice on the same plane as the medical profession in all respects. Such laws require four years' attendance at schools with a complete course in surgery and all other departments of a medical training. The other section advocates laws which recognize the courses already in existence and the leaving of legislation alone until such legislation can be secured as will be an advantage to the profession on the basis it now is.

We should recognize the fact that osteopathy has been an evolution. From the first classes under Dr. Still's personal supervision with an assistant teacher of anatomy to schools with strong faculties and a course of three years there has been a steady development and growth. The field occupied has been a special one. The practice has been largely in chronic cases. While certain classes of acute cases have been treated quite generally, the total number of the worst contagious cases such as smallpox, diphtheria, scarlet fever, yellow fever, bubonic plague, etc., have been relatively very few. Major surgery has not been attempted, so far as I know, except by those who have medical diplomas as well as osteopathic. Here there is a fact, our practice in general has been a limited one. We have been prepared for our practice; it is an inviting field; it is still only partly filled; the question arises are we yet ready to include these other fields and compel all practitioners to prepare for them whether they wish to or not?

In other words has not osteopathy entered upon a special work, and is not her mission at present in doing exactly the work which she is now doing? When the three years' course is well established, and hospitals have been built, and filled with patients, and endowments have been made to maintain a course of four years and carry on research in various lines, it will be time enough then to complete the metamorphosis of osteopathy.

We did need the three years' course. It was practicable and will be so demonstrated, but it is doubtful if there is a single school in the entire profession which is prepared to carry out a course of four years.

I MAY SAY THAT NO SCHOOL IN HIGHER EDUCATION BE IT COLLEGE OF MEDICINE, LITERATURE, ARTS OR OSTEOPATHY CAN MAINTAIN A FOUR YEARS' COURSE WITH SUITABLE LABORATORIES, HOSPITALS, ETC., WITH-

OUT ENDOWMENTS, OR A TUITION SO HIGH AS TO MAKE IT PROHIBITIVE TO ALL BUT THE WELL TO DO.

In a short time we can demand access to hospitals already founded by public funds, we can have access to material for scientific research, but until we can do that we cannot maintain courses of four years which all are compelled to take.

The medical profession is attempting to force us to accept such legislation as they shall dictate. They are sharp enough to see that we will secure legal recognition and especially in New York, Pennsylvania, Alabama and other states they propose to make us accept what they give us. They then propose standards which are practically prohibitive and say you may have this or nothing. They caught us so in Indiana; and for three years most of the osteopaths were driven out of the state, the few who did go in having a constant fight for life.

Now, is it not better to practice without legal recognition where we are so permitted than to accept laws to our serious detriment?

It is bad enough to compete with fake osteopaths, but after three years experience of it, I am prepared to say that I do not consider it a very serious menace. The fake does not flourish in competition with strong representatives of the genuine.

Of course we do not want the fake, but to embarrass our own profession by oppressive laws in order to comply with the medical doctors' requirements for us is surely unwise.

I do not wish to be construed as admitting that we can not handle serious contagious diseases, or that major surgery is beyond us,—the point I make is that we have at present a special field and that we can not wisely force the profession into a larger field before it is prepared. Growth, development and evolution are gradual. It will all come in time, but by a gradual and natural process.

* * *

EXTRACTS FROM "REPORT OF COMMITTEE ON LEGISLATION"
OF A. O. A., 1904.

(EDITOR.)

In comparing the various laws now-regulating the practice of osteopathy, we note that the California law removes the influences of politics by making the Board of Examiners an elective rather than an appointive body. The members of this board are elected by the Osteopathic Association of the State of California, an incorporated body. The drafts of bills to be presented henceforth should, when practicable, incorporate this form of electing members of the board. It insures to the profession control of its own regulating body.

The most just laws are those which call for personal qualification, irrespective of where such qualification was obtained or how long it took to acquire it.

It does not seem advisable to incorporate in laws regulating the practice of osteopathy anything regarding length of course, but rather to designate what the qualifications should be as regards subjects to be studied.

* * * * *

The natural course of events will eventually compel a lengthening of the osteopathic course of study; hence it is not absolutely necessary to incorporate a definite period in our state laws. It is not well to put education on a state prison basis, i. e., "doing time."

Signed by A. G. Hildreth, M. C. Hardin, D. L. Tasker.

* * *

PRINCIPLES OF ORIGINAL RESEARCH.

FRED JULIUS FASSETT, A. B., D. O.

(Dr. Fassett graduated from the American School of Osteopathy in the class of 1900. For two years after graduation he was retained as professor of Physiology, after which he engaged in the practice of his profession in Boston. In addition to his practice, he has taken the position of lecturer on Physiology at the Massachusetts College of Osteopathy and is pursuing investigations at the Massachusetts General Hospital. This address was read before the Greater New York Osteopathic Society in March, 1905.—Editor).

We sometimes wonder at the slowness of men of science to accept the teachings of osteopathy. We may have been surprised at a recent statement of Dr. McConnell that as yet there is little scientific knowledge in its teachings. But the fact is that the man of science is one who denies himself the luxury of jumping at conclusions, and exacts from himself and his colleagues alike a certain sort of evidence, presented in a certain sort of way.

This insistence that the alleged proof be presented in a certain form finds many parallels in other fields of endeavor. The Life Insurance Companies have agreed as to just what facts and forms are necessary in order that a dead man may be officially dead. An athlete may run or jump in a manner surpassing all precedent—but if he cannot repeat his alleged performance under the conditions laid down by the athletic associations, his claim to prowess will be soon forgotten.

Thus, original research, while making no claim to a place as a distinct science, has its fundamental rules and principles in accordance with which work must be conducted, in order to secure recognition. When a vigorous man finds himself surrounded by any set of rules, there

always comes the temptation to cut through these rules, and follow the dictates of so-called common sense. But the end result will usually show that these rules are the out growth of experience and that the chart and course is the surest one to the desired haven.

It is the purpose of these papers to mention some of the accepted principles of original research—and to mention in some cases the bearing of these principles on the progress of osteopathy.

