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DISEASES ASSOCIATED WITH THE VENOUS DRAINAGE OF THE CENTRAL NERVOUS SYSTEM.

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The purpose of this paper is to show the probable relation of disease, or at least certain diseases, to the venous drainage of the brain and the spinal cord. We will attempt to show that in some diseases the posture of the body has a marked effect as an irritating cause when there is also present a predisposing cause, a lack of integrity of the spinal articulations. To show the intricate connections formed by the veins in the central nervous system, we will recall a few anatomical facts as a basis of further statements. The greater part of the drainage from the brain is accomplished through the sinuses and the internal jugular veins. A minor amount of drainage occurs through the vertebral veins and the veins of the spinal cord which are continuous with the veins draining the medulla and posterior portions of the brain. The vertebral veins descend in the foramina or loops in the transverse processes of the cervical vertebræ. They are connected with a dense network of veins surrounding the foramina and drain into the innominate veins.

In the neck and along the whole spinal column, the veins of the spinal cord, the medullo-spinal, lie in the form of plexuses between the pia mater and the arachnoid. From these veins a transverse branch accompanies the spinal nerves as far as the intervertebral foramen, where it unites with the other spinal veins (the dorsi-spinal, meningo-rachidian, venæ basis vertebrarum) and drain into the lumbar and sacral veins in the pelvis, into the intercostal veins in the thorax, and the vertebral veins in the neck. The blood of the vertebral veins finds its course to the heart through the innominate and superior vena cava; from the sacral, lumbar and intercostals, through the azygos major and minor, and thence into the superior vena cava.

The integrity of the spinal column is necessary to a normal venous drainage. Coupled with this the position of the body may promote or

maintain a pathological condition. To illustrate this, beginning at the head, we find one of the most frequent disorders is cerebral congestion. In a majority of cases the symptoms are increased when the patient lies down. The ordinary symptoms of fullness in the head, dizziness, headache, etc., are intensified, and another is added that the patient becomes conscious of his heart-beat, indicating a rise in arterial pressure. This is a condition which holds not only with reference to patients with simple hyperemia, but also with those who have reached the critical stages of congestion, the epileptics and apoplectics. The explanation of this would seem to be, that the veins of the head being clogged, by cervical lesions and muscular contractions, the arteries of the head have not a sufficient outlet.

The impulse of the blood from the heart is upward against a resistance formed by the blood in the overcharged arteries. During the day, the erect posture assists the natural drainage of the brain through the veins to the heart; but upon lying down this assistance of gravity is lost and the patient's head feels fuller, he becomes conscious of his heart-beat because there is actual increase in arterial tension, his sleep will be disturbed and dreamy because the congestion keeps the brain too active for sound sleep to ensue.

The azygos veins which receive the drainage of the spinal cord lie on either side and in front of the vertebral column, in position to receive the weight of the abdominal, possibly of the thoracic organs when a person lies upon the back. From this obstructive pressure the drainage from the cord is interrupted, passive congestion results showing its effects in a general spinal irritation, or, by being localized from the effect of spinal lesions, in weakening the functions of the organs corresponding to the innervation from the segment involved. From general spinal irritation, when a person lies upon the back, disturbance of sleep is common. Most cases of enuresis occur when the patient lies upon the back. Many patient with epilepsy enter into the spasms while lying upon the back. Instances of seminal emissions are most frequent while patients are lying upon the back.

While making prominent the position on the back I do not wish to over emphasize it as a cause. The position of the patient in these cases is the irritating cause; the localizing and predisposing cause lies in the spinal vertebral lesion.

To explain more in detail the sequence of events in enuresis: The difficulty is due to the innominate lesion or to lesion of the second lumbar vertebra. This affects the micturition center. Here the impairment of the integrity of the lumbar joints obstructs the venous drainage

from the second lumbar segment; an irritated condition of the segment exists from lack of proper nutrition; the irritation is carried to the vesical plexus on which continence of urine depends.

Lying on the back is a strong aggravation in this condition as well as in a similar one, namely, involuntary seminal emissions. The explanation of the last is the same as for enuresis, except that when the lesion is in the lumbar region the third segment is involved.

From the same segment we may obtain an involvement of the uterine plexus with its vaso-motor control over the uterus, and by the same reasoning expect that congestion of the uterus would follow, or even uterine tumor.

