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AFTER THE INDIVIDUAL VERTEBRAL LESION IS CORRECTED—WHAT THEN?

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This article is the substance of a talk given before the I. O. A. Convention at Springfield, Ill., May, 1910. Two years ago a short article appeared in *The Osteopathic Physician* in which Dr. F. A. Turfler of Rensselaer, Ind., set forth the ORIGINAL IDEAS from which I have worked out the statements in this paper.

Of course there are lesions other than bony, just as there are necessary therapeutic procedures other than osteopathic. It seems to me that after that epoch-making event of March 26, 1910, the McConnell Lecture, the opponents of the bony lesion theory both without and within our ranks are left without a leg to stand on, and that any discussion against the osteopathic lesion is merely "Fletcherizing the calico." Whenever I hear an osteopath haranguing against the bony lesion theory I am reminded of a remark I heard at a ministerial association meeting, where I listened to a discussion of the qualifications necessary for ministerial success. After seemingly every qualification had been thoroughly discussed a venerable old divine was asked if he had anything to add. He arose and in a cracked voice said he merely wished to add THE ONE qualification that had been omitted, that a minister ought to be religious or lean that way.

I believe the very best osteopaths are often discouraged because of the frequency with which bony lesions recur even under the most careful treatment. I have often asked practitioners, "How do you correct this or that bony lesion?" with the reply, "I'll tell you how to correct that lesion if you'll tell me how to keep it corrected." Dr. Walkup of Roanoke, Va., in the March, 1910, issue of the *Journal of the A. O. A.*, touches upon this point. He says in part:

"There was a time when I thought, 'If I could only find the lesion!' Then the time came when I said, 'If I could only correct the lesion!' Now my greatest trouble is to KEEP the lesion corrected. I am not alone in regard to keeping them corrected. I treat patients for months, and send them on to the next osteopath, not because I could not correct

the lesions. I do correct most of them, but they will not stay corrected.

"My object in writing on this particular line is to impress upon our minds that, when we get a fellow-osteopath's patients, we are not to say or even think that they had not had the proper treatment.

"Nor is the fault in the science of osteopathy; I believe it is in the depleted human system. Woman's dress and lack of dress, this mad rush and nervous strain, which both men and women live under, saps not only their own vitality, but that of their descendants. We should demand that our patients take better care of themselves."

This last point of the Doctor's is well taken and I am allowing this last paragraph of his to cover all the advice we should give our patients along the lines of exercise, rest, sleep, fresh air, bathing, clothing, diet, etc. All such advice and instruction we must give our patients, but I am eliminating that from this paper. We must do more than give such advice, we must do more even than correct the lesions, we must teach the patient how to protect the weakened articulation after the lesion is corrected. Such is Dr. Turfler's idea.

Dr. Turfler is a mechanical genius, a strictly bony lesion osteopath of rare ability. He follows faithfully the Old Doctor's dictum, "Find it, fix it, and let it alone." I take it he interprets "let it alone" as meaning to teach the patient not to pull that bone out of line again. This idea of Dr. Turfler's might be applied in the case of rib lesions, curvatures, postural defects, incipient curvatures, rigid sections of the spine—to all those conditions which Dr. McConnell calls the "composite lesion." I have purposely eliminated these lesions and I shall touch only the high points in my topic, not mentioning all the different lesions of individual vertebræ.

I shall refer to innominate lesions (Forbes' terminology) first, because they are so important in the production of disease and the quickness and permanence of so many cures depend on preventing the recurrence of innominate lesions. You remember the Old Doctor said, "Cluett, the innominate is the source of more woe than you or I realize." I believe there are primary lesions as well as secondary lesions (Forbes' nomenclature) which cannot be corrected until innominate lesions are corrected, and also that there are SOME PRIMARY lesions in addition to many secondary lesions which cannot be kept corrected unless innominate lesions are kept from recurring.

I wish I could impress upon the minds of the careless and hurried osteopaths the importance of innominate lesions. I know the sad experience of leaving an innominate lesion overlooked because it took time to diagnose it. I know what it means to have to give up practice

and go to bed for ten days in order for an "awful" innominate lesion to stay corrected. It was this bad anterior luxation of the right innominate which finally sent me to Dr. Turfler for treatment and which caused me to work out a set of rules to teach my patients.

At first this lesion could be corrected by a single manipulation, but the ligaments were so weakened that the weight of the leg when allowed to come down flat on the table would pull the innominate downward and forward again. So in very bad cases where there is much relaxation of ligaments the affected leg should be left flexed for a while after the correction of the lesion. Then the leg may be moved slowly at first, then flexed and rotated outward to relax the adductors and deep muscles just above the great trochanter. In cases where these muscles are badly contracted it is a good plan to relax these muscles by direct manipulation. Absolute correction soon relaxes the majority of these contracted muscles and in 75% of the cases no work on contracted muscles is necessary. In cases where ligaments are weakened care must be taken not to rotate the limb inward, as that motion might pull the innominate downward and forward again. Also, during the treatment, if the patient is on either side, the affected limb should not be allowed to drop over the edge of the table.

My advice to anybody, after a bad innominate lesion has been corrected, is to stay off the feet for three or four days. In extremely bad cases a week in bed is a good plan.

In all cases the nature of the lesion should be explained to the patient and he must be taught how to protect the articulation until it becomes strong. In going down stairs the foot on the well side must be brought down first and then the other foot brought down on the same step and so on to the bottom of the stairs. Now this is very embarrassing sometimes and a big hindrance at all times, and some patients will not take the trouble. But the poor soul whose life is made wretched by a recurring innominate lesion will do anything to help his case. With any bad lesion the only way to get well and to stay well is to keep the lesion corrected long enough for nature to build up the ravages the lesion has wrought.

In going up ordinary steps no change is made from the good old-fashioned way, but in taking a high step the affected limb is used. In other words, use the lame leg (anterior innominate) to climb into a street car, machine or carriage, and in getting out put the well leg down first on each step. One does not dare to run, jump, to sit with one leg thrown over the other or with one foot under the body, or to stand on the lame leg. Hence one must sit to put on rubbers and shoes, because

standing on the lame leg puts too much strain on the weak sacro-iliac articulation.

If this joint is thus protected in ordinary cases for a month, or in extremely bad cases for six months or a year, the lesions will not recur except from the same severe strains that cause such lesions in the first place.

After a posterior luxation of the innominate is corrected in bad cases where there is much relaxation of ligaments it is wise to stretch the anterior muscles of the leg with the patient still prone upon the table and to relax the glutei and hamstring muscles without rotating the leg very much, since rotating the leg upward and outward would cause the lesion to recur.

The secret of a permanent cure in bad cases is to secure the co-operation of the patient in forming the habit of protecting the sacro-iliac articulation. The habit of always stepping down with the well leg must be formed as in the former case. But in making a high step the well leg must be used to avoid forcing the weak innominate upward and backward again. The same instructions as before must be given against running, jumping, dancing, sitting with the legs crossed, and standing on one leg. In putting on rubbers or shoes the lame leg must not be thrown up on the opposite knee but the shoe must be put on with the foot lifted slightly from the floor. It is just some foolish thing like jumping off a horse or out of a machine or car, or throwing the weak leg over the arm of a chair that makes it impossible to keep posterior conditions of the innominate corrected in some cases.

In ordinary cases it is not necessary to take so many precautions. In my own case I found even such precautions of no avail at all. I was so unfortunate as to fall and slip the left innominate upward and backward. The difference in the height of the hips was less than one-fourth inch, yet the symptoms were very marked and it took the most powerful mechanics to correct it, although I quit work and began treatment immediately. Finally I had to go to bed and put no weight on the left foot for one week. During this rest I did not dare to stoop over to lace my shoes, did not dare to lie propped up in bed, nor did I dare flex my left knee while lying on my back. I sat up in a chair to rest, putting no strain on my left limb at any time. It was necessary to use such great precautions because I had caused the recurrence of the lesion by just these slight strains. After one week I began by just bearing my weight equally on both limbs; then the next day I walked about six feet at four different times; the next day I walked around the house and two weeks after the lesion was corrected I walked two blocks. For

six weeks in going upstairs I did not put the left limb first. Such procedure is almost beyond endurance, but I believe it saved time. I know how an innominate lesion saps life and vitality. The inexplicable thing in this innominate lesion was that it persistently recurred in spite of the fact that I was doing no work and observing apparently all necessary precautions. If any of the women osteopaths is so unfortunate as to acquire such unusual lesion as this, my advice is to stop work and combine the rest cure with genuine bony lesion osteopathy. I urge every osteopath to perfect himself in the diagnosis and correction of innominate lesions. Speaking from my personal acquaintance with such lesions I want to say emphatically that no other single lesion plays such havoc with the human body as the posterior luxation of the innominate.

