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The Bulletin  
of



Atlas & Axis Clubs



DEVOTED  
TO THE



SCIENCE OF OSTEOPATHY

NOVEMBER, 1907

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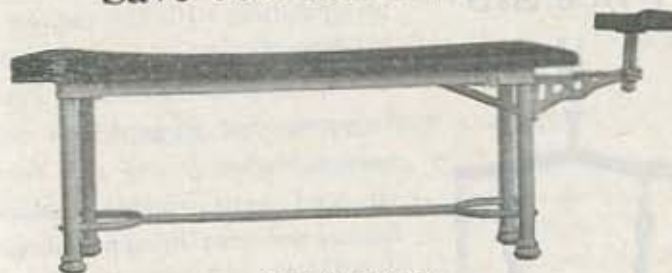
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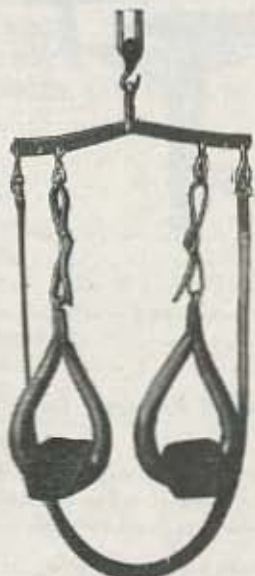


FIG. 1.

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FIG. 2.

# The Bulletin

OF THE ATLAS AND AXIS CLUBS

VOLUME IX

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## TUBERCULOSIS OF THE HIP AND SPINE.

GEO. M. LAUGHLIN, D. O.

THE subject of Tuberculosis of the Hip and Spine is so wide in scope that I can only hope in this brief paper to discuss the general principles of diagnosis and treatment. Either subject within itself would be quite sufficient to devote our attention to in a separate paper, but again in as much as the cause and pathology of the two conditions are similar and that we not infrequently find the two conditions associated in the same individual, it will not be entirely amiss, to present the two diseases together in a single discussion.

I take it that you would hardly care to listen to a recital of the generally accepted theories of the causes of joint tuberculosis, the symptoms, the pathology, the prognosis, the general course of the disease, and the possible complications. The information which I possess upon these topics is no different from that which is found in any standard surgical work, except of course that which I have acquired from my experience in treating this disease by the osteopathic method, or perhaps more properly speaking, as an osteopathic physician. Physicians of all schools of practice who look into the actual conditions of the body as a basis for the study of disease have for some years known the nature of a tuberculous disease, and that in whatever form or wherever located in the body it may at any time become a menace to the patient's life. As to the nature of the disease we as osteopaths possess no information not the common knowledge of all students of this subject, and in fact must admit, not at all to our discredit as an independent profession, that practically all that that is known concerning the nature of tuberculous infections has been discovered, and proven by men of science of antagonistic and opposing schools. But if we representing a new science, have discovered and demonstrated to be true anything in addition to that which is already known in regard to the cause of this disease and have added anything which is of value in its treatment, (which we undoubtedly have) we have the right to proclaim our new and improved methods as an independent

system of treatment. All investigators of this generation are legitimate heirs of the proven facts of science developed by the generations before, and what is true of individuals, is true of systems or professions even though their theories of the cause and treatment of disease is in the main different. There is no question but that of late years the methods of treatment and prevention of tuberculosis in general have greatly improved.

Authorities in the medical profession have very generally discarded the use of drugs for the more natural methods of physical and mental rest, fresh air, and nutritious diet,—all tending to conserve the patient's nervous energy and thus help him to combat the infection; and to prevent the spread of the disease their advice as to hygienic living and the destruction of the tubercle bacillus when found outside the body is certainly commendable.

These measures are of great value in the treatment and prevention of both joint and visceral tuberculosis and should be made use of by us as osteopathic physicians in connection with such manipulative treatment as may be indicated in each case. We mention these procedures not that they should be considered as necessary to osteopathic treatment but a part of it; not the distinguishing part however, for that which has been developed by the osteopathic system, the adjustment of structure, will ever distinguish it from all other systems.

The osteopath therefore who does not treat all his cases with the principle foremost in his mind that disease wherever found is associated with mal-adjusted structure, and that to cure disease he should correct such mal-adjustment or at least prevent further mal-position has not the conception of his science that is generally held by its practitioners, and enunciated by its founder.

It seems to me that the germ theory of the cause of tuberculosis as now commonly accepted by the medical world is entirely compatible with the structural theory underlying the osteopathic system. In fact, the theory that disease is associated with mal-adjusted structure and that such mal-adjustment is a causative factor in the origin and maintenance of disease offers the most reasonable explanation for the invasion, colonization and proliferation of pathogenic bacteria in the body. A nidus for infection, a locally devitalized area, is always necessary to the development of a tuberculous disease. Children in the best of general health often develop Pott's disease or hip-joint disease following a slight injury which produces a change in structure,—slight subluxations, contractures, etc., which are followed by a nutritional disturbance and lessened vital resistance to the parts locally affected. Of

the many cases of spine and hip tuberculosis that have come under my observation I have never known a case to develop following an injury that was immediately treated. It is the neglected minor injuries that sow the seeds for future diseases.

In the grosser injuries the inflammatory reaction following is sufficient to circumscribe the injured parts and thus prevent infection. For this reason we seldom see tuberculous disease of the bones following a fracture or complete dislocation. What we have said here in regard to the relation of devitalized local areas to infection applied to visceral and as well as bone tuberculosis, but it is not to be supposed that in all cases do we get a history of injury. There are many other causes that act to produce a local as well as a general lessened vital resistance, and in connection with which structural changes occur along the spine that so affect the nervous vitality as to maintain a tuberculous disease that otherwise might become self limited under ordinary care.

The causes here referred to are, exposure which results in repeated colds; poor air, insufficient or poor food, chronic ailments, overwork and mental worry all tending to deplete the nervous vitality and thus render the patient liable to any form of infection.

Another causative factor perhaps the most prominent of all, is hereditary predisposition. It cannot be denied that the tendency to acquire tuberculous and nervous diseases is most marked in families where there is a history of such diseases in them. It is the common knowledge of all observers that such diseases as epilepsy, insanity, asthma, tuberculosis etc., frequently affect the majority of the members of a large family. The question might then be asked, "How do you reconcile this fact with the osteopathic theory that most diseases are of structural origin?" These two causative factors do not oppose one another in our causative theory but act together to produce disease. For illustration. It is a natural law for children to be like their parents in temperament and physique. Parents of neuropathic constitutions transmit, not their diseases, but their weak and unstable nervous systems to their children. A child or an adult then with a weak, irritable, unstable nervous system is more apt to acquire disease under the same conditions, than one who has not inherited an unstable nervous mechanism. In either case exciting causes are necessary to precipitate disease, in the first instance the individual with a weak and irritable nervous system is affected more readily by the various exciting causes for disease than the more fortunate individual with the stable nervous system. We see this illustrated in our daily practice, a patient with a slight neck lesion suffers from neuralgia, another individual with a more marked lesion perhaps has no

trouble from it. We again see this point illustrated in the same individual, a patient suffers from an occasional attack of facial neuralgia. When at rest and taking good care of himself he is comfortable. Let him over-work, over-eat or through any other indiscretion reduce his nervous vitality and his nervous system at once becomes more irritable and the lesion, one of the causative factors, immediately affects the fifth nerve and pain is the result. Hereditary predisposition then only acts as a causative factor in rendering one more susceptible to the various exciting causes of disease, such as lesions to the spine and ribs that come directly from injury or indirectly from a thousand and one other causes. It must be remembered however that an unstable nervous mechanism may be acquired as well as inherited.