PRELIMINARY READING.—An essential part of any piece of research is a study of the previous work on similar lines. The literature of that particular branch of knowledge must be gone through—and such of it as bears on the subject of the proposed study must be carefully analyzed and its substance presented as the first part of the report of the work.

It is the same process for which the preliminary fee for a patent right is used—to make sure that the work is really new.

This searching in the literature is one of the most important and sometimes one of the most interesting steps in the process. You see how near some fellow student of a previous century has come to the point on which you stand, you note how he followed your very steps until at some unlucky corner plainly visible from your view-point he turned aside into some by-path and so missed the goal which it has been yours to attain.

It may be suggested that osteopathic truth is so new that there is no literature to which to refer. There is indeed, little in the past under the name of osteopathy, but it is one of the cardinal tenets of research that truth well verified is truth where ever it is found. It may be that there is little on a given subject. If the search has been thorough, so much the better. Then you have a virgin field.

It is a fact that on the great unanswered questions of osteopathy medical literature has little to say. The small number of writers on Swedish Gymnastics and Massage furnish more material on these subjects than all the rest of medical literature put together.

I am aware that it is commonly stated that osteopathy has nothing in common with massage. In a sense this is true—but we can profitably waive this contention long enough to read some of the interesting and scholarly material in works on these subjects. They will probably not greatly change our practice. They cannot fail to profitably change our scholarship.

Now, where must one look for this literature of his subject? Where shall he begin? Must he read all the accumulated works of the ages to make sure that his work has not been anticipated?

Fortunately, the way has been made relatively easy. There exist for almost every branch of medical knowledge periodicals in which con-

tributions to that branch of knowledge first appear—there also exist in most such lines some central periodical which undertakes to analyze and set forth each month, the substance of all these other articles as they appear. There are also such works as the *Index Medicus* with volumes the size and shape of a city directory, which year by year compile what is best in the periodicals and catalogue them under subjects which make the material still more accessible.

It so happens that the greatest of such books are in foreign languages, such as the *Index Medicus* in French, and the various *Centralblatt* and *Jahresbuchs* in German. But the synopses in the *British Medical Journal* cover a somewhat small field in England, and the catalogue of the *Surgeon-General's Library* aims to fill the same place in America. Until the mass of osteopathic literature is produced in a more workmanlike fashion, little material from the various periodicals of osteopathy is likely to find its way into these general synopses. Meanwhile a possible field for the *Journal of the American Osteopathic Association* is suggested by this same situation.

THE "CONTROL."—The idea of a "control" is one of the most fundamental in all sound research. It represents the mental habit which when it sees a result follow a possible cause inquires "Could not that result have happened without that cause?"

To illustrate: when a guinea pig is inoculated with a certain poison or micro-organism, another guinea pig of the same age and family is chosen for a "control." These two animals are treated exactly alike in every particular—save one—and that is the one to be studied.

If a hundred surgical patients recover when their wounds are washed with a new solution, that solution might readily be hailed as a great discovery but if a similar set of cases do equally well on a sterile solution of common salt, the proclamation of this discovery will be indefinitely postponed.

If a given pathological lesion is found in a score of cases with an alcoholic history—before the lesion can be laid to the alcohol its absence must be demonstrated in a similar series of abstainers.

If anatomical deformity accompanies a symptom in a given case, there may be a strong presumption that the symptom is the result of the anatomical defect. If the symptom disappears when the manipulations calculated to correct such a deformity are executed, the presumption becomes still stronger that the cause of the symptom has been found and removed. But in order that this presumption may amount to absolute knowledge the therapist must be able to demonstrate to his most exacting enemy, that the anatomical defect was present and is

gone; he must be able to repeat the exploit in enough cases to eliminate the possibility of coincidence, and he must carry out his work under such conditions as to remove the influence of suggestion.

LARGE NUMBER OF CASES.—The foregoing leads naturally to this principle of many cases of a practically similar kind. This is a fact well recognized, and in the matter of case reports it is a requirement which is being met.

CONSECUTIVE CASES.—In order to make valid the evidence of case reports, it is necessary that we shall have not only many cases but many consecutive cases. To make the evidence perfect, the unsuccessful cases must be reported along with the successful ones. If the proportion of unsuccessful cases is small so much the better. If the proportion of unsuccessful cases is large, the sooner we know it, the better.

In a recent article, we are urged to continue our experimental work, preserving every record and tracing that substantiates osteopathic principles or affords new light into the operations of nature.

Now it happens that many records throw new light on the operations of nature which do not substantiate osteopathic theory, but these also must be preserved. For if we preserve only such records as substantiate osteopathic principles, some one may look at our collection of perfect results and inquire as did Chas. Lamb in the cemetery. Ah! yes. But where be all the bad folk buried?

We must fill up the suspicious gaps. If we have good results in but two cases in a hundred, we may still be a hundred per cent in advance of previous record. But the record must have frankness written in every line and between the lines as well.

REFERENCES AND AUTHORITIES.—The student in science, when exploring new ground must be moved by the spirit of the explorer in the tropics or the arctic who blazes a trail or erects cairns and caches so that, whatever his success or failure, the next man may begin where he left off. So if you find an important fact in literature or in practices, fail not to attach to your quotation of it the periodical and volume and page of your authority. When this is done one clew leads to another and the work of months can be reviewed in a day.

In this connection we may repeat the exhortation that records must be kept of every procedure.

A CIRCUMSCRIBED SUBJECT.—Original work is done in small pieces, one step at a time.

Any question which one may choose soon divides itself and subdivides, so that the student must choose one subquestion for today and leave the other for tomorrow. An attempt to answer too large a question all at once, discourages the worker by the extent of the literature,

confuses him by the conflicting answers to different parts of the question and scatters his energies so that little is liable to be attained.

From the foregoing it follows that patience and perseverance form a large part of the outfit of the successful student of new truth. The choice of a subject may be the work of weeks. The decision as to its scope, may take equally long. In fact the question more often chooses the man rather than the man the question. It grows in his thinking over a period of months or year.

The preliminary readings often require more time than the work itself. But in the end all these steps save time for what is one's humiliation after reaching a conclusion to learn that some Frenchman or Russian did the same or better work ten years before. A man need not postpone his active research till he can fulfil all these requirements to the letter; but if his work violates in essentials the principles here laid down, he need feel no surprise if his claims receive scant attention from men who set these standards for themselves as well as for others.

