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DEVOTED
TO THE



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The Bulletin

OF THE ATLAS AND AXIS CLUBS.

VOLUME VII.

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SPECIALIZED EXERCISES.

C. W. YOUNG, D. O., ST. PAUL, MINN.

(The author is a graduate of the Northern College of Osteopathy, '01) and a
post-graduate of the A. S. O., '04. This paper contains the substance of a lecture
given before the Minnesota Osteopathic Association at its January meeting.—Editor).

All physicians find in the battle against disease that, in many in-
stances, it is important that they consider the subject of Exercise for
their patients. The physician who desires to accomplish the most
possible for his patient, should be thoroughly informed as to the real
worth and value of the different methods of taking exercise.

In the osteopathic practice, specialized exercises can be used in
many cases to aid in a wonderful way in securing the anatomical adjust-
ment aimed at by the physician. A great majority of the people living
in the cities take insufficient exercise, and often a little attention to this
subject will aid wonderfully in securing health restoration.

The most important exercise is that taken out doors. Everyone
should spend some part of every day in walking out doors, and this fact
should be called to the attention of the house-wife many times. Athletic
development is not beneficial to health. It requires a large develop-
ment of the arms and legs, over-taxing the vital organs, especially the
lungs and heart. Athletes are notoriously short lived and many of
them die of consumption.

Specialized Exercises should be directed chiefly to the development
of the muscles of the trunk, particularly those of the chest and abdomen.
Among the most important of the Specialized Exercises are those which
secure the proper poise of the body. Anyone should have such a posi-
tion of the body habitually, that, when called to rise on his toes, he can
rise straight up in the air without first swaying the body forward. The
hips should be back, the head back, the chin in, and the upper part of
the chest high and leading. The patient should never be instructed to
throw his shoulders back, but always requested to hold his chest up.
The best exercise to secure capacity for proper poise is that of holding
the hands over the upper part of the chest, and by muscular effort, sink-
ing the chest down as far as possible—then raising it up as high as pos-
sible. The elevation of the chest should be accomplished by muscular

effort and not be inhalation of air. In raising the chest as high as possible, the head is held well back and the neck rigid, so as to secure the assistance of the scaleni muscles.

In a large number of our patients, especially among women, we find extremely weak and undeveloped abdominal muscles. We also find downward displacement of the pelvic organs in a large percentage of our women patients. The work that we do with our hands in the few minutes we give for treatment every other day can be made very helpful in overcoming these troubles. Certain specialized exercises are almost indispensable in many cases to accomplish a cure that will stay cured. There is a series of exercises to be taken on a sloping board, that I have employed within the last four years, and found extraordinarily beneficial. The board should slightly exceed the length of the patient and should be so placed that one end is about 18 inches higher than the other, and encircling the upper end of the board should be a strap, so adjusted as to pass over the ankles of the patient. She should take a position lying on her back, head downward and a sitting posture and then back to her former position. She should then turn first on one side, then on the other and rise up on the board. She should then turn face down, place her hands behind her back, and lift her chest up away from the board. This movement is especially helpful in case of any retroversion of the uterus. These exercises should be commenced with extreme caution, and after they have been practiced for some time, they may be indulged in with considerable vigor. The act of the person in rising up from the board, brings a strong pressure on the tissues surrounding the pelvic organs. When the position of lying on the board is resumed, this pressure is removed and the congested blood can then flow easily, with the aid of gravitation, towards the heart. Ligaments of the uterus contain more muscular tissue than that which is truly ligamentous in character, and the development of the muscles surrounding the uterus tend to develop the muscles of these ligaments so that they can hold the uterus in its proper position.

For any of our patients who come to us weak and nervous as a result of excessive use of their strength and lack of relaxation, slow and deliberate movements are very valuable for them to take to learn how not to waste their energy. Tensing exercises and resisting exercises are very valuable in most cases of heart disease. Tensing exercises and exercises secured by using one muscle as an antagonist of another should not be practiced with a view of securing a high degree of strength, as these exercises are not used very extensively under ordinary conditions of living, and tend to practice an abnormal development if used extensively.

Our country is becoming alive to the fact that a strong, well developed body is essential for success in nearly all lines of human activity. The splendid physique of our president well illustrates this idea. The true physician will regard himself as one who makes a life work of promoting the physical welfare of the race, and in so doing will impress on all the great truth that to get strength one must use the strength he has. He will endeavor to be master of the subject so as to teach his patients how best to use their strength so as to increase the strength they have.

PNEUMONIA.

KATHRYN ROBERTS, D. O., (AXIS '00), BEDFORD, IOWA.

I received your letter some days ago and thank you for the invitation to write something about pneumonia from my experience, which while not so varied and extensive, perhaps, as that of some who have been longer in the practice, I am pleased to state has been surprisingly successful in every case, which has come under my notice. This is the season of the year in which our attention is called to this once dreaded disease, and much has been written on the subject, so that instead of going into the pathology of pneumonia, I will take pleasure in "pointing out" to the class of 1900, at least, our Dr. J. B. Littlejohn, who could say so much on that subject, that none of us ever need hope to live in case we contract the disease, after having listened to said explanation.

My experiences with the abortive cases of pneumonia, have been very gratifying indeed, these being generally in the homes, where I am the family physician, and which gives me the advantage of seeing the patient as early as is necessary. There may be only excessive congestion, accounting for the rapid recovery, but I have the credit for "breaking up" pneumonia. Generally three or four treatments are sufficient.

The specific treatment is in the dorsal region to free the circulation to the lung; then stimulation to the bowels and kidneys to relieve the whole system.

In other cases where the inflammation is well established and patient's vitality is reduced, the time and also the frequency of the treatment is regulated according to vitality of the patient and also the number of visits per day.

Most do very well on one treatment per day, although in severe cases, it may be necessary to see them twice, in morning and evening. But a thorough and correct treatment once each day with proper instructions to nurse or family is sufficient. I never use poultices or mustard drafts but think a cold pack on the throat and chest is beneficial.

I have in mind two patients treated two years ago, aged 68 and 71

years respectively. These had been under medical treatment for about six weeks each.

I presume they had been given quinine till they had swelled heads, ergot to increase the vaso-motor action, salicylic acid to prevent fibrin formation but which depresses the heart and renders pulse slow and weak, then digitalis or citrate of caffeine or strichnine or perhaps all three for a heart stimulant, creosote as an antiseptic for the alimentary canal, All this bringing about constipation. So calomel in large doses for this and Dover powders or morphine or codein for sleeplessness; though why one would so far forget himself as to sleep at all after all this, is beyond conjecture. But this complication will sometimes occur.

I do not say, of course, that this was the method of procedure in these two cases but the symptoms would indicate as much.

In the first case treatment was somewhat general, every organ refusing to act.

Temperature not very high, but vitality so low could not throw off result of inflammation in lungs. Nausea continuous, sordes on teeth and lips which had to be removed with a cloth. Six treatments were given—no nausea after first treatment. Patient well and strong to-day. The latter case was given ten treatments—no fever after third treatment. This was given at the occipital region producing suffuse perspiration. After this, a general buliding up treatment. Recovery rapid, and a good friend for osteopathy secured.

Another case of pleuro-pneumonia. I had the case from the beginning. Fever was broken in five days. This patient was visited twice each day. After the fifth day once each day for one week. Had been subject to pneumonia each winter for several years. Patient has never had an attack since—5 years ago.

As to the sick room my instructions are the same as for almost any sick room, viz., no company; room light and airy; temperature 68 to 70 degrees; nourishing but easily digested food.

* * *

OSTEOPATHY APPLIED IN PNEUMONIA.

GEO. W. REID, D. O., (ATLAS '01), WORCESTER, MASS.

The utter inability of the "Orthodox" therapeutic measures to cope with pneumonia, as evidenced by the alarmingly high death rate and frank confessions from many who stand high in the ranks of the "regulars," has provoked much questioning in the minds of the laity. They are wondering if there is not some means whereby this condition may be successfully combated, and they will in time come to realize that the solution of this "grave" problem lies in the system known as osteopathy.

In no condition, I believe, is the efficacy of osteopathy, as a scientific and rational therapeutic system, demonstrated more clearly than in that of pneumonia.

Let us consider for a few moments how osteopathy deals with pneumonia. First, we will consider briefly what processes go on in such cases. At the onset there is a congestion, followed by an infective inflammation of the lung tissue, varying greatly in extent. This is accompanied with pain, especially when the pleura becomes involved, consequently we have reflex muscular contractions involving the intercostals, particularly on the affected side, and the muscles in the dorsal area of the spine. The dorsal muscles will be found more or less contracted before the onset of the disease, and there may also be slight vertebral or rib lesions, which act as predisposing causative factors. Owing to the pain and muscular rigidity the ribs become approximated, contracting the chest and lessening its capacity of expansion. Breathing, therefore, becomes restricted, and defective oxygenation of the blood results; hence it becomes laden with waste materials, resulting also from the absorption of toxins from the diseased area. These toxins arise from the decomposition of the exudate, resulting from the inflammation. The blood, being laden with poisonous materials, excites the cardiac and respiratory functions, giving rise to an elevation of temperature.