In taking up the discussion of the hip joint disease I shall touch chiefly upon the diagnosis and treatment.

Hip joint disease is an arthritis of the hip joint, chronic in character, and due to the tubercle bacillus and the other factors already referred to in this paper.

It is by far the most common form of hip trouble, occurring many times to where we find one case of hip trouble of some other form. This is true of children and young adults while in older people hip disease is rare. Difficulties of the hip in people past middle life are usually due to rheumatism, rheumatoid arthritis, arthritis from injury, or fracture of the neck of the femur. One of the most distinguishing symptoms of hip disease is its slow onset. The patient, usually a child, develops, frequently some weeks after a minor injury, a stiffness in the hip that is not at first accompanied with any pain. As time goes on a distinct hip limp is developed and the patient often complains of pain at the knee. The general health may not be impaired. The patient will have times of improvement then periods of exacerbation of symptoms. A physical examination at this time will show the following signs: limitation of motion at the hip; a flattened appearance of the hip, and the innominate on the affected side forward and down, the leg being an inch or two longer than its fellow. Any case presenting this sort of history and the signs just mentioned should be handled very carefully, and a probable diagnosis of hip joint disease given.

The reason for being so particular as to a correct diagnosis in the early stages of this disease is that we may be able to administer the proper treatment and thus in the majority of cases stop the progress of the disease and prevent deformity, which is sure to follow in neglected cases or where the improper treatment is given. I take occasion to mention this matter here as my attention has been called to a number

of cases where on account of the lengthening of the leg, due to the contracted anterior thigh muscles and the consequent tipping forward and downward of the pelvis on the affected side, a diagnosis of dislocation of the hip was made and of course the improper treatment given, with bad results. A word in regard to the pathology of hip joint tuberculosis. The original focus of the infection is usually in the epiphysis of the head of the femur, although it may be situated in the great trochanter, in the acetabulum, in the cartilages of the joint, or in the synovial membrane.

From the original focus the disease spreads until it involves all of the bony and soft structures of the entire joint. The bone undergoes rarefaction and softening and is absorbed or in some instances sequestra of necrotic bone are thrown off. The soft parts degenerate, the cartilages are destroyed and the ligaments and muscular structures near the joint undergo degeneration and are either absorbed or become thickened with fibrous tissue. The disease may become quiescent before it involves the entire joint, it may not under proper treatment spread from its original focus in the bone or synovial membrane wherever it may be situated. But if through irritating treatment or neglect the disease spreads till it involves the entire joint we have the pathological changes mentioned, destruction of the joint and permanent deformity.

I have only spoken so far of the symptoms and physical signs of the first stage of this disease. We may describe the first stage as the stage of lengthening or the stage preceding the breaking down of the joint. During the second stage on account of the progressive destruction of the tissues the affected leg begins to shorten, the head of the bone and acetabulum are more or less absorbed and the muscles still contracted reflexly from joint irritation draw the thigh upward and backward. During this stage a fibrous deposit can be palpated above and behind the great trochanter (an evidence of extension of inflammation). Pain at the hip and knee are more marked, the leg changes from eversion to inversion and is considerably flexed. The third stage is the one in which the deformity has reached its height, there is extreme shortening and flexion and inversion. It is during the second and third stages that troublesome abscesses develop, these always menacing the patient's life on account of the danger of mixed infection.

Many cases however, pass through the various destructive processes and are left with great deformity but in which no abscesses develop. Joint tuberculosis for the most part is a local disease and so long as it remains uncomplicated, although the patient may suffer great deformity, it is no menace to his life, but if abscesses develop and mixed infection takes place those grave symptoms met with in advanced stages of pul-

monary tuberculosis, extreme emaciation, night sweats, fever, and loss of appetite, arise.

The diagnosis of joint tuberculosis is not difficult when one takes into consideration the physical signs and symptoms already mentioned and the slow onset of the disease. There are other diseases that often terminate in joint destruction but they are so different in history that we need only to mention them: they are, acute rheumatic fever, with or without suppuration; rheumatoid arthritis, general or local, and the suppurative forms of arthritis which follow such acute infections as pneumonia, scarlet fever, typhoid fever, etc.

The differential points between tuberculosis of the hip and the post-infectious forms of arthritis just mentioned are: In tuberculosis the disease is slow in onset, in arthritis following an acute infectious disease is it rapid in onset and development. Abscesses in tuberculosis develop late in the disease, in the suppurative forms of arthritis following acute infections abscesses develop within a few days or weeks after the onset of the arthritis. In tuberculosis physical signs develop before symptoms; in acute suppurative arthritis symptoms develop first, and are always very severe, there being marked swelling and pain about the joint which is greatly exaggerated upon the slightest motion.

**Treatment.** In the treatment of joint tuberculosis there are certain general principles that should always be followed. First, the general health should be kept up to its highest point of vital resistance. Attention therefore must be given to matters of diet, and exercise. The patient should be given such food as he is capable of digesting but I believe it not necessary to resort to forced feeding of fats, eggs, milk, etc. Osteopathic treatment here plays an important part, spinal treatment will keep the digestive apparatus in good order and the bowels open and active, digestion and good elimination being necessary to good nutrition of the body. The patient should be given plenty of out-door air but should not exercise to the point of fatigue. Second, special attention must then be given to the affected hip joint. If the case is seen before there is evidence of extension of inflammation into the joint and no marked persistent physical signs present, the hip can be manipulated with beneficial results, but if there is evidence of joint irritation or if the disease begins in the synovial membrane, in which case joint irritation would be marked, manipulation of the joint is not indicated but such manipulations as are intended to improve the nutrition to the hip should be directed to the lumbar spine which will be found to be posterior and lateral, and to gently straightening the pelvis.

It is my experience that manipulation of the hip joint after the dis-

ease has extended to the articular surfaces tends to irritate the joint and increase inflammation rather than allay it which should be the object of the treatment. In this connection then I think it well to state that bony tissue chronically inflamed should not be manipulated directly but in order to beneficially affect the circulation and nutrition to it, the inflamed part should be given rest and manipulation when used confined to the spine at the area from which the inflamed part derives its nerve supply. I do not believe that rest is essential in all inflammations many do well when treatment is directly applied but in such instances the treatment does not irritate as it always seems to when applied directly to chronic bone disease. Special attention must be given the joint to prevent deformity.

Cases seen early often recover without deformity within a few months and have no return of the trouble but cases in the second or third stage are certain to be left with more or less deformity and require as a rule two or more years treatment and observation to bring about a cure of the disease.