In regard to sacral lesions (Forbes' terminology) I can only theorize, not having seen any such lesions since the idea was brought to my attention. I believe the patient should be kept off the feet for a week after the correction and the proper sitting and standing positions insisted upon. Running, jumping, dancing, and going up and down stairs must be prohibited for some time; also bending far forward in anterior lesions and far backward in posterior lesions. It would seem from the anatomy of the lesion as outlined by Dr. Forbes that bending far forward would strengthen the sacro-iliac joints after the correction of a posterior condition and bending backward, localizing the movement at these joints, would strengthen the articulations after an anterior condition of the sacrum had been corrected.

In lesions of the coccyx the patient usually protects it without any suggestion, on account of the tenderness. Sometimes the tenderness is largely due to innominate and fifth lumbar lesions. A correct sitting posture is necessary to prevent recurrence of lesions of the coccyx.

In a series of articles in the A. O. A. Journal Dr. Harry Forbes gives the method to employ to prevent recurrence of various lesions. Dr. Forbes believes the lesion will not recur if manipulations are given to restore the normal range of motion to the joint and the proper balance of muscles is regained. He gives the technique for developing the atonic muscles, both by manipulation and by exercises, for the patient to take. These articles, like some books, "should be chewed and digested." No one should fail to study them. I think Dr. Turfler's idea is a valuable addition to Dr. Forbes' method, his idea being to teach the patient to protect the joint while the normal range of motion and proper balance of muscles is being restored. The two ideas are not antagonistic, but work admirably together. For instance, after a torsion lesion (Clark's

terminology) of the lumbar vertebræ is corrected, while Dr. Forbes' idea is being carried out, the patient may twist that bone out of line again by lifting with the back bent or twisted, or by rolling over in bed. In heavy women, especially, when they turn over in bed the heavy hips move on one axis of rotation, the shoulders on another. The weak spot in the spine where the lesion was is not strong enough to stand the strain and the lesion recurs. After such lesions are corrected, the patient should be directed to sit up before turning over in bed or on the treating table. After correcting such lesions (torsions of the lumbar and lower dorsal vertebræ) the patient must be cautioned against twisting the back when it is extended or flexed and against lifting with the back on a twist. This is a common error. We should lift with the back straight and let the legs help do the work that is usually left for the arms and back alone.

After the correction of torsion lesions of the upper dorsal care must be taken to avoid strong muscular exercise with the arms and shoulders, reaching up high and pulling down, as in lowering heavy windows.

After the correction of torsion lesions of both lumbar and dorsal vertebræ, if the patient thus protects the weakened articulation until the normal range of motion in the joint, the relaxation of the deep spinal muscles on the side of the lesion, and the development of the atonic muscles on the side opposite the lesion can be brought about, the recurrence of such lesions can be prevented. The muscles most involved are the multifidus spinæ and longissimus dorsi in the lumbar region, and the multifidus and rotatores spinæ in the dorsal region.

Unless chronic dorsal lesions are kept corrected it is next to impossible to keep rib lesions from recurring. In fact, I believe the easiest way to correct rib lesions in most cases is to secure absolute correction of lesion of the vertebra with which the rib articulates. Lesions of the eleventh and twelfth ribs recur unless INNOMINATE LESIONS are absolutely overcome.

In posterior conditions of lumbar vertebræ the patient must avoid lifting when in a stooping posture. Dr. Forbes outlines the work to develop the extensors of the particular joint.

It is conceded by all that cervical lesions are especially prone to recur. Dr. Forbes has outlined the treatment to be given for maintaining adjustment. In posterior occipital or anterior atlas lesions (Forbes's nomenclature)—a flexion lesion—the shortened flexors must be lengthened and the atonic extensors brought back to normal tone again. Care should be taken not to hold the head in a position of flexion for long periods, as in writing, reading, or sewing. Taking a nap

in a chair and allowing the head to nod might cause a relapse. Osteopathic treatments where the patient's hands are clasped behind the head and traction is brought on the neck must not be used in anterior atlas conditions.

In anterior occipital or posterior atlas lesions the very things just mentioned would help keep the lesion corrected by stretching the shortened extensors and contracting the elongated flexors. Care must be taken not to throw the head backward, or look up at high buildings, because the posterior atlas is an extension lesion of the occipito-atlantal joint and any marked extension of this joint might cause a relapse before the ligaments are strong again.

It is in torsion lesions of the occiput on the atlas, atlas on the axis and axis on the third cervical that this idea of protecting the joint is most practical. McClellan says "The weakest point not only in the neck but in the entire spinal column is between the second and third cervical vertebræ."

After the correction of such lesions get the patient to form the habit of not turning the head very far around to either side. The normal motion of the head from side to side in these upper cervical joints is not great and turning the head too far toward the side opposite the lesion will cause relapses. If one wants to look over the shoulder, turn the entire body and thus save the atlas and axis.

In every case where the patient is placed in the prone position on the table, see to it that the head extends over the end of the table so that no strain comes on the cervical vertebræ. Patients must avoid sleeping on the chest. This must be watched in the case of children. It is hard to break them of flopping over on the chest during sleep, but the mothers of some of my little patients have been able to do it, glad to do it to save the effects of bad atlas or axis lesions.

I found a patient who kept pulling an axis out of line by taking the knee-chest position without keeping the neck straight. Another patient kept a fourth cervical always twisted by practicing physical culture exercises where the face is turned around over the shoulder as far as possible. Gymnastics to keep from doing harm, like osteopathic treatments, must be specific and not general.

In torsion lesions of the cervical vertebræ any movement which turns and bends the neck toward the side of lesion strengthens the corrected joint, while any movement which turns and bends the neck too strongly away from the side of lesion will cause the lesion to recur unless the joint is thoroughly well.

The women osteopaths can utilize this idea to advantage by hav

ing their lesions diagnosed and corrected and then by studying out how to protect the worst points while giving treatments. Such care will not render their services any less efficient and will save them from acquiring some lesions which cannot be corrected. Dr. Turfler, like Dr. Fiske, is studying out back-saving schemes which make the correction of even bad innominate, fifth lumbar and twelfth dorsal lesions incredibly less laborious.

I suspect these ideas will seem like far-fetched notions to many of you. To all such I would say that I have spent one year testing this idea and have found it practical. Dr. Turfler has given such directions to his patients for the last five years, gradually developing the idea during the eight years he has spent perfecting his very unusual technique. It is as an osteopathic patient as well as a practitioner that I have learned the relative value of the different kinds of treatment. I have found that that variety of lesion osteopathy in which the lesions are corrected quickly—in a single twist if possible—and the muscles receive a minimum amount of attention and the weakened articulations are protected for a while, gets the quickest and most permanent results.

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IDEAS ON OSTEOPATHY.

DR. L. VAN H. Gerdine.

(Excerpts from an address at the Atlas Hall, Oct. 22, 1910.)

Osteopathy we will describe as a system of applied mechanics; that is, it is a system of mechanics applied to the cause and treatment of disease in general. Certain points have been known for hundreds of years that have been written about and described as massage, by which is meant mechanical therapeutics. This, however, we think is not a good term. Osteopathy is applied mechanics but it is not the only mechanical method of treatment and is rather a mechanical method of interpretation of causation and treatment.

Is our theory one that can cover the whole field of disease? If it is we must find that every disease has a mechanical cause and therefore is amenable to mechanical treatment. In general, this is true, though we have to make some exceptions. Among these we may mention snake bites, severe injuries, such as may be received by being stuck by an automobile or a train, and so on, but these are not what we might call "natural diseases," and we find that our theory will apply, in general, to the ordinary run of diseases as they occur in nature. It has been tried and proven and the osteopath has found that it does fit conditions as they ordinarily occur.

