

# THE BULLETIN

OF THE ATLAS AND AXIS CLUBS.

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## **PULMONARY TUBERCULOSIS: SOME DISTINCT OSTEO- PATHIC PROBLEMS IN ITS PATHOLOGY AND ETIOLOGY.**

W. BANKS MEACHAM, A. B., D. O., ASHVILLE, N. C.

When the serious student of our profession contemplates the monumental achievement of Virchow in pathology and of Pasteur, Koch and Kisastato in bacterial etiology,—when this ambitious, inquiring, osteopathically trained mind ponders over the glories won by the scholars of the present medical world, it becomes to him a momentous question to know if in his own limited field of bony lesion recognition and bony lesion adjustment, there exist new worlds of scientific thought to explore, and if the exploration of these uncharted mental worlds could possibly bring the renown already enjoyed to its fullest in life by the leaders of medical scientific thought today.

All this long evolved idea can be boiled down to the simple affirmative statement that in the osteopathic profession today there is opportunity for original research richer by far in emoluments of honor and renown than has ever existed before in any scientific profession.

As you know, I am located in a resort for tuberculosis. Among the medical profession at my home we have a few well trained scientific minds making a specialty of the study and treatment of this disease. My own part is that of a student of tuberculosis, for I have made no specialty of the treatment of tubercular infections. In eight years I have treated less than 100 cases, and of this number more than 50% remained under my care too short a time for reliable observations. However, I have examined about 500 undoubted cases of pulmonary tuberculosis, and from the number that have remained under my care for as long as three months I have learned enough to know something of the distinct osteopathic problems appearing in the pathology and etiology of tuberculosis. Questions of diet, hygiene, nursing, and even of the pathological processes in the lung as well as the etiological factor of the bacterial agent of this disease, are questions common to both the medical and osteopathic student. The distinctive features of osteopathic science as opposed to other systems of healing are (1) the recognition of

osseous lesions, and (2) the adjustment or correction of these lesions. Therefore, the distinctly osteopathic problems found in the etiology and pathology of tuberculosis must exist (1) in the effect of bony lesions in predisposing the human organism to tubercular processes; and (2) in the effect of the removal of these lesions on the involved tissue.

In considering the bony lesion predisposing to tubercular processes, we must not forget that any and every lesion is to a greater or less extent the cause of some abnormal function of the body. But we must also bear in mind that this fact holds true in every disease. Therefore, in looking for bony lesions as causative factors in tuberculosis we must find a lesion or group of lesions that is present in at least a majority of all cases of consumption.

It is further evident that, in our osseous lesion which we find characterizes tuberculosis, we must establish the relation of cause and effect. For instance, if the majority of a series of cases showed innominate lesions, for anatomical reasons one would not be justified in accepting that mal-adjustment as the osteopathic etiology of tuberculosis. Likewise, if we find deflected ribs on one side, with the pathological degeneration of the lung on the other side, we could not reasonably ascribe the degeneration to that particular bony lesion. But if we can find deflected ribs anatomically connected with the nutrition, innervation and blood supply of the degenerated area, and if such deflections persist throughout the majority of an accepted series, then we would be justified in claiming deflected ribs as the distinctively osteopathic cause. In cases examined by myself, from some of which I took tracings with the Goetz Spinograph, I found a posterior lower dorsal and upper lumbar area. Contrary to my own preconceptions formed by reading medical and osteopathic literature, I found only 15% with the typical flat chest characteristic of what was called tubercular diathesis. However, I do not wish you to regard my conclusions as established facts. My series is entirely too small to admit of definite conclusions, and, besides, my observations have not been checked by other investigators sufficiently to eliminate the error of personal mental bias. I must admit that this bony lesion seems to me the distinct osteopathic etiology of tuberculosis. But science will never recognize such hasty conclusions, and, therefore, it remains for you to furnish incontrovertible proof of the existence of an osteopathic cause for this disease. Any greater renown can come to no man than that honor which will be his who throws the light of this discovery across the dark path of destruction wrought by the Great White Plague.

But just for the sake of showing you a more complex problem,—

a problem the solution of which would mean the greatest benefaction ever conferred upon the human race, let us assume for the moment that a posterior dorso-lumbar area is the osteopathic cause of tuberculosis; then we can see more clearly the import of a new pathology.

To begin with, we must recognize two established facts about this disease; first, that the bacterial agent of tuberculosis is by comparison exceedingly mild and impotent; and, second, that even with the infection present and active within the lung, the symptom-complex resulting is really a disease of nutrition. Therefore, while we have a disease of bacterial origin, the bacterium itself is too inert to overcome the resistance offered by a high state of nutrition and elimination on the part of the human organism. This conclusion puts us back to the medical view-point of consumption,—to a point where we must look for the osteopathic disturbance to nutrition and elimination. Certainly a spine posterior from the sixth dorsal to the third lumbar gives us this interference.

Medical pathology starts and stops with the tubercular nodule on the tissue. With infinite patience and unquestionable accuracy, medical pathologists have determined the genesis and termination of the tubercular node. But they have failed to connect this nidus of infection with the digestive tract. Symptomologically considered tuberculosis is a disease of digestion; pathologically considered it is, in the main, a disease of respiration.

There must be a bond of union. And the mere presence of tubercular toxins in the system does not offer a comprehensive explanation of this digestive phenomenon. The best medical pathologists have noted the intimate relation between the digestive tract and tubercular activity. Loss of fat is one of the most constant early symptoms of activity. And nearly all cases put on fat at the very beginning of recovery.

So far medical pathologists have looked upon this manifestation of digestion and assimilative disturbance as a result of the degenerating processes in the lung. I firmly believe that the weakened digestive tract, with the consequent mal-assimilation is rather the CAUSE of the lung degeneration. Were this systemic disturbance not present the lung tissue would win its battle against the inert bacterium. Hence we can see that germ infection is, in turn, a minor factor in the etiology of this disease.

If it is true that phthisical subjects have a posterior dorso-lumbar spine, and if it is true that an abnormal digestive tract causing mal-assimilation is the major factor in tubercular etiology; then it rests with the osteopathic profession to establish scientifically the bond of union

between a symptomologic disease of nutrition and a pathological degeneration of the lung.

A hint for our method of procedure has already been thrown out by von Behring, a scientific medical investigator of tuberculosis. This eminent authority, in his famous Cassel lecture delivered in 1903, and previously quoted in my address before the New York Osteopathic Society in 1908 (See Journal A. O. A., Dec. 1908), offers this plausible explanation of the pathology of tubercular infection: that the invasion of tuberculosis occurs in infancy through ingestion; that the bacilli cause a break in the continuity of the epithelial lining of the intestinal tract; that, owing to these breaks, secreting ducts of the intestines are partially obliterated, thus obstructing a normal flow of the digestive ferments without which the ingested food cannot be properly prepared for assimilation.

Now the objections to this theory offered by other investigators show (1) that the bacilli can and do pass through epithelial membranes without leaving a cicatrix; and (2) that the bacilli appear in the lung well along in the adult age of the victim,—that is, from age 20 to age 40,—thus necessitating a quiescent state of the bacillus of from 20 to 40 years,—a position, as is pointed out, that is hardly tenable.

Leaving von Behring's theories for the moment, let us turn to some further theories offered in defense of tuberculin treatment of consumption.

We know that all forms of this treatment depend for effect upon the power of the injection to increase the opsonin in the blood and lymph supply of the body. This opsonin is an unidentified chemical compound the production of which is stimulated by the introduction hypodermically of bacteria and bacterial wastes or toxins. Now the question that puzzled the defenders of this treatment has been where is this opsonin manufactured? Opsonin seems not to be a product of any of the known glands of the body. The adrenals, the pituitary body, the thyroids, the spleen, the pancreas,—all under chemical analysis have refused to offer parentage to this substance, opsonin. Therefore, through sheer necessity, students of the opsonic index have taken up the assumption that the tissue cells themselves, at the point of injection, produce this opsonic compound. With this theory I have no fight, provided I may say that the production is not a process of manufacture so much as a process of extraction. In other words, I would say that all living cells in their organism have gathered from their nutrition this indispensable opsonic compound; and that in the presence of toxic wastes they yield up the unidentified substance that prepares bacilli for destruction. In

short, I would place this defensive opsonin in a position dependent upon correct nutrition which in turn is based on a normal intestinal secretion that prepares ingested food for assimilation.