As soon as a case is seen if the patient is without support for the limb he should immediately be placed on crutches and an extension of two or three inches put on the shoe of the sound leg. Even in the very early stages the joint should be relieved of weight bearing. In many cases when the treatment is commenced in the early stages this is the only protection that will be necessary for the joint, recovery taking place in from six months to one year or perhaps longer under the treatment as set forth. In cases seen later or in cases seen early that show evidences of tissue destruction a long splint should be applied and worn constantly to prevent shortening and to give the joint more perfect rest, this splint in no way will interfere with the spinal treatment. In cases of much shortening and flexion of the leg complicated with abscesses the use of splints is not indicated. I have examined during the past five years 250 cases of hip joint disease, practically all of these cases were either my private patients or were treated in our clinic. I have used the X-rays in every case to determine the condition of the joint and find it has been my greatest aid in diagnosis. These cases include many in all the various stages of the disease, and also many in which the disease had been quiescent for some years. Most all the cases that were accepted for treatment remained with us long enough to thoroughly test our methods. Being especially interested in this line of work, I have kept track of nearly all these cases even after they left off treatment. Our record in comparison to those of other methods is very satisfactory.

To date not one of these cases has died, although several had infected abscesses. Many of these cases are still under treatment or obser-

vation. Over 80 per cent of the cases that began treatment in the early stages were cured without deformity, several have a slight deformity only, not enough to produce a noticeable limp; A few have not done well, the disease progressing to deformity in spite of our efforts.

What I have said concerning the treatment of hip disease will apply equally well to the treatment for tuberculosis of the spine, the cause, the pathology, the course of the disease, the possible complication, of the two diseases are similar. In Pott's diseases a support in the shape of a moveable cast or corset of leather or some other suitable material should be worn during the active stages of the disease to prevent deformity and to protect the spine from injury and fatigue, manipulation may be directed to the spine, above and below the diseased areas but if any is given to the diseased part it must be given very gently and never to the point of causing pain.

It is not well I believe to attempt motion between the diseased vertebrae during the active stages of the disease. It is at least a very venturesome procedure as it may produce great harm. In cases recently quiescent or in cases that have worn a cast for a long period the spinal treatment is very agreeable and beneficial, building such cases up greatly and often doing away with a part of the deformity.

But in no case active or quiescent that is receiving regular spinal manipulations should any vigorous effort be made to overcome the deformity. Plenty of rest combined with very gentle manipulations gets the best results. Harsh treatment always irritates.

In this disease as in hip joint disease only the most satisfactory results can be expected from early treatment before deformity is marked. In closing this paper I desire to state a few conclusions that my experience in the treatment of joint tuberculosis has led me to believe are true.

1st. Direct manipulation given to a tuberculous joint during its active stages for the purpose of reducing deformity or establishing motion is always harmful.

2. Rest to a tuberculous joint is a necessary part of successful treatment.

3. In hip disease spinal treatment favorably influences digestion and elimination and thus improves the nutrition of the body.

4. In either hip disease or tuberculosis of the spine as soon as evidences of tissue destruction appear, a support of some character is necessary to prevent deformity.

5. In cases of joint tuberculosis where the disease has become thoroughly quiescent, but where deformity exists, the mobility and usefulness of the joint can be greatly improved by direct manipulation provided bony ankylosis does not exist.

### FATIGUE SYMPTOMS AND TESTS THAT SHOULD BE HEEDED.

**W**HEN we have set out on a piece of muscular work or head work we might expect to find a steady, regular increase in the fatigue that resulted from it—so much work, so much fatigue. But that is not the case. The "fatigue curve" is not a straight line sloping up from one corner of the chart diagonally to the other. Instead it goes sharply upward at the start. Then for a long distance it runs along on an approximate level, and then it takes a sharp upward turn again.

The level stage—the plateau of hard, normal working power, where the cost in energy doesn't vary perceptibly—is the "second wind."

You know how it is in long distance running. At first the fatigue increases very rapidly. A man has to push himself with all the will power he can muster. Then all of a sudden it gets easier. It seems as if he had tapped a big, new supply of energy, and he can keep running for a long time without any great increase in his feeling of fatigue. At last he reaches a point where the exertion tells hard again. Fatigue piles up terribly fast now, so fast that unless the runner knows just how much he is good for and has made careful calculations he is likely to be "all in" before he gets to the end. Every step makes an inroad on his reserve energy. The last spurt costs more than all the rest together.

If a man has covered his distance without touching this final turn of the fatigue curve he will get rested in a reasonably short time and be able to go over the course again. But if instead he has to keep on, teeth set, eyes bulging, "hugging his corns" until he rolls over on the ground, it may take weeks for him to get into good form again. In a big race naturally he's got to be ready to do that.

There are emergencies in everybody's life when the merely prudent thing isn't the right thing. If a house is on fire and a family on the top floor is in danger and you're the only person on the premises you can't stand calmly aside and calculate your fatigue curve. There's a necessity for action—at any cost whatever, even life.

A man may have a big proposition to put through, some important combination to effect, a new movement to get under way. Perhaps he is the only person who knows the whole situation. Success may depend upon him. In such a case he must let mere prudence go by the board, and he must stand ready to pay the price, too, when that's called for.

But such emergencies are not every-day matters. Tomorrow we are going to have another day's business to attend to, and the probability is that it will be just as important as to-day's. Consequently we have no right to overdrive ourselves to-day, for the price of it will be

taken out of the quality of tomorrow's work. We have done enough when we have come in sight of that last costly lap. It's the time to quit.

A great deal of interesting information about the nature of fatigue has been made available through the ergograph, an ingenious recording apparatus devised by Professor Angelo Mosso, a great Italian scientist. It works something after this fashion: You lay your hand, back down, on a little table, and to the end of one finger is attached a cord which connects horizontally over a pulley with a small hanging weight. The motion of closing the finger lifts the weight, and as the effort is repeated over and over again the fatigue symptoms in the finger become clear and can be observed and recorded in detail.

Now, one of the important discoveries that Professor Mosso has made is that if you keep raising the weight until your finger is exhausted it will take just about two hours to rest it—that is, in two hours you can do the same amount of finger work over again—and the least bit more.

You would imagine from this that if the experiment were repeated at the end of one hour instead of two you could do just half the amount of work. But it's only one-quarter as much!

That's the price of work on top of fatigue. One unfatigued man is to his work as four semifatigued men to the same work. Using all the strength you have, you can't begin to get normal results, and the strain on will and nervous energy is terrific. Carrying a thing through on "nerve" is the costliest business a man can indulge in.

Some people, especially those of nervous makeup, find it hard to tell when the stopping point has been reached—that is, just where the dividing line comes between energy funds available for investment and a capital which cannot legitimately be tampered with. If they get interested in their work they lose sight of everything else and are going on sheer nerve before they realize it.

Though fatigue symptoms vary greatly in different people, it may be worth while to mention a few of them here. Sometimes there is a flushing at the temples. That is the case with myself when I have been reading hard for two or three hours, and then I know that I ought to call a halt. I could keep on reading with undiminished interest for a good deal longer, but it would be at the price of a sleepless night.

With some people a sure sign is the increased circulation of blood in the ears or cheeks. Some people have queer feelings in the pit of the stomach—not nausea, but something suggestive of it.