The other pathological phenomena are dependent, for the most part, upon the influence of the ones already mentioned, thus we have, flushed face, dry, parched mouth, intense thirst, coated tongue, sluggish bowels, scanty, high colored urine, hot, dry skin, coughing and raising of more or less of the exudate, slight delirium, restlessness, etc. In unfavorable cases these symptoms increase in severity, and either the heart gives way to the excessive strain imposed upon it or the respiratory function becomes so blocked by the extensive inflammatory exudate that death results from strangulation or asphyxia. Thus it will be seen that the two important points to be guarded in cases of pneumonia are the heart and respiratory functions. The latter, it seems to me, is of the greater import, as, if the exudate is thrown off, there will be less absorption of toxic materials, and consequently the strain on the heart will be materially decreased.

Having the above picture clearly in mind, and with full confidence in the fundamental osteopathic concept that disease is simply a perversion of function, dependent upon some co-existing structural defect, the adjustment of which constitutes the only scientific and rational basis for a return to the normal, the osteopath proceeds to combat the condition by natural and common sense methods. The contracted muscles in the dorsal area, by proper manipulation, are relaxed, the

centers to the lungs stimulated, and the ribs are gently raised, spreading the intercostal spaces, thus giving an impetus to the stagnated blood and permitting of freer and deeper respiration. This also causes a loosening and expectoration of the exudate and invariably stimulates perspiration, so that much waste is thrown off through the pores. Furthermore, the kidneys and bowels are stimulated by work on the centers controlling them. An enema is sometimes indicated. Plenty of pure water is given the patient, the diet regulated to suit the case and the skin may be sponged with warm water and alcohol, daily, or oftener, if thought advisable. Hygienic conditions are observed in the usual way.

Treatments are given as often as the individual case may require,—usually I have found it best to give two per day, but it may be found necessary to give three or even four, extreme care being taken not to exhaust the patient. In my experience I found it expedient, in more than one instance, to remain all night with the patient, giving treatment at various intervals as I thought best. There is always a sense of relief following each treatment, and in all the cases which I have treated invariably I have witnessed the following effects: Pain is lessened, greater freedom of respiration is experienced, a loosening and free expectoration of the exudate, heart action becomes steadier and stronger, perspiration is induced and other excretory functions show better action.

Thus it may truthfully be said that osteopathy simply assists Nature in her effort to combat the disease, and unless the patient's vitality is extremely low from age, overwork, previous or existing disease, the chances are that Nature will gain the ascendancy in the struggle. Two of the cases that I have successfully treated had been branded by the regular physicians in charge as "hopeless." The osteopathic theory has been applied with equal success in cases of pneumonia by numerous practitioners throughout the country, and I firmly believe that through the ministrations of osteopathy the mortality would be reduced at least three-fourths.

* * *

THE SHERLOCK HOLMES SEARCH FOR LESIONS.

CHARLES L. RICHARDSON, LL. B., D. O., (ATLAS '01), CLEVELAND, OHIO.

There are no two cases alike; consequently the life of an osteopath does not become irksome. Interesting cases are liable to present themselves at any moment and it behooves the practitioner to cultivate a keen power of observation not only for the purpose of discovering lesions but for the purpose of seeing the cause of the lesion, which same cause may still be at work to reproduce the lesion after the osteopath has reduced it. The reproduction of lesions is a subject that has been neg-

lected. To illustrate this point I cite the case of a golf player who was in pain in the middle dorsal region as the result of a subluxation produced in play. With the proper manipulation there was instantaneous relief. A few days later the lesion was reproduced in another game of golf, and again there was quick relief. This performance was repeated several times and the question then was, what mistake was the patient making in his stroke? To solve this the patient went through the motions with the osteopath's hands on his spines and it was discovered that the undue tension on the spine came from excessive motion as the golf club whirled over the left shoulder. A shorter stroke was directed and the case cured without further trouble. I think many physicians under the circumstances would have said, "If golf playing hurts you, quit it." But why spoil your patient's fun?

We often hear about treatments other than manipulation and here again a keen observation of the patient may reveal the cause of the trouble and how to remove it. For instance a bad habit of sitting slouched down in a chair may become a constructive lesion. I remember a big man who consulted me once about pain in his knees. Probably a medicine man would have given him something for his pain, perhaps a little rheumatism medicine. The next day I saw the man riding a bicycle with the saddle adjusted too low so that he could not straighten the leg when the crank came down. He consulted me again in a day or two and was told, "We will treat the bicycle." This was a cure of the non-manipulative kind, for nothing further was needed. A lumbago case was also cured by correcting a habit of sitting. Teach your patient how not to reproduce lesions which you correct.

The reproduction of lesions was forced upon my attention early in practice by a headache case that started in a railroad wreck which made an atlas lesion. This case was sent to me by a surgeon who had applied traction to the neck without result. The atlas was twisted, consequently straight traction failed. Osteopathic adjustment stopped the pain at once (and it had existed some eight years). A few days later the lady was frightened by a dynamite explosion, turned her head suddenly and threw the atlas out again. It was again corrected. A third reproduction of the lesion followed a collision between her carriage and an ice wagon. The neck was again adjusted.

I have reason to know that that surgeon is trying to give osteopathic treatments since he learned his little lesson.

Cases come in occasionally having already been worked on by some other osteopaths, and there is added interest in these cases in attempting to do what the other fellow couldn't. Among such cases I recall that of a cornet player in a brass band who couldn't take a long breath although

he had taken some three months' treatment in another office. The man who had been treating him had been raising his ribs and working on the upper dorsal region, notwithstanding that a close observation showed that the man was really swollen up with air, his ribs being all too high and the chest bulged out. The man couldn't breathe deeply simply because his chest couldn't expand more. I gave him two or three hard hugs and cured him. Don't forget to observe the rules of physics.

The osteopaths who are general treatment fiends fall down on cases which when diagnosed correctly are easy to cure. A professional nurse in this city was treated for months by two osteopaths who did not discover that it was a large heavy uterus in her case that caused her nausea. Relief followed steadily when the treatment was directed to reducing its size. Another case in this city on which two osteopaths failed was called sciatica and treated as such whereas the pain was due to ovarian conditions and reflected down the legs. A few local treatments cured the case.

I wish to emphasize the Sherlock Holmes quality as an essential of an osteopath's education. When I was a student in Kirksville some fellows practiced feeling hairs through paper and one declared he could feel a hair through six sheets. I always thought he lied. The sense of touch is only one way by which to detect a lesion. Sometimes a patient is too fat for accurate palpation. Do you think the Old Doctor depended on a delicate touch to find lesions? No, he could smell one. The applicant for a job on a paper is told he must have a "nose for news." If you can't feel a lesion smell it, but find it. It is there. Then fix it.

There is a surgeon in Cleveland who began to run down. He consulted his doctor friends. A specialist hinted at phthisis. In his desire for relief he tried an osteopath, got a general treatment and quit disgusted. Two specific treatments in the upper dorsal region resulted in a cure. He gained thirty pounds and more. While damning the general treatments he thinks the specific treatment is wonderful. Be as like the Old Doctor as you can. If you can't feel a lesion then smell it.

CASE REPORTS.

A. C. MC DANIEL, D. O., (ATLAS '02), OAKLAND, CALIFORNIA.

Luxation of Lumbar Vertebrae.

Woman, 65. Examination showed 3rd, 4th, and 5th lumbar to right. Pain continuously and referred to Scarpa's triangle and inner aspect of knee-joint. Patient able to go about but always in great pain. History of case showed this condition to have come on gradually and patient began to use usual remedies. Pains steadily grew worse and pa-

tient consulted different specialists and all gave about the same opinion, and that was,—water on knee-joint, and would have to be operated on.

Patient refused to submit to operation, and tried different climates and all manners of springs and baths, both water and mud. Traveled all over the country—had been examined by some of the most eminent specialists, but pain still continued and the continuation of the pain had so racked her system in the two and one-half years time which she had suffered that her whole general health was impaired. As a last resort she was induced to try osteopathy. She came to me—skeptical of osteopathy and everything else. I made a careful examination and frankly told this lady that she had nothing the matter with the knee. I shall never forget her look. It was as much to say, "well you are the biggest one yet." I went over the conditions as carefully as I could with her; stated how it would be possible for the cause to be at one place and pain at another, and explained as best I could, our osteopathic method of treating such conditions. She seemed to have no faith and said to me, "I have one more remedy in view and if this does not stop the pain I shall endeavor to give you a show, yet I tell you frankly, I have no faith, because I have consulted all those eminent physicians and they tell me the trouble is at the knee." I said to her, "all right, but just so long as you treat the symptom and not the cause your pain will continue."

She tried her other remedy which was applied to the knee and the pain kept up as heretofore. She was a woman of good sound judgment and after thinking over what I had said, the way, manner, and amount of treatment which had been applied with no results put her to thinking about my explanation and diagnosis of her condition. Three weeks from the first time I saw her, she came back and apologized for being rude, and said she was willing to give me a trial.

I at once directed my treatment to the dorsal vertebrae, and as there was but limited motion, I necessarily had to go slowly. After about six or seven treatments the pain began to subside. This gave her courage and by the end of the first month, pain had ceased altogether. Her general health being so much involved, I next directed my work to the general building up of the system. Patient wholly recovered; and is today strong and well in every respect, and has been, and is, a faithful worker for the cause of osteopathy.