* * *

PNEUMONIA—CASE REPORT.

By FRANK HUNTER SMITH, D. O., KOKOMO, IND.

Miss C.—, age twelve, female; blonde. History of pneumonia five months previous to beginning osteopathic treatment; followed by abscess in left lung; whole area of left lung was dull on percussion, only breathed in upper lobe of left lung. Heart displaced to right side of sternum, lung discharged both by expectoration and through a lanced opening constantly. Temperature about 100; no rest at night. Lesions: atlas rotated forward to the right; third and fourth cervicals to left; third dorsal to tenth dorsal to right and tenth dorsal to third lumbar to left and posterior, forming an S curve. The treatment was directed to the correction of lesions of the spine, together with straightening of flattened chest on the left side, resulting after three months treatment in complete cure. The heart returned to normal position; respiration became normal; abnormal temperature and expectoration ceased. Another credit mark for correcting the lesion.

* * * *

OSTEOPATHIC GLEANINGS.

A compilation by the editor.

Eczema—MARK SHRUM, M. D., D. O. (A. S. O., '99).

In case of eczema, of six years' standing, the condition was so bad that handfuls of scales were swept from the floor daily. She was raw and bleeding over three-fourths of the body surface, had used oint-

ments galore and many physicians had seen and treated her. The analysis of the urine disclosed the fact that she was excreting more uric acid than any other patient I ever examined. Where was the cause?

The liver takes the worn out products from the body and makes a soluble substance out of them, urea, and then sends it to the kidneys to be thrown out of the body in the urine. In place of urea being formed we had an insoluble substance, uric acid, and the kidneys not being able to dispose of this properly, the skin sacrificed itself for the good of the whole body and took upon itself part of the work of the kidneys, consequently suffering from this abnormal work. Within three months she was sound and well, because I corrected the abnormal condition in the liver which was manufacturing uric acid instead of urea.

An Interesting "Eye" Case—MRS. A. L. CONGER, D. O. (A. S. O., '03).

EDITOR OF THE BULLETIN:—While absent from my home, the little girl on my place, eleven years old, was strangely attacked by having her sight become dim; colors on every object she looked at; constant pain at base of the brain and very nervous; her father consulted an oculist who said that he could not do any thing for her; advised seeing a medical man. The M. D. said it was her "general system;" that her kidneys were bad; that she must come out of school, that no glasses would "fit." My examination found 2nd, 3rd and 4th cervical were anterior, which being placed in position, all her previous conditions were removed—glasses and all.

Osteopathy and Measles—EDWARD D. BURLEIGH, D. O.

As an example of an acute disease we may take measles.

This is called an acute, infectious disease, and is said to be of microbic origin, although the particular microbe has not yet been captured. Prof. Anders in his "Practice of Medicine" speaks of several kinds which have been found in connection with measles. But finding microbes "in connection with" a disease and proving that they are its exciting cause, are two very different things. Indeed, it is not yet settled that microbes really cause any disease, although the prevailing opinion is that they do.

The osteopathic treatment seeks to remove any "lesion" that may exist, whether this be a displaced bone or a contracted muscle; to stimulate the skin, in order to bring out the rash, in case it should be delayed; to correct the general circulation and permit free action of the nerves, thus giving Nature freedom to restore health and strength, which Nature is constantly trying to do, and usually will do when not prevented.

And, while measles is, at present, considered a "self-limiting" disease, and it is doubtful if, when once started, its course can be shortened;

still, under osteopathic treatment, with complications and after-effects eliminated, convalescence is rapid, and the patient is out in a shorter time than when old-time methods are employed.

Appendicitis—HOWARD T. CRAWFORD, D. O., BOSTON.

Concerning the treatment of appendicitis, which is more practical, to make a three inch opening in the abdominal wall and cut out the offending member, or institute such physiological proceedings as will drain away the blood from the inflamed area? Of course our handy friend with the knife, going on the biblical injunction, "If thine eye (or appendix) offend thee, pluck it out," will proceed invariably to surgical measures. But the wiser practitioner reasons thus, "Not so fast here; this appendix cannot be an utterly useless organ, otherwise it would not be in the body. Let us see if there be not other and less violent means of relieving this condition." And he would be right. Supposing one of our scapel and needle advocates had an inflamed finger would he cut it off? In pericarditis does he remove the pericardium? Or, if he had brain fever would he saw through the skull-cap and remove the brain? Why then cut out the appendix because it is inflamed? Is it possible that the large fee for the operation has anything to do with the hurrying of the patient to the etherizing table?

But what that is practical has the osteopath to offer in the emergency? Much, indeed, and this is his method. He reasons that, if the excess of blood can be drained away from the vicinity of the appendix, there can be no inflammation. He knows that the veins draining this region run into the superior mesenteric vein, then into the portal vein, thence into the liver. Here is the key to the whole situation in this important and much overworked organ. If the circulation through it can be stimulated by manipulation, the current of blood in the portal vein will flow faster and the inflammation around the appendix be correspondingly decreased. Patients often say to the writer: "Doctor, I like to have you press my right side, it makes that pain feel so much better." Under this common-sense method of treating an inflammation the temperature comes down, the pulse slows and the normal abdominal circulation is quickly resumed. We feel therefore justified in saying that those suffering with appendicitis would do well to try an osteopath before submitting themselves to an operation which will maim them for life and sooner or later upset their nervous systems.

Higher Osteopathic Education—CHAS. HAZZARD, D. O. (A. S. O., '79).

To my mind the issue stands forth, clear-cut and decisive. It is this: the osteopath must be either a whole doctor or none; osteopathy

must be an independent and sufficient school of medicine, or she must lose her identity and individuality and be relegated to the rear. If we cannot make good the claims we have set up to the right of osteopathy to exist as a separate school of medicine, she must awake from her dream of pre-eminence and fall in line with massage, Swedish movements, and the like, all capable of doing good, but dependent and subsidiary to what we know as the regular practice of medicine. Education alone is the solution of the problem.