One of the most reliable tests is the control test, holding the arms out horizontally at the sides and noticing whether or not the fingers tremble. The fatigue condition raises the nerve pressure gate and allows flowovers from one nerve into another. Normally a nervous

impulse goes along its nerve directly to the point of strain, but when you are fatigued the stimulus spreads into other nerves as well and is not distinctly transmitted.

Sir Francis Galton, the great statistician; says that the best test he knows is that of restlessness, shown in muscular movements. Many times, he says, he has sat in a position where he could watch an audience as it listened to some long scientific memoir. He took notes of how people acted under the strain of protracted attention—how often they moved. At the beginning of the hour they would sit quietly; then they would begin to move on the average of once every four seconds, then every three seconds, and he says that it is possible to trace right through any audience every degree of fatigue by the number of muscular movements made.

He has simply put together mathematically some data that are familiar to all of us. We have all seen—and, alas, been a part of—an audience that was trying to endure the last half hour of an unendurable speech. Everybody was shifting his position, crossing one leg over the other or back again, moving the fingers, playing with watch charm or chain, yawning, twitching, folding programme, wiping eyeglasses, adjusting back hair, twisting mustache. Those were all fatigue signs.

A loss of self control in small things—that's the symptom in different terms, and another name for it is irritability.

At first it seems strange that this undue sensitiveness to slight stimuli should be so sure an effect of fatigue; but it means that the resistance gates are down and we become aware of sensations pouring in from all sides, slight sensations that ordinarily we take no notice of because—by the laws of attention—they are quietly shut out from our consciousness. But when our attention is tired—no longer focused, but scattering—all these slight nerve pricks attack us insistently and we cannot neglect them.

A noise that you will not hear when you are rested will be perfectly distracting when you are tired. You will go over and shut a window; you will walk around aimlessly; you will swear at the faint crackle of a distant graphophone. If there is a light above you at an evening lecture it will hurt your eyes almost beyond endurance. Instead of making the nervous system a less responsive instrument, fatigue makes it more responsive—more responsive, but less serviceable.

Every man who is anxious to hit his job between the eyes should make a study of his own fatigue curve, and he should put the moral of it to heart. To know when it's time to quit—and to quit when it's time—is one of the first lessons in the primer of efficiency.—Dr. Luther Gulick, Author of "The Efficient Life."



# THE BULLETIN

OF THE ATLAS AND AXIS CLUBS.

E. PAUL ERWIN, Editor.

FRANCES HAMBLET THOMS, 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.

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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, MISSOURI, NOVEMBER, 1907.

## EDITORIALS.

**The Charity Ward.** Another important and valuable step in our progress is being taken here at the A. S. O. in the establishment of a charity ward at the hospital. Through the efforts of Dr. Wm. Smith, this, his new idea, is soon to become a reality. His first movement was to offer his services, by giving an illustrated lecture at the Harrington Theatre on the History of Osteopathy and turn over the full proceeds to the cause. Since this ward is to be managed, and operated by the students, they in a body immediately guaranteed the sale of 1200 tickets, (the total seating capacity) at the uniform price of 50c. each. A committee consisting of three members of each class, including their presidents, with Drs. Geo. Still, Harry Still and Wm. Smith, is in charge of the work at present, twenty beds have been ordered and the preparation of the ward is already in progress. The citizens of the town are interested in this movement and several substantial donations have already been made. The Atlas and Axis Clubs are not behind in this matter, each donating a bed with furnishings. Dr. Smith's lecture is to occur on Friday evening, Nov. 29th. The Normal School is to help in this matter by patronizing the same lecture at their chapel at some later date. We hope to report in our next issue the ward in full operation.

**Thanks.** The editor wishes to express his appreciation to those members who so promptly replied to his request for some of the back numbers of the Bulletin. All were supplied, and have been bound, so the clubs are now enriched with a complete file, which is in available form for ready and permanent reference.

**Reflexes.** Is the name of the new students paper issued by a staff of the A. S. O. students. The management of the old A. S. O. Student, turned over their interests to the new management who are issuing a very nobby paper.

**Hallowe'en.** A very pretty entertainment took place at the club rooms on the evening of hallow'en, under the auspices of the Atlas and Axis Clubs. The hall was beautifully decorated with the club's colors, pennants, and beautiful colored leaves of the forest. The program of the evening consisted of dances and card playing, during which a two course lunch was served. Over fifty couples were present. The invitations were confined to members of the A. S. O. The members of the Atlas and Axis Clubs extend congratulations and thanks to the committees for their good work in making the evening's entertainment such a success.

C. G. H.



DR. GEO. A. STILL  
our latest affiliate.

## ATLAS NOTES.

Personnel of new members:

Charles Bernard Spohr comes from Berthoud, Colo., and is a member of the lower senior class. He has a partial college education, and was employed as a school teacher. From personal knowledge of the efficacy of osteopathy, he has entered the profession himself.

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Charles F. Kenney, president of the Junior class, was formerly employed as a machinist and comes from Richmond, Ind. His mechanical observation led him to perceive the fitness of osteopathy, after witnessing its success in restoring a friend to health.

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Louis Henry Most of the Junior class is a son of Dr. Wm. Most of Cheney, Wash. He was educated at Edinboro, Penn., in the State Normal, receiving the degree of M. E. D., after teaching in the public schools the length of time required by statute. He took treatment at Kirksville about four years ago, and by the success of his father in practice, and several years of observation, led him to take up the study of the science.

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Sam H. Stover of the Junior class is from Cherokee, Iowa, where he was employed as mail carrier, and also as attendant in the State Hospital located there. He attended high school, and also Simpson College, and through a desire to relieve suffering humanity, his observation led him to take up osteopathy, as the rational method of treatment.

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Eugene F. Pellette was a stenographer and bookkeeper in a bank at Hutchinson, Kans., and later was employed in the Live Stock Commission business. He has a high school and Business College education, and although he had never been treated, nor had any of his relatives or friends, yet it seemed to him that osteopathy afforded a very desirable occupation, after due inquiry and observation. Mr. Pellette entered the school last winter and by doing summer school work was enabled to be enrolled with the Junior class this fall. He was married Sept. 4th, to Miss Dorothy Green of Platt, Kans.

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Dr. Geo. H. Tuttle of Portland, Maine, has become affiliated with the club as a field member. Dr. Tuttle is prominent among New England osteopaths, being an ex-president of the Maine Osteopathic Association, and at present is treasurer of the same. He is also an ex-treasurer of the New England Osteopathic Association. He lived in Butte, Mont., as a

merchant, previous to taking up osteopathy as a profession, and became interested in it through benefits in his own case. Since his graduation in the June, '02 class, he has conducted a large and successful practice in Portland, Maine. His wife, Mrs. Mayme Tuttle, is a member of the senior class, and is president of the Axis Club.

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John Cornelius Groenewoud of the Junior class, comes from Kankakee, Ill., and was employed as an advertisement writer. He has a High School and Business College education and after receiving benefits from osteopathic treatment, was impressed with its superiority over medical therapeutics.

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The club was well entertained with an address by Dr. Fiske, Saturday evening, Oct. 26th, when the following program was rendered:

Piano Solo	F. M. Turner
Address	Dr. F. Fiske
Duet	E. S. Detwiler and F. M. Turner
Solo	C. B. Morrow

Dr. Fiske's address was on "The Attributes of a Successful Practitioner."