Echinacea in Burns.

In our literature on Case Reports, I find all manner of different diseases reported as treated osteopathically, but I never see reports coming from osteopaths as having treated burns. I sometimes wonder, if such are met with and treated by others of our profession.

Since being here in practice I have treated several cases of the above

and have had good results by using echinacea. If the burns are very severe, and deep tissues are implicated, I use it locally,—full strength. It not only relieves the pain and suffering quickly, but also seems to have a decided influence on the nervous system and reduces shock. One should use his own good judgment in using this remedy, and it is often advisable to dilute it first and then use full strength.

Last Fourth of July, I was called to attend a young man who had been burned to a blister all over the face and hands, caused by the explosion of a can of gunpowder. When I reached him, he was in great pain. I at once applied hamamelis, but as this did not relieve the intense suffering very much and the patient began to get very impatient, I next used sheet cotton, saturated with raw linseed oil. This seemed to alleviate the suffering some, but the patient still continued to howl, so I thought of echinacea and was not disappointed, for within a few minutes, my patient quieted down and dropped off into a refreshing sleep. This was the worst case I have ever had, as the whole face, eyes, and ears were burned to a blister, and the powder was ground into the skin. After applying the echinacea I allowed the patient to remain quiet over night and the next day removed all the powder I could. I continued using this application,—full strength—over all the blistered parts with the exception of around the eyes, and here I used small rolls of cotton saturated in a solution of echinacea, one part to four of warm water. To my great surprise I had no swelling and no sepsis, except around the eyes, and there I had my worst trouble, but even here, the sepsis was reduced to a minimum. In ten days from the time of the accident, blisters began to peel off, and in three weeks, the patient went about his usual work with a brand new face and not a scar.

So, in treating burns, great or small, never forget echinacea. You will not be disappointed and your patient will be grateful. I have had other cases which I have treated in the same way with uniformly good results.

GEO. W. REID, D. O., (ATLAS '01), WORCESTER, MASS.

Constipation.

CASE 1. Male, aet. 21. Book-keeper, good habits. Constipation of eighteen months standing. Examination revealed rigidity of splanchnic area. Lateral twist at 8th dorsal, which possibly was responsible for torpid liver evidenced by swarthy skin and yellowish discoloration of sclera. Stools hard and lumpy and desire to defecate lacking except feeling of fullness in rectum.

TREATMENT: Applied strongly to affected area, with some abdominal manipulation to stimulate peristalsis and hepatic circulation. At

end of one month's treatment lesions were all corrected and patient discharged, cured.

CASE 2. Female, aet. 28. School-teacher, habits good. Constipation of three years standing, dating from severe attack of enterocolitis. Inflammation all subsided but rectum seemed to be in a state of paresis. There was an ineffectual desire to defecate. Stools were of soft, gelatinous consistency, color showing deficiency of biliary pigments. Sluggish liver was also indicated by three or four brown blotches on face and forehead. Principal lesion was found at the 9th dorsal in the form of a lateral twist. There was also extreme rigidity of the lumbar region. Axis was rotated to the right, associated with considerable thickening of muscles and ligaments.

TREATMENT: Applied in usual way with marked results at the end of first month. As is often the case, however, the condition seemed to go back to its former state, so far as symptoms were concerned, at the end of the second month. Patient persevered in treatment for the third month, by the end of which time all the structural defects had been corrected, the bowels acted normally and the facial blemishes had about disappeared. Patient's appetite also improved, and she soon regained her natural weight, which had been ten pounds short.

* * *

OSTEOPATHIC GLEANINGS.

(Compiled by the Editor).

Discussion of a Paper on "Non-Manipulative Part of Osteopathic Treatment," Read by Dr. Clara A. Todson at Denver Convention.

A. G. HILDRETH, D. O., ST. LOUIS.

I have enjoyed Dr. Todson's paper very much, as well as Dr. Young's remarks, but I can not allow this opportunity to pass without saying a few words pertinent to the subject under discussion.

We are not saying by the position we take that there is no good in the vibrator and other methods of treatment. There is a wonderful field before you in teaching people how to live, as well as to learn how to cure them when they are sick; and we are not saying that these things are not beneficial, but we are saying to you that you can not be a carpenter, a merchant or a banker or study a half-dozen other professions and be successful in all of them. I am here to say to you without hesitation, that no man or woman need tell me that an inanimate mechanical appliance can be put on these living bodies of ours and accomplish the results that the independent educated finger guided by an intelligent and well balanced brain can produce, and you know it. * * *

You all witnessed the dramatic scene the other night, and never in

my life have I looked upon a thing more beautiful, than the "Old Doctor" when he stood before you and asked you not to pity him, but to rejoice with him because he had gained rich pleasure from the battles he had fought, indicating that the heritage he was leaving to the children of men was ample pay for all his pioneer hardships.

In what I am saying, I am trying to help you, my brothers and my sisters, to carry on that grand work along the lines that he has taught and that means most to the people of this earth and the profession to which we belong. He was the instrument in God's hands in giving to the world the greatest science that was ever known. * * * Our papers and our periodicals are full of articles in reference to the limitations of this science. Why, it is not the practice that is limited it is the brains of the men and women who profess to be osteopaths that are limited when they fail to get results, and they should not lay it to our profession. * * * *

My brothers, listen. It is my knowledge of case after case like such as these I have described and the fact that osteopathy stands not only by the dying patient, but by you as well if you do your work as you should—these facts, I say, are what make me so radical in the position I take and occupy to-day as regards genuine osteopathy. And I simply want to drive into the heart of every man and woman within the sound of my voice the thought, nay, better still the fact, that you have within yourselves a knowledge, a profession the possibilities and opportunities of which have never been reached or imagined; and I, through this association seek to assist you in order that you may become more skillful, and that you may go from this meeting to your homes stronger in your ability to combat disease, and with a greater knowledge of your own capabilities.

Therefore, I say again, do not scatter your energies. Not but that the various devices are good (in a way), but do not condemn those of us who stand unflinchingly for that principle that we know has made us what we are. Blame not your profession, should you fail in your work, but blame yourselves. —A. O. A. Journal.

* * *

Of Course :

We are asked if the osteopath is a "doctor;" has a right to call himself "doctor," if his diploma, "doctor of osteopathy," means what it says and says what it means; and, these things being answered in the affirmative, if it isn't foolish and childish to beat around the bush and be afraid to say what we are, or to punch the nose of the fellow who says we're something different and a disgrace to the profession we represent? etc. Dr. Eudora V. Keen, of Williamsburg, Pa., asks some of

these questions. Scores of others have in past months. We have but one answer to all these queries: "Of course." Then, why do some osteopaths submit to brow-beating and, when put to the test, declare by words or acts that they are not physicians at all—just osteopaths? For shame on the osteopath who will let any other medical man brand him as a rubbing masseur and intimidate him until he dare not acknowledge the call of being a doctor!—Osteopathic Physician.

* * *

Some Mechanical Causes of Eye Trouble.

DR. WILLARD D. EMERY, D. O.

Before Granite State Optical Society.

Under this subject we will not go into details of disease of the eye and its appendages, but will confine ourselves to disturbances of vision. This may be due to vascular disturbance, varying from simple congestion to complete atrophy of the optic nerve, or to interference with innervation which we find manifested in many different ways.

Of course we are aware of the effects of direct injury to the eye or head, but what I want more particularly to call your attention to is the effect on the eye of osseous lesions (bony displacements of the spinal vertebrae) and muscular contractions along the same, more especially in the cervical and upper dorsal regions. These are mechanical obstructions to blood flow and nerve life that do exist, and that they play a part in causing pathological conditions of the eye, the osteopathic school of practice is demonstrating every little while. In order to best see how this may be brought about let us turn to the anatomy of the parts involved.

The blood supply of the eye is derived from the ophthalmic artery, a branch of the cavernous portion of the internal carotid. It is drained by the ophthalmic vein, which connects through the angular vein on the side of the nose with the cavernous sinus at the base of the skull. This blood has its exit from the cranial cavity through the internal jugular vein, thence to the heart by way of the subclavian and innominate veins and superior vena cava. Some blood is also returned by the superior and inferior palpebral and facial veins to the internal jugular which empties into the same just below the angle of the lower jaw.

The muscles that move the eyeball, change the focus, regulate the amount of light admitted to the retina and protect the eye by control of the eyelids are innervated by the 3rd or motor oculi, 4th or pathetic, 6th or abducens, and 7th or facial nerves of the central nervous system, and also by fibers from the sympathetic system by way of the lenticular ganglion.

The central nerves have their origin in the medulla oblongata, which, as Ranney says, "is the chief nerve center of animal life," containing as it does the respiratory, vaso-motor, cardio-inhibitory, diabetic and salivary centers. I shall not endeavor to follow any of the nerve paths by which the eye and its appendages may be affected, but content myself with calling your attention to a few facts which we have demonstrated beyond a shadow of a doubt.