The pneumonia type of diseases is a common one and it is that type to which we refer. Then it is a question of discussing each disease to determine which have a mechanical basis of causation and so are to be treated from that standpoint. We know there are other causes, such as thermal influences, lightning, the X-Ray, electricity and so on, but they are the exceptions. The conditions which they produce are what we might term artificial. The same is true of the various sera. We know what a vast amount of harm sera have done in the past and are still doing. The same is true of drugs. The conditions produced from these causes we may speak of as artificial, in the sense that they are rather forced on the patient: they do not occur in nature.

Are the conditions we believe to be dependent on mechanical causation amenable to cure? This is not always true. Some diseases are incurable from any point of view. Some cases are not curable although the mechanical cause is present. Why in these cases can we not remove the cause and cure the disease? Sometimes the disease has run so long and such gross changes have taken place that the case can not return to the normal. Then the time element plays a part. For example, in locomotor ataxia there are changes principally in the posterior columns of the spinal cord. The nerve fibers have degenerated, have disappeared, have been replaced by connective tissue and have become sclerotic. When these changes have occurred in the late stages of the disease it is an absolute impossibility to effect a cure. It is too late. So the time element plays a very important part in the treatment. Therefore, we must know our pathology, must know what changes have taken place. It is interesting to know why it is that we cannot cure everything and to be able to explain the conditions. I have known intelligent men who have become discouraged because they could not cure every case that came to them. I know one man who even left the profession because he could not cure every case of locomotor ataxia. It is important that we should know each disease and know why our treatment will not in every case bring about a cure. Then if osteopathy can outrank every other system, as we believe it can, it can accomplish more even in these conditions than can other method of treatment. It cannot cure locomotor ataxia in the late stages, but does that mean that the case is to be turned loose and told that nothing can be done? Not by any means. What is the nature of the disease if it is left alone? It tends to become worse and worse until the patient cannot walk, until he becomes paralyzed. If you get the case even in a late stage it is no sign that the progress of the disease cannot be stopped. Don't let the disease get any worse and its progress is arrested. That is a

tremendous amount to be able to do for a patient. If he does not get any worse he is still pretty well off. Then what does our experience with this disease show us? It shows that this very thing can be done in the vast majority of cases. Therefore, the amount of help we can give depends upon how early we get the case. If we get the case early, the patient can be gotten into such shape that for practical purposes the case is cured. Not that every symptom can be cured, but that is hardly necessary. What harm is it to a patient if his knee jerk is gone, if other things are all right? Another symptom that may not disappear is that Argyll-Robertson pupil, yet. I have seen cured cases where that did disappear. Now when we get a patient in the early stages if we can stop the pains, the patient is cured for all practical purposes, even though there is not a complete anatomical cure. That does not result from any other method of treatment.

We have our incurable list of diseases, and locomotor ataxia is one of them, but our treatment shows what we can do with those diseases that are characterized by a chronic progressiveness. We have some conditions we cannot stop, some that we cannot help at all. Some cases grow steadily worse and go down before our eyes. That is the saddest type of all those with which we have to deal.

But there are other types of disease where we have our theory demonstrated from beginning to end. These I shall discuss entirely from the mechanical basis and shall speak of some of those conditions which I am in the habit of discussing with some of my medical friends and which they approve.

I shall discuss that common class of diseases characterized by colds. In thinking of colds we usually think of a cold in the nose, but there are other kinds of colds. Cold in the bowels is quite a parallel condition. Again, we may have a cold in the lungs, in the stomach, and so on. I like to think of pneumonia as a cold in the lungs and really that is what it is. In this condition the first thing in the chain of causation is a change in the weather conditions, usually more or less of a drop in the temperature, or drafts, possibly, and exposure. It is interesting to look at the medical text-books and see how they explain the effect of that temperature change. They do not attempt to explain it and I think many of them cannot do so. I think we know what that cold does. When we reason it out with a physiologist he admits the truth of it, but had never thought of it before. The osteopathic practitioner was the first to discover the acute contraction of the muscle. Any physiologist knows that that contraction will occur, but he had never thought of applying it to the human being. We find the muscular contraction

and apply the physiology. The medical man had never thought of it, or if he had, had never applied it.

We find the sore spots and that sort of thing. That is the second link in our chain, the contracture, the tightened muscle that does not relax. That is the first abnormal structure and now we are close to osteopathy. Then we know that when something happens in one part, something also happens in some other part of the body. Now what can result from contracture of a muscle? These back muscles are attached to bones; it is their function to pull on the bones and this occurs. Then we have our structural derangements in the bones. We have the bony abnormality coming from the contracture of muscles.

What relation does that condition we find in the back bear to the lungs? We know that from the area where we find the muscular contracture and the bony abnormalities certain nerves arise which go to the lungs, the most important of which, from our standpoint, are the vaso-motor nerves. If these become paralyzed the vessels to which they go will become dilated and that is precisely what does happen here, dilatation of the vessels and resultant congestion of the lungs. In the medical text-books we find that the congestion of the lungs is the first stage in the pathology of a pneumonia, but we have found that other changes occur before this. We have added to the medical pathology our osteopathic pathology. They tell us that the congestion is the first stage, but cannot lead up to it. We do lead up to it logically.

We know that congestion lowers the resisting powers of any tissue, that a condition of malnutrition sets in. The venous blood piles up and there is in the congested area a collection of carbon dioxide and other waste products. In this case the lowering of the vitality of the lung tissue gives rise to the next stage, the germ. That is where it comes in. There is no question of the presence of the micro-organism there, but we want the explanation. For it to get into the tissue and proliferate we need the lowered resistance. We all have pneumococcus in our mouths all the time, but why is it that we do not all have pneumonia? It is because our lungs are in a healthy condition and the germ cannot grow. But here we have the vitality reduced, the germ finds a good culture medium and the stages go on as we find them described in the medical texts.

What is the cause of death in pneumonia? Certain changes take place in the blood in the normal individual by which bacteria are combated. In some the vital condition is not good enough for these changes to occur as they should, the patient becomes extremely toxic and death results from the action of the toxins.

That is the theory that fits all the diseases that are characterized by colds. It fits the anatomy, physiology and pathology, and it fits what the osteopath finds in his treatment. We find our causative lesions, muscular and bony, in the upper dorsal area of the spine and the upper ribs.

Where does the treatment come in? We hear so often that osteopathic treatment is good for some things, good for conditions like rheumatism, but not for acute work. If our cases are gotten early and the structural abnormalities can be corrected, it ought to follow that the resisting power of the individual ought not to be lowered sufficiently to give the germs a chance to gain a foothold. Does our practice bear us out in this respect? We know from our experience and the experience of other practitioners that it does. When taken at the very start, again and again, within from thirty-six to forty-eight hours the progress of the disease has come to an end—the disease has been aborted. Suppose you have twenty cases of pneumonia in a season. The medical man would in this number get not more than two cases aborted. But if you, on the other hand, get a majority of the cases aborted you have a right to say that your treatment did it. That can be done and it is doing a tremendous amount for the patient. Still, there will be some deaths under our treatment as there are under any other method of treatment. Some complications, some weak hearts and other conditions, will be found that will so overcome the patients' vitality that even under the best treatment they will not survive. We know that cases go much harder in chronic drunkards and in that class of patients the mortality is much higher.

Suppose, though, that we do not get the case in its incipency, that we do not get the case until the disease is well established, what can we do then? Even then, by removing the lesions, we can improve the blood supply and help nature in her fight. In these cases we can still shorten the course of the disease and can reduce the mortality. That we can do so, we know from our experience and the experience of other practitioners. That is our theory and its application, a theory we know is sound and is backed up in practice.

THE PASSING OF PILLS AND POWDERS.

DR. WOODS HUTCHINSON IN HAMPTON'S MAGAZINE.

The drug problem, the (literally) burning question both before and after taking, "What shall I take?" is one of the oldest in history, even older and far more respectable than its sister query, "What will you take?"

Though the answer was the same Life-Saving Remedy in the vast majority of both cases. Nowadays we are inclined, not unnaturally, to associate drugs with the doctor; but as a matter of historic, or rather prehistoric, fact they are far older than he is. * * *

Our materia medica, our stock of known remedies, has been built up and tested and weeded out by the slow, painful experimentation of the whole human race extending over thousands of years.