From what I have said I am sure it is already clear to you what problems peculiarly and distinctively osteopathic are before us in the pathology of tuberculosis. The lesions occurring in the intestinal epithelium and the consequent abnormal intestinal secretions must be shown scientifically to be due to our peculiar osteopathic etiology—the posterior condition of the dorso-lumbar area.

Perhaps the problem is not so simple as I have outlined. Columbus sailed out from Palos to discover a short path to the riches of India. Instead, he discovered a Continent that has shamed India in the richness of its treasures. He who undertakes to show by research the path between the symptomologic digestive disease and the pathological tuberculosis of the lung, may reveal a continent of scientific treasure.

Roughly and unscientifically, I am sure, perchance illogically, I have given you these thoughts with the hope of urging you to begin, or at least to support, osteopathic research. To him who is capable and ambitious no profession offers such possible heights of attainment; to him who would spend himself for the mere joy of accomplishing the unaccomplished; to him who would do what others DREAM, I commend these problems of osteopathic etiology and pathology in pulmonary tuberculosis.

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#### REPORT OF A FIFTY-NINE DAY FAST.

NEWTON ALDEN BOLLES, D. O., M. D., DENVER, COLO.

(Read before the Denver City Osteopathic Association, Sept. 3.)

ANSWERING your request for report of a long fast recently coming under my notice, I would say that the young man fasted fifty-seven days exactly, using water freely the whole time, but no other food except a rubbing with olive oil ten hours before breaking the fast. He had suffered from catarrhal deafness, stomach trouble, and chronic nephritis, besides a marked posterior dorsal spinal curvature.

He broke his fast by Fletcherizing a very little of various fruit juices and a little malted milk, proceeding very carefully, taking plenty of time for eating, and following his feelings in food selection, endeavoring without severe effort to realize in practice the idea that fruits and green stuff are the really natural foods.

He had no appetite at first, but it came to him in the form of preference for various things from time to time. He had occasional dia-

rrhoea and constipation following material changes in his food, his appetite becoming almost ravenous at times, but he never became gluttonous. Overindulgence in anything gave him trouble, and so disgusted him with the article that he would want something of a different class; in these differing classes we note those bearing fruit sugars, crystalline sugars, starches, vegetable proteins, animal proteins and fats. He has progressed slowly but well in his convalescence, now twenty-three days under way.

His catarrh seemed much better late in the fast and until the past ten days or so, when it appears somewhat retrograded. Hearing was excellent for a week or so, getting irregular after eating began, and now it seems constantly in the old original condition. An alveolar abscess in the upper jaw has broken several times since eating began, and an ulceration broke into the bladder on the seventh day. This is healing well now. His nephritis seems entirely cured, no albumin appearing since the fourth day of the bladder ulcer, and none before that since the 27th day of the fast, except the 47th day to the third day of convalescence, during which period of 13 days albumin was irregular, but noticeable in amount. It was constantly present from the seventh to the eleventh day of convalescence, evidently coming, as stated, together with blood and pus from the bladder ulcer, and disappearing along with them.

My study of this case during the latter days of the fast and the convalescence to date has been along the lines of dietary and metabolic chemistry revealed by urinalysis, observed imperfectly because of facilities far inferior to those formerly enjoyed in my private laboratory. I am unable for this reason to make my analyses nearly so complete as described in my paper on Uric Acid and Urea published in 1906. The conclusions then announced have had exceptional demonstration in this case, and psychic influences have afforded strong indications of power to modify body chemistry as revealed by urinalysis. A further statement of case history, noting urinary changes and the interpretations given will make this subject clearer.

His mother and grandmother arrived from their Wisconsin home on the fifteenth day, at which time the fast was proceeding quietly. He had been in bed with only a little exercise for about two weeks.

Their well-meant protests, pleadings and other more urgent measures to end this seemingly suicidal proceeding necessarily caused more or less mental disquiet. Urea excretion, which had been low, but not measured, immediately went up to 1.75 grams per hour. Phosphates and purins (uric acid, pyrocatechin, xanthin, etc.) increased; also albumin which had presented only traces on the 47th and 48th days, otherwise

none since the 27th day. Urea continued between this figure and .67 grams per hour, reaching 1.7 grams on the 58th day, during the first 12 hours of his eating. I protested these conditions more and more vehemently the 53rd, 54th and 55th days. He suffered severe stomach pains about the 54th to the 57th days, but CONCEALED THE FACT. Petechiae appeared over the stomach and extended around to the left side about the 54th day, seemingly associated with the pains. Others appeared in the left inguinal and femoral regions just before the bladder ulcer appeared, and a very clear case of left milk-leg promptly followed this, showing evidently severe disturbance of the sacral plexus by the ulcer.

He had intended fasting indefinitely or until appetite should appear. His relatives made him agree to 60 days only, and when his pains, the petechiae, my admonitions and their pleadings all combined to break his determination, he surrendered at the end of 57 days, saying he felt a moral duty to yield under the circumstances. I believe that disuse, atrophy and these psychic influences combined to produce or at least increase the gastric pains and increase the urea, phosphates, uric acid and albumin, all indicating destructive processes. These continued till the 60th day, when marked decrease suggested that disuse atrophy was ceasing because of physiological activity now three days in process. Mental friction was also absent.

The urinary signs of disuse atrophy and mental fear or anxiety appeared to me in 1906 in a case of about three weeks' fasting where the party had gone to bed quite alarmed lest his strength and vitality should forsake him. Urea and uric acid were enormous. Fasters usually eliminate only about one-third to one-half gram urea per hour while everything goes well.

In the present case the variations in food-selection and desires, observed in connection with exercise, intestinal putrefaction, uric acid (assumed to be derived from death of cell-nuclei), urea (derived in part from disintegration of body-protoplasm and in part from DIRECT oxidation of digested but not needed proteins), all taken together have afforded a record of kaleidoscopic if not bewildering variety. The daily and hourly changes in his behavior and the various conditions, studied together with the urinary signs have kept me intensely interested to observe and interpret the findings. In this unusual case I find marked corroborations of the assumption that "normal" urine is far from being "natural" or most desirable. Intelligent study of this excretion reveals much and holds for us in store much light to shine upon physiological chemistry and body metabolism, hitherto entirely unappreciated and even incomprehensible.

With the co-operation of this gentleman, who has quite a mind for original research, I hope to present soon to the A. T. Still Research Institute a complete report as a part of the committee work on Diet and Metabolism. There is much food for thought in this case, and I should be glad of any inquiries, suggestions or experiences from your readers.

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### STERILIZATION OF THE HANDS.

GEORGE A. STILL, M. S., M. D., D. O.

As requested, I am submitting briefly a few points of criticism on an article which appeared in the last Bulletin, under the title "Alcohol as a Cleansing Agent."

The article was simply quoted from the "International Journal of Surgery" and tended to intimate, and pretended to prove, that all one had to do to sterilize the hands, in preparation for major operations, was to rinse them briefly, in a strong solution of alcohol. It is almost incredible how trash like this can creep into literature of supposed merit.

It would be presumed that the editor of the International Journal of Surgery would at least know a few of the fundamental principles, in regard to asepsis and antiseptics, enough so at least, that he would not publish an article, which is incorrect in all its conclusions; which is based on theories, that are disproven daily even in the most elementary laboratories, and in which even plain facts are misstated.

Some articles are so absurdly incorrect that it seems to one, familiar with the technicalities involved, a waste of time to answer them, but when an article is supported by supposed "authorities" and is to be circulated amongst students and practitioners, whose daily work does not bring them in contact with these same technicalities, it may do a great deal of harm, and for that reason I take the time to point out a few of these mistakes, in this particular article.

One point brought was that a very brief exposure to a very strong alcohol would harden the skin and the bacteria so that the bacteria could more easily be rinsed off, while on the other hand the skin would be hard and the bacteria that are actually in the tissue, would not come off into the wound, and also that the pores would be stopped up so that the bacteria in the ducts and cavities of the sweat glands would not escape. A few minutes exposure was supposed to fully prepare the hands for an abdominal operation.

To begin with, the alcohol in this length of time only slightly hardens the tissue and in addition it was one of the earliest methods attempted in the preparation of the hands and its failure made it obsolete, in the

very infancy of aseptic surgery. Not only alcohol, but even formalin, has been used to harden the skin, in the past, and any one who has ever had their hands hardened in formalin knows what this means. The skin is almost like leather and yet after a half hour's work in the abdominal cavity it would easily become soft, the skin around the nails would get ragged, hang nails would appear, and in general, the hand would be in as poor condition as it could possibly get.