Pressure in the back of the neck on each side of the spinous processes of the vertebrae causes dilatation of the pupils; relaxation of muscles, if about the angle of the jaw, relieves passive congestion of the eye and its appendages; excitation of the 3rd and 4th dorsal nerves causes dilation of pupil. All this, taken in conjunction with the well-known fact that the pupillary reflex is a definite test in affections of the central nerve system, leaves no room for doubt of the existence of very close nerve relations between the eye and other parts of the body.

The pursuit of knowledge in any department of science finds its reward in continual discoveries of truth, but it acquires a special zest from the accidental discovery of a secret of nature when the attention is being specially directed elsewhere. Hence it is that the theory and practice of osteopathy offers an attractive field for scientific inquiry.

These reflections were suggested by a phenomenon observed in recent diagnosis of a clinic patient. The right eye had been painfully affected for some time, and had been variously treated. Pressure upon the cilio-spinal center between the second and third dorsal vertebrae on the right side revealed decided tenderness at that point and caused severe pain in the diseased eye.

It is not surprising that disease of the eye should affect the sympathetic nerve and, by that path, the center known as the cilio-spinal, but by what sensory path could the influence of pressure be carried to the eye? We know of none. From the first two dorsal nerves, which are identical with the cilio-spinal center, sympathetic fibers are distributed to the dilating muscular fibers of the iris, and, when stimulated, cause dilation of the pupil. From the third dorsal nerve, fibers are distributed which regulate the caliber of the blood-vessels of the eye.

Under the pressure either set of these fibers may be affected. The first may be stimulated, dilating the muscles of the iris so as to press upon filaments of sensitive nerves, or the pressure may inhibit the vaso-constricting function of the other nerve, and by dilating the arterioles, cause pressure upon sensitive nerves, or both causes may operate and thus induce the pain.

The abundant supply of sensory nerves to the ciliary muscle, iris and cornea from the nasal branch of the ophthalmic division of the 5th

nerve and the short ciliary branches from the ciliary ganglion make it conceivable that any change of arterial pressure might affect these nerves to the extent of causing pain. This theory is supported by the fact that on the first examination sharp pain was felt in the eye, and after several treatments this sensation had given place to one of pressure and fullness. It seems reasonable to conclude that there was no inflammation, but congestion and partial paralysis of the vaso-constrictor nerves.

Now, if it is possible to affect the eye by manipulations along the spine in different areas, does it not upon the face of it appear reasonable that change in the relationship of any of the spinal structures is, by either stimulation or inhibition of nerve force, liable to affect the eye in the same manner that manipulation does, both factors acting mechanically to either initiate or deaden nerve energy? That these changes in relationship do exist can be readily demonstrated upon nearly every case of eye trouble associated with general ill health.

This is a thought I wish you would carry to a conclusion. If we find it to be a fact, which I firmly now believe it to be, will it not be possible to locate the primary cause for some eye troubles far distant from the eye itself?

If in this humble effort I have given you some thought that will stimulate you to investigate this great subject I shall be glad. You are doing a grand work because you are working along scientific lines. There will ever be an urgent need of skilled opticians as there will be for skilled surgeons and osteopathic physicians.

Empiricism and superstition both in healing and in religion are fast being relegated to the rear.—The Optical Journal.

* * *

OSLERISMS.

William Osler, M. D., is no doubt familiar to everyone, by name, at least, through the extensive discussion given some of his views recently in the newspapers. Dr. Osler, though only fifty-seven years old, just entering the prime of life, has earned distinction and the reputation, both here and abroad, of being a most skillful practitioner, as well as one of the ablest of living investigators. His appointment as Regius Professor of Medicine in the University of Oxford, England, is one of special fitness. His "Text-book of the Theory and Practice of Medicine" was the fruit of ten years of teaching and practice and is considered the foremost book on this subject in our language. Below are given a few quotations from this book concerning the treatment advised by Dr. Osler for various diseases:

Typhoid Fever.—"The profession was long in learning that typhoid

fever is not a disease to be treated mainly with drugs. . . . In hospital practice medicines are not often needed. A great majority of my cases do not receive a dose."

Scarlet Fever.—"Ordinary cases do not require any medicine. . . . Medicinal antipyretics (fever mixtures) are not of much service in comparison with cold water. . . . Many specifics have been vaunted in scarlet fever, but they are all useless."

Measles.—"Confinement to bed in a well-ventilated room and a light diet are the only measures necessary in cases of uncomplicated measles."

Whooping Cough.—"The medicinal treatment of whooping cough is most unsatisfactory."

Cerebro-spinal Meningitis.—"The high rate of mortality which has existed in most epidemics indicates the futility of the various therapeutical agents which have been recommended."

Lobar Pneumonia.—"Pneumonia is a self-limited disease which can neither be aborted nor cut short by any known means at our command. Even under the most unfavorable circumstances it may terminate abruptly, and naturally without a dose of medicine having been administered. There is no specific treatment for pneumonia. The young practitioner may bear in mind that patients are more often damaged than helped by the promiscuous drugging which is still only too prevalent."

Diphtheria.—"Medicines given internally are of very little avail in the disease. We are still without drugs which can directly counteract the nox-albumins (poisonous products) of this disease."

Erysipelas.—"The disease is self limited, and a large majority of the cases get well without any internal medication. I can speak definitely on this point, having at the Philadelphia Hospital treated many cases in this way."

Rheumatic Fever.—"Medicines have little or no control over the duration or course of the disease. Salicyl compounds, which were regarded so long as specific, are now known to act chiefly by relieving pain. R. P. Howard's elaborate analysis shows that they do not influence the duration of the disease. Nor do they prevent the occurrence of cardiac complications, while under their use relapses are considerably more frequent than in any other method of treatment."

Yellow Fever.—"Bleeding has long since been abandoned. Neither emetics nor purgatives are now employed. The fever is best treated by hydrotherapy (water). We have no drug which can be depended upon to check the hemorrhages."

Tuberculosis.—"The cure of tuberculosis is a question of nutri-

tion; digestion and assimilation control the situation. . . . No medical agents have any special or peculiar action upon tuberculous processes."

Chronic Rheumatism.—"Internal remedies are of little service."

Diabetes (Mellitus).—"Medical treatment; this is most unsatisfactory, and no one drug appears to have a direct curative influence."

Appendicitis.—"There is no medical treatment of appendicitis. There are remedies which will allay the pain, but there are none capable in any way of controlling the course of the disease."

The Cirrhoses of the Liver.—"So far as we have any knowledge, no remedies at our disposal can alter or remove the cicatricial connective tissues which constitutes the *materia peccans* in ordinary cirrhoses."

Chronic Bronchitis.—"Cure is seldom effected by medicinal remedies."

Chronic Interstitial Pneumonia.—" . . . Nothing can be done for the condition itself."

Exophthalmic Goitre.—"Medicinal measures are notoriously uncertain."

Paralysis.—"The disease is incurable. I have never seen the slightest benefit from drugs or electricity. Probably the most useful means is systematic massage, particularly in the spastic cases." This latter statement is very significant. If "massage" can do much for paralysis, we believe and know that osteopathy can do infinitely more.

Spinal Meningitis.—"There are no remedies which in any way control the course of acute meningitis."

Sciatica.—"Antipyrin, antifebrin and quinine are of doubtful benefit. Electricity is an uncertain remedy." Osler states further that better results are obtained when electricity is combined with massage. Again we say that osteopathic manipulations are more beneficial.

Sick Headache—Migraine.—"It must be confessed that in a very large proportion of the cases the headaches recur in spite of all we can do." This is a frank confession from a man who is looked upon by the medical profession as authority. We know that osteopathy has cured sick headache. Reasoning from this fact, we believe it can be done again.

Neurasthenia.—"Treatment by drugs should be avoided as much as possible. . . . The family physician is often responsible for the development of a drug habit. I have been repeatedly shocked by the loose, careless way in which physicians inject morphia for a simple headache or a mild neuralgia."

Pericarditis.—"The patient should have absolute quiet, mentally and bodily, so as to reduce to a minimum the heart's action. Drugs given for this purpose, such as aconite or digitalis, are of doubtful utility."

Endocarditis.—“We know no measures by which in rheumatism, chorea, or the eruptive fevers the onset of endocarditis can be prevented.”

Valvular Heart Disease (Stage of Compensation).—“Medicinal treatment at this period is not necessary, and is often hurtful. A very common error is to administer cardiac drugs, such as digitalis, on the discovery of a murmur or of hypertrophy.”

Acute Bright's Disease.—“No remedies, as far as known, control directly the changes which are going on in the kidneys.”

The above quotations are not given with any feeling of antagonism or disrespect to the medical profession. It merely proves that drugs are not a necessity in dealing with diseases. Dr. Osler recommends in all these cases proper diet, hot and cold applications of various kinds, hydropathy in its various forms, exercise, rest, etc., etc. All of these natural agencies are employed by the osteopath. More, he gets at the cause of the trouble. The most we can hope for a drug to do is to give temporary relief, but this relief is too frequently at the expense of so much vital force and destruction of normal tissue that in the ultimate effect it is after all harmful.—Philadelphia Journal of Osteopathy, June, 1905.

OSTEOPATHY.

CORINNE E. LARIMORE, (A. S. O., JAN., '07).