Certification by Osteopaths—DR. DAIN L. TASKER.

When the state licenses an osteopath to pursue his treatment to the point of life or death of his patient it no doubt intended that he should be privileged to certify thereto without any more annoyance to himself or his patient's family unless perchance his actions were grossly wrong. Any other construction of the law would be puerile. The state did not intend that its machinery for moulding public health should be used by one division of medical men to wreak destruction on or even to impugn the motives of another. We need not worry a moment over the outcome of any attempt to refuse certification by an osteopath.

We must see to it that future years destroy these inconsistencies existing between our regulative laws and existing statutes concerning the public health.

Knows there is something wrong—W. J. CONNER, D. O. (A. S. O., '96).

If one is sick, the genuine osteopath knows there is something wrong, and it is his business to locate the cause of the trouble to a certainty. Having located it what is the use working all over the body, putting in time on him working joints, muscles and ligaments that have nothing the matter with them? No wonder the public calls us masseurs. How could they do otherwise, judging from the way some people administer osteopathy? But they do not stop at that. Some of them to supply their deficiency in osteopathy, substitute medicine, electricity, vibrators, hot air, baths, etc., called adjuncts. Whenever they introduce these things, it either shows that they are too lazy to give an osteopathic treatment or have not the ability to do so. Give us pure, unadulterated osteopathy of the "A. T. Still brand." It has built a reputation for osteopathy as big as the United States and Canada and why cannot we maintain it without resorting to the very things that disgusted Dr. Still and caused him to seek another method of relieving sickness and pain?

Diet in Bright's Disease—GUY E. LOUDON, D. O. (A. S. O., '99).

In the acute disease, complete withdrawal of all food for from

twenty-four to forty-eight hours is best. In serious cases, use the hot wet pack. It is not unosteopathic, and in some cases it may save life. After fasting as above, allow only liquid food. MILK AND CREAM ARE BEST. THE QUANTITY SHOULD BE ONE AND ONE-HALF QUARTS OF MILK AND THREE-EIGHTHS OF A QUART OF CREAM, MIXED. A few ounces should be given every two or three hours, to be followed after a few days by the addition of cereals and broths, then eggs and fish, and lastly after subsidence of albuminuria, a return to normal diet, to be again restricted if albuminuria recurs.

In the chronic case a mixed proteid and vegetable diet is without doubt best for the patient. Acute exacerbations should be treated like an acute nephritis until the chronic stage is reached. Spare the kidneys, must be borne in mind, but in the chronic Bright's patient you cannot afford to do this at the expense of some other organ, e. g., the heart. Many die of cardiac failure while the renal tissues are still capable of eliminating the necessary nitrogenous excreta. Hence do not allow your patient to drink copiously, either of milk or water, because it certainly leads to cardiac dilatation in time. This is fact, not theory, and clinical observation cites many cases to prove this point.

Hence the venerable milk diet is not as innocent when prescribed in quantities of from three to four quarts daily, to the Bright's patient, as popularly supposed, owing to the strain upon the heart in moving so much liquid; but we knock other props from the milk diet structure when we realize that we are actually feeding the Bright's patient more proteid on a three and one-half quarts milk allowance than the average sound man requires. It is well known that a strong man can live from two to three weeks on sixty grams proteid per diem, and that the average patient can live for years on one hundred grams proteid, daily, provided other food principles are added. The three and one-half quarts of milk contain between one hundred and twenty and one hundred and thirty grams proteid, equivalent to thirty-five grams urea, so that such a diet does not spare either the kidneys or the heart.

The milk and cream mixture above referred to contains as many calories of energy as the three and one-half quarts of milk, but only one-half as much proteid, hence so beneficial in the treatment of acute Bright's disease.

Other objections to exclusive milk diet are, first, that milk is deficient in nucleo-albumins which contain iron and phosphorus for the manufacture of hemoglobin and also lecithin for nerve tissue; this deficiency accounting in part, at least, for the anemia found in patients fed on a milk diet; second, that milk contains large amount of phosphates

which are hard to eliminate in Bright's disease. It is worth remembering that calcium carbonate lessens the absorption of phosphates by entering into chemical union with them, the product remaining in the bowels. The lime seems to make milk more digestible for many.

For these, and other reasons, an exclusive milk diet is not such an ideal one as formerly taught. Forbid the patient as little as possible, instead of as much as possible. Allow moderate amount of meat in the typical chronic case. Beef is the most digestible and should not be prohibited. The objection that red meat is richer in extractives being partly overcome by the fact that many of these are lost in the cooking, while the actual difference between red and white meats in this respect is thus infinitesimal, in the quantity allowed the Bright's patient. Furthermore, Pick and others have found that the intensity of albuminuria is practically independent of the form in which the proteid is eaten.

THE BULLETIN

OF THE ATLAS AND AXIS CLUBS.

ALFRED W. ROGERS, A. M., EDITOR.

MISS DAISY E. MORELOCK, REPORTER FOR AXIS CLUB.

Entered as second class matter, Oct. 12, 1903, at the post office at Kirksville, Mo., under act of Congress of March 3, 1879.

Readers of the Bulletin are urged to send the editor prompt notice of their addresses on making their first location, and on making any change in their mailing addresses thereafter. Only by doing so can the reader provide against loss of some of the copies.

When the Bulletin has been sent to the earlier address, through neglect to inform the editor of the change, the number may generally be secured by sending a stamp (within 30 days) to the postmaster of the place, with a request to forward it.

KIRKSVILLE, MISSOURI, SEPTEMBER, 1905.

EDITORIALS.

OUR INHERITANCE. The Bulletin has been left by its former editor, Dr. Vanderburgh, in possession of a well-earned prestige as an osteopathic journal. It has ceased to be merely an entertaining leaflet of club doings and has become an important and valuable exponent of the principles of osteopathy and its application in the treatment of disease. It will be the ambition of the present editor to maintain the high standard the Bulletin has attained and, as far as possible, to increase its efficiency and value to its readers. Every thoughtful reader must understand that to do this will require the loyal support and hearty co-operation of the field members of the clubs. The magazine is so excellent that strong men may no longer feel it belittling to use it as the vehicle for their opinions, as the organ for the publication of occasional addresses and carefully prepared articles. With a ready response to the editor's call upon the alumni for contributions, the Bulletin will be welcomed more and more heartily by all Atlas and Axis readers.