The hardening that would come from a few minutes' immersion in alcohol would disappear in a few minutes, so that the hands would have, by the end of the time ordinarily used in an average abdominal operation the softness and consistency that the author describes as being the most dangerous condition.

The author is said to be a "famous military surgeon" and his writings would indicate that he had never worked in an abdomen, and has no concept of the effect of the blood, oil and serum from the warm, moist structures of the abdominal cavity on the hands of the operator. Even where no blood in particular is shed, the fat and oil and serum of the peritoneal structures has the same effect, and a hand hardened by any process will not only soften, but if the person is a normal human, it will perspire very freely in spite of any hardening.

Those using rubber gloves often find a spoonful or more of perspiration in the fingers of the glove after a short period of work in these warm tissues. Indeed, gauze protectors have to be worn inside the gloves to take up this excess perspiration.

The article very strongly declares that even ten or fifteen minutes' scrubbing "only thoroughly softens the outer skin and loosens it up and gets it ready for the scales to slough off" and "for the glands to discharge and the bacteria to be more easily scattered."

This is the only statement in the article that has some semblance of truth. But any elementary student of surgery or any one who has studied high school bacteriology knows that "fifteen minutes" is NOT SUPPOSED to sterilize the hands and that it is only supposed to get them in about the shape stated by the author, and that THIRTY MINUTES is required to get them in condition where they are fit to handle safely peritoneal structures.

A little alcohol and ether to wash the fats out of the skin is not a bad thing and our routine here is to use these for this purpose only.

Several series of experiments which are technically easily performed have long ago proven the inefficiency of ANY CHEMICALS to sterilize the hands or to otherwise get them ready for really serious surgery and has also proven the efficiency of the thirty minutes' scrubbing.

One such series of experiments was published in the *Journal of Osteopathy* some four years ago, these experiments having been performed by students in the laboratories of the A. S. O. They were research experiments in a way, but they have been confirmed, time and again, and there is no possible doubt of their correctness.

One other point in the article, is where it states that the stronger the alcohol, the better, and advises as near absolute alcohol as possible. Now the facts are that long ago it was found that alcohol is a much better germicide at 50% strength than at 99 or 100%, for the reason that when too strong, it will not penetrate the tissues, and neither will it as readily penetrate the germs. Indeed, most texts on the subject advise the use of a 50% solution, IN PREFERENCE TO ANY stronger one.

In the race to get something new in print it has become too much of a custom to publish most anything labelled "A Discovery", especially if it is from some foreign author, whether he was ever heard of before or not, and the medical press is full of articles almost as bad as this.

Let us as far as possible keep our own literature free.

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#### NEBRASKA STATISTICS ON APPENDICITIS.

BYRON S. PETERSON, D. O., ALBION, NEB.

(Collected by Dr. Peterson and read at the Eleventh Annual Meeting of the Nebraska Osteopathic Association at Omaha, Oct. 4, 1910.)

The following has been collected during the past year. There should have been more reports sent in, and the main fault I think is due to the fact that practitioners do not keep case records and simply depend upon memory. Nevertheless the reports are interesting in that they show what we can do with appendicitis. The following questions were sent out as the year before the A. O. A. case report blank was used and very few answers were returned. I should like to see the A. O. A. case report blank used and each individual case reported, but this cannot be done if practitioners depend upon memory. Each practitioner should keep a record of cases.

Questions and answers are as follows:

1. How many cases of appendicitis have you treated? 75.
2. How many cases were cured? 55.
3. How many cases were not cured? 20.
4. How many cases were benefited? 55.
5. How many cases were eventually operated upon? 10.
6. In how many cases were there evidences of suppuration? 17.

7. Average number of treatments in acute cases. 10.
8. Average number of treatments in chronic cases. 26.
9. In how many cases were there bony lesions? Some answered unknown, but nearly all did not answer the question.
10. What was the most common lesion found? The concensus of opinion is that the lower dorsal and upper lumbar region. One states that downward displacement of ribs on right side. Another states right innominate posterior.

1. How did you control pain in acute cases? Pressure on angles of lower ribs on right side never failed. Strong inhibition at 12th dorsal. Ice packs and morphia. Two reported heat as the best method.

12. What were your instructions about diet in acute cases? All advise no food.

13. What were your instructions about diet in chronic cases? Exclude sweets and pastry. Allow some meat. Drink water, and attention to stool. Use of foods that should leave a residue in bowel.

Two individual cases reported: One by Dr. Atzen. One acute cases passed considerable pus. Ten treatments were given in all. One by Dr. Peterson. Called in a few days after patient was attacked. Formation of pus then showing as tumor formation. Readily seen on inspection. Operation was advised but patient refused to have it done. A few days later pus was found in stool and uneventful recovery occurred. Seven treatments were given in all.

For two years there have been reported to me the following:

How many cases of appendicitis have you treated? 166.

How many cases were cured? 111.

How many cases were not cured? 55.

How many cases were eventually operated upon? 21.

How many have you treated for pain, constipation, adhesions, etc., after operation? (Reported) 36.

REMARKS.—The above is summarized from reports sent in. From the records you will notice that the percentage of cures is about 67%. The figures would be more scientific and valuable if each individual case was sent in. To make the reports valuable they must be stated in a scientific manner and it is my opinion that some of the reports are guess work. These reports have been excluded. A good start has been made and I would recommend that reports be kept up and asked for.

## OSTEOPATHIC GLEANINGS.

## Why I Believe in Osteopathy.

HOWARD T. CRAWFORD, A. B., D. O., BOSTON, MASS.

After a practice of ten years, a retrospection is perhaps pardonable. First let me say that I believe more in osteopathy than I did when I first hung out my shingle back in '99, and I believed in it pretty thoroughly then. A statement of the reasons for this belief, which were cogent then and more so now, would possibly be of value.

I believe in osteopathy, then, because, primarily, it cures disease. Not every disease, to be sure, but a great majority of them. The people who are coming to me now are friends of those who came years ago. There must have been some help afforded the first-comers, else would the later patients have stayed away. Osteopathy does relieve pain, straighten the cripples, restore the palsied, and make life brighter for multitudes of sufferers.

Secondly, I believe in osteopathy because of its reasonableness. One does not have to believe something that the intellect balks at; but a rational and consistent theory of the causation of disease, such as is the basis of osteopathic procedures, meets with the approval of thinking people. Every one knows that the body is a machine, and that machinery is subject to wear and strain, and, therefore, in need of occasional adjustment.

Thirdly, I believe in osteopathy because of the ease with which the remedy for a given trouble can be chosen. If a misplaced cervical vertebra or a sub-dislocated innominate bone be the diagnosis, the treatment is obviously to replace the misplaced parts. There can be no confusion or multiplicity of remedies as in other schools of practice.

Fourthly, I believe in osteopathy because by its use I have seen invalids, supposedly hopeless or suffering from incurable diseases, restored to a life of at least partial usefulness. Yes, it has even been my privilege, as it has that of many another osteopath, to take charge when physicians of other schools have given up hope, and to see the patient saved from an end which appeared inevitable. Success under such circumstances is indeed good ground for belief in the efficacy of osteopathy.

Briefly then, I believe in osteopathy because I consider it the most rational method of diagnosing, treating, and curing disease, and the results of a decade of practice strengthens me in this belief.

## Is Medicine Losing Caste?

Is medicine, as a profession, losing ground in public estimation? Have physicians, as a rule, less of the confidence and respect that was once accorded to them? Many think so, we are told by Dr. George F. Butler, of Wilmette, Ill., professor of therapeutics in the Chicago College of Medicine. Writing in the *New York Medical Journal* he ascribes this loss of confidence, assuming it to exist, to excess of materialism on the physician's part, to the incompetent practitioners who have crept into their ranks, to their lack of sympathy with patients, to the growing public dislike for drugs, to the passing of the old "general practitioner," and to the failure on the part of the laity to recognize the necessary limitations of any form of applied science. Some of these things are the doctor's fault, but not all. Dr. Butler first blames his profession for being "too scientific." He writes:

"We have devoted too much attention to the study of disease and not enough attention to the suffering individual. We have neglected the treatment of ill persons in our effort to make an exact terminological diagnosis. Some of the most eminent members of our profession have publicly said that little if anything could be done in the way of effective treatment of diseases; that all that could be done, all that was necessary, indeed, was to prevent disease if possible, and when a person was ill to make a diagnosis and leave the cure to God. It is by reason of this neglect to try to do something to relieve the sick man, that he is led to turn his back upon scientific medicine and seek some quasi-scientific, charlatan, Christian Scientist, or some one or something that promises relief regardless of the nature of his ailment.