No better, more vivid illustration of the Darwinian method of progress, of the survival of the fittest, of wisdom slowly gaining by bitter experience of repeatedly doing the wrong thing, could be found than our growth in the knowledge of therapeutics, of the Art of Healing. * * *

Some greedy plutocrats of the Pliocene having one day gathered in a gourd more ripe berries than he could possibly eat, left the crushed surplus standing where the sun could get at them. His hunger returning in a day or two, he came back to finish them; but to his surprise found them turned into a biting, frothy pulp, covered with rosy bubbles. He gulped it down, and in a few minutes began to see things about him as he never had seen them before, and Other Things that he had never dreamed of. Even when he woke up with a headache his dreams came back to him in alluring guise, and by the time he had got the dark-brown taste out of his mouth, he decided that the game was worth another trial, and hastened to pick a bigger gourdful of berries and set it to brew. Thus ALCOHOL, the Great Magician, with the sting in his tail, was born, and adopted as Big Medicine. * * *

Oliver Wendell Holmes records that in his early days nitrate of silver was a standard remedy for epilepsy, because this was originally believed to be caused by the influence of the moon; and he himself had seen unfortunate epileptics so saturated with this drug that it had become deposited under their skin and blackened by the light as on a photographic plate, so that their complexion was turned a dull, slaty gray.

One of the greatest obstacles to progress, the greatest difficulty in sifting the helpful from the worthless, has been, and is yet, that inasmuch as some 85 per cent of all the illnesses get well of their own accord no matter what may be done or not done for them, ANY DRUG WHICH IS

USED WITH SUFFICIENT CONSTANCY AND INDISCRIMINATENESS IN ANY DISEASE WILL SCORE 85 PER CENT. OF CURES, PROVIDING THAT IT IS NOT POSITIVELY HARMFUL. * * *

Some drugs of real value will survive; but their numbers will be counted by tens instead of by thousands, as at present. In fact, next after the fight against disease, the biggest that the coming doctor has on his hands is with drugs and the deadly grip which they have upon the confidence and the affection both of the profession and of the public.

Another of the gravest difficulties of the drug problem is that the oldest, most highly prized, and most universally used drugs are unfortunately the most dangerous and poisonous. The "simple, old-fashioned, household remedies" that we hear so much vaunted, number among them the most dangerous drugs that we have. Laudanum or paragonic or some "Pain Killer" or "Soothing Syrup," or other form of opium, stands on every shelf, just as it did under the eaves of the bamboo hut of primitive man.

Alcohol in some form comes next, either as good as "Good Old Whisky" or "pure, homemade wines" or cordials—many of them strong enough to blow your head off—or somebody's "Bitters or Tonics." TAKE AWAY OPIUM AND ALCOHOL, AND THE BACKBONE OF THE PATENT-MEDICINE BUSINESS WOULD BE BROKEN INSIDE OF FORTY-EIGHT HOURS, because they are the only drugs known to science which will make anyone, no matter what may be the matter with him or her, "feel better" for a little while, at least, every time he takes them. * * *

The old, blind, implicit confidence in drugs is gone, the naive belief that if we could only find and give the one right remedy it would "do the rest," like some magic button when pressed.

In its place is a wholesome, searching skepticism which demands proof, tests rigidly, rejects mercilessly. Scores of hoary old humbugs have already shriveled in its white light. As our modern physician-philosopher Osler phrases it: "He is the best doctor who knows the worthlessness of most drugs." * * *

The result already is a demand for the cutting down of the drug lists taught in our schools from four or five hundred to fifty or less, while Osler goes so far as to speak of "the six or seven REAL drugs"! * * * * *

NO DRUG—SAVE QUININE AND MERCURY IN SPECIAL CASES—WILL CURE A DISEASE; ONLY REST, FOOD, SUNSHINE, AND FRESH AIR CAN WORK THAT MIRACLE.

All that medicine can do is to call a halt and give Nature time to

rally her forces. As well use bugles in place of bayonets, as drugs in place of food or fresh air. * * * * *

Whole groups and classes of drugs are falling into disuse and new ones coming into play. Emetics, for instance, are being replaced by the stomach tube; cathartics by dieting and intestinal antiseptics; while tonics are falling gradually into disrepute because we have not the least idea what we mean by the term or how they produce their alleged effects save by their bitter taste or their influence upon the imagination of the patient. The only real tonic is cold air and exercise followed by food. As the great Boerhaave long ago declared, the best way to get benefit from the bitterwood tree (quassia) is to climb up it, or chop it down. * * * * *

Our most valuable and hopeful modern "charms" against disease are plucked from Nature's own book.

Like the early Quakers, we are turning to the "light within" and utilizing our own internal, homemade remedies.

When a fever "runs its course" and we begin to recover, we do so by virtue of certain antidote substances or ANTITOXINS found in our blood, which neutralize the poisons or destroy the bodies of the invading germs.

These antidotes are usually present in small amounts in all healthy blood; indeed, a sound, vigorous body is a most inhospitable and unwholesome place for strange germs to wander into. This is why not more than one in five of us who are exposed to an infectious disease ever catch it. * * * * *

The problem is how to get hold of the natural antibodies or anti-toxins in sufficient amount to use them in curing or preventing disease in others. * * * * *

For many years vaccine virus was our only vaccine, but now we have a dozen or more of positive value and so many more claimants for the honor.

The best and most widely used so far is that against typhoid fever. This consists of an injection of dead typhoid bacilli and their toxins killed by heat. It produces a slight attack of headache, feverishness, and discomfort, lasting three or four days, which forms enough anti-toxin to give a marked though not complete immunity against the disease for from three to six months. On account of the shortness and incompleteness of the immunity, it has been chiefly applied so far to soldiers entering upon a campaign in the tropics, or others who expect to be markedly exposed to infection for the following few months. Its results have been very encouraging. In large bodies of troops inocu-

lated, less than one-fourth as many contracted typhoid as in unprotected regiments camping and campaigning with them; and of those who contracted the disease, scarcely a third as many died, making the net death rate more than ten times as great in the unprotected men. * * * * *

In our search through the body for antibodies and antitoxins, we discovered that our blood and all our vital fluids were full not merely of liquid food and waste substances, but of natural tonics and sedatives, of stimulants and restorers of the body balance generally. In fact, we are walking pharmacies as well as machines and thought factories,

The relief of disease is no longer a matter of providing a few magic powders or soothing potions. We have got past that. We no longer believe that any drug, of itself alone, will cure any disease. It must, like Turner's colors, be mixed with brains; and those same brains, applied to a search for and removal of the cause, will cure far more disease, without any drug at all. Food, rest, sunshine, exercise, bathing and massage—these are the sheet-anchors of our new MATERIA MEDICA.

* * *

FOOD CHARTS ISSUED BY THE GOVERNMENT.

The United States Department of Agriculture has issued a set of 15 lithographed food charts. They give diagrammatic representations of typical foods, their composition indicated by dividing the outline into proper proportions and coloring the sections to represent the different nutrients. Red represents protein; yellow, fat; blue, carbohydrates; gray, ash; and green indicates water. Energy values will be shown in black, each square inch equaling 1,000 calories. The foregoing description applies to the charts numbered 1 to 13. Numbers 14 and 15 contain only text, and are printed in black.

This set of charts, which is especially useful for schools, is sold by the Superintendent of Documents, Government Printing Office, at \$1 for the set of 15. Single copies will not be sold.

The titles and numbers of the charts are as follows: 1. Milk and milk products; 2. Eggs and cheese; 3. Meat, fresh and cured. 4. Fish, fish products, and oysters; 5. Butter and other fat-yielding foods; 6. Cereal grains; 7. Bread and other cereal foods; 8. Sugar and similar foods; 9. Roots and succulent vegetables; 10. Legumes and corn; 11. Fresh and dried fruit; 12. Fruit and fruit products; 13. Nut and nut products; 14. Composition, functions, and uses of food; 15. Dietary standards.

As will be seen, the usual American dietary is thoroughly well covered in this list.

OSTEOPATHIC GLEANINGS.

Muscle Treating.

DRS. FULLER AND UPTON.

(Read before Minnesota Osteopathic Association.)