In part, it was as follows:

We have three kinds of practitioners:

There is a practitioner who is successful from the standpoint of diagnosis,

One who is an expert in manipulations, but no good in diagnosis and prognosis,

Then one who is good as a teacher; you would not necessarily call him a successful practitioner.

Let us note reasons why practitioners fail,

1st. The good diagnostician;

In the recitations he is always able to answer to the quiz, and he studies by the hour, by the day, in fact, you will always find him poring over his books. His classmates point to him with pride, and consider it an honor to be in the same class with him. But you find this same man, a few months after graduation, with money exhausted, the patients all patronizing the other fellow. Perhaps he locates in a small town; you call on him. You find the office unused. You find the library often used. Why did he fail?

Another kind: the good manipulator:

Sometimes he may give a good recitation, more often there is a general titter among the class, at his expense. In practice he sometimes

gets patients with whom he gets good results, and his bank account grows. But, again, the patient does not get well. He was promised a quick recovery. In the city, one's failure don't travel so fast, but in a small town, the patient's tongue wags. The practitioner moves on after a few years.

Another kind: the good teacher: He was a good student, answers up well in class, and demonstrates unusual ability. He may advertise himself as being formerly on the treating staff. Why does he fail.

Let us analyze and see what makes those of the first class impracticable. He has the idea that everything is theory, he pours over the medical and osteopathic books. He might as well have taken a correspondence course. He may have had a few patients in the clinic, but he don't hurt himself treating. He thinks that the patients will come in and meet him with a brass band. A friend of mine in New York told me, "I spend two days in New York, two days in a suburb, loaf one day and Sundays. As for my partner, I pay all his expenses. He was the best one in my class, and everybody said, 'success would be his.'" This same man wrote to a suburban town, in reply to an advertisement for an assistant, at \$75.00 per month. He lacked in practice. Theory don't go alone, when a patient is dying.

As to the individual of the second class. He is busy during his senior year, giving manips. He crams just before the examinations, just to get through. He says, "Why study diagnosis and pathology, remove the lesion, nature does the rest." He passes his examinations, by a close margin, and graduates. He goes into the field. Perhaps he can cure by removing lesions. Perhaps the vitality of his patients happens to be good. Patients come by the score. "Five hundred dollars the first month," he writes back. Perhaps a prominent person in the community comes in for examination and treatment. He is told, "Yes, I can cure you." But the doctor didn't study pathology, and the limitations of the human body. He has made a promise and can't fulfill it. Good bye. But now he will do more than promise. He will tell of his wonderful practice to the ends of the earth. You will see an advertisement, "Practice for sale. Reason, broken down by heavy practice." Perhaps you buy him out. You establish yourself in his office and wait. You wait some more. You keep on waiting. Why? You are living down his errors. We had quite a number of this kind of osteopaths at first. They knew lesions; nothing else.

The third class: He is broadly theoretical—likes the book part. He knows some \$100 move, which is never known to fail. When you have a patient with some particular itis use, Dr. So and So's twister

and its done. When the neck is in a certain condition, fix it so. A lesion should feel just so and so. He is a theorizer and can't rely on self.

What are the attributes to success?

Personality, in whatever pursuit you may engage. It is the PERSONAL EQUATION, that success depends upon. The world will take you at your own estimation of yourself. Every door is open to the man who knows. If you can do the thing you advertise to do, and know you can do it, people will have confidence in you.

Lesion knowledge, pure osteopathy. Unless you can find and correct the lesions you won't succeed. You have studied your histology, your physiology; you have studied how much motion you can make here, how much rotation there; you have the A. T. Still osteopathy. Even though your personal appearance be not good, if you have A. T. Still osteopathy, you will succeed. Now don't think it is because of your aping the old doctor in some of his eccentricities; you succeed in spite of them. He don't allow his professions to ape him.

Have a reason for everything you do. Don't run your hand down the back—high place, crack—rotation, smash,—know what you are doing.

It is sheer folly to promise your patients in just what length of time you can cure them. Many of them come to you after everything else has failed, and want to know their chances for cure. Show your patient what the trouble is, and he will believe in you, and you will work up a good reputation in that community.

Your personality; your A. T. Still osteopathy; know the reasons for what you do; these are the three basic principles to your success as an osteopath. Be short any one of them, and you are a failure, as a well rounded osteopath.

The osteopath must know not only lesions, learn TRUTH whether it be written by an M. D., Osteopath, or someone ignorant of either. In answer to a personal inquiry, Dr. S. of the senior class, said, "Of course, by having the M. D. course, I have a prestige in Illinois, but I would never advise an osteopath to take an M. D. course." How is it with you, Dr. Sage? "You can get more here than in a medical school. I was going to quit medicine, because I was disgusted with it. In my practice I have always depended on nature." Be sure of your own standing; measure your own ability; stand out as one who knows, not what some one has said, but what you know by experience.

Be like the man the poet tells about, who lived in the woods. He had something the world wanted, and soon the pathway past his door became the pathway of the world's commerce.

Saturday evening, Nov. 9th, the Atlas Club and several invited guests listened to a very instructive lecture by Dr. Geo. Laughlin. The program was as follows:

Piano Solo.....	F. M. Turner
Song.....	C. B. Morrow
Address.....	Dr. Laughlin
Remarks.....	Dr. J. W. Sylvester
Song.....	M. W. Stearns

Dr. Laughlin gave us a fine, social talk, which was enjoyed by all present. We are sorry that it is not available for the Bulletin. Dr. Sylvester told us of the warm spot Kirksville, the A. S. O., and the Atlas Club, had in his heart, and how he came here every year to visit them. Also: "You are getting osteopathy a great deal better than we did. The faculty can give you better stuff, because there is better stuff in you. Each succeeding class is composed of better stuff, there is an improvement in the education of each such class. Education is good, we need all we can get. It is easier to give it to you people because you can drink it in, but they had pound it into us."

The dearest thing to me, outside of my own home, is Kirksville and the associations here in these club rooms."

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#### ATLAS FIELD NOTES.

In tendering his resignation, H. R. Dalrymple says, "My plans in life have very suddenly been changed and I shall probably never be able to practice osteopathy again. I shall be of no help to, nor receive any help from the Club and hereby tender my resignation. With the very kindest greetings to each member of the club who may remember me and a very earnest hope that much better fortune may attend you all, than has been mine since leaving Kirksville, I am sincerely yours."

The loss of so bright and promising an advocate of osteopathy as Bro. Dalrymple, is a keen loss to the profession and we regret that he sees fit to sever his connection from our ranks.

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Married—At Burlington, Vt., Oct. 16th, Dr. Harry M. Loudon and Miss Laura McPhillip.

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Married—Dr. Paul M. Peck and Dr. Mary E. Noonan, at San Antonio, Texas, Nov. 1907.

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Died—At Grangeville, Idaho, Dorothea, the little daughter of Dr. and Mrs. Frank Holmes.

Jno. S. and Jenette S. Allison—"To the Atlas and Axis Clubs, Greeting:—We herewith enclose dues for the coming year. With best wishes for your success in every legitimate way.