Let us now, as a concluding illustration, apply the principle of drainage to anterior poliomyelitis. McFarland says as to its pathology: "In cases in which the spinal cord can be examined a short time after the onset of the disease, marked changes can be observed in the blood vessels which appear much distended," etc. This seems to accord with the following, suggested as a rational explanation of the disease. There exists first a vertebral subluxation, either in cervical or lumbar region. The patient is taken with a chill, quite frequently following a swim or a bath. The muscles lying next to the spine become contracted, the venous drainage is obstructed; the blood vessels become engorged and distended; the blood stagnates with a consequent degeneration in the tissue of the cord itself. This naturally leads to paralysis of muscles and atrophy consequent upon the segment being deprived of its proper nutrition.

In this connection I wish to quote the newspaper report of the discussion of Infantile Paralysis by Dr. Simon Flexner, of the Rockefeller Institute. After explaining, at a medical convention, his experiments with the virus of anterior poliomyelitis in monkeys and in human beings, he said: "It is a much more fatal disease in monkeys than in human beings; but these animals are not naturally subject to it, A CERTAIN AMOUNT OF TRAUMATISM BEING REQUIRED IN ORDER TO ALLOW THE VIRUS TO GAIN ENTRANCE."

If traumatism makes the monkey susceptible to poliomyelitis, we may justly claim that the vertebral lesion, the constant equivalent of traumatism, is the predisposing cause in man. Medical books and osteopathic case reports agree in the statement that there are muscular contractions along the spine. The effectiveness of adjustive treatment and muscular relaxation is, it would seem, through freeing the drainage from the cord and thus, by securing proper nutrition in the segment, obtaining a renewal of normal tone in the spinal nerves.

THE USE OF THE PRESS.

F. E. MOORE, D. O.

I have been asked by the editor of The Bulletin to write something concerning my idea of the propriety in using the press to advance osteopathy and practice. While I have had extensive experience in using the press in a small town, yet I am not familiar with its use in a large city, but it appeals to me the main difference must be in the expense, it being so much greater in the large city that it must get beyond the financial resources of a single practitioner, and when done in a strictly ethical manner, we cannot expect to find an osteopathic physician sufficiently magnanimous to be unknown in the generous work of educating the public to osteopathy and at the same time paying the large bills which go with such publicity.

It can readily be seen that in the small town suitable articles of a strictly educational nature may appear in the reading columns of the press, WITH NO REFERENCE WHATSOEVER TO THE RESIDENT PHYSICIAN or physicians, and the local osteopaths are bound to reap considerable benefit. In this case one osteopathic physician may be magnanimous enough to pay the publishing bill, though the public is none the wiser, and the three or four osteopaths in the town reap the benefit. He may recognize the value to osteopathy and enjoy enough increased practice for it to actually pay him to let the other osteopaths of the town, who may refuse to share expense, likewise share the benefits which may result from publicity of osteopathy.

Now as to the propriety. If the leading paper in a community, large or small, happened to have an editor who recognized in osteopathy the greatest healing science of the age, and who in hope of educating his townspeople to the new and better way to health, voluntarily selected appropriate articles in osteopathic journals and presented them in the reading columns of his paper without comment, but crediting each article without fail to the journal from which it was taken, I am sure he would be heralded by the osteopathic physicians and their friends at least as quite a public benefactor. No criticism of non-ethics could be made. Last winter, I believe, the Chicago Inter-Ocean published suitable articles, but with no personalities involved and with their object education. They were heralded as of great benefit to osteopathy. Osteopaths, no doubt, were behind it, but that takes us a step farther and it seems still proper. So if one can afford it and desires to give the public the benefit of a series of articles on osteopathy, taking his chances on the returns which naturally result, it seems entirely proper, provided that HE DOES NOT APPEAR IN IT IN ANY WAY.

A few years ago our profession was liberal in the matter of publicity and in the manner in which it was presented in the press, but we have grown in this like everything else and now consider a breach those things which used to be tolerated. So, as near as we can observe, the use of a card in the press serving as a directory without special comment, seems to be about the limit of propriety with our up-to-date profession. It is noted also that the use of a card in large city papers is looked on with disfavor by many, while in small towns M. D.'s and D. O.'s alike keep such a card in the press by the year.

There can be no question about the impropriety at this stage of our existence, of the use of space in the advertising columns with the appearance of the osteopath's picture, or promises of cure, or even mild assurances that Doctor So-and-So is better qualified than any other D. O., or "try osteopathy—it cures where all else fails," and then the Doctor's name, or "Dr. Blank treats without drugs or the knife," or "osteopathy—the drugless treatment—Dr. Blank will tell you if your case is curable," etc.