We were asked to prepare a paper on "Muscle Stretching." We have, however, changed this title to "Muscle Treating," considering that more appropriate, and really what was intended; for muscle stretching is often not remedial, but a positive harm. In some cases to stretch a muscle is beneficial, in others quite the reverse.

Muscle treating is prescribed by our osteopathic authorities. McConnell says: "A draught of air, a damp day, whether one is warmly clad or not, has a greater or less effect on the musculature of the body. When muscles are contracted they at once interfere with the cutaneous circulation and with the superficial nerve terminals; and moreover when severely contracted, produce traction upon the bones, especially the vertebræ and ribs, and tend to draw them from their normal position."

This being so, if the contractions are of recent origin, that is to say, not of sufficient duration to produce a chronic condition, it naturally follows that in some cases, relieving these contractions also tends to permit such bony luxations to adjust themselves to the normal. How much actual bony manipulation such luxations may require for restoration to the normal is a question for each specific case, resting on the judgment of the physician. If a rule were possible in application to such cases, it would probably be to make it a point to treat both ways from the beginning when possible, for the quicker the luxation is relieved the more speedy the results, and much valuable time and patience may be consumed in doing unnecessary muscular work.

Adopting "Muscle Treating" as our subject then, we will assume that we are of the same mind as to its necessity. It is a part—and only a part of our method of treatment in a great many cases, but it must be distinctly understood that it is only an incident of the treatment—it being generally necessary to relax muscular contractions to enable us to correct a deeper lesion.

It is conceded then, that muscle treating is beneficial. Now several points present themselves in each case:

First. . What object have we in view in treating the muscle? We must always have a purpose which is susceptible of rational explanation

for anything we do. We are not simply fooling around, rubbing the patient to make him feel good and trusting to the Lord to do the rest.

Second. Are we really treating the muscle? Or is it simply that we are after deeper structure and finding the superimposed muscle, are compelled to treat through it.

Third. What physiological effect are we seeking to secure? It is vaso-motor or visceral. Or it is both. Do we get it, and how do we get it? This one question alone will keep some of us busy a few years.

Fourth. Can we not dispense with nearly all of the muscular work in each case, if we reason correctly as to what effect we are after and understand how to get it?

Fifth. How much unnecessary muscular work are we doing, just because the patient likes it and to make him think he is getting his money's worth and that he is getting a longer, consequently more thorough treatment than he could get from Dr. Lesion who leaves out such unnecessary work?

Sixth. How many osteopaths are on the lookout for "new movements" for muscular work, which are of no use except to impress a gullible patient? There are no "movements" in osteopathy. It is more profound knowledge of the mechanics of the body that we should be after. Let us understand the pathological condition we are seeking to remove, and then do what we can at each treatment and stop there.

* * *

Senility and the Thyroid Gland.

While the ultimate nature of senile decay remains an unsolved mystery and the causes through which the changes of old age are evolved are still a matter of speculation, the anatomical picture of the various stages of the process are more or less familiar, and some of the factors which contribute to these changes, in some cases at least, are now recognized. A knowledge of these factors enables us to advise certain precautions which are of undoubted value as prophylactic measures. Rational rules of personal hygiene, proper care in illness and convalescence, etc., are familiar examples. On the other hand, a recognition of the anatomical changes of senility and the consequent disturbances in function makes it possible to meet the discomforts of the aged with a greater degree of intelligence and to prevent to a certain extent the development of other vicious conditions which are dependent upon the primary changes.

Among the changes which usually accompany senility, atrophy of the thyroid gland has long been known, but the clinical significance of this phenomenon has received but slight attention. Leopold-Levi, in a candidate's thesis (*Journal de medecine de Paris*, No. 26, 1909), has submitted a suggestive study of the similarity between the symptoms dependent upon loss of function of the thyroid gland and those seen in senility. The wrinkled, dry skin, the subnormal temperature, the alopecia, thinning of the eyebrows, loss of the teeth, anorexia and constipation, the diurnal somnolence, the suppression of the menses and of the sexual function, the vague muscular pains, the enfeeblement of all the functions, and the tendency to various degenerations, particularly vascular degeneration, all these symptoms appear both in hypothyroidism and in senility. Indeed, Leopold-Levi remarks that myxœdema might also be termed "precocious senility."

These symptoms occurring in the aged are usually attributed to arteriosclerosis, but it is undoubtedly true that they do occur in patients who present no other evidence of arterial disease. The author states that such symptoms may frequently be controlled by thyroid feeding. The administration of thyroid extract has been highly recommended, particularly by French writers, for a great variety of disorders, but the results reported have not been substantiated to any great degree in this country. It may be that the variations in the method of administration and in the preparation used are accountable for some of the discrepancies. In the condition under consideration, however, a judicial trial of thyroid extract would seem to be justified when the symptoms are controlled with difficulty. The discomforts which make the declining years of life a burden to so many are not infrequently exceedingly obstinate, and any suggestion which may alleviate these ills is most welcome. It should be remembered, however, that much harm may be done by using too large doses, and that any patient under thyroid treatment requires constant and careful watching.—*N. Y. Medical Journal*.

THE BULLETIN

OF THE ATLAS AND AXIS CLUBS.

E. R. HUMPHRIES, A. B., EDITOR. G. R. INGRAM, BUSINESS MANAGER.

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KIRKSVILLE, MO., NOVEMBER, 1910.



Hospital Day. Saturday, November 5, was the day set for raising funds for the Hospital Free Ward and, though on Friday night it seemed almost inevitable that rain and mud would necessitate postponement of activities until the following Saturday, the fears were found to be without foundation by morning.

Lack of space prevents a description of the parade and the day's activities, but those who had seen the other three declared the fourth to be the best Hospital Day so far. Business men and other people of the town who were called upon to contribute considered the general management of the business of the day far more systematic than in other years, and from the point of view of the spectators the parade was larger and more attractive. Costumes were more elaborate and more varied, and in every way there was evidence of more careful thought and more attention to the details of the day's activities in preparation than there had been before.

The Atlas Club, headed by Noble Skull Ford on a load of pump-

kins, marched in a body in the procession, and though, after the lines were broken, the club, as such, took no active part in the day's work, individuals and small groups were so successful in their efforts that the \$68 turned into the general fund by the club was the largest amount raised by any men's organization and the Atlas Club was awarded a rocking chair, the prize offered by Heinzman & Swigert.

The total receipts for the day amounted to \$866.96.

* * *

Erratum. One of the errors that appeared in the October Bulletin that we are especially anxious to correct was the statement regarding the paper by Dr. W. Banks Meacham on "Pulmonary Tuberculosis; Some Distinct Osteopathic Problems in its Pathology and Etiology." The paper was prepared as stated, but was read at the eleventh annual meeting of the Tennessee Osteopathic Association at Knoxville, Tenn., Sept. 27, instead of before the Kentucky Osteopathic Association. It was the Tennessee Osteopathic Association to whom we had reason to be grateful for the use of the paper.

* * *

Millard. Dr. F. P. Millard, Atlas 1900, the artist of the profession, has in the current issue of the A. O. A. Journal three charts which he used in connection with his address before the New York Osteopathic Society, October 26, and at the meeting of the Philadelphia County Osteopathic Society the following evening. The address was on "Diseases of the Ear and their Treatment from an Osteopathic Standpoint," and the charts show the auditory apparatus and its relations from three points of view. In the first the tympanum and facial canal of the right side are exposed by section of the temporal bone. In the second, a posterior view, the skull is tilted backward on the atlas and the facial canal opened. In the third, the right temporal bone is opened at the middle ear and the section viewed from within. Dr. Chiles, of the A. O. A. Journal, declares that these are the best illustrations produced within the osteopathic profession, and it is doubtful whether they have been equalled in any medical publication. The Atlas Club is proud of the work of Dr. Millard and of the fact that he is a true Atlas man.