We enjoy the monthly visits of the Bulletin from both a social and educational standpoint.

Osteopathy is well received in this land of sunshine and flowers. We trust that we may meet many of our membership at the National convention next summer when the devotees to osteopathic truth, shall pay homage to the illustrious founder of our science."

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W. S. Smith, Meridian, Texas: "Please see that I get the Bulletin as I need it in my business."

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W. D. Dobson, St. Louis: "I liked the last numbers of the Bulletin very much, and congratulate you all in sending out such a paper. I look forward to the Bulletin and Journal with as much pleasure as personal letters from my friends."

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Judge Harris H. Plummer, father of Dr. Frank M. Plummer of Orange, N. J., died at his home in that city, Oct. 20th, aged 71 years. The funeral was conducted according to the rites of the Masonic fraternity of which Judge Plummer had long been a member.—Newark Evening News.

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Forrest P. Smith, Montclair, N. J.: "We are all very busy preparing for our annual meeting, and fight in the legislature."

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M. K. Cottrell, Paterson, N. J.: "The Directory gotten out in July of the Atlas and Axis is very fine and convenient. I like the shape."

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E. H. Cosner, Upper Sandusky, O.: "The Bulletin is always welcome for it is next to a visit to the old club rooms. You fellows may think you have entered the circulatory stream, that the terrible phagocytes have attacked you, but wait until you are out in practice a few years then decide when they really get in their work."

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Charles S. Fisher, Milwaukee, Wis.: "Regards to all the fellows. Though I know personally only a few of the present active members, would like very much to spend a few Saturday nights with you."

ATLAS CLUB, Kirksville, Mo.

LA FAYETTE, IND., Nov. 12, 1907.

DEAR SIR:—Born to us, on Nov. 9th, a young osteopath (boy) and of course he is an Atlas man. Will have him initiated as soon as he is old enough.

Yours truly,

K. T. VYVERBERG.

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M. C. Burrus, New Franklin, Mo.: "I was in southern Mississippi all summer practicing, but had to leave there on account of my health. It was too low and damp for me. I am at present practicing at New Franklin, spending part of the time on our farm. Regards to the Club."

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Dr. J. W. Sylvester and wife, of Cleveland, O., spent a few days in Kirksville this month. The doctor was present at our meeting, Nov. 9th, and gave us words of encouragement, and conveyed to those present, some of his enthusiasm and loyalty to club and profession.

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Geo. S. Smallwood, Brooklyn, N. Y.: "I read with pleasure the Bulletin, and hope some scheme may develop, whereby the Club shall get the very best that enter the school. I know from those I am acquainted with in the field, that the Atlas men are the best operators, and they should be, considering the extra work they get."

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We are pleased to announce that Dr. E. M. Browne, of Dixon, Ill., president of the Illinois Osteopathic Association, has renewed his obligations to the Club and is again "one of us." The Club's strength is greatly augmented by such men as Dr. Browne, who, in turn, realize the great benefit club membership is to the progressive osteopath.

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E. R. Larter, Niagara Falls, N. Y.: "I have been thinking of the Club, and have read the Bulletin with interest. Its a great stimulus. Am enlarging my quarters and the outlook is very gratifying. There is no doubt that the osteopath has the article that the people want and our successes are our most valuable assets. Hoping to see you all at our Kirksville convention."

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C. C. Rude of Tuscola, Ill., spent two days in Kirksville, (Nov. 14-15) on his way to visit his parents at Stanberry, Mo. He expects to be at work again by the first of December.

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Henry Stanhope Bunting, editor of the Osteopathic Physician made

a flying trip to Kirksville; Nov. 15th, returning the same evening. Being the first Noble Skull of the Club, it was with pleasure and profit that members of the local chapter met and talked with him.

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CHANGE OF ADDRESS.

- Balfe, Susan, '04, 205 Mason Bldg., Los Angeles, Calif.
- Breden, Willannie, '07, Densmore Hotel, Kansas City, Mo.
- Beebe, Isadore A., '02, 313 Ward Blk., Battle Creek, Mich.
- Browne, E. M., '00, 111 Galena Ave., Dixon, Ill.
- Burrus, M. C., '07, New Franklin, Mo.
- Chaney, Luella M., '04, Hellman Bldg., Los Angeles, Calif.
- Chappel, Nannie J., '04, 510 Mo. Trust Bldg., St. Louis, Mo.
- Dykes, A. L., '04, Interstate Bldg., Bristol, Tenn.—Va.
- Eimert, Mabel Bolam, '06, 1025, 4th St., San Rafael, Cal.
- Evans, A. L., '99, 710 James Bldg., Chattanooga, Tenn.
- Lake, Agnes G., '07, The Montrose, Cambridge, Mass.
- Lycan, Jessie V., '07, Goodland, Kans.
- Maxey, C. N., '02, 503-4 Northern Bank & Trust Bldg., Seattle, Wash.

- Murphy, J. W., '07, Sedro-Wooley, Wash.
- Nicholas, Rebecca, '06, 832 Seventh Ave., New York, N. Y.
- Platt, Frances, '04, 707 Kalamazoo Nat'l. Bank Bldg., Kalamazoo, Mich.
- Ray, E. C., '05, Willecox Bldg., Nashville, Tenn.
- Rouze, Elizabeth, '06, 1109, 14th St., Washington, D. C.
- Scott, W. E., '06, 325 N. Main St., Greenville, S. C. (Error last month).
- Sheldon, T. W., '99, 1844 Sutter St., San Francisco, Calif.
- Smith, W. S., '05, Meridian, Tex.
- Thomas, Bertha, '02, 303-4 Bankers Trust Bldg., Tacoma, Wash.
- Tuttle, Geo. H., '02, 743 Congress St., Portland, Me.
- Walmsley, Asa G., '07, Peterborough, Ontario, Canada.
- Wilkes, J. Evelyn, '01, Highland Park, Conn.

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AXIS NOTES.

Three new members were added to our list this month:

Miss Frances Pearle Saunders, of Winchester, Tenn., who entered the senior class this year, comes from the Kentucky school. Miss Saunders was educated at Winchester Normal College, also graduated in music at same college, and became a teacher of music. Through ill health she became interested in osteopathy.

Miss Eva Lena Young of Beloit, Wis, formerly a teacher, received her education at the Kirksville State Normal. Having a brother, sister and brother-in-law in the osteopathic profession, had an opportunity of knowing what osteopathy could do, and decided to enter the profession herself.

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Dr. Esther Eleanor Sandus, of Chicago, Ill., after finishing her education in the schools of that city, public high and Normal, engaged in teaching during which time she studied medicine at an evening college. Finally gave up teaching and entered the Jenner Medical College from which she graduated. She then returned to her former occupation, not wishing to engage in the practice of medicine. Later, through ill health, she became interested in osteopathy, after thoroughly testing other remedies, and last March entered the present senior class at the A. S. O.

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Always ready to assist in anything which tends toward advancement, the Axis Club was the first organization to subscribe the necessary amount for equipping a bed for the free accident and sick wards at the A. S. O. Hospital.

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Dr. Marcia Ione Hulett left on the 5th for Alomogordo, N. M., where she will establish an office. Dr. Hulett graduated with the class of '98 and post-graduate class of '07. During her residence here she made many warm friends.