How modestly she comes before us, yet with the majesty of truth stamped upon her brow. Courage also is there for who need fear from friend or foe, whose mission is one of loving service to all mankind.

Such was the righteous intent of her illustrious founder, thirty years consecrated to one purpose, thirty years to free her soul from its weight of clay and soar aloft—there to place her banner in the heavens. But the soul must burst its chrysalis of clay and the tragedy of its birth is wrought in the night—now it shineth clear and bright.

Like the teacher of all truth who came to heal the sick, osteopathy was of humble origin. God likes not the spacious halls of the rich in which to place his choice souls. Too much material wealth stifles spiritual growth, and when she wants to bless humanity with a Lincoln or a Still, she seeks out some hut in the hills where you can hear the very heart-beats of nature.

Osteopathy's first struggles were with grinding, gnawing poverty; then ignorance and long and deep-seated prejudice had to be overcome. But the people were fair-minded and truth and common sense appealed to them. Nature is sufficient unto herself—why not aid her to do her own work.

Now she must descend from the arena, where like the Olympian of days long gone by, she has victoriously contested with such formidable and hoary foes of human progress—must descend to fight for her existence against professional prejudice born of purely selfish motives. A selfishness so narrow that it will not acknowledge truth for itself; so depraved it denies the healing balm to the sick and suffering. But the struggle will be transitory for the soul of man is a “perceiver and revealer of truth.”

Reformation is the product of revolution, whether it be material or spiritual, of the individual or nation, in art or in science. Good is born of sacrifice, not safety. Emerson says, “All reform aims, in some one particular to let the great soul have its way through us; in other words, to engage us to obey.” Through the kind and sympathetic heart, the humble and obedient soul of “the Old Doctor,” as we reverently say, “God has given to the world Osteopathy.” And here, and now, ere it is forever too late, let us pause to pay our glad homage to this venerable and unique father of our beloved. Ripe in years, rich with the fruits of a tireless spirit; blessed in the love and gratitude of professors and pupils, who count the day as profit that brings them “A few drops from the sanctuary.” He has held her shimmering robes high above the dross of this world. No selfish motive has prompted his quest, and on the brow of the immaculate he has imprinted the words,—Service to Mankind.—A. S. O. Student, May, 1905.

THE BULLETIN

OF THE ATLAS AND AXIS CLUBS.

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

MISS CORINNE E. LARIMORE, 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.

KIRKSVILLE, MISSOURI, APRIL, 1906.

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

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

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

EDITORIALS.

By errors in "making up" at the printing office, and in spite of careful preparation of the manuscript by the Editor, the name of Miss Corinne E. Larimore has been omitted from the head of the editorial page in both the issues of February and March. Miss Larimore is a faithful and intelligent assistant editor, and the Axis department is witness to her efficiency.

Atlas and Axis Reunion. Next month, May 25th and 26th, a large number of our graduates is expected to visit Kirksville on the occasion of the Tri-State Convention (Missouri, Illinois, Indiana), and the dedication of the new A. S. O. Hospital. The dates set are Friday and Saturday. It is purposed by the two clubs to hold on the Thursday evening preceding, at eight o'clock, a union meeting of the clubs to which all visiting members are cordially invited. You are asked to come prepared with some good thought, either of professional importance or of personal encouragement to give to the clubs. We hope thereby to make this gathering an enjoyable and unusually profitable one. Please send word in advance, if possible, announcing your intention to be present, addressing the notification to the Atlas Club or the Axis Club.

Program of Missouri Osteopathic Association, May 25-26, 1906, Kirksville, Mo.

FRIDAY MORNING.

- 9:00—Address of Welcome by Dr. W. D. Dobson.
Response by Dr. A. G. Hildreth, St. Louis.
- 9:30—Paper by Dr. Miller, President of I. O. A., Local Organizations.
- 10:00—Paper, Dr. Fryette, President Illinois O. A. The Circulatory Apparatus.
- 10:30—Paper, Dr. S. T. Lyne, Kansas City. Subject, Professional Courtesy.
- Discussion led by Dr. Chas. Cornelius, Carthage
- 11:00—Paper, A. Still Craig, Marysville. Subject, Anatomy Applied.
Discussion led by C. L. Dodson, Huntsville.

AFTERNOON SESSION.

- 1:30—Clinical Demonstration, Dr. Hofsess, Kansas City, Differential Diagnosis of Pott's Disease, Lateral Curvature and Arthritis Deformans of Spine.
- 2:15—Paper, S. W. Longan. Subject,
Discussion led by Dr. A. B. King, St. Louis.
- 3:00—Paper, Dr. H. F. Goetz. Subject,
Discussion led by Dr. L. H. Gerdine, Kirksville.
- 3:45—Gynecology Clinics, Dr. M. E. Clark, Kirksville.

NIGHT SESSION.

Dedication of new A. S. O. Hospital.
Reception, etc.

SATURDAY MORNING.

- 8:30 to 4:30—Osteopathic Clinics in charge of Dr. Geo. M. Laughlin. Clinics will be given by Dr. W. A. Traugher, Mexico; A. G. Hildreth, St. Louis; E. C. Link, Kirksville; C. E. Still, Kirksville; Miss M. Schaub, St. Louis; J. Conner, and A. L. McKenzie of Kansas City.
All Clinics will be open for discussion.

EVENING SESSION.

- 7:30—Business Meeting.
Election of Officers.
Selection of next place of meeting and other business matters.
- 8:30—Dr. C. P. McConnell, Chicago, Lecture, Research Work.

Atlas Directory.

Note the following corrections and additions to the Atlas Directory published last month. Some of these have been sent in by interested members; others obtained from post-office notifications.

Dr. Jenness D. Wheeler, 37 Earl St., Malden, Mass.
 Dr. Franklin Fiske, Corning Block, Portage, Wisconsin.
 Dr. Jesse E. Francis, White Block, Charleston, Ill.
 Dr. J. Robertson, 561 Logan Ave., Winnipeg, Manitoba.
 Dr. Geo. D. Chaffee, Gulfport, Miss.
 Dr. Eldie P. Wood, 868 Stephenson Ave., Los Angeles, Calif.
 Dr. George A. Townsend, Fitzgerald, Georgia.
 Dr. William J. Wolfert, 807 N. 26th St., Philadelphia, Pa.
 Dr. Ambrose B. Floyd, The Markeen, Buffalo, N. Y.

* * *

Post-Graduate Graduation. The three year post-graduate class held its graduating exercises in Harrington Opera House, March 29th. This is the first organized class to be graduated from the school. By this class a distinctive gown was worn which had a wide border of red velvet around the edges and three bars of the same across each sleeve. Two of the nine men of the class, Drs. John J. Schmidt ('01) and Wm. J. Wolfert (Phil. Coll. '04) are Atlas men. Eight of the nine women are Axis women: Drs. Louise M. Bagley, Ida E. Bush, Sophronia B. Kelso, Janet M. Kerr, Catherine McWhorter, Emma R. Schmidt, Mary E. Taber, Esther Whittaker. A notable feature of the graduation was the address by Professor C. H. Hoffman, the faculty representative. It was a high-minded address filled with good professional advice enriched by a large experience.

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In the *MEDICAL RECORD*, Dr. T. D. Crothers states that, "Moral insanity follows the use of alcohol, and is present in all inebriates to a greater or less degree. This condition may be inherited or acquired and exists to a far greater extent than would be supposed. There are many excellent men who use spirits, not to a great excess who are sufferers from the disease. The constant beer and spirit drinkers will be found to present the most numerous examples."

Common observation of men will show that there is much strength in this theory. Let it be even approximately established and we have in it a valuable asset for the sociologist and the temperance reformer.

* * *

The Bulletin. It has been voted by the Atlas Club, and by the Axis Club in concurrence, "That ten cents per copy be charged for back numbers of the Bulletin sent to members at their request when failure to receive them has been due to a change of address without the proper notification; also that the same charge be made for all extra copies supplied to members, except to contributors of articles."

In the March Bulletin the name of George M. Laughlin, D. O., should have been printed as the author of the lecture, *Osteopathy in Emergencies*. It will be a good plan for our readers to write his name in the proper place and read his valuable lecture again.

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ATLAS NOTES.

Case reports have been presented to the club during the month by the following members: G. E. Thompson, D. O., a case of pulmonary tuberculosis; Mr. L. M. Goodrich, two cases of hay fever; Mr. H. Dillabough, Acute Gastrectasis; Mr. J. C. Foster, a complicated case of Multiple Sclerosis; Mr. H. M. Frazer, degeneration of the cornea; Mr. R. J. Dunbar, internal strabismus.

* * *

Prof. Geo. M. Laughlin delivered an excellent lecture before the Atlas Club, April 7th on *Policy and Prudence in Osteopathic Practice* which we shall print in the next issue. Readers who are interested in certain notes from the field respecting a mixture of drugs and bony lesion treatment will be steadied by the advice given by "Dr. George" in this lecture. Dr. Clark was present at this meeting and also spoke along the same line. The work of these two instructors is of supreme importance in keeping pure, unmixed osteopathy the paramount thought at the A. S. O.