"An adequate study of man and the diseases that afflict him takes into account all his faculties and functions, mental and nervous, as well as physical: all his surroundings, the conditions of birth, of parentage, and hence of inheritance. Man is a complex being, a conscious spark of divinity embodied in matter, and no part of his nature can be neglected or ignored without affecting the whole man in a greater or less degree.

"The practice of medicine seems to have little regard for anything beyond man's physical being. Mental, moral, and spiritual diseases far outnumber those of the physical body. More than half our diseases, as well as countless criminals and so-called defectives of society, are of mental origin. Neither politics, civil statutes, nor physic will cure all the ills with which mankind is afflicted; for vicious habits of thought, greed for place, for power, for money, selfishness, etc., may be inherent affections of all humanity. \* \* \*

"Another strongly developed fault in the profession is the lack of sympathy with patients, and the tendency to look upon them as merely 'cases,' or, as in hospitals, 'material' for clinics or demonstration. This view, largely fostered and developed in the hospital graduate or attendant, is likely to be carried too far in private practice. The man or woman who is ill wants to be and is entitled to be considered a living, ailing human being looking for aid to recovery, and not merely another case of typhoid, pneumonia, or what not, in the statistical material of the doctor's clientele. Doctors waste a great amount of time and energy gathering statistics.

"They are busily engaged trying to discover the cause and prevention of diseases; and this is a most important and praiseworthy study; an absolute necessity for the advancement of medical science, but they should devote a little more time to the study of therapeutics; to strive harder to cure and relieve people who are already sick and demanding restoration to health. It is of less importance to these sick ones to know just where they inhaled the germs of pneumonia that are now playing havoc with their lungs or with what food they ingested the typhoid bacilli that are now hastening them toward the brink of the grave, and how they might have avoided becoming infected; of less importance to know this than it is to receive efficient remedies to help overcome the malevolent germ and toxins afflicting them."

Again, the writer goes on to say, the idea is getting to prevail that every illness demands a specialist. Each patient makes a diagnosis of his own case and selects his own specialist, who very likely takes into consideration only the phases of the case with which his own work has to do, neglecting the organism of the patient as a whole. Thus the esteem of the general practitioner is still further depreciated. To quote further:

"But, perhaps, one of the greatest reasons why the medical profession is losing caste is to be found in the relations of the members shown between each other, which cannot but be observed and debated upon by the public. With many noble exceptions and in spite of the progress and liberality of the age, there is still altogether too much bigotry, more of the spirit of intolerance and persecution in the medical profession of today than among almost any other class of equal intelligence. The reason for this may be found in the innate selfishness of human nature so often placed on trial by self-interest; and again it may be that the inherent egotism of each individual causes each one to consider every other one inferior in every way, and this because things do not present exactly the same appearances from different view-points, though the

one considered inferior may be as near or nearer the truth than the other. But, whatever the cause, it is only too apparent that this lack of tolerance, illiberality, disunity, and absence of fraternal loyalty is one of the disintegrating and most weakening forces at work among the profession. It is undermining the solidity and aggregate power of what should be one of the greatest and most influential organizations of society, and casting disrepute upon physicians individually and as a whole.\* \* \* \*

"Considering these various causes one is led to cogitate upon the benefits, if any, that have accrued to humanity in general, that have been brought about by the development of this attitude. Perhaps the greatest benefit has been an increase in general intelligence of the laity, especially along the lines of a knowledge of a proper care of the body, exercise of the rules of hygiene and sanitation, etc., which has undoubtedly improved the health of communities as well as that of the individual. The prominence given to public discussion of matters medical has given people an idea of the true value of medicine, in a way, and the result has been a marked decrease in the use of patent medicines and indiscriminate self-drugging, which was an evil of no inconsiderable proportion.

"By a comparison of the various means presented of restoration or preservation of health the public has come to have a more discriminating mind in the choice of a medical adviser, and this will necessitate a degree of ability in the members of the profession not always deemed necessary heretofore. It has brought the physician, too, to a realization of his limitations and the necessity of his continual self-improvement."—Literary Digest.



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Copies lost through change of address without notification can generally be furnished by the editor at ten cents per copy.

KIRKSVILLE, MO., OCTOBER, 1910.



**Advertising.** As we are about to go to press word has come that one of our field members has recently resorted to the public press as an advertising medium. The offender is located in one of the larger cities of the country where, no doubt, practice is slow in starting, but we cannot refrain from bringing the matter to the attention of our other field members and expressing our decided disapproval of that manner of making one's presence known. Codes of ethics have been in vogue in the medical profession since the time-honored one was laid down by Hippocrates back in the age of Pericles, more than two thousand years ago. For our own purposes the code issued by the American Osteopathic Association is sufficient guide and should be followed by every practitioner in the field. Advertising in the newspapers, by means of illuminated signs, or by other such methods, have been considered unethical universally and condemned as such. The Atlas Club, as a club, has, since its organization, taken a definite stand in such mat-

ters and has been, or endeavored to be firm in requiring of its members such conduct as is in accordance with ethical principles. Our attitude has gone to the extent of forbidding the use of the club emblem on stationery for advertising purposes and that a field member has violated what we consider a fundamental principle is learned with both regret and surprise. We hope the matter will not continue, but that we may be as quick to hear of its cessation as of its occurrence.

\* \* \*

### Accuracy in Publication.

Two extracts from a recent dissertation on our science can hardly pass without some mention. We are accused by members of the medical profession of incompetency on several grounds. In one community a court opinion is handed down in which the osteopath is declared inferior in his diagnosis to graduates of other schools, but always we maintain, and truly, that osteopathy is founded on anatomy and physiology. Naturally we may be expected, at least, to know something of these two branches, yet it would be somewhat difficult for us to convince an anatomist or any person who has dissected with a fair amount of care that the ordinary lesion "causes pressure on the delicate nerve fibers as they pass out of the spinal cord between these articulations."

Again, "the chain of ganglia along the spine under the five layers of muscles on either side of the spinous processes is the center of the sympathetic nervous system \* \* \*" is an assestion quite out of line with relations described by Cunningham, Piersol or even Potter's quiz.

Typographical errors and gross errors in English are said to be almost characteristic of much of our osteopathic literature, but obvious inaccuracies in some of the simpler points of anatomy are not, to say the least, scientific. Misstatements and exaggerations are sometimes not to be wholly unexpected from members of the laity who have reason to be grateful to osteopathy for results which to them have seemed almost miraculous, but we feel that we should expect accuracy and truth in what falls from the pens of graduates and practitioners.

\* \* \*

### Freshman Reception.

The June class, 1913, were given a reception in Memorial and North Halls at the school building, Saturday evening, October 1st. The halls were tastefully decorated with fall vines and branches, an electric 1913 in the freshman colors hung over the North hall stage, and at the sides of the platform were a model of a freight car and one of the Wabash water tower, in memory of a strenuous color battle wages early in the school year.

The address of welcome was made by the president of the Junior class, Bro. W. W. Howard. A part of the address we quote:

"It is with pleasure that I, in behalf of the June class of 1912, welcome the June class of 1913 in our midst, welcome you as co-laborers in a great field of science, as brethren carrying forward a life-giving message of freedom to man, the message of health without drugs, made possible by the greatest man of the age in the art of healing, Dr. Andrew Taylor Still.

"Truth is born in time, but not in place; no nation, no people or community has any exclusive monopoly of God's truth. Truth is the body of God. In his own providence He sends it through the instrumentality of a nation or people, and in this instance He sent the greatest of living truths for the preservation and upbuilding of man's physical body and for the allayment of the pain of humanity through the medium of Dr. Still.

"What a wonderful awakening has taken place in the last 36 years. When in 1874 Dr. Still first proclaimed the great but simple truth of osteopathy, people thought he was crazy. And when he healed the sick by giving Nature a chance to do what the Creator intended it should do, people thought that he had some hypnotic power and had fooled them into believing they were well. But the evidences of his truth are manifest on all sides and now thousands of people are staunch friends of osteopathy and thousands of people owe their lives to it. It has not merely a local reputation, but is known the world over. And why? Because it is founded on facts. Because it is in harmony with the laws of Nature. Because it relieves suffering humanity.