A GOLDEN MOTTO. One of Dr. Osler's farewell characterizations of his life work is as follows:

"I can truly say to you, and I take myself to witness, that in my sojourn among you I have loved no darkness, sophisticated no truth, nursed no delusions and allowed no fear."

These words, which sound so much like Paul, are golden words, fit for the choicest motto of every physician and seeker after truth. It is splendid rhetoric; it is lofty ethics.

CASE RECORDS AND REPORTS. "Keep yourself posted along osteopathic lines, think and reason osteopathically and, after mature deliberation, write the results of your investigations concisely for publication in the Journal of Osteopathy. This a duty that you owe to your alma mater and to the profession."—Dr. E. C. Link, in Faculty Address.

This duty and opportunity can not be urged too strenuously upon the profession. Atlas men and Axis women, representing the best scholarship in osteopathy, should feel it especially their duty to heed this advice as though it were a personal appeal.

Every osteopath who studies out a new treatment, applies common methods with unusual results, observes action of the system or results of treatment not generally known may properly report his findings as investigations; and their publication may be far reaching for good. We wish to urge the members of the two clubs to use the BULLETIN largely, in the manner indicated, for the promotion of osteopathic intelligence. The Bulletin is your organ; therefore you may properly feel that you have the right to use its pages for the exploitation of your professional findings and opinions without special invitation to contribute.

We believe that every osteopath should keep full and complete record of all his cases. To make proper osteopathic deductions, the profession is in need of a large number of reports of cases. To be sure, we find them in our journals; but if the number were vastly increased, our literature would be by so much enriched, practitioners would be generally benefited by their perusal and much suffering relieved through the knowledge disseminated. We hope to see that the call for the study of cases and the publication of case reports is heeded and trust that the Bulletin may receive, as is its due, a goodly number of such contributions.

"**DR. BILLY.**" In the withdrawal of Prof. W. R. Laughlin from the A. S. O., the school has lost a conscientious worker and brilliant teacher; the students a large-hearted friend ready to go to any length to assist them. "Dr Billy" will be missed by the students and it is hard to believe that the school will be quite as strong a school without him. That he has been a hard working and faithful instructor, during the seven years he has held the professorship in anatomy, must have been apparent to all the students who have sat in his classes. We had hoped that when he withdrew from this school it would be to lay the foundation for the extensive practice which everybody predicts for him and wishes him; instead of that, the fascination of teaching has allured him to the Pacific College of Osteopathy. Whether he becomes a fixture

there or soon goes into the field, his former students at the A. S. O. wish him a hearty Godspeed.

* * *

LEGISLATION. The article of Dr. Charles W. Proctor in this issue is timely, since it precedes the period when osteopaths will be actively interested in legislative bills. In the important work of legislation it is reasonable to expect that Atlas men should take a leading part. We hope that future legislative initiated by osteopaths will embrace the important features recommended by Dr. Hildreth's committee, extracts from which follow the article of Dr. Proctor. We believe that osteopathic legislation should be so framed as to preserve the individuality of the science of osteopathy and to guarantee to every one with competent training a fair chance to enter the field and practice his profession.

* * *

MAJORITY RULE. No safer and saner plan of promoting agreement upon disputed policy has ever been devised by man than the rule that the will of the majority shall prevail. Without it anarchy would take the place of government and societies and clubs would be managed by cliques with only one program—to "rule or ruin." Acquiescence by the minority in the will of the majority indicates a spirit of toleration, the best mental gift of broad-minded men; loyalty to principle, as opposed to selfish insistence on personal advantage, and an unselfish desire for the greatest good to the greatest number.

The Atlas Club has been facing a critical point in its management—as all clubs sooner or later have to do—and it is, therefore, a time when all should think and act with a spirit of toleration for differences of opinion and with a high regard for the welfare of the club as opposed to personal interest or gratification. That there should be strong differences of opinion is a thing to be expected among strong men; settling back into the shafts, sulking, unwillingness to co-operate with the majority—these are attributes of weak men and not one of our active members, considering either the present or the future, can afford to take such a position. Individual welfare, loyalty to the principle and the work of the club all invite us to hearty cooperation. We cannot believe that there will be any lack of it during the present year.

* * *

We learn that the Axis club begins the year financially stronger than ever before. This is due in part to the loyal response of its field members to the call of the club to pay up the back dues; in part to the payment in advance of the first year's dues by the departing senior

delegation. This last idea is a good one. The clubs should learn from each other.

* * *

We gladly call attention to the following notice from Dr. Bunting:
Make the New Year Book Accurate.

Having been entrusted by the trustees of the A. O. A. at the Denver meeting with the arduous task of preparing a Year Book that will contain an official directory of all legitimate osteopaths in practice, I herewith urge the presidents and secretaries of all state osteopathic societies to lend me their prompt co-operation.

It is the universal wish of the profession that the next osteopathic directory printed will be accurate, up-to-date and complete. I am ready to make it so if I can enlist the help needed, both to revise the present lists and read the proofs I will submit in due season. Not only are the officials of state and local osteopathic societies urged to give their aid but all public-spirited osteopaths who are willing to lend a helping hand. Is the list of your city and state correct as far as you know the facts?

Please make a note of all errors of omission and commission in the Year Book of 1905 and send the same to me promptly. If you see any name incorrectly spelled, initials wrong or address faulty, please send the correction to me, stating the number of the printed page of the 1905 year book on which the error is found. If your name is omitted or that of any other legitimate osteopath, also notify me, giving the school, year and present address.

The osteopathic profession has never yet produced a complete, authoritative and satisfactory directory. It is sorely needed. I pledge the profession to spare no time or toil to furnish it by January 1, 1906, if I may have the assistance of those whose help I have a right to expect.

Faithfully and fraternally,

HENRY STANHOPE BUNTING, D. O.,

Editor.

171 Washington Street, Chicago, Aug. 24.

* * *

THE WORLD'S GREATEST PROBLEM.