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Personal mention of recent initiates:

Mr. Fred L. Ecker is a member of the junior class and comes from Portland, Oregon, where an osteopathic practitioner urged him to study the science. He received his education at the Minneapolis High School.

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Mr. Chester E. Dove is a member of the sophomore class, a resident of Tower Hill, Ill. He is a graduate of De Pauw Academy and was influenced to study through successful treatment of his parents.

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Mr. Melvin R. Spofford, sophomore, has been a resident of Anoka, Minn., has had a high school education and has been employed as a carpenter. Dr. C. W. Riches of Anoka treated him and turned him toward osteopathy.

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Mr. Mell S. Slaughter comes from Colfax, Iowa; has received a high school education and been engaged in cattle raising. Interest in results obtained by an osteopath led him to study.

* * *

Mr. George M. Whibley is a resident of Portland, Maine, and a

member of the sophomore class. He has received his education at academy and business college and has hitherto been employed as a book-keeper. Personal benefit derived from treatment interested him in studying osteopathy.

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Mr. J. W. Elliott comes from Cordele, Georgia. He has had training in the high school and at the Southern School of Osteopathy, Franklin, Ky., from which school he entered the junior class of the A. S. O. He is a member of the present senior class. He has had some experience in politics and in running an osteopathic sanitarium in Georgia.

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Mr. Frank A. Parker is a member of the senior class, a former resident of Champaign, Illinois. He was interested in osteopathy by a knowledge of what is being done in the profession, and turned to it from the business of insurance solicitor.

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ATLAS FIELD NOTES.

Dr. G. A. Townsend has located at Fitzgerald, Georgia, and writes from there: "Am doing nicely and think that after a while I shall have all I can attend to. All I need at present is the good old Atlas Bulletin, I miss it so much. Please send it as soon as possible."

* * *

Dr. E. J. Bartholomew ('00) has an important article in the Osteopathic Physician for March entitled "Important to Regard Lesions other than Mechanical" in which he deals with mental causes of disease. He is the subject of study in the Gallery of Osteopathic Pioneers.

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Dr. J. D. Cunningham ('01) of Bloomington, Ill., is reported to have had a light attack of smallpox which he contracted from a patient.

* * *

Dr. Robert P. Coulter writes us from Hico, Texas that he is to be there only temporarily and sends his best wishes to the Bulletin and club members. He enclosed a note from our enthusiastic brother, O. L. Sands of New York City, who is earnest in seeking to have the club dues raised and a chapter-house built.

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Dr. C. M. T. Hulett of Cleveland, Ohio, has been one of the stalwarts who has been giving needed assistance in the legislative fight in New Jersey.

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Dr. H. W. Emeny, Eldora, Iowa: "I have not been able to get down to Kirksville very often to renew brotherly relations with the mem-

bers of the club, yet I know you are doing good work. I am always glad to receive the Bulletin and digest its contents as it always contains good matter of interest to the profession in the field not to be found in other osteopathic publications. I wish you success."

* * *

Dr. Franklin E. Corkwell, Newark, Ohio: "The Atlas Club has a warm spot in my heart and I know its existence is a necessity to the good of osteopathy."

* * *

Dr. J. B. Schrock, ('02), Bedford, Indiana, writes that Dr. Homer Woolery, ('99), of Bloomington, has broken down under the strain of a very heavy practice during January and February, and fears that it may become necessary for him to retire permanently from practice.

He also adds:

"While on the train the other day on my way to Bloomington I was recognized as an osteopath by my club pin (I never fail to wear it) by a lady, a staunch friend of osteopathy, who had been to Kirksville for treatment. It is needless to state we had as good a visit as though we had been "old time" friends. No matter where you find the friends of osteopathy, they are always enthusiastic, especially if they have ever been to Kirksville."

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Drs. W. E. Owen, (Atlas '05), and Harriet Owen (Axis '05), have removed from Kingston to Hoosick Falls, N. Y. Where is Heart L?

* * *

Dr. W. H. Bennett ('06) has changed his location from Avinger to Marshall, Texas, and writes: "Am always glad to receive the Bulletin. Students in school don't know how to appreciate it. You will, perhaps, be interested to know that I have been appointed medical examiner for the Metropolitan Life Insurance Co."

* * *

Dr. Robert D. Steele writes to the Pylorus: "My best regards to all the boys, and thanks to the editorial management of the Bulletin for the good work they are doing."

He has changed his location to 601 Union Savings Bank Building, Los Angeles, Calif.

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Dr. Wm. J. Wolfert (p. g., '06) may be addressed at 807 N. 26th St., Philadelphia.

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Dr. Frank L. Martin, Philadelphia, writes to the Pylorus: "I should not like to be without the Bulletin as it keeps one posted upon things osteopathic."

Tell the boys they cannot fully realize what it means to be an Atlas man while they are in college, but must be in practice a while first and they can then realize the advantage of being allied with the best in the profession."

* * *

Dr. F. C. Lincoln, ('00), Buffalo, N. Y.: I beg to say that I want to renew my membership according to the proposed terms which you offer and which I consider very liberal indeed. I also believe you will find that this action is a very judicious move on your part, and one which will result in restoring to membership a goodly number of the old members, who would again like to be a member in good standing of the best osteopathic society in existence.

* * *

Dr. W. E. Diggins, Bakersfield, Calif.: "I am very agreeably surprised at the good work being done by the club, and I can not help comparing the present Bulletin with the first number that was gotten out. If I remember rightly it was gotten out by a committee of which I was chairman or else I did it alone, but at any rate it was a very crude affair with nothing much in it; but it was a start and starts at that time were hard to make.

I hope to see the club prosper and wish I could be able to meet with the boys once more; but I realize that the boys that I would like to meet with are scattered far and wide."

* * *

Dr. M. G. E. Bennett, ('05), Eugene, Oregon: "I am more than pleased with the Bulletin and to note the substantial growth and prosperity of the Clubs. I am glad to report that I am enjoying a good practice and that I believe more in osteopathy, and what it can do for suffering humanity, every day. I have had quite a run in acute practice including several cases of typhoid fever."

* * *

Dr. Franklin Fiske, Portage, Wis.: "If you want your special work committee to do you all a favor, have them get you a lot of work on physical diagnosis. That is about the weakest point of my equipment, although several of us had a special-work club and examined the pathological with respect to the points in which it differed from the normal. Can you successfully diagnose a cavity, a consolidation, an infiltration, of the lung? Can you tell when an ovary is congested? Do you know how to tell the extent to which pulmonary phthisis has invaded the structure by noting the pulse rate and the morning and evening temperature? (Yes, use a "pig tail thermometer.") Can you tell the difference between an abdominal tumor and an impaction of the feces? Now

I am not deprecating the work of the committee in providing gynecological clinical work, but I wish to impress that that is not the only experience of which you will stand in need when you are out in the field and are in competition with surgeons who have taken course after course of special work along this line. Thanks to my work in the private club I mentioned, I have been able in most cases to hold up my work, and I am merely giving you my actual field experience, in cases I have had to diagnose. Then with respect to Dr. Peck's talk on drugs, and his comment on Dr. Noonan's article. I think he is right. I know of a successful M. D., D. O., in Chicago, who attributes his success to being able to say, "I have the education to give drugs, and therefore will give them if they are needed," and his patients are satisfied although he practically never prescribes a drug. I have several times had the experience that Dr. Noonan relates, and know that several of my patients who are quondam "medics" would never be so if I were a medical licentiate, although I would not then give them the drugs. I have relieved the neuralgia that a hypo would not reach, and also the same with the migraine, but I have had cases of ovarian colic which I failed to control, and saw quieted by the hypo, after which the patient again returned to me. I had a case leave me the other day, which illustrates the need of the hypo. A girl of 16 was seized with extreme nervousness and occasional hysteria. After medical treatment of two weeks, a constant twitching developed. I was called at 4:00 p. m., treated, and that night the patient had her first entire night's sleep for weeks. Treated again in morning (by which time the twitching returned), and she immediately quieted, but the effect of the treatment did not last. The same at noon. In the afternoon, I was discharged, although they said they were satisfied with my work. Now, two weeks later, she is just entering a sanatorium, threatened with insanity. I could have retained the case and possibly effected a cure, had I had the hypo.

* * *

Dr. Ernest A. Plant, ('05), Los Angeles, Calif.: "Here's a dollar (bill) with which I gladly part—were it two instead of one the pleasure would not be less!

The work grows more and more fascinating and I pity the person who takes up our profession from purely mercenary motives, for a physician's life is anything but an easy one—it takes both "brains and brawn" and much personal sacrifice and I do not see how anyone could make a lasting success of it who does not take a very intense delight in so helping his fellowmen.

Our beautiful emblem attracts attention and many a time someone to whom a fellow is introduced will ask what the pin is, and one can

in few words mention the important principle of our work and impress the same upon his hearer by showing, for instance, on what part of the Atlas the skull rests, or point out its grooves and "holes" and explain how nerves, etc., pass through them; and if your new acquaintance has any brains at all, the idea of disease being caused by slips of these queer shaped little bones in one's back, will take root and sooner or later result in all kinds of good to the cause. This is a useful service the pin performs frequently, but I have never heard any of the brothers refer to it.