"I cannot conceive of any profession that could give more satisfaction than one that enables you to step into a sick room to relieve pain and make it possible for invalids to regain their health. I think I am safe in saying that seventy-five per cent. of the students in this institution are here because either they or immediate relatives have been saved from an untimely grave by the science of osteopathy. Students that enter this institution under such conditions are not here for mere pastime, but are here for a purpose, to master the science and to carry it to suffering humanity, to carry forward the great work started by our great leader, Dr. A. T. Still."

Dr. Pratt was the faculty representative for the evening and, desirous of having the new class begin their work with the proper conception of osteopathy, discussed the fundamental principle of the science, "The Human Body, a Machine."

Dr. Pratt opened his address with the admonition, "Follow your leader and fear no evil." Continuing he said, in part:

"This is a propitious time to take advice as to the methods you are to pursue. The theme is a pertinent one because many of the features of the life you are to lead here are at present unknown to you and the route that you should follow should be outlined to you. So we shall discuss somewhat the underlying principles on which Dr. Andrew Taylor Still founded osteopathy and which placed him very high up among great men.

\* "The Old Doctor placed absolute confidence in the omnipotence of our Lord when he proclaimed man as a machine, when he said that this machine, in perfect condition, with all its parts in perfect running order, will carry a person through life in the condition we know as health; that if out of order lack of health, or disease, is the result; and that that lack of health results from lack of adjustment of its parts. That is the simple principle, man, a perfect machine, that is the basis of all our work.

"Further, Dr. Still showed that in this machine each part is dependent on every other part, that the machine is self-regulating and endowed with a sort of operating engineer, and that in that operating engineer we have a force that cares for every part of this machine. If you will furnish it with fuel this engineer will light all the fires, clean out the ashes, regulate the heat, open and close the drafts. Now this regulative power is the blood and the Old Doctor has said, 'The rule of the artery is supreme,' meaning that when good, pure blood is sent to all parts in proper quantity and of the proper quality, the speed of the machine is right; but if the opposite is true, there is stagnation, a congestion as we say, and a loss of speed is the result. That is the beginning of what we know as lack of health, or disease, the condition that lessens the resistance to such an extent that when some enemies, microorganisms, gain entrance they find suitable field for activity and can do their destructive work. Normal blood supplied at the normal rate will destroy these microorganisms because it has a germicidal power.

"This operating engineer is under the control of a chief engineer that you know as the nervous system and it is this chief engineer that is informed if wear or tear in a muscle, in a joint or in any tissue of the body. Then he is able to send the necessary forces to make such repairs as may be needed. These are the fundamental ideas on which osteopathy is based.

"Should maladjustment occur the operating engineer is for the most part able to care for the body. The engine is capable of withstanding

the shocks of collisions. Shafts are broken but the forces within are able to repair most breaks. In comparatively few instances an expert has to be called in, a man who knows with sufficient accuracy the original perfect machine to recognize the abnormal condition and by his knowledge to adjust the structure. Then the blood under the control of the nervous system is given free access to the disordered part, can clear away the wreckage, and allow the machine to go on as it should.

"That is our principle: man, a machine and the osteopath, a mechanic. Hold that idea all the time you are in school and make it your business to know the human body as a machine."

\* \* \*

**Millard-Evans  
Osteopathic  
Lesion Charts.**

We have received from the publisher a set of the Millard-Evans Osteopathic Lesion Charts, the most extensive work yet produced by Dr. F. P. Millard, Atlas '01, of Toronto, Canada, the most widely known artist of the profession, and published by Dr. A. L. Evans, Atlas '99, editor of the *Herald of Osteopathy*. The set of three charts is in the most brilliant of Dr. Millard's and is intended both as an aid to osteopathic students and for practitioners in explaining their actual conditions and the theory and practice of the science to patients.

Charts one and three are drawn from a different standpoint than has been taken before, the double spine idea. The former is taken in sagittal section, lateral to the spinal column and sternum, and the latter is a lateral view of the osseous structure with the nerves and certain of the vessels retained. In either chart two spines are shown, the posterior in normal position with cerebro-spinal and sympathetic nerve connections shown, and the one in the foreground showing various osteopathic lesions and their relation to adjacent structures. Chart two is a back view and is single.

Chart one, double spined and in five colors, is designed to show lesions of the third cervical, second, seventh and eleventh dorsal and second lumbar vertebrae, vertebral and femoral vessels, rami communicantes, vagus, splanchnic and anterior crural nerves and the visceral plexuses of nerves.

The second shows the cervical, brachial and lumbar plexuses, the sciatic and neighboring nerves and vessels and the intercostal vessels and nerves. The lesions displayed are of the first, second, fifth and twelfth ribs, the third and fifth thoracic vertebrae and both innominates. This chart is a posterior view of the skeleton and is in three colors, yellow, red, and black.

The third chart, like the second, is in three colors, but is a lateral view of the bony framework with the main vessels and nerves, particularly the sympathetic ganglia and connections, intact. The first and second ribs are drawn upward by the scaleni muscles, the innominate in the background is rotated backward with the consequent upward drawing of the acetabulum and shortening of the limb, and the coccyx is indicated as subluxated both forward and backward.

The charts are 22x38 inches in size, lithographed and are bound with bronzed tin at top and bottom. They are being published by Dr. A. L. Evans, 214 12th St., Miami, Fla.

\* \* \*

**Dr. Meacham on  
Tuberculosis.**

Our leading article, that on Pulmonary Tuberculosis by Dr. W. Banks Meacham, was written at the suggestion of Dr. Carl P. McConnell that Dr. Meacham continue his work along the lines of the ideas he advanced in a paper read before the Kentucky Osteopathic Association in the late spring and published later in the *A. O. A. Journal*. Early in the summer Dr. Meacham wrote us that he would prepare the paper for an early issue of *The Bulletin*, continuing his earlier ideas. After the paper was written a short notice for an address made it necessary for him to read it before the Kentucky Osteopathic Society, Sept. 27, and he did so with the expressed condition that its publication be reserved for *The Bulletin*. We are extremely grateful to Dr. Meacham for the paper and to the Kentucky Osteopathic Society for their courtesy in the matter.



Saturday night, Oct. 8, was given over to an open meeting, the first of the present year, and the first opportunity members of the new class had had to visit the club rooms. Earlier program meetings had been prevented by the recent repairs in the rooms. After an enjoyable program, with addresses by Dr. R. E. Hamilton and Dr. Pratt, light refreshments were served. The program:

Selection .....	Atlas Club Orchestra
Piano Solo .....	F. S. McGonigle
Early Days of the Atlas Club .....	Dr. R. E. Hamilton
Violin Solo .....	A. S. Hollis
Address .....	Dr. Pratt
Vocal Solo .....	W. K. Jacobs
Selection .....	Atlas Club Orchestra

Excerpts from Dr. Pratt's address we quote because of the vital importance at this time of the ideas which he expressed on two subjects, The Owen Bill and Osteopathy and Medicine.

"The Owen bill, the bill that has been in process of formation for some months, looks to the formation of a National Bureau of Health, a bureau to be placed under the control of the American Medical Association. By the passage of such a bill this association would have almost complete control over things therapeutic in the entire United States and the act would place in the hands of the A. M. A. the worst possible menace to us as osteopaths. The American Medical Association would be very glad to send us back to the lines of work from which we emigrated. The evidence of this is shown when they come out in every legislative fight and resort to every sort of means to cut off any kind of bill, or failing in this, to modify the bill in such a way as to give us no rights,—no right to sign birth and death certificates or to do any of the things to which we as physicians should be entitled. This bill has precisely that end in view except that it is to establish a national control and would place us directly in the hands of the American Medical Association. The bill is the culmination of years of effort. It has approx-

imately one hundred thousand supporters and there are but five thousand of us osteopaths. What I want to see is that every man of you here, Atlas men and visitors, your friends and relatives get at your legislator. Have the fact presented to him that there is a strong, active element opposed to the passage of this bill, that he can see the right of the thing and that it is not right for such unbridled power as the act would give to be placed in the hands of one school of practice. Now is the time to do something for osteopathy and if the Owen bill should go through we as osteopaths would stand absolutely no chance of maintaining our identity. \* \* \*

"There has been much agitation among those not in the profession and some of those in the profession about amalgamating osteopathy with medicine, and by medicine I mean mixing osteopathy with giving drugs. Again there has been much discussion as to whether in our osteopathic schools we should not give the M. D. degree. I believe these questions are both very serious menaces to the profession because I believe in the basic principles of osteopathy and that does not go with drug giving or drug taking. We believe in the body as a machine, that this machine has recuperative powers, that structural derangement is at the bottom of diseased conditions and that what a physician can do and all he can do is to remove obstructions. We believe that the bony lesion is the strong factor in the production of disease, that the removal of the lesion removes the obstruction and gives Nature a chance to do her work, and that this serves to relieve and in many cases to cure the condition.