* * *

Dr. George's Work on Congenital Hips. In the past two months the senior class has had opportunity to see Dr. George M. Laughlin operate successfully on several cases of congenital hip dislocation, and early in the month saw an exceptionally brilliant and record breaking accomplishment—a successful

reduction on a girl fifteen years old. For twenty minutes the two hundred members of the class scarcely breathed as Dr. George worked in the hospital pit, but when the head of the femur slipped into the acetabulum the applause more than made up for the previous period of silence. Dr. F. E. Moore, who has attended the operations, discusses Dr. George's work in a letter printed in the A. O. A. Journal, which we are pleased to quote:

"It is not so much the acknowledgment of his skill, which is certainly due Dr. Laughlin, but it means a great deal to the osteopathic profession to know that we have in our profession with a plain D. O. degree, this orthopedic surgeon whose ability in congenital hip and like operations, places him in the front rank of the orthopedic surgeons of the world. Students at the A. S. O. and graduates in the field are more or less familiar with Dr. Laughlin's success, but I personally feel that all osteopathic physicians should know of it and realize that unexcelled skill is to be found in our own ranks. Dr. Laughlin is unostentatious to a fault, hence many a child and older patient are being saved from the cripple's life, and the osteopathic profession never so much as hears of it. Often these cases have been treated osteopathically and met failure when they needed the skill of the orthopedic surgeon.

"Today, a congenital hip dislocation in a girl fifteen years old was successfully reduced by Dr. Laughlin before the senior class of two hundred students. Intelligent in his every movement, which according to his methods are devoted to leverage, with no semblance of the spectacular, I observed at the end of twenty minutes the head slip into the acetabulum and in another ten or fifteen minutes the cast applied. Another point, success in a fifteen year old person is an unusual accomplishment, patients from three to seven years being the proper ages for this work.

"I love to honor where honor is due, and though one has to force it on Dr. Laughlin, it is none the less due. But we must remember that the inspiration, teaching and success grounded in other osteopathists as well as Dr. Laughlin, is largely due to the greatest osteopathist in the world, the 'Old Doctor.'"



ATLAS NOTES.

Saturday night, October 22, was the second program night of the year and the members and guests had an opportunity to hear Dr. Gerdine express his views on osteopathy for the first time since his return to Kirksville. Some time ago Dr. Charlie had occasion to tell the senior class one morning that those who had criticized the management of the school for allowing Dr. Gerdine to be away from Kirksville a year would be satisfied if they could see and hear him and realize how the year in the great German clinics had served to strengthen Dr. Gerdine in his osteopathy. Dr. Gerdine's address was so strictly osteopathic and was of such great interest to those who heard him speak that excerpts are quoted elsewhere in this issue. The program was:

Piano solo	F. S. McGonigle
Vocal solo	Miss Grace Foncannon
Address.....	Dr. Gerdine
Vocal solo	V. A. Strayer

* * *

The third open meeting was held Saturday night, November 12.

The program:

Selection.....	Atlas Club Orchestra
Reading.....	Miss Graf
Address.....	Dr. Deason
Cornet solo.....	J. W. Deane
Selection.....	Atlas Club Orchestra

Dr. Deason took for his subject "Medicine and Osteopathy," and compared not so much the two theories and practices, but mainly the schools in which the two sciences are being taught. The schools taken as a basis for comparison were the A. S. O. and the medical schools of Chicago, principally, and it was shown that the osteopathic schools at present compare favorably with the average medical schools in their equipment, ACTIVE instructors, the character of the student body, entrance requirements, and ACTUAL requirements for completion of the course of instruction given. Dr. Deason showed that even in the larger med-

ical schools the apparatus that is used by the students is inferior to that in constant use by the students of the A. S. O., that the student body at the A. S. O. is as a whole a more serious minded and harder working body than is found in most medical schools, and other comparisons of interest.

Taking a broader field, Dr. Deason discussed briefly pharmacology—the bug-bear of the medical student,—the tendency of modern medicine, adjuncts in medicine, internal antisepsis, and susceptibility and infection.

* * *

Since the last issue the repairs on the Atlas rooms that were begun several weeks ago have been completed and the rooms have a much better appearance than for several years. The walls and ceiling of the north hall have been repapered, the walls of the south hall have been retinted, and the floors and other woodwork have been freshened up with a liberal amount of paint, wax and varnish. In addition to the actual repairs the appearance of the south hall is much improved by the addition of a new rug to replace the old and somewhat dilapidated one, and a new rocker, the prize won for having turned into the general fund for Hospital Day more money than any other men's organization.

* * *

The last night in October was not overlooked even in Kirksville, but was celebrated at the Club rooms by a Hallowe'en dance. The Axis club had used the hall for a similar function the Friday night previous, and with theirs and added decorations the hall was all that could be wished for on such a night. About thirty couples were present, and after the last waltz the party went to the "Atlas home" on East Washington street, where a hot supper was awaiting them. Both dance and supper were a great success and everyone went home happy.

* * *

Dr. W. W. Vanderburgh, Atlas '05, was knocked down and severely injured by his automobile, Sunday, Oct. 23. The machine had recently been in the shop for a trivial repair and while there the engine had been so tinkered with that on being taken out it ran on only two cylinders. This did not give power enough and the car stopped on a steep hill leading to the garage. Dr. Vanderburgh backed down the hill, jumped out and cranked the engine without throwing it out of gear or putting on the emergency brake. The car started up the hill, but he had enough presence of mind to brace his feet against the bottom of the radiator, so was doubled up and pushed up the hill instead of being run over. He was doubled up in such manner that the weight of the heavy

car caused a fracture of the eleventh dorsal, dislocation to the right and posteriorly of the twelfth dorsal and first lumbar vertebrae, and several minor injuries. Drs. Sheldon, Hunkin, Donohue and Henry were called and after consultation decided to reduce the dislocation under anesthesia the following morning. This was accomplished. The treatment now consists of full extension of the body, with the spine on two inches of board at the seat of injury. This will be continued several weeks. While necessarily Dr. Vanderburgh's suffering is intense, it seems certain that recovery will be complete.—Western Osteopath.

* * *

Dr. Carroll B. Morrow, Atlas '09, and Dr. Clara E. Morrow, Axis '10, of Butler, Penn., have been appointed medical examiners for their county by the United States Annuity Society of Pittsburg, Pa. The Doctors Morrow are to be congratulated on their offices, not alone in their own behalf, but also in behalf of the whole profession for whom every such appointment means another step in the right direction. Dr. Morrow writes of being extremely busy, but sends the assurance that it would please him mightily could he "but drop in at the club some Saturday night."

* * *

We are grateful to Dr. Alfred T. Sullivan, Atlas '06, for the announcement of the "Food Charts Issued by the Government" which appears elsewhere in this number, and which came to Dr. Sullivan's notice in the U. S. Daily Consular and Trade Reports. Such contributions are few and scattered and every one is very thoroughly appreciated.

* * *

Dr. George A. Still of the faculty and Dr. Frederick E. Moore, post-graduate, have returned from the surgical clinics held at Chicago, November 14-26. Dr. Still came back to Kirksville, November 12, to operate at the A. S. O. Hospital and returned at once to Chicago. During his absence the seniors were given bandaging under Dr. Becker and diseases of the nose and throat under Dr. Waggoner in the two hours regularly taken up with obstetrics and surgery.

* * *

Dr. Kirk W. Shipman, 1908, has moved from Milwaukee, Wis., to the Haynes Block, Janesville, Wis.

* * *

A word of appreciation of the first two Bulletins has been received from Dr. William C. Brown, 1908, of Waterville, Me. Dr. Brown is president of the Maine Osteopathic Association.

Dr. Russ Coplantz, 1910, writes from Joliet, Ill., that he has been doing very well there considering that it is his home town, but is hoping to secure a good western location. The Doctor is expecting to make an early visit to Kirksville with an operative case, and is looking forward to a pleasant Saturday night in the old rooms.

* * *

Dr. Paul S. Nichols, 1910, past Noble Skull, has located in Delaware, Ohio. Dr. Nichols was in the A. S. O. Hospital for several weeks at the opening of the school year, but made a good recovery and is able to start practice. We wish him the best of success and health to carry on his work.

* * *

Dr. C. N. Brackett, 1910, has succeeded Dr. Wren in his practice at Salida, Colo.

* * *

Dr. Wade H. Marshall, 1905, P. G. 1910, passed through Kirksville last month on his way to Trinidad, Colo., where he is now located. Dr. Marshall was in practice in Ludington, Mich., during the summer and early fall, but decided to locate farther west.