* * *

A grateful patient of J. W. Sylvester, D. O., (Atlas '02), Cleveland, O., sends this statement for publication. It is a good case report:

"I have suffered for a great many years from painful menstruation, accompanied each and every month with a spasm which happened either at the beginning or ceasing of the menses. The doctors have pronounced the trouble so many names that I cannot recall all of them. They varied in the following manner: Epilepsy, prolapsus uteri, infantile uterus, ovarian congestion, and others.

Having tried everything that the medical fraternity prescribed and found no benefit whatever, gave up all hopes of a cure until the menopause had passed. Osteopathy was recommended to me, as a last resort, for my trouble. I was referred to Dr. J. W. Sylvester, a graduate of your college, and when I called on him had no hope of his helping me at all.

Am very happy and proud to say that I am happily disappointed. The benefits I have received from the osteopathic treatment given by Dr. Sylvester of 27 Root St., are miraculous. He diagnosed my case as spinal trouble, causing the ovarian and uterine trouble and on examination found I had a double curvature of the spine. After three months' treatment, my general health is very much improved and the curvature is scarcely perceptible. I also have passed through two menstrual periods without the regular spasm. May the science of osteopathy and the good work done by Dr. Sylvester be heralded throughout the world, broadcast, over land and sea."

MRS. L. B. SANFORD,

1039 Pearl St., Cleveland.

AXIS NOTES.

(Prepared by Miss Corinne E. Larimore, Axis Editor).

John Greenleaf Whittier in "Among the Hills."

Flowers spring to blossom where she walks
The careful ways of duty;
Our hard stiff lures of life with her
Are flowering curves of beauty.

* * *

Our homes are cheerier for her sake,
Our door yards brighter blooming,
And all about the social air
Is sweeter for her coming.

* * *

Unspoken homilies of peace
Her daily life is preaching;
The still refreshment of the dew
Is her unconscious teaching.

* * *

And never tenderer hand than hers
Unknits the brow of ailing;
Her garments to the sick man's ears
Have music in their trailing.

* * *

With the opening of spring, club life seems to take on a new impetus. Attendance is even better than during the winter months and a spirit of unity and harmony reigns throughout. Prosperity is ours and success attends our footsteps. We hope that you who are afield have enjoyed the privileges that are ours today and our only regret is that you cannot step into the inner sanctuary and enjoy a Wednesday afternoon with us.

The material taken into the club this term is, as usual from among the best. We do not take credit for all this ourselves but thanks to you, they come instructed to "wait" for an invitation to join the Axis club. Besides being women of education, pleasing personality and good scholarship, we are glad to say, if we may use a homely yet characteristic expression—they are women with back bone. Certainly a word replete with meaning to the osteopath.

Each of the meetings during the month have been characterized by some special feature—even to the first Wednesday in the month. This we could liken to "blue Monday" were it not treason to our past teach-

ing to assume there was such a day. We have profited by a valuable paper read by Dr. W. S. Corbin, on "Things We Meet in the Field," also a paper read by Mrs. Howe on "The Value of Suggestion and Hypnotism in Therapeutics" (extracts from which will appear later) and case reports by Mrs. Compton, Drs. Tabor and Kerr.

* * *

While we adhere strictly to the old adage—"Business before pleasure" yet we do not neglect the social side. On Friday, March 23rd, we gave the regular reception to the freshmen which consisted of a musical and literary program with a short talk from Dr. George followed by refreshments and a dance in which the Atlas men graciously and gracefully assisted us in entertaining our guests. On the following Wednesday we entertained informally in honor of the P. G.'s. who were soon to leave us.

* * *

The addresses so far as obtained of the Axis women in the recent P. G. (upper) class are: Dr. Janet Kerr, returned to Grinnell, Iowa; Dr. Mary E. Tabor, returned to Medicine Lodge, Kansas; Dr. Ester Whittaker, Perry, Ill.; Dr. Sophronia B. Kelso, Dr. Louise M. Bagley, Dr. Katherine McWhorter.

* * *

In a recent number of the Bulletin it was noted that Governor Patterson of Ohio and Governor Hogg, (now deceased) were taking osteopathic treatment. In the latter case it was sought as a last resort, but too late.

We are reminded that in our own home city of Lincoln, Nebraska, osteopathy has scored some splendid successes. Dr. Josephine Morelock has been treating in the family of Governor Mickey for the past two years and has cured his little son of a very serious eye trouble after he had been treated by various specialists without relief. Drs. Morelock & Smith have a large and lucrative practice among the best and most influential people in Lincoln.

* * *

The last thing we did before going to press was to pay the dear old doctor a visit. Knowing you would all want to hear from him. He greeted us in his usual enthusiastic way, said he was glad to see us, and why had we not come before. He sits up most of the time seems very bright and hopeful and assures us that he will be down to school in a few days if the sun will only shine.

* * *

Those initiated during the past month are:

Miss Sarah F. Herdman of Brooklyn, N. Y., who was a nurse and

comes from the Philadelphia Lying-in and Surgical Hospital. Her sister, Dr. Margaret Herdman Allen is a practicing osteopath in Brooklyn.

* * *

Miss Lorena Kagay was a teacher and resided at Marion, Ohio. She has studied at the Ohio Normal University, and is a graduate of the Ohio Central Normal. Miss Kagay came for treatment and decided to study.

* * *

Miss Mary E. Alspach, also of Marion, Ohio, is a graduate of Everett Normal at Everett, Pa., and was formerly a nurse.

* * *

Miss Sarah Ellen McRoberts of Pittsburg, Pa., is a graduate of the Oakland School of Private Instruction. Miss McRoberts was a dress-maker.

* * *

Mrs. Mary Lyles Sims of Clinton, S. C., has been a teacher for ten years, is a graduate of Due-West Female College, and has attended the Southern and Philadelphia Schools of Osteopathy but has come to Kirksville for her diploma. Mrs. Sims knows the intrinsic worth of osteopathy. It cured her of nervous prostration after everything else had failed.

* * *

Miss Willannie Breden of Mexico City was educated in the Sacred Heart Convent of Montreal, Quebec, where she graduated. Miss Breden took up the study of osteopathy because she wanted to live a useful and purposeful life.

* * *

Mrs. Nora M. Brown was educated in the high school of Kalamazoo, Mich., and has taken a course as nurse in the Kalamazoo Hospital. Her brother was cured of a very serious illness by osteopathy and her husband is an Atlas man.

* * *

Dr. Anna B. Lown, who is here taking a P. G. course is a graduate of the Ames Academy of Mechanicsville, N. Y., the Homeopathic hospital, and the College of Osteopathy of Boston. Dr. Lown is assistant to Dr. Louise A. Griffin of the last named city.

* * *

Letter from Dr. Alice Patterson Shibley:

MY DEAR DOCTOR:—The March Bulletin received and I enjoyed its contents very much indeed. Under the title of Axis Notes, where my recent visit to Kirksville, as a witness in the Granger-Still case is men-

tioned, I was given as a graduate of the class of 1898. I graduated in March 1895, and was a teacher in our dear old A. S. O. from 1895 until 1898. I also received post-graduate diploma in 1897 and registered under the new law. I resigned from the A. S. O. in 1898 and moved to Washington City to enter the field as a private practitioner. I graduated eleven years ago this month—2nd day of March. Dear Doctor will you please say to the club that I am so sorry that I did not have the pleasure of meeting with the members as I had hoped to do. My time was so limited and so full, that I could not possibly do so this time. I greatly appreciated the invitation to meet my club sisters and co-workers and regret that we could not get together and exchange thoughts and experiences and enjoy the mutual help which follows such intercourse.

I am going to ask the club—if it so desires—to write and ask me a few questions along the lines upon which my opinion may be wanted, and I will very gladly answer them, if I can. In this way we may gain hints and ideas which will be helpful to us all. My best love to our dear, dear old Dr. Still, the founder of our beloved science—the man who has done more for suffering humanity than any other ten men have done! The one who has done more for every one of us than we can now realize. Long may he live to counsel and inspire his followers, his earnest worthy students! Heaven bless him and us all!

Success to the Bulletin! Success to the Atlas Club! Success to the great Axis Club, and to every earnest osteopathist!

Very cordially yours,

ALICE PATTERSON SHIBLEY, D. O.

The Ontario, Washington, D. C.

Dr. Margaret B. Carleton, Keene, N. H.:

MY DEAR AXIS SISTER: I gladly enclose dues for this year. Altho "out of sight" the Club is not, "out of mind." I am as proud today of being an Axis woman as just after I "rode the goat." I am always glad to get the Bulletin. With its present high standard you have just reason to be proud of it.

With heartiest wishes for the continued success of the Club and with kindly greetings to you and all the sisters.

Fraternally,

MARGARET B. CARLETON, Keene, N. H.

Dr. Mary E. Harwood, Kansas City: "I should like very much to meet with the Club once more; but, sisters, I want to tell you when you get out in the field you have to mother such a big family that it is hard to get away.

I want to ask if it would not be a good idea to keep a directory of our members in the Bulletin or issue a special directory?

In sending a patient to another field you know we naturally think of our Club first and I know of no way of telling our Axis members from any other member.

I am always glad to get the Bulletin and welcome all improvements and advancement.