Our president asked for a parting message, in response to which she spoke of her very pleasant and helpful associations with the club, and while she did not feel that she had anything in particular to say, since she had been asked to speak would like to tell us something of what would be expected of us when we went into the field; that we do not realize now as we will after we have been in practice for awhile the good that we, as women physicians, can do as we carry out the principles taught in our club; that we would receive a gratitude from our patients greater than we had ever thought of; that they will tell their physician, especially a woman physician, things in their lives that they would not even tell their mothers; that we must be the physician not only of the body but of the whole man and the whole woman and capable of advising on spiritual and moral subjects as well as physical; that she had been confronted with problems when she found it necessary to go beyond herself for guidance that she might advise wisely and judiciously, and the most gratifying of her experiences had been when patients had told her of

how she had helped and comforted them regarding the problems of life, as they so frequently do. There is no one, not even the minister, who comes so close to people in their homes as does the physician.

From this crude synopsis it may be understood that Dr. Hulett has also been a help to us and will be greatly missed.

About twenty of the club women went to the train to see her off and presented her with a basket of fruit and flowers in which was buried the following poem:

"Grapes and apples, figs and candy,  
And an orange at your hand,  
Take and eat, and think so kindly  
Of our happy Axis band.

Farewell, dear Axis sister,  
Till in time we meet again,  
Hearts and hands in love united  
True shall each to all remain.

All our earnest prayers and wishes  
Go out with you on our way.  
May God bless and ever guide you  
In your life work, day by day."

—SARAH ELLEN McROBERTS.

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November 13th was program day and after the regular business meeting the rooms were thrown open to invited guests, principally from the Freshmen class. While waiting for the speakers Mrs. Ewing gave a couple of readings.

Mrs. Harrington, from Toledo, Ohio, a prominent journalist, who is writing up osteopathy for a magazine, was among our guests and expressed her pleasure for the privilege of meeting with a college club as it reminded her of college days some twenty years ago when she was active in club work. Her experience with osteopaths had been among the men out in the field, and was glad to meet the ladies of the profession and to know there were so many in the work, as there is a large field in the science of healing for them. After her visit here whenever meeting an osteopath would inquire if they were from Kirksville then she would be sure that she knew them.

Dr. Hamilton's arrival was announced and, upon Mrs. Harrington remarking that she was glad he had come as she had been worked in as a substitute, began his address as follows:

"I will have to tell this crowd of a boyhood experience. There was

a show here, out in Price's addition to Kirksville, and of course we boys went to see them unload the elephant and other animals and put up the tents. As it is often the case among people of that sort they had a champion at something, their particular champion happened to be a jumper. He was wanting to bet all kinds of money that he could beat anybody in Kirksville at jumping. There were a number of boys out there who agreed to make up a purse (of course I had no money—I didn't have any more money those days than I have now), and in five minutes they had their purse made up. It so happened that at that time there was a family of boys in Kirksville who could jump and kick very high. It seemed to run in the family. One of the members of this family was in the neighborhood digging a well. The boys went and got him; he came covered with clay and dirt. The way he beat that show champion was something scandalous. Now, if I could only draw a parallel with my speech to the jumping contest I would be happy.

I have been busy this afternoon—had a big job on hand. When I promised to talk to this club I thought it was tomorrow afternoon. I was up to my eyebrows in work when the telephone rang reminding me of my engagement, and just as soon as I could get my hands washed, without stopping to comb my hair or change my clothes I came right up. Now, if I could only beat the other fellow speaking I would be happy. One thing I think is true, I can speak just as well in old clothes as I can in new. I have a good suit, honest, I have, and an evening dress suit that I have not seen for two years put away in moth balls. I really should not be afraid to talk to this group any way, but I must confess that you do look a little more formidable to me than you do at school.

I thought I would talk to you of the lady graduates of our schools of osteopathy. You fill a position in the profession which is rather unique. I once had the pleasure of an acquaintance with quite a number of medical students in the University of Missouri, and they were complaining bitterly because there was one girl in their classes. I never understood this. I think some of them were complaining because she was there and others were complaining because there were not more. In the osteopathic profession there is a large per cent of women, and there is a place for women. You have a position in the profession which fills a long felt want. You fill a place that man cannot fill successfully. There are women who are sick and nervous that men cannot handle readily, not to mention the special diseases for which women as a rule prefer women to men. You have an important position to fill, and I would say to you here this afternoon that you cannot do better than to do your utmost in improving womanly qualities which go to make your-

selves a blessing to every body in your work. There is much that you can do. No one but you yourselves would underestimate your importance in this profession. To a certain extent I am a believer, especially in the latter part, of the little verse from Scott's Marmion:

"Oh, woman, in your hours of ease,  
Uncertain, coy, and hard to please,  
When pain and anguish wing the brow,  
A ministering angel thou."

It seems to me that you cannot look lightly upon your work in preparing for a life work which brings so much happiness to those people who have so little—that is, to the sick. None are so unhappy as the sick. One who is sick may have a cheerful disposition and may cast a glow of friendliness and warmth about them, but down in their hearts is a feeling of unrest and sadness, such as perhaps many of you have known. It is you who are to fill this want more than men. You can do more than to merely remove the cause.

You also have a social side to cultivate, probably most of you have cultivated it more or less. I am sure you have from my acquaintance with you. I do not mean the butterfly kind of social life—I haven't much use for the "gilded butterfly"—but I believe for a professional man or woman the social side must be developed. You say, perhaps, that social qualities will not help you to cure disease. It is somewhat like the case of the preacher who has a poor delivery. He may be just as capable of saving souls as the preacher who is eloquent, but if he is a poor speaker he is not going to get people within the sound of his voice. I like to emphasize club life among the ladies of the school. I do not believe the social side should be encouraged to the detriment of school work but I believe that all work and no play makes both Jack and Jill, dull boy or girl, and I would approve most heartily of the club life as shown here, and more than that of the club combining both the social and practical, as you do here. I have met in these halls many a time with the members of the Atlas Club, and have been delighted when I could get out and mingle with them and see the work that was being done. I really know but little about the Axis Club, except as I know its members and guess that it is organized on the basis of social and osteopathic advancement. They say that a woman cannot keep a secret but I am not altogether sure of that.

Speaking of women not being able to keep a secret reminds me that when in college I belonged to a fraternity and one of the hardest things we had to deal with was keeping the girls from finding out the secrets of the fraternity. On the other hand we were not ever able to get any

of their sorority secrets. They must have had it in mind that the boys thought they could not keep a secret and were always on their guard. And this seems to be somewhat the nature of the Axis Club.

I have enjoyed meeting with the club this afternoon, though I confess to being somewhat embarrassed in the presence of such a galaxy of beauty, and my wife not along to protect me either.

Now I think I have said enough, and I am sure you are kind hearted enough to accept my excuse for coming before you without my "glad rags."

Every true Axis woman looks beyond the outward appearance, and since Dr. Hamilton has so ably demonstrated his ability to jump as high as the other fellow, he may just leave his good clothes among the moth balls as long as he wants to.

A dainty luncheon was then served, and the indications were that the social side needed no further developments.