* * *

One of our Eastern field members writes a good word for The Bulletin and mentions briefly sciatica and the posterior innominate. "Can you find," he writes, "a bona fide case in which sciatica exists without a posterior rotation of the innominate? We are about ready to maintain that if the innominate lesion is the cause, it is ALWAYS POSTERIOR, in sciatica."

* * *

Dr. Irving Colby, 1903, writes: "Just a line to say I like the October, 1910, Bulletin, and no harm is done in saying so." We agree with the sporting editor who heads his column, "Every knock is a boost," and heartily welcome all criticism, whether favorable or otherwise. The Bulletin is not free from errors, we realize, and have had cause to regret, but we shall continue an honest effort to reduce them to a minimum. If it still pleases the field members, we like to hear so; if not, we are eager for the adverse comments, but should like, with these comments, some of the sort of copy that will improve the appearance and value of the paper.

* * *

Dr. Frank H. Smith, Atlas 1900, of Kokomo, Ind., is one of the busy men in the field, but yet has time to send a message to the club and add a few words showing his continued interest in the club both in the school and in the field.

" * * * I am still very much interested in the old club," he writes, "and count its associations during my school life among the precious things of life. We meet many of the new members, and most of the old ones, at the different conventions, and there is a 'tie that binds.' When I see a new man wearing the club emblem, I want to meet that man immediately.

"At our state convention this week both our incoming president, Dr. M. E. Clark, and secretary, Dr. W. S. Thomasson, were Atlas men. So it goes without saying that the Association will be in good hands."

* * *

The Bulletin extends congratulations to Dr. and Mrs. Eugene F. Pellette of Liberal Kansas, who announce the arrival on November 1, of a prospective Atlas member. Dr. Pellette was in the 1909 class.

* * *

DIED—At Memphis, Tenn., September 16, Dr. Ward Loofburrow, 1907, of Oklahoma City, Okla., of malarial fever. Dr. Loofburrow was buried at Mount Sterling, Ohio, September 19.

* * *



On Saturday, October 5, John W. Deane of Buesford, S. D., was initiated into the club. Mr. Deane is a graduate of the high school, and even before entering that school had decided to take up osteopathy because of the benefit his father had derived from the treatment.

* * *

The following men were taken into the club, November 19:

Dr. Harry Madison Ireland, who is doing post-graduate work at the A. S. O., is a graduate of the S. S. Still College of Osteopathy at Des Moines, Ia., and has been in practice in Kearney, Neb. He was graduated from the high school at Craig, Neb., took a course at the Boyles Commercial College at Omaha, Neb., and attended the Peru State Normal School at Peru, Neb., after which he taught before taking up the study of osteopathy. Interest in the science was aroused by the cure of his mother and sister of conditions which practitioners of the

old school had declared to be beyond the reach of medical treatment, and he took up the study at Des Moines. Dr. Ireland is a relative of Dr. Elmer P. Ireland of Kearney, Neb.

* * *

Damon M. Stahr was interested to take up the work through the help he had received from treatment from Dr. E. C. Crow, Atlas '01, of Elkhart, Ind. In addition to the benefit he himself received, Mr. Stahr's sister had been greatly helped by a course of treatments at the A. S. O. some years ago. Mr. Stahr is a graduate of the high school at Elkhart and spent four years on the engineering corps of the Lake Shore and Michigan Southern Ry. He is in the class of June, 1913.

* * *

E. Glenn Sluyter comes from Flint, Mich., and received his education in the grammar and high schools of that place. Observation of the success of practitioners and the influence of his parents and a friend brought him to Kirksville as a student. Mr. Sluyter is a member of the June, 1913, class.

* * *

Howard M. Freeman is also a member of the June, 1913, class and comes from Clarksburg, W. Va. He is a graduate of the high school and was influenced to enter the profession through his father.

* * *

Ernest M. Moore is a graduate of the high school at Tuscola, Ill., his home town, and was influenced to come to Kirksville by Dr. J. A. Overton, Atlas '03, and Glen R. Ingram, 1911. Mr. Moore is in the June, 1913, class.

* * *

Frank N. Lucas, of Stockport, Ia., became interested in osteopathy through Dr. Post of Fairfield, Ia., where he was a student in Parsons Academy. After leaving the academy he was a post-office clerk and was enrolled at the A. S. O. in September.

* * *

Benefits derived from osteopathic treatment and a few kind words of encouragement from C. L. Shafer of the senior class induced Vere A. Strayer of the June, 1913, class to enter upon the work. Mr. Strayer was a dealer in furs and hides in South Bend, Ind., and received his education in the public schools of that city



OFFICERS OF THE AXIS CLUB.

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 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, Mrs. Ruth McBeath.
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 COURTESY.—Miss Council E. Faddis, Mrs. Emma Edwards, Mrs. Lulu M. Kerrigan, Miss Esther Bebout, Dr. Mina A. Robinson.
 PRACTICAL WORK.—Miss Arminta Bailey, Miss Charlotte W. Weaver, Miss Grace M. Bales, Mrs. Jennie Beckler.
 PROGRAMME.—Miss Mai Branner, Miss Elizabeth Brewster, Mrs. Mabel Still, Mrs. Myrtle C. Riley, Miss Ethel Prisler.
 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. Minerva Kenaga, who has been practicing in Joplin, Mo., is spending a few weeks in Kirksville recuperating. She has not decided as yet where she will locate when she is again able to go back into practice.

* * *

Dr. Lily F. Taylor writes that she has located at 57 Syndicate Block, Minneapolis, Minn. She spent the summer in Red Wing with her mother, who died there August 17, after having been in failing health for some time. The Bulletin extends sincere sympathy to the Doctor in her bereavement.

Dr. Ida M. Sash, 1910, who has located at Eureka Springs, Arkansas, writes that she often thinks of the Club and sends her best wishes for all the members and for the advancement of the Axis Club as a whole.

* * *

Dr. Julia V. Frey writes that she has removed to Denver, Colo., 1210 Sixteenth Ave., No. 7, and that her mother has entirely regained her health so that the Doctor is ready for work again. She sends best regards to the Club girls.

* * *

Wednesday evening, October 26 the following four were initiated into the Odontoid Chapter of the Axis Club:

Mrs. Elizabeth Kimber Crain came here from Brookfield, Mo. She received her education in the Brookfield public and high schools, and was influenced to take up the work by Dr. W. J. Deening of her home town. Mrs. Crain is a member of the January, 1913, class.

Miss Velma L. Clark came here from Enid, Oklahoma. She received her education in the Pottawatomie County and Carson high schools of Iowa, and was influenced to take up the study of Osteopathy because of the success of Dr. Neva Tripplett of Enid. Miss Clark is a member of the January, 1913, class.

Miss Althea Leona Taylor's home is in Selma, California. She is a graduate of the Selma grammar and high schools and spent one year in the Los Angeles College of Osteopathy. She has several relatives who are osteopaths and has always been treated by them when sick, so, of course, believed in it. As she thought it was one of the best openings for young people she came here to study, and is a member of the September, 1912, class. Miss Taylor is a cousin of Miss Arminta Bailey, 1911.

Dr. Hezzie Carter Purdom Moore of La Grande, Oregon, is here with her husband, Dr. F. E. Moore, doing post-graduate work. Dr. Moore was graduated from the A. S. O. in January, '02, and for six months following assisted the Old Doctor in the preparation of his book, "The Philosophy and Mechanical Principles of Osteopathy." The following year she practiced with her mother, Dr. Theodosia E. Purdom at Kansas City, then was married and moved to Oregon. She is a graduate of the Kansas City high school and has served as secretary of the M. O. A., the Oregon Osteopathic Association and Assistant Secretary of the A. O. A. She has always been a believer in osteopathy, for her mother was one of the Old Doctor's first osteopathic patients. Dr. Moore is a sister of Dr. Zudie P. Purdom, 1910. She also has a brother-in-law, Dr. S. T. Lyne, in the profession.

Dr. Esther E. Sanders, 2053 August Street, Chicago, sends greeting and wishes the Club success.

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The editor wishes more Field Members would write and tell us any news of Axis members that they may know. We are always glad to have a lot of "Axis Notes," but to do so we need your help. Case reports are always very welcome and hard to get. Address, AXIS EDITOR, 201 S. Fifth Street, Kirksville, Mo.