Please have my Bulletin sent here and not to Lexington as I have never made any change.

With best wishes to the Club and our beloved osteopathy which grows dearer all the time I am,

MARY E. HARWOOD.

Extracts from a letter from Mrs. Rockwell, Ashville, N. C.: "I have two very serious cases on my hands which keep me ever on the alert and are certainly testing my osteopathic ability."

"Write me, too, about the club work."

"Some patients have come in and I must look at necks, backs, etc."

"Remember me to friends and members."

BUFFALO, N. Y. March 22, 1906.

MISS BELLA BRAKE, Kirksville, Mo.:

MY DEAR AXIS SISTER:—Am enclosing herewith \$2.00, dues for the year. I had meant to attend to this before, also to say "How do you do?" to the dear members of the Axis Club, which message kindly give to them from me. I hope all are enjoying health and success in the work.

The Bulletin is always a most welcome arrival and read with genuine pleasure. I wish to say that, while I am not "overburdened" with work, I am keeping busy and feeling much encouraged at the rather promising prospect, as it appears at present.

With every good wish to you all, I am,

Cordially yours,

EDMIRE M. CARANA.

How Osteopathy Has Been Received in the South.

This is a subject of too wide a scope for me to handle, but I will be glad to tell you something of how it has been received in Texas, which is, after all, not narrowing the question so much as one would at first think.

Texas has been very kind indeed to the osteopaths and those who have gone to a place with the determination to stick and have stuck, have at last gained the reward of their courage. I do not mean that they

are coining money, for happily the time has passed in the development of osteopathy when one can rush a town, create a sensation and retire a plutocrat all at the end of a short twelve months.

The cause of some osteopaths is a dissatisfied restlessness bred by comparing their income with what they hear of others. Remember that, "far off fields look green," and in most cases a nearer view discloses the fact that the hoe has been used long and faithfully, or it has been fertilized with money well spent in judicious advertising, or a good practice was bought at the start. It seems to be an undeviated law of life that we never get anything without paying for it in some way,—by money, pleasure, time, or what not, and also that no one can live, or die wholly unto himself. This last seems oddly true of the osteopath. People judge other professions by the individual, but osteopathy by the one osteopath whom they have known. This would be a not unmixed evil if were not to the interest of some to magnify the evil we have done. Every osteopath who moves into a place and leaves before the paint on his shingle is dry has placed a stumbling block in the path of his successor.

It would be wise for us to realize that human nature is much the same wherever found, and that much depends upon ourselves, no matter in what section of the country we are located. Sometimes we may think the people do not care for osteopathy, but if we honestly face our personal limitations and compare what we are making with what we could make at something else, we must be satisfied and our bank account will seem like Mercutio's wound, "Not so deep as a well, nor so wide as a church door; but 'tis enough." And though money is what makes the whole stud trot it is not all one is seeking to gain and in Texas the osteopath gets his share of the other good things of life.

Texas is so large that you can find most any kind of climate and the population so diverse that there are all sorts and conditions of men. It is a land of plenty,—when the crops don't fail—and the people are perfectly willing that the osteopath shall stay and have his share if he can gather it.

The Lone Star has not shone in the azure so very long and the conditions in most places are those of all new communities, a certain fairness, without old prejudices, which makes for the survival of the fittest.

I have heard it said often, especially during our legislative ructions, which bob up with such regularity that like the poor they seem always with us, that the osteopath had as much right to practice as the medics and if they would go ahead they would have backing. The "little rift within the lute" is that we are a bitter pill to the regulars and seem to rub them the wrong way. Paradoxical as it may seem, the osteo-

path has been the making of the Texas Med. Asso., for they are now 3,000 strong and when they first awoke to the situation they were 600 weak.

My goodness! how some of them loveth us not and wish we were in the place that is not heaven.

At first the policy of the Texas Med. Osteo. Asso. was to see that even that which we had in law was not taken away from us, but last time we put on the gloves. We want a good law and of course a board of our own and incidentally we want some good vertebrate osteopaths to settle here and take a hand in the game.

How about the woman in the case? She was so new, such an innovation, they had to readjust preconceived ideas to a new factor, but they did it quickly and kindly. And she is given her chance fairly and that is all any "Osteopathess," even a weak hearted sister with cross-eyed fingers should ask.

And not even all those who see things osteopathic through medicated "specks" are unfair. There are some few broad-minded M. D.'s who see good in osteopathy and send us an occasional patient, which, considering all things, isn't so bad!

Let me say to all competent osteopaths, no matter what their age, sex, color, or former condition of servitude, that in no state will they be treated with more fairness than in Texas.

A. VIRGINIA SPATES, A. S. O., June, '01.
Sherman, Texas.

* * *

Hydrotherapy.

(Extracts from a talk before the Axis Club, February 14, 1906.)

BY A. J. HARRIS.

Among therapeutic systems there is none which show its double value as does that of hydrotherapy. And this therapy is accomplishing a work which will be more appreciated as the world goes on.

Its double value has been well illustrated from its earliest history, for the reason that its value is equal in the prevention of disease to its healing powers when coupled with nature's work. Its simplicity makes it the more valuable when the benefits of its application are well understood, yet there is danger in its wrong application as well as in any other method of healing.

This mode of healing is not an infant, for its history dates back to the time of the pharaohs. Its embarrassment in the past ages has been due no doubt to superstition as well as the excuse that now prevails, that it takes too much work to apply it.

Its value in the treatment of the dreaded pneumonia has been suc-

cessfully tested, with a record to be envied by every other method, unless it be by osteopathy which seems to be burning its bridges in its onward march, and is ruled by the same principles as to the circulation, only with different agencies, with a specific and scientific viewpoint.

An illustrative application of this treatment as given for a case of pneumonia, might serve for many respiratory as well as organic ailments, altered to suit the case by the skilled operator, one who knows his anatomy and physiology.

One of the most important features in pneumonia, is the abdominal blood supply. The life is in the blood, and where blood ceases to flow at any point, life is at stake.

In this disease there is no more blood in the system than there was before the attack, but it has become localized, and inflammation has set in, and its normal activity ceases, both the lung and the blood ceases to functionate normally due to some predisposing cause.

One needs to properly diagnose his case, for complications in diseases similar in symptoms may be present, and in each of these conditions, pain is present. In pleurisy it is particularly apparent when the patient draws a deep breath, while in pneumonia it is constant. In neuralgia it is more or less shifting being increased by pressure from the outside; in pneumonia the patient has a high temperature and has some difficulty in securing air. In pleurisy the temperature may rise a degree or two; no labored breathing only as the pain interferes.

A word in regard to treatment is that in pneumonia, it is important that the intense congestion of the lungs be relieved as much as possible, this is best done by securing an active dilation of the blood-vessels of the back, which are in reality branches of the same blood-vessels that supply the lungs. This is most successfully accomplished by applying fomentations over the entire area of the back. A fomentation is a portion of wool blanket about three feet square folded long and held by each end, dipping the middle in a kettle of boiling water, twisting the blanket and pulling it out straight, in order to wring it out as dry as possible, quickly folding it into a dry blanket of the same size placing it over the affected part, that the steam may penetrate into the tissues, making this change about every five minutes. The lower limbs may be treated by a hip pack applied in the same way only that after the pack is put on, hot bottles of water or hot bricks should be placed about the limbs to keep up a continual heat; thus dilating the tissues, and making roads for the blood from above. At the same time the blood-vessels of the lungs can be encouraged to contract by applying cold compresses to the chest, this being changed by a hot fomentation every half hour, so that the skin will not become permanently chilled. This should be thorough-

ly followed up until relief is had. Here I want to say, never apply warm cloths for fomentations, they must be hot. The same will apply to the compress, it must be cold, and thus you will get the proper reaction.

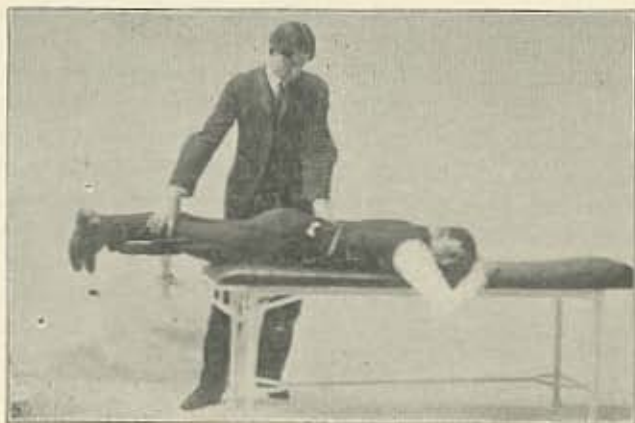
In cases like peritonitis, hip joint disease, or any inflammation where the manipulation of a part must be avoided, the water treatment will do its work; but in such cases a derivative massage around the parts may be given.

In the treatment of these diseases, it is necessary to pay special attention to the eliminating organs to keep them active, especially the bowels and kidneys. Hot local sponging, in high fevers, treating one part at a time and allowing evaporation of the water from the skin, will assist in materially lowering the temperature. The diet should be of a liquid nature, or unfermented fruit juices with as little sweetening as possible.

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