"Medical men all over the country, and by medical men I mean allopaths, are realizing that there is something in osteopathy. They scorned the idea for a long time but when their patients left them and became restored to health by our treatment they came to realize there must be some merit in our system. When some of them have investigated osteopathy they have had their worst fears realized. Some with more or less candor have come forward with the assertion, "We must take osteopathy and make it a part of our armamentarium." Osteopathy is not a part of medicine. It is a separate, individual school. We cannot cure pediculosis pedis or pediculosis capitis by giving a cervical treatment, of course not. But we can do more for most conditions than can any other line of therapeutics. Some cases, of course, are surgical but osteopathy is distinct from all other methods of treatment and unless we hold to our individuality we shall become just like Jones who sells his business for two shares of sugar stock. Just as surely as we merge our identity we shall lose it at once.

"These things are grave menaces to us as osteopaths. The med-

ical men want osteopathic technique as a part of their curriculum. We are criticized because of our weakness in diagnosis and in our laboratory technique, and we are still weak all along those lines simply because of the newness of our profession and our schools. The laboratory facilities of the great medical schools, their work in pathology and in diagnosis are excellent, but in treatment they are lamentably weak. In treatment they have to rely on diet, nursing, hygiene and WATCHFUL EXPECTANCY. In our treatment we have those methods to offer and one thing more—the bony lesion, or THE LESION, whether bony, ligamentous or muscular. They have us at present beaten in diagnosis because we have had a long, up-hill fight for our existence, but that condition will not last. Of more moment than any of the other things in our treatment is that lesion. That is the thing that distinguishes us from those of the other schools and that is the thing they want. They ridiculed the idea at first but now they say, "Make it a chair in our schools, teach it as an adjunct." When that happens, when we are merged with the other school, we are lost. When mechanotherapy is a part of the drug system it is not osteopathy."

\* \* \*

Seven of the club members have hired the Eckert house on East Washington street, one block from the square, and are maintaining an open home for Atlas members. In addition to those who live in the house about twenty others have joined in forming a boarding club that, though but recently organized, promises to be a great success.

The securing and maintaining other quarters does not mean that the club has moved from East Harrison street as the rumor went for a time and, other than that those concerned are all Atlas men, has no bearing on the activities of the Atlas club as such.

The house and dining club seem to be the nearest possible approach to the conditions hoped for in the club house proposition of the past winter and the men are highly pleased with the present conditions.

\* \* \*

Dr. John V. McManis, Atlas '05, formerly of Baird, Texas, has returned to Kirksville for a year of post-graduate work. Dr. McManis plans to locate in California and must complete a third year of work to comply with the board requirement in that state.

\* \* \*

H. J. Fulford located at Shawnee, Okla., and writes: "Was glad to receive The Bulletin and to learn that everything has started at the old stand. Remember me to all the Atlas brothers. I would urge them to come to Oklahoma, the land of opportunity. Don't be afraid of the State Board examination, for they passed me and it will be easy for you."

Dr. J. Meek Wolfe, Atlas '09, writes from Lynchburg, Va., that The Bulletin has not been reaching him. Dr. Wolfe was a member of the "Skidoo Class" and was an M. D. before coming to Kirksville, but his attitude toward the older school is shown by the following extract from his letter: "The longer I practice osteopathy the stronger is my faith and the more I wonder what the future of allopathy can be. My four years medical course only serves as proof to me that drugs are absolutely powerless to cure disease. Otherwise it was absolutely worthless and if I had my time to go over I shouldn't think of studying medicine."

\* \* \*

Geyer has hardly forgotten the Atlas members as yet, in spite of the strenuous practice in which he is engaged with his wife, Dr. Elizabeth Geyer, at Goshen, Ind. More than that he even had a longing to be back in Kirksville, he says.

"The arrival of The Bulletin," he writes, "caused a feeling of homesickness and I long to be back in the old hall again. The only way I could get over the desire was just to sit down and write to the boys at the club. The Bulletin is a dandy, the line-up of officers is something to be proud of and I feel sure the club is in safe hands. Business is good. Treated twenty-seven today and have seventeen booked for tomorrow beside going into the country to see our latest addition to the population, an eight and a half pound boy."

\* \* \*

An interesting letter comes from Dr. G. S. H. Wilson of last year's class, who is in the offices of Drs. Edgar D. and Mary L. Heist in Berlin, Ont. That has been the site of one of the epidemics of infantile spinal paralysis and a part of Dr. Wilson's letter touching on the subject is well worth quoting:

"I am at present with Dr. Heist, a man who has been very successful as a pure osteopath and consider myself fortunate in having the opportunity of spending a year with him. At the present time we are having our hands full with that infantile paralysis outbreak and I may say that we have the advantage of the M. D. and have saved some from the other world who would have been there had not an osteopath been called in and the M. D. dismissed. It is interesting to note that two cases who were under medical treatment died mainly as the result of auto-intoxication from failure of drugs to effect a bowel movement. One case we got in that condition had gone for four days and the child was unconscious. \* \* It took a few hours before we got the bowels free. Just as soon as this was effected consciousness returned and after following up treatment in the lumbar, the paralysis cleared up in about two

weeks. All cases which we get early clear up finely, while those coming after the third week clear up very slowly. The lesions we find in practically all cases are in the lower lumbar. \* \* \*

\* \* \*

Some of the past editors, at least, remember when they were in Kirksville endeavoring to fill the pages of The Bulletin. Three of them have been heard from in the past month and all have promised their contributions as soon as they can prepare them. From Alexandria, La., comes a letter from Dr. Houston A. Price, '09, in which he says:

"Having served the club as editor of The Bulletin during my senior year and as business manager part of the previous year, I feel that I know something of what it means to try to get material for publication, from field members especially. \* \* I will prepare something \* \* as soon as possible, shall give you something from my own experience and will also give some interesting case reports. Have just closed my first year of practice and the prospect is very propitious."

\* \* \*

Dr. Frank E. Avery has located at Erie, Pa. He took the practice of Dr. E. E. Basye at Fargo, N. D., during the summer, but went east last month, opening an office at 523 West 8th Street.

\* \* \*

Dr. T. H. Weidlein sends a card asking to have his Bulletin mailed to 523 Division St., Burlington, Ia., where he is practicing in the office of Dr. J. S. Baughman, Atlas '00.

\* \* \*

Dr. S. R. Love, Atlas '03, of DeLand, Florida, and Thousand Island Park, New York, has formed a partnership with Dr. Grace Gould, a graduate of the Philadelphia College of Osteopathy. Dr. Gould was in charge of the DeLand office during the summer months, while Dr. Love was at Thousand Island Park. Dr. Love relieves her this fall, while she has her vacation and then during the tourist season, from December to June, they will practice together.

\* \* \*

Dr. Leon B. Hawes, Atlas '03, of Adrian, Mich., has removed his offices from the Lenawee County Savings Bank Building to the National Bank of Commerce Building, a new structure having the advantage of elevator service, the first building in the city to have this modern equipment.

\* \* \*

Dr. Harry Montis Vastine, Atlas '00, of Harrisburg, Pa., sailed August 2d for Europe, via the Noordham for Boulogne, toured France,

Switzerland, Germany, Holland and Belgium, incidentally visiting Oberammergau. He will return to New York City from Bremen on the North German Lloyd Steam Ship Barbarossa. This European trip prevented Dr. Vastine from attending the A. O. A. convention, but he sent a message voicing his firm allegiance to the A. T. Still simon pure brand of osteopathy and to the independent examining board idea.

\* \* \*

Dr. David Mills, Atlas '03, of Alpena, Mich., has sold his practice to Dr. A. B. Carter, now of Flint, who took possession of the practice October 1st. Dr. Mills has gone to Ann Arbor to do some special work at the University of Michigan. Dr. Mills' address at Ann Arbor is 715 Church St.

\* \* \*

Dr. Chas. Homer Woodruff, Atlas '01, of Mexico City, Mexico, has won for himself a high reputation in the city and has been appointed house physician to one of the leading hotels in that city.