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On Hospital Saturday, November 5, the Axis Club made a very good showing and were able to turn in over a hundred dollars for the Free Ward. We were lucky enough to be the first of the clubs in line, and the Japanese float which headed our part of the parade was very gay with its bright colored lanterns and parasols. Several of the girls, dressed in Japanese kimonos, rode on the float, the rest walking behind, carrying Japanese parasols. Our booth was placed on a sunny corner of the square and business was so good that everything was sold out long before the day was over. Besides candy and popcorn balls there were several fancy articles donated which were sold or raffled off and everybody went home happy.

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Friday evening, October 14, the local Chapter entertained the girls of the June, 1913, class. The program opened with a piano solo by Miss Hurd, after which Mrs. Irwin, our president, spoke a few words of welcome to the new class in behalf of the Axis Club.

The program included solos by Mr. Strayer of the 1913 class and Mrs. Bigsby, and a reading by Miss Graf.

Mrs. Irwin then introduced Dr. Gerdine, whom every one is glad to see back in Kirksville after his trip abroad. Dr. Gerdine said, in part:

"It is with great pleasure that I am here once again among my own people. More among my own people here not because I am a native of Kirksville, but because I like it. You all laugh at Kirksville, but you will be sorry to leave it. I am sorry when I am compelled to be away because I like the atmosphere here, for Kirksville is the most pleasant and delightful place to an osteopath. Of course, there are osteopaths in other places, but here osteopathy is more concentrated, more—well say like condensed milk, only better, for I don't like condensed milk. Other places are different and not only different but many times are hostile, as one finds when one spends some time in a medical school. So I am glad to be back home, and as I am fond of talking, especially to people who are in sympathy, I am glad of the opportunity to speak to you so soon.

"I want to talk about certain points of interest to all of you, or should be of interest to you as osteopaths. I want to talk about what osteopathy is, about the point of view which you ought to take in regard to others, especially other doctors. Spenser has said "Threrre is a soul of truth in things erroneous." We all have a right to our point of view. I want to talk to you about the 'soul of truth' in other modes of healing. Let's get the beam out of our own eye, for some of us have the idea that we can cure EVERYTHING. This is false, absolutely. You older ones know this and the younger ones should. First, therefore, we should get this idea out of our heads and then get in what we can do, for when we claim to cure everything we only make the M. D.'s laugh at us.

"Now, in going for the mote in our brother's eye what CAN we admit they CAN do? Let us take up the different methods. Electricity we all know is used. What is there to it? Can we say a good word in favor of it? While we take the general attitude that osteopathy is the best, we must admit that others have SOMETHING. There is, however, nothing for us in electricity. I have even heard the M. D.'s admit that there is nothing in it except a mental effect, so we must class it under mental therapeutics, and we are not osteopaths with the proper spirit if we need electrical machines to impress our patients, and I would be willing to say to the doctor himself that there is something the matter with his osteopathy if he needs an electrical machine. The M. D.'s know and take advantage of the fact that they can impress the patient with colored, bitter fluids and that, as a whole, the chief effect on the patient is mental. I think there must be something in the idea of self-sacrifice in taking bitter medicines. The important thing is for the patient to have confidence and faith in the doctor. Taken as a whole, I believe drugs do more harm than good. There is a lot of ignorance in EVERY profession, and there is great harm in allowing the ignorant to give drugs. Taken as a whole, the ignorant as well as the educated who give drugs, do more harm than good. We can't, however, say a drug can accomplish absolutely nothing, for we know they CAN produce certain results. What are they? Will they do more harm than good? If we say they are absolutely no good we only show that we don't know their value. Take chloroform, for instance. We all know its value, that it relieves a patient of the shock and pain of an operation. It is a well known fact that the brain doesn't respond to shock under an anesthetic, and it would not be right, in most cases, to operate without it, even if the patient were willing, because of the shock and its results. Of course, we take a chance, but it is worth taking. Even life itself is

taking chances. Some die from the effects of chloroform, but it is doing the best under the circumstances. We must admit there is good in it, must consider the individual cases and take the best. We must take the 'soul of truth in things erroneous.'

"There is not time to take up and consider each drug separately. We simply want to recognize and take the good there is in each. We know there are, for instance, heart stimulants. But does the harm outweigh the good? In the first place, there are no two individuals exactly alike. Physiologically and chemically they differ as much as their faces differ. As no two have the same temperament, so no two bodies are physiologically the same. In general, we differ so that we can't tell absolutely how the body will respond any more than I know exactly how you will respond to this talk. Thus as we can't tell exactly how the drugs will act we must experiment on each different person, and this is just as dangerous as experiment on animals in the laboratory. Take, for instance, the headache powder. It will stop a headache all right, but the danger is it may be permanent, for there is always the possibility of an over-dose and we never know when we get the over-dose, for some can take more than others. Then there is the danger that the first dose of a drug may not act promptly, but if followed too soon by another both will act and thus make an over-dose. The trouble about drug giving is, it is a risky business. It may tide over in many cases, but there is always a danger. Give nature a certain amount of time and the chances are in the patient's favor. Anything that has a good mental effect helps. In general, the osteopath does very little harm. Only ONCE IN A WHILE a bone is broken. The diseases in which the bones are brittle should be recognized and care should be exercised. In general, however, we eliminate the dangers.

"Some of the M. D.'s are even beginning to attack antitoxin, and I was surprised to learn that Dr. Muller of Munich believes that unless given early, before the symptoms are very noticeable, it is of very little help. Of course, this would be impossible in most cases of diphtheria. It might do some good in tetanus, however, if we gave it rather freely on the morning of July fourth. At present, for all practical purposes, we therefore have something better and less dangerous. We know antitoxin does some good. The question is doesn't it do more harm? We must admit there is a 'soul of truth.'

"Now let us take mental therapy. Has it anything to it? Has it a much larger 'soul of truth' than others? Shall we use it? It undoubtedly helps at times. We can't always be honest with our patients and tell them just how sick they are. We must make them believe they

will get well, give as much encouragement as possible. We really use mental treatment, knowing it or not. While we may help our patients in this way we also improve their physical condition at the same time with manipulation. Each helps the other—there is a 'soul of truth' in the mental treatment. Don't say it is nothing or everything. Utilize the mental side. Let them call you a mixer, you don't care if you are right and accomplish the results. So let us remember there is a 'soul of truth in all' and utilize it to the best of our ability."

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LOCATIONS AND REMOVALS



Brackett, Dr. C. N., from Kirksville, Mo., to 9-10-11 Hively Block, Salida, Colo.

Campbell, Dr. Ida S., at Somerville, N. J.

Coplantz, Dr. Russ, from Kirksville, Mo., to 108-109 Braun-Kiep Bldg., Joliet, Ill.

Frey, Dr. Julia V., from Trenton, Mo., to 1210 16th Ave., No. 7, Denver, Colo.

Harwood, Dr. Mary E., from 1422 East 8th St., to 702 Munford Ave., Kansas City, Mo.

Keller, Dr. Fred B., at 243 Elizabeth Ave., Elizabeth, N. J.

LaRue, Dr. Charles M., at Lancaster, Ohio.

Loving, Dr. A. S., 423-24 Commonwealth Bldg., Denver, Colo.

Lynn, Dr. Olivia A., 21 Spring St., Stamford, Conn.

McCrary, Dr. J. R., from Roanoke to 506-10 Paul Gale Greenwood Bldg., Norfolk, Va.

Marshall, Dr. Wade H., at Trinidad, Colo.

Martz, Dr. Tena M., from 147 Forsyth Bldg., Fresno, to Calexico, Calif.

Morris, Dr. Fred W., at 152 East 35th St. New York City.

Nichols, Dr. Paul S., from Kirksville, Mo., to Delaware, Ohio.

Sears, Dr. Harriet, from McCoy, Ore., to Ontario, Ore.

Sears, Dr. Pauline, from McCoy, Ore., to Ontario, Ore.

Severy, Dr. Charles L., from 252 Woodward Ave., to 403 Stevens Bldg., Detroit, Mich.

Sheldon, Dr. Susie A., from Weedsport to 202 E. State St., Ithaca, N. Y.

Shipman, Dr. K. W., from Milwaukee to Haynes Blk., Janesville, Wis.

Stevens, Dr. Della K., at Marion, Kansas.