Under the above caption A. E. Wright, M. D., of London, one of the highest recognized medical authorities in England, contributes a radical article to the New York Independent of August 24. We quote several interesting paragraphs:

"Let us consider how inappreciably little has been done in the matter of lightening the burden of disease. When we look around us we see that a considerable proportion of those who are born into the

world die in infancy or childhood. At every successive period of life we see similar wastage. Only a very few accomplish in health the full term of their years. All this is the handiwork of disease.

There is a further heavy tribute paid to disease in the form of ill-health and lowered efficiency of many of those who survive. Out of almost every vigorous life there is a tale of weeks or months lost by reason of ill-health. But the most formidable evil occasioned by disease is the uncertainty of life and the resultant waste of human effort."

* * *

"If the belief is nurtured that the medical art of to-day can effectually intervene in the course of disease, this ought to be dismissed as illusion. Putting out of consideration the case of one or two infective diseases which can to some extent be controlled by remedies placed in our hands by chance and, further, the case of diphtheria—a disease for which an effective remedy has been furnished by medical research—it may be affirmed with confidence of the medical art, as at present practiced, that it can do practically nothing to avert death from a virulent bacterial invasion or to bring about a cure. The thoughtful and conscientious physician has absolutely no illusions on this subject. Confronted with an acute bacterial invasion, he does not conceal from himself, or from others, that he is quite in the dark and that he cannot foresee or determine the issue of the conflict which is in progress in the organism. That conflict will culminate, as the case may be, in the recovery or death of the patient. Fully cognizant of the limits of his knowledge, conscious also of the risks of ignorant intervention, the thoughtful physician dismisses from his mind all idea of active intervention between the organism and the invading germs of disease. He contents himself with laying aside the drugs, which he feels to be useless, and with looking after the feeding of his patient.

A "brainless" American physician told me the other day that it was the opinion of his profession in his country with respect to that Christian science which is the negation of the medical art that if only the Christian scientist had a little science, or the physician a little Christianity, it would hardly matter in serious illness which of the two was called in, provided that the patient had a very good nurse. It is many a true word that is spoken in jest."

As to surgical methods, he says:

"Even if the medical art cannot control the bacterial infection it may be suggested that by surgical methods it is now said to be possible to cope effectually with any localized bacterial infection. That claim should be accepted with very respectful reserve."

In regard to disorders of the chemical machinery of the body: "It

cannot honestly be said that we have any real knowledge of the morbid chemical processes which are associated with gout, diabetes or Bright's disease."

He then inquires how far the problem of disease can be solved by sanitation—isolation, disinfection and conservancy. To conservancy he gives the credit of diminishing typhoid fever and of practically eradicating dysentery; but goes on to say that in infectious diseases these measures of sanitation are impotent, as shown by the failure to prevent the dissemination of the plague in India and the wide diffusion of tuberculosis.

"Above all we must keep always before us that the sanitarian of to-day goes about his work with scales of ignorance over his eyes. We do not even know today, tho all the world felt that it had certain knowledge on the subject yesterday, whether or no the infection of scarlatina is spread by the desquamated scales from the patient's skin. We are similarly ignorant with regard to the factors upon which the epidemic outbreak of plague depends. We know only that the current statements of the dependence of plague upon filth and of the spread of the infection entirely by rats or chiefly by rats rest on no positive evidence."

"In short, the idea that the world will, by sanitation, be purged from the germs of diseases is a dream."

Discussing the question how much promise there is in the solution of the problem of disease through medical and scientific research. Dr. Wright says that among more than forty millions of the British race there are perhaps a hundred men who can continuously devote themselves to the task of research. "We are not in fact making any effort worthy of the name to solve the problem of disease and we have not in England any appreciable number of workers engaged upon the task of medical research."

In conclusion:

"It would be well if it were realized everywhere throughout the civilized world that every man and woman ought to do something toward making provision against the day when they themselves and those near and dear to them will be in the grip of disease. And in particular the careless rich, who nurture the comfortable faith that when disease arrives Dr. A., or B., or C., whom they know, or, failing him, Dr. X., or Y., or Z., in London, or Paris, or Berlin, will be able to cure their diseases, ought to be disabused of that belief. It would be well for them to realize that the wealth to which they trust to see them through all the eventualities of the future will when their dark hour arrives, be found impotent to purchase for them any effectual scientific aid against disease. That scientific knowledge which alone can avail in the conflict with disease is—practically all of it—still to seek."

ATLAS NOTES.

It seems to be desirable to reprint in this issue, for the benefit of field members, Article VIII. Section 6 of the Constitution, as amended October 29, 1904.

"Graduate members shall be assessed not more than two dollars nor less than one dollar per annum, payable on or before January first each year, which assessment shall be for membership dues and subscription to the Bulletin."

"Any graduate member becoming in arrears for more than one month from the time limit herein stated for payment shall be notified by the Pylorus, and upon refusal or neglect of such graduate member to pay such arrearage, said graduate member shall be suspended, which suspension shall be announced by the Noble Skull and published in the Bulletin."

* * *

The members have all resumed their tasks in school under the new conditions of advanced work. Many of the men have taken their vacation at home or among friends; some who went for rest and pleasure have spent much of the time in experimental application of their Atlas—taught manipulations; others who expected to work diligently practicing have combined with osteopathy much rest and pleasure; others still have passed the summer months in Kirksville taking dissection pathology and other studies. Very fortunate have been some of the juniors who, in the absence of the seniors, were given a chance to assist in the treating rooms. By them the work given under Dr. Dobson in the Atlas rooms is declared to have been a great boon. The vacation must have made all of us better prepared for the year's work before us.

* * *

The first meeting of the year (Sept. 9) was well attended and harmonious. A large number of men were proposed for membership, and we shall doubtless have from the cooperation of those who come in an addition of strong character, mature and robust manhood. The Noble Skull made a little speech at the close which was finely tempered with desire for peaceful and harmonious cooperation to build up and strengthen the club and to achieve great things in its interest. That is the sentiment of every earnest member.

* * *

Dr. J. H. Overton of Tuscola, Ill., has been visiting the club and the school both for the purpose of rest and for treatment for hay-fever.