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#### AXIS FIELD NOTES.

Frances M. Witmer, LeRoy, N. Y.: "I miss club and college association very much when in the field. Wishing all the Axis sisters success."

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Dr. Agnes G. Lake, Cambridge, Mass.: "Love to all the Axis girls."

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Miss M. M. Larsh of Nyaunglebin, Lower Burma, Asia, sends kindest greetings.

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Extract from a personal letter to one of the club girls written by Margaret E. Bowen, of Tazewell, Va., a member of the last post-graduate class:

"I have certainly been busy. Have more hard work than ever I dreamed that I could do, and have gotten some pretty hard knocks, as Dr. Charlie says, but knowing some of his experiences has helped me. So I try not to pay any attention to the knocks, and take them as a matter of course. \* \* \* \* \* Every day I practice I see more and more the beauties of osteopathy. \* \* \* \* \* We had gynecology and gynecology, it seemed to me at school, all we could have yet I find I did not have enough practical work. Get all the cases you can and treat them regularly and you will find that they suggest questions and points you want settled, that you never would think of otherwise.

Oh, if I could only get to pelt Dr. George Still with questions for about twenty-four solid hours I would be happy. The same way about

the eye. How I wish I knew it better. \* \* \* \* \* I read my Bulletin from cover to cover. I was so hungry for Kirksville news.

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Mrs. W. G. Carpenter, (Ida M. Fox): "I am at present in Boston, Mass. Commonwealth Hotel, (Oct. 20). You may, if you kindly will, send October Bulletin to that address. Hereafter please send Bulletins to Monte Vista, Colo., which is my home and permanent address. My husband and I are in the east on a pleasure trip, at present. I do not want to miss my Bulletin,—having its interests and the interests of the profession generally, very near at heart. With best wishes for the success of the Bulletin."

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Annie M. Roberts, Providence, R. I.: "Best wishes for the success of the Bulletin."

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In sending us the extract of the article, "Fatigue Symptoms" in this number, Dr. Pauline Mantle writes that "It is quite as good reading for osteopathic physicians as for others. They are almost compelled to overwork at times and need a timely warning along that line." Again: "I am always interested in the success of the club's periodical."

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Sarah C. Wardell, Asbury Park, N. J.: "To-day my uncle was giving me a description of a trip Geo. Fox made through this country. His traveling companion was ——— Jay. One day the journey so used up their horses, that they made an exchange. Jay's horse seemed very fractious and threw him. When Geo. Fox examined his friend, he found the head wobbled, and from appearance, he thought the back was broken. Being a man of thought and action, he started to work. He put Jay on his back, and placed one of his knees on each shoulder, took the head in one hand, and chin in the other. He then gave a tremendous jerk. The neck seemed to stiffen and Jay recovered consciousness and was able to continue his journey next day.

This is not considered anything miraculous by the friends. The fact of its being mentioned in the account of the trip, would perhaps convey the idea, but it is only considered as a cause for a delay of twenty-four hours.

When uncle finished that much of his account, I said, 'Why uncle, Geo. Fox was an osteopath.' I think this little account shows us how naturally great minds turn towards our science.

I have not found the people of wealth, or the people of fads, to be the best followers of our science, but the people who THINK FOR THEMSELVES.



Dr. Rebecca Nicholas of New York City, writes very interestingly: "Tell the Club girls to be well prepared financially when they start out in the field, for 'all is not gold that glitters,' and to get established is easier said than done, but when you do get a patient the results are very gratifying. I have had two cases that to me and all concerned were remarkable, one was a case of infantile paralysis. The child, four years old, was given up by doctors and family; was emaciated to a mere skeleton. After eighteen treatments she was so plump, I had to support myself to lift her. She could run like the rest of the children and could not get enough to eat. The parents wept, they were so delighted, and they are willing to tell what osteopathy did for the child.

The other case was that of a man with varicose veins of nine years standing, inflamed something terrible, I wondered gangrene had not set in. Suppose his wonderful vitality was the only thing that saved him. He was the picture of distress from the terrible agony he suffered. You could hear him scream from one end of the house to the other. I did not expect to do much as they were discharging and smelled terribly, but I took him under my constant care and every morning I thoroughly manipulated his legs from the popliteal space down, slowly and gently. Then bathed the sores with warm water and bandaged them loosely so as not to obstruct the circulation. After twelve daily treatments the congestion and pain disappeared. Sleeps soundly, weighs 201½ lbs. He is still taking osteopathy, unadulterated, which has brought about a perfect physiological condition. Best wishes and success to all club members, and to the class of '06.

\* \* \*

Dr. Carrie P. Parenteau, Chicago, Ill., in a letter to our President:

"I have wanted to write a letter to the Club, but have positively not had time to do it, for I am busy day and night. Please convey my sincere regard, love and best wishes to the Club. My thoughts are with you at each meeting, and I wish very much I might meet with you."

\* \* \*

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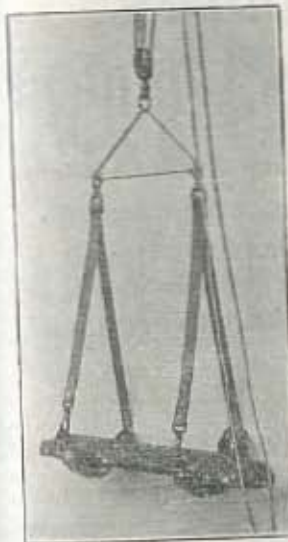
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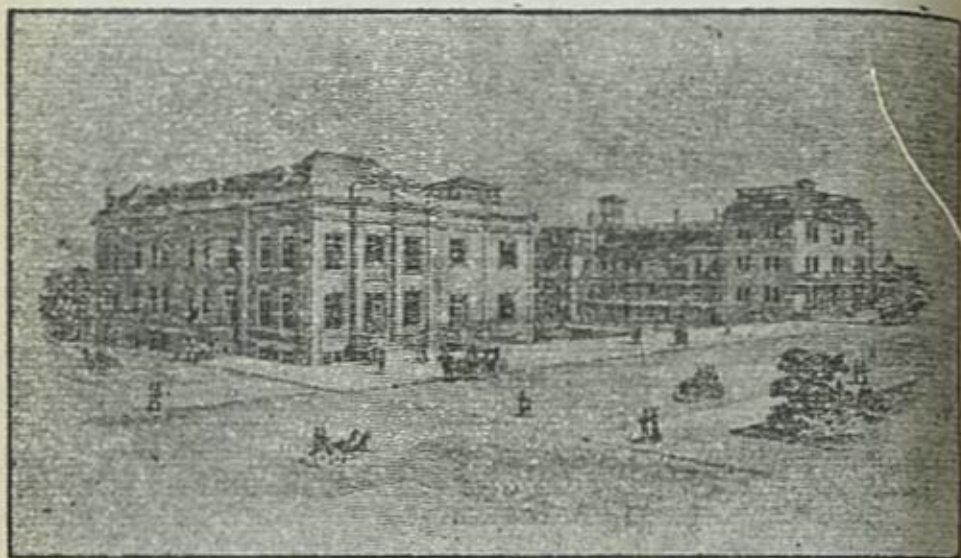
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