The limit of the use of the press to dignified explanations of osteopathy with credit to the journal taken from, avoiding reference to the local practitioners, certainly must be above criticism. In most instances, it is only when personal advertisement is apparent that criticism is justifiable. There may even be a generous write-up of a new locating osteopathic physician which announces his qualifications for practice in connection with his activity in the profession, that may be above criticism if it is done in good judgment and is the work of the editor. Some communities are strict regarding their attitude toward physicians' names appearing in the personal column when anything worthy of special comment takes place, such as absence or return to town, or announcing some special matter of interest to both the practitioner and the public, but criticism on that score seems far-fetched and its use or misuse must depend upon the practitioner's judgment.

This has been a discussion solely of the use of the press and is not to be confused with use of osteopathic publications. While some criticism has been aimed at this latter medium of osteopathic publicity by osteopaths well established in practice and not needing any such assistance, I found osteopathic journals a remarkable factor for good in my own small town practice. I believe the osteopathic publication of popular literature has done a great deal to educate the layman to the osteopathic idea, and where used with systematic judgment, has been a benefit to osteopathy as well as increasing the practitioner's income.

Kirksville, Mo.

THE TREATMENT OF CONGENITAL DISLOCATION OF THE HIP.

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(Reprinted in full from *Le Monde Medical*, Paris, April, 1910, English Edition.)

Congenital dislocation of the hip (or congenital lameness), which only ten or a dozen years ago was regarded as an incurable disease, is at present commonly recovered from. No one can question this fact (without owing to inconceivable ignorance) after the numerous clinical trials supported by radiographic and anatomical proofs that are available. Hundreds of children have now been cured, that is to say, they can walk perfectly well without a trace of lameness, and the post-mortem examination of children thus treated, who have died of inter-current diseases, show that the head of the femur has been permanently restored to its proper place.

This "preliminary question" of the curability of congenital dislocation can no longer be called in question at the present time.

Still more, the treatment that leads to a cure, instead of being complicated and uncertain as it used to be, has within the last few years, become so simple, so mild and so well formulated, that it can be carried out by any intelligent, painstaking practitioner on condition, however, that the children are between two and five years of age.

It must be conceded that at a later age the treatment except for for others than specialists, remains difficult and untrustworthy, and I should not advise it being undertaken after from six to eight years. But at two, three or four years of age, I repeat, any practitioner can apply it by observing the rules now laid down and thereby reduce and maintain the dislocation.

It must be borne in mind that ⁱⁿ practice it is to you, the family practitioner, that these children will be brought when they first try to walk, or at any rate before three or four years of age.

Diagnosis.

How is the displacement to be recognized? I will now briefly give the necessary and sufficient directions how to detect congenital dislocation in every instance MERELY BY CLINICAL EXAMINATION, that is to say, without the aid of radiography.

1. PRESUMPTIVE SIGNS.—A little child is brought to you—usually a little girl—who limps on one side or both, who WADDLES, BALANCING

herself on the hips, what is popularly known as "duck walk." She does, as a matter of course, walk and this without much difficulty, like a child who is FREE FROM PAIN.

Here we have two signs, viz.: the characteristic limp and the total absence of pain. These alone should make you think of congenital dislocation, even before the patients have uttered a word.

If this waddling, this rolling gait is present on both sides you may feel pretty certain what is the matter. If only on one side the evidence only amounts to a presumption.

2. PROBABLE SIGNS.—But the parents tell you that the child has ALWAYS WALKED IN THIS FASHION EVER SINCE SHE BEGAN TO WALK at all which, by the way, was probably somewhat delayed, say at sixteen, eighteen or twenty months of age.

The child has never been in any pain. The WADDLING, they say, is nothing, but has seemed to them to be GETTING MORE MARKED of late and this LEG seems to be GETTING SHORTER.

With these facts before you the existence of congenital dislocation of the hip becomes PROBABLE, more than probable indeed. Nevertheless you cannot assert that such is the case until you have examined the child COMPLETELY STRIPPED, erect to begin with and walking; then, finally, lying down on the table or couch.

PECULIARITIES IN WALKING.—When the child walks you can SEE the great TROCHANTER, which is more prominent on the lame side, MOVE UPWARD and DOWNWARD beneath the gluteal muscles at each step.

It goes up each time the foot touches the ground as if the latter had a spring in it.

EXAMINATION LYING DOWN.—Placing the two iliac spines on the same level and bringing the two feet together YOU WILL FIND THAT ONE LEG IS SHORTER THAN THE OTHER, if the child is only lame on one side. The GREAT TROCHANTER is prominent on this side and is ABOVE NELATON'S LINE, as will be seen if a string is drawn from the iliac spine to the ischium while the thigh is bent at an angle of forty-five degrees. Then, too, the trochanter is further from the median line and the labium majus is drawn up.

If the child is looked at in profile you will note the LUMBAR ARCHING. Even so you cannot yet be sure of the dislocation.

3. THE CERTAIN SIGN.—