* * *

J. H. Roebuck and T. H. O'Neill were among the Atlas men who attended the Denver convention.

G. A. Townsend spent the vacation at his home in Dayton, O. He treated some and reports good success.

* * *

W. R. Ure rested at his old home in Saginaw, Mich.

* * *

W. E. Scott spent the first part of the vacation in Kirksville treating both in and out of the Infirmary. During the month of August he was in charge of Dr. Byrne's practice at Ottumwa, Ia.

* * *

J. W. Robinson was with the O'Donnell Elevator Co. at Cleveland, O. doing special work as an expert electrician.

* * *

G. W. Goodell spent the vacation resting at his home, Dumont, Ia.

* * *

W.H. Bennett and O. C. Robertson rested at their respective homes, Maxwell and Panther, Ky.

* * *

O. Leitch assisted his wife, the well known Dr. Alma Leitch of St. Louis, all summer. The doctor reports very gratifying success. While in St. Louis he had an opportunity of watching the operation performed at the Jefferson Hospital on H. T. Root of this city.

* * *

H. L. Owen and F. J. Eimert treated in Kirksville during the entire summer. They think the experience gained fully warranted them in staying.

* * *

E. B. Hart and F. R. Farley ministered to the sick and suffering in Kirksville for some time and since then have been engaged in catering to the pleasures of rural merry-makers.

* * *

Dr. J. J. Schmidt of Danville, Ill., has been with us since the opening of school and is laying plans to take the post-graduate course. During the summer a daughter was born to Dr. and Mrs. Schmidt.

* * *

Drs. E. D. Holbert of Sedalia, Mo., J. H. McGhee of Ashland, Oregon and Arthur Patterson of Wilmington, Del., are among those who have visited the school recently.

* * *

Noble Skull Russell visited during the vacation at Anoka, Minn., and at St. George, N. B.

* * *

T. H. Spence took his family during the summer to Patterson, N. Y.

and the Adirondack mountains. Returning to his former business for a few weeks he superintended the erection of a steel structure in Schenectady, N. Y.

* * *

J. H. B. Scott spent the vacation visiting his former home in Pennsylvania and relatives in Ohio. Mr. Scott is secretary this year of the joint committee to arrange for the Y. M. C. A. Lecture Course.

* * *

J. P. McCormick takes the prize for industry during the summer, for not only was he engaged in manual work in town, but he treated more patients than any other of the juniors called to that work.

* * *

ATLAS FIELD NOTES.

Dr. J. L. Holloway, Dallas, Tex.: "I am glad to see the stand taken by the club respecting field members. The Bulletin has assumed an important place in the ranks of our osteopathic publications and deserves the support of every member. Moreover our pride as Atlas men should impel us to make the ridiculously small contribution in the way of annual dues to maintain the Club. I take no stock in the reputed shortcomings of the club respecting the selection of new members."

* * *

Dr. C. I. Stephenson, Auburn, Nebr.: "I moved here the 10th of April, got first patient the 17th and now have a fine business and still growing."

* * *

Dr. Asa Willard, Missoula, Montana: "I wish the Bulletin a continuance of its present standing which is a credit to the club." Dr. Willard is president of the Montana Osteopathic Association and in that capacity delivers the annual address at this year's convention.

* * *

Dr. T. Simpson McCall has opened a branch office in Batavia, Ill., where he practices three days in each week.

* * *

Dr. Frank H. Avery, Oakland, Calif.: "I read it" (The Bulletin) "with more interest than anything else I take. My best wishes for the health of the club and its members."

* * *

Dr. J. H. Stephens, Dillon, Montana: "I have purchased the practice of Dr. S. W. Miller of this place and am glad to report a fair business."

Dr. S. S. Still ('95) of Des Moines, Iowa, sailed for Denmark in July

for a much needed rest, intending to return this month. Associated with Dr. Still are Drs. Ella D. Still ('97) and Dr. B. T. Higgins, (S. C. O. '04).

* * *

Dr. W. W. Vanderburgh and his sister, May Vanderburgh, had a delightful trip westward to their home, Soledad, Cal., visiting on the way Colorado Springs, Salt Lake City and San Francisco. They spent the summer practicing at Pacific Grove preparatory to settling permanently in San Francisco in the fall. The Bulletin wishes them a full measure of success.

* * *

Dr. Guy E. Loudon of Burlington, Vermont has in preparation for us an article which will appear in an early issue. Dr. Loudon is treasurer of the Vermont State Board of Osteopathic Examination and Registration.

* * *

Dr. Wm. Horace Ivie, San Francisco: "Dr. Sisson and I, in behalf of all the Atlas men here, expect to petition at Denver for an alumni charter.

We have Henderson, Sheldon, Donahue, Martin, Sisson, Morrison, McDaniels, Werkheiser, 45 miles away, Vanderburgh and myself here, and we ought to get some good out of it. I hope that the club will agree to grant our request."

Dr. Ivie is president of the San Francisco Osteopathic Association.

* * *

Dr. J. K. Dozier of Middletown, Conn., has been elected president of the Connecticut Osteopathic Association.

* * *

Dr. A. S. Yewell has changed his location from Greenville, Ky., to Owensboro, Ky.

* * *

Dr. Richard H. Graham of Vermillion, S. D., was married on June 14th to Miss Eugenia White of Kansas City.

* * *

Dr. J. O. Smith has located in Monroe, Wisconsin.

* * *

Dr. C. S. Klein has removed from McKinney, Texas to Dallas, Texas, Wilson Building. Dr. Florence Haile (A. S. O., '01) is associated with him.

* * *

To Dr. and Mrs. C. E. Willis was born, on July 3d, a son. Dr. Willis is located at Enid, Oklahoma.

Dr. E. E. Hardin has removed from Columbia City, Indiana, to Butler, Penn.

* * *

On the 14th of September Dr. George W. Reid of Worcester, Mass., class of 1901, was married to Dr. Eva Greene, class of June 1905. They will both practice at Worcester, 1 Chatham St. They have our hearty good wishes and congratulations.

* * *

Dr. Jno. F. Bone has settled at Weldon, Ill., where he reports that he has, in two months obtained a "pretty good start."