\* \* \*

Dr. M. J. Grieves, Atlas '09, of Peoria, Ill., has opened a branch office at Tremont, and will visit that place on Friday of each week. The new office is at the home of Mrs. S. J. Leonard.

\* \* \*

Dr. Charles Hazzard of New York was one of the speakers at the tenth annual meeting of the Ontario Association of Osteopathy at Toronto, Sept. 5. At the election of officers Dr. F. P. Millard, Atlas '01, was made assistant secretary and Dr. S. B. Detwiler, '10, and Dr. Asa G. Walmsley, '01, two of the trustees.

\* \* \*

Dr. H. S. Loving, Atlas '04, and Dr. Wilden P. Snare, Atlas '07, of Denver, Colo., have dissolved partnership by mutual consent. Dr. Snare retains the old office at 508 Temple Court Bldg., and Dr. Loving has opened an office at 423-424 Commonwealth Bldg., Fifth and Stout Streets.

\* \* \*

Dr. A. L. Evans, Atlas '99, editor and manager of the Herald of Osteopathy after being in practice at Chattanooga, Tenn., since graduation, has moved to 214 12th St., Miami, Fla., where he will practice and maintain the editorial and business office of the Herald. Dr. Evans believes that this move will not seriously affect his publication which is prospering as never before and he aims to keep it up to its present standard.

Dr. Thomas H. Spence, Atlas '06, and Dr. Alice M. Spence, Atlas '06, announce that after Oct. 1, their only New York office is at the Montana, 35 Mount Morris Park West, corner 124th St., New York City.

\* \* \*

**MARRIED.**—At Columbus, O., Sept. 29, Dr. B. H. Tatum Becker and Dr. Emily Cohal Blue, both of the June class, 1910. Tate went from Kirksville to Virginia and was one of the three osteopaths who took the State board examinations, all of whom passed, while seventy-three of the one hundred and seventy-five medical men failed. But Virginia was too far away and Tate struck out for Columbus where he opened an office in the Harrison building. Dr. and Mrs. Becker will be at home after Nov. 1, at 167 W. Ninth Ave., Columbus. The best wishes of The Bulletin and the Atlas Club are extended to them.

\* \* \*

**MARRIED.**—At Normal, Ill., Sept. 28, Dr. Charles P. Hanson, '10, and Miss Bernice Alena Bright. At home after Nov. 1, 838 West Clay St., Bloomington, Ill.

\* \* \*

**MARRIED.**—At Bristol, Tenn., Oct. 5, Dr. A. L. Dykes, '04, and Miss Bessie Lee McCrary. At home at the Hotel Hamilton.

\* \* \*

**MARRIED.**—At St. Louis, Mo., Sept. 20, Dr. C. E. Dove, '08, of Glendive, Mont., and Miss Annette Emily Hoffman. At home at Glendive, Mont.

\* \* \*

**BORN.**—To Dr. and Mrs. J. G. Dawson, of Jackson, Tenn., Sept. 30, a daughter, Dorothy.

\* \* \*

**BORN.**—To Dr. and Mrs. David N. Morrison, New York City, Sept. 24, a daughter, Jacquelin.

\* \* \*

**BORN.**—To Dr. and Mrs. P. W. Gibson, of Winfield, Kans., Oct. 20, a son, William Preston Gibson.

\* \* \*

**BORN.**—To Mr. and Mrs. Allen B. Caine, at Kirksville, Mo., Oct. 6, a daughter.



#### OFFICERS OF THE AXIS CLUB.

President, Mrs. Christine Irwin.  
 First Vice-President, Mrs. Lucy Hull.  
 Second Vice-President, Mrs. Jennie Beckler.  
 Financial Secretary, Mrs. Sarah Balfe.  
 Recording Secretary, Miss Mary G. Crossman.  
 Corresponding Secretary, Miss Ruth McBeath.  
 Treasurer, Mrs. Mabel Payne.  
 Chaplain, Miss Ella D. Coltrane.  
 Escort, Mrs. Elizabeth Lane.  
 Janus, Miss Jennie Chase.  
 Librarian, Miss Emily Malcolmson.  
 Editor, Miss Ethel D. Roop.

#### COMMITTEES:

**FINANCE.**—Mrs. Mabel Payne, Miss Mary Emery, Miss Caroline Griffin, Miss Julia E. Finney.  
**COURTESY.**—Miss Council E. Faddis, Mrs. Emma Edwards, Mrs. Lulu M. Kerrigan, Miss Esther Bebout, Dr. Mina A. Robinson.  
**PRACTICAL WORK.**—Miss Armintha Bailey, Miss Charlotte W. Weaver, Miss Grace M. Bales, Mrs. Jennie Beckler.  
**PROGRAMME.**—Miss Mai Brauner, Miss Elizabeth Brewster, Mrs. Mabel Still, Mrs. Myrtle C. Riley, Miss Ethel Priser.  
**NOMINATING.**—Miss H. A. Hitchcock, Mrs. Julia I. Chase, Mrs. Fannie Stoner, Miss Mae Foster, Miss Emily Malcolmson, Miss Esther Bebout.  
**SICK.**—Mrs. Julia Chase, Miss Jeanette Hersche, Miss Vera Chalfant.

Dr. Minnie W. True of Barraboo, Wis., recently made a short visit to Kirksville, coming here with a little patient. Dr. True, contrary to the report published last month, has not retired permanently from practice, but is only taking a needed vacation and has not yet decided where she will locate when she is able to resume her work. One of the most enjoyable features of club life is the fact that we are so often able to meet some of the members who have gone out and made a success and who, when they come back to Kirksville, remember the Axis girls and come up and give us a few words of encouragement. Dr. True's talk was enjoyed by all present and we sincerely hope for her that she will be much rested by her vacation and soon be able to get back into practice.

Dr. Elizabeth M. Ingraham, 1901, St. Louis, writes of her change of address to 605 Princess Studio Building, and sends her best wishes for prosperity of Axis Club.

\* \* \*

We are in receipt of the announcement of the opening of the osteopathic offices of Dr. Albertina M. Gross, 1910, in the Woodruff Building, Suite 403, Joliet, Illinois.

\* \* \*

Dr. Zudie Purdon, Axis 1910, is now associated with her sister, Dr. Theodora E. Purdon at 214 Westover Bldg., Kansas City, Mo.

\* \* \*

Dr. Z. A. Nevins, Axis 1903, writes of her change of address from Brazil, Indiana, to 670 1-2 Ohio Street, Terre Haute, Indiana.

\* \* \*

In a recent letter from Dr. Ida M. Rogers, 1910, the Doctor says she sold her practice in Delta, Colorado, to Dr. Grace Parker, 1910, in order that she might be with her husband who has a large drainage contract near Mound City, Mo. Dr. Rogers says her success in Delta exceeded her expectations, but that she did not care to be so far from her husband's work. She expects to be at least two years in her new location and is having offices fitted up in the Punchon Block.

\* \* \*

Dr. Emma C. Crossland of Grinnell, Iowa, writes that since her serious illness in the A. S. O. hospital about a year ago she has not been able to resume her practice. She is at present in Boulder, Colorado, recuperating and hopes to return to Grinnell sometime in the early spring. The Doctor says she feels that she owes her recovery to the skillful and faithful attentions of the physicians and nurses of the A. S. O. hospital and closes earnestly wishing for the Axis sisters a prosperous and happy year.

\* \* \*

Dr. Carrie Mundie, 1909, after spending a year doing P. G. work in Kirksville, has located in her home town, Mendota, Ill.

\* \* \*

Dr. Elizabeth Shupert of Rockford, Illinois, sends best wishes for the club for every kind of success.

\* \* \*

**MARRIED.**—At Moberly, Mo., June 1, 1910, Dr. Victor N. Purdy, 1910, to Miss Julia E. Angell, ex-1912. They are now at home at 197 Carlton St., Toronto, Canada. The best wishes of the Club go with Dr. and Mrs. Purdy in their new home.

Dr. Grace Wilson, 1910, has gone into partnership with Dr. N. S. Johnson of Grand Junction, Colorado. The Doctor writes: "I am real busy and enjoy the work so much, but miss the girls. Have thought so many times of you all since time for school to begin. Give my love to the Axia girls and may this be a prosperous year for the Club."

\* \* \*

Dr. Josephine Trabue, Pittsburg, Kansas, sends best wishes to all the Club members.