* * *

Dr. Frank H. Smith has returned to Kokomo, Indiana, his former residence.

* * *

Dr. Edwin L. Harris has changed his location from Evansville, Ind., to Owensboro, Ky.

* * *

Dr. Frank A. Crofoot has settled at 73 William St., Lyons, N. Y.

* * *

Dr. John Rieger reports business brisk at his location, Red Lodge, Montana. Mrs. Rieger preceded him in practice at this place. He sends wish "that the Atlas Club may grow beyond our expectations the coming school year."

* * *

Moons may wax and wane, flowers may bloom and wither, but the associations which link the student to his intellectual birthplace are eternal.

* * *

AXIS FIELD NOTES.

The first meeting of the year was held last Wednesday afternoon in the club rooms. Most all of the girls were back reporting pleasant vacations. A few of the Senior Club girls established offices in order to put into practice some of the theories that they had learned in school.

* * *

Dr. Annie Mc C. Brownlee, past associate editor of the Atlas-Axis Bulletin, is now associated with Dr. Robt. T. Dowell at 719 E. 25th St., Patterson, New Jersey. They are enjoying their new surroundings. Having been introduced to a large number of leading citizens, they will no doubt soon build up a large and lucrative practice, and add many new friends to their already long list.

* * *

Dr. Margaret E. Messick passed successfully the Illinois state ex-

amination and is practicing with Dr. Hickman in Princeton, Illinois.

Dr. Boyce is at her home in Trenton, Mo.

* * *

Dr. Katherine McLeod is practicing in her home town, New Castle, New Brunswick.

* * *

Dr. Pauline Mantle has formed a partnership with Dr. Ida M. Fox to practice in her home town, Springfield, Ill.

* * *

In the Griesheim Bldg., at Bloomington, Ill., Dr. Eliza Mantle is now associated with Dr. Albert E. Dougherty for the practice of osteopathy.

* * *

Dr. M. M. Larsh is visiting in Washington. She expects to sail from Seattle, Oct. 10th. for Burmah, India, where she will do missionary work in connection with the practice of osteopathy.

* * *

Dr. Harriet Owen is located in Kingston, N. Y.

* * *

Dr. Spaulhurst is located at Heber, Arkansas.

* * *

Dr. Purnell was with us last Wednesday. She is on her way from Las Vegas, New Mexico, to her home in Ohio.

* * *

Dr. Emily Rutledge is in Chicago for a few weeks attending clinics and visiting the Littlejohn school.

* * *

Dr. Frances Singer has located in Chillicothe, Mo.

* * *

Dr. Rose Bolam is practicing in Dallas, Texas. She says that the sun's rays are so direct and the street cars move so slowly that the citizens frequently get their backs blistered while waiting for the cars.

* * *

The Axis Club is in receipt of Dr. Trabue's announcement card. She is located in Pittsburg, Kansas, and reports a pleasant location and a good business started.

* * *

Dr. Lena Prater is visiting at her home near Galesburg, Ill. She will assume the practice of osteopathy in the fall.

* * *

Dr. F. A. Howe is thinking of taking a P. G. course.

Dr. Lulu Hartwig has formed a partnership with Dr. Annette M. Stockton of Manhattan, Kan. We are glad to know that they have all that they can do.

* * *

Dr. Josephine Hartwig has established an office in Gipson City, Ill.

* * *

Dr. Margaret Carleton an Axis girl of June class, '04, sends her sister to enter the new Freshman class.

* * *

Dr. Gertrude Forrest of Albia, Iowa, brought a patient down last week for examination. She reports plenty of work.

* * *

Dr. Josephine Elizabeth Morelock of Lincoln, Nebraska, will be with us for a few weeks visiting her parents and taking some work in school.

* * *

Dr. May Vanderburgh is practicing in Pacific Grove, California.

* * *

Dr. Ethel Louise Burner of Bloomington, Indiana, is visiting an Axis friend, Dr. Bandle of New York. Dr. Bandle has just returned from a summer in Norway.

* * *

Dr. Lorretta May Lewis of Paris, Ill., assumed the practice of Dr. Cunningham at Bloomington, Ind., while he was away on his honeymoon.

* * *

AXIS REUNION AT DENVER.

A meeting of field members of the Axis Club was held at the Brown Palace Hotel, Denver, Colorado, on Friday, August 18, 1905, at 8:30 a. m., ten members being present, viz: Doctors Almeda J. Goodspeed, Martha Petree, Carrie A. Bennett, Clara Mahaffy, Emma Purnell, Carrie A. Gilman, Ida A. Ellis Bush, Mary E. Noonan, Julia A. Fogarty and Martha A. Morrison.

Drs. Jennie L. Evans and Bertha Buddecke came in later.

Miss Catlow, President of Odontoid Chapter was also present.

On motion duly seconded, Dr. Petree was elected temporary chairman and Dr. Gilman temporary secretary—Miss Catlow, President of Odontoid Chapter read certain recommendations in regard to changes necessary in the constitution for the purpose of separating the National Organization from the local chapter.

On motion, duly seconded, the report was referred to a committee the Constitution, to be appointed by the President.

The meeting then proceeded with the election of officers, as follows: President, Dr. Almeda J. Goodspeed; vice-president, Dr. Martha Petree; second vice-president, Dr. Lena Prater; secretary and treasurer, Dr. Martha Morrison.

The president thereupon took the chair.

It was moved and seconded that the president appoint a committee of four, of which she shall be a member, ex-officio, to draft a constitution for the National organization and also to investigate and report on application for charters. In this connection a letter was read from members of the Massachusetts College of Osteopathy, asking for a charter.

The president announced the following names of members of the committee on constitution and charters: Dr. Alice E. Houghton, Kendallville, Ind.; Dr. Martha Petree, Oregon, Mo.; Dr. Minnie Schaub, St. Louis, Mo.

It was moved and carried that this meeting recommend that a charter be granted to the petitioners from the Massachusetts College of Osteopathy, and that some member of the Axis Club be sent to organize same. On motion the meeting adjourned.

MARTHA A. MORRISON,
Secretary.

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