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A letter comes from Dr. May Vanderburgh of San Francisco that is especially encouraging to the local members and to the editor in particular. We have received several letters at different times from field members who apparently did not like the way the local members have attempted to solve the difficulties that have arisen in the past year, so we were more than glad to know that there ARE members in the field who appreciate the fact that the local chapter has the good of all the Club members at heart and have tried to do the best for all concerned. Dr. Vanderburgh says in closing: "I am still as much interested in the Axis Club in Kirksville as I was when in school and think that all the members in the field should be. I hope to hear that you are getting good members and good practical work."

Thank you, Doctor. One good letter like this takes away the sting of several of the complaining kind. We wish more of the field members would quit knocking and begin to boost a little. Perhaps if you would all help we would have a really good Axis department some time.

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**BORN.**—August 7, 1910, at Freehold, N. J., to Dr. H. W. and Grace C. Learner, a son, Harry Wendell Learner, Jr. The Bulletin extends congratulations and best wishes for the prospective Atlas member.

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Below is a short history of those who on Wednesday evening, September 21, were initiated into the Odontoid Chapter of the Axis Club:

#### MEMBERS OF THE JUNE CLASS OF 1912.

Miss Anna Mary Mills was formerly a music student and teacher of Straughus, Indiana. She received her education in the high school and Earlham College at Indianapolis and took up osteopathy because of relief obtained from treatments.

Miss Iva May Caruthers was formerly a critic teacher in Cleburn, Texas. She was a graduate of Peabody Normal School, Nashville, Tenn., and of the School of Education, University of Chicago. She became interested in osteopathy through friends who had taken treatments and through her doctor.



Miss Dora H. Sutcliffe came to the A. S. O. from Prestwich, Manchester, England. She received her education at Choetham Hill High School and Manchester municipal secondary school. She decided to take up the work because of benefits derived by members of the family from treatments given by Mr. May and Mr. Hora, London osteopaths.

Miss Julia A. Larmoyeux was formerly proprietor of a millinery store in Hartford City, Indiana. She has a high school education and was influenced to take up osteopathy by her sister, Dr. Helene Larmoyeux, who was formerly a trained nurse and later studied osteopathy, graduating with the class of 1910.

Miss Helen Augusta Ralcke came here from Bethany, Mo. She received her education in the high school and Normal and became interested in osteopathy because of benefits derived from treatments during a severe case of typhoid fever.

Miss Mary Faires came to Kirksville from Laddonia, Mo., though her home is at present in Endicott, Washington. She is a high school graduate and took up osteopathy because of benefits derived from treatments and a desire to help suffering humanity.

Miss Bess Linsse came here from Augusta, Ky. She received her education in the public schools of her home town and was influenced to take up the work by her brother-in-law, Dr. Pleak, of Hillsboro, Illinois.

#### MEMBERS OF JANUARY CLASS OF 1913.

Miss Kate T. Callahan came here from Crawfordsville, Ind. She was influenced to study osteopathy by her brother, Dr. J. L. Callahan, and received her education in the St. Charles Academy and Chicago high school.

Miss Elizabeth Evelyn Smith was formerly a book-keeper in Asheville, North Carolina. She attended the Asheville Female College and became interested in this work through benefits derived from treatments.

Miss Vera Chalfant came from Kokomo, Ind., where she was graduated from the Kokomo high school. She became acquainted with osteopathy through treatments given to members of the family by Dr. Frank Smith of her home town.

Miss Viola Thibaudau was formerly a student and took four years collegiate course in Kintore, Ontario, before entering the A. S. O.

Miss Jeannette B. Herche comes from Parker's Landing, Pennsylvania, where she was a nurse. She is a graduate of the Parker public and high schools and became interested in osteopathy through Dr. Mary Compton and by reading several articles on the subject.

## LOCATIONS AND REMOVALS




- Andrus, Dr. W. H., from Kirksville, Mo., to 418 Bloor St., West Toronto, Ontario.
- Avery, Dr. F. E., from Kirksville, Mo., to 523 West 5th St., Erie, Penn.
- Bean, Dr. E. H., from Kirksville, Mo., to 20 East Broad St., Columbus, Ohio.
- Bennett, Dr. Carrie A., from Joliet, Ill., to 4065 Eighteenth Ave, Denver, Colo.
- Becker, Dr. B. H. T., from Kirksville, Mo., to 304 Harrison Bldg., Columbus, Ohio.
- Bingham, Dr. Lewis J., from Kirksville, Mo., to 133 East State St., Ithaca, N. Y.
- Brown, Drs. Wm. Clare and Nora R., from Edith Bldg., to 182 Main St., Waterville, Me.
- Campbell, Dr. Ida S., at Summerville, N. J.
- Carney, Dr. E. B., at Salina, Kansas.
- Childs, Dr. Wm. S., from Minneapolis, Kans., to Roach Bldg., Salina, Kansas.
- Cramer, Dr. O. H., from Columbus, O., to 20 Broadway, Bangor, Pa.
- Dellinger, Dr. Lawrence, at Bucyrus, Ohio, Mansfield and Poplar Sts.
- Erwin, Dr. H. C., at 2 and 3 Boak Block, Adel, Iowa.
- Evans, Dr. A. L., from Chattanooga, Tenn., to 214 Twelfth St., Miami, Fla.
- Fechtig, Dr. L. R., from 143 Shelton Ave., to 108 Herriman Ave., Jamaica, New York City.
- Geyer, Dr. E. M., at Hawes-Gartner Bldg., Goshen, Ind.
- Goodell, Dr. Geo. M., from Tama to 623 Story St., Boone, Iowa.
- Gross, Dr. A. M., at 403 Woodruff Bldg., Joliet, Ill.
- Ingraham, Dr. E. M., from N. Vanderverter Ave., to 605 Princess Studio Bldg., St. Louis, Mo.
- Kagay, Dr. Lorena, from Richwood to 405 W. Center St., Marion, Ohio.
- Keller, Dr. Frederick B., at 228 Elizabeth Avenue, Elizabethport, N. J.
- Krill, Dr. John F., at 524 N. Pennsylvania Ave, Indianapolis, Ind.
- Lacey, Dr. H. M., at 1934 W. Adams St., Chicago, Ill.

- Larmoyeux, Dr. Helene, at Alice, Texas.  
 Loring, Dr. Margaret L., at Marseilles, Ill.  
 Martin, Dr. Frank L., from 922 Page St. to 1630 Devisadero St., San Francisco, Cal.  
 McRoberts, Dr. Sarah E., from 5501 Hays St., to Suite 2, Idaho Apts., 5460 Penn Ave., Pittsburg, Pa.  
 Mills, Dr. David, from Alpena, Mich., to 715 Church St., Ann Arbor, Mich.  
 Morris, Dr. L. O., at Henderson, N. C.  
 Mundie, Dr. Carrie M., at Waldorf Block, Mendota, Ill.  
 Nevius, Dr. Z. A., from Brazil, Ind., to 670 1-2 Ohio St., Terre Haute, Ind.  
 Perrett, Dr. Mary E., Vermillion, S. Dak.  
 Price, Dr. Emma H., at First Ave. and Walnut St., New Hoke Bldg., Hutchinson, Kansas.  
 Price, Dr. Houston A., from 430 DeSoto St., to 1027 Third St., Alexandria, La.  
 Purdom, Dr. Zudie, at 214 Westover Bldg., 31st St., and Troost Ave., Kansas City, Mo.  
 Rockwell, Dr. Loula A., from American National Bank Bldg., to Legal Bldg., South Park Square, Asheville, N. C.  
 Rogers, Dr. Ida M., from Delta, Colo., to Punchon Block, Mound City, Mo.  
 Sash, Dr. Ida M., at Eureka Springs, Ark.  
 Sears, Dr. Harriet M., at McCoy, Oregon.  
 Sears, Dr. Pauline, at McCoy, Oregon.  
 Spence, Drs. Thomas H. and Alice M., at The Montana, 35 Mount Morris Park West, cor. 124th St., New York City.  
 Taylor, Dr. Lily F., at 57 Syndicate Block, Minneapolis, Minn.  
 Thomas, Dr. Bertha L., at 821-22 Fidelity Bldg., Tacoma, Wash.  
 Tuttle, Dr. Eva M., at Giss Valley, Oregon.  
 Weidlein, Dr. F. H., at 523 Division St., Burlington, Ia.  
 Wilson, Dr. G. S. H., 39 King St., West, Berlin, Ont., Can.  
 Wismer, Dr. Rose, from Kalispell, Montana, to Malvern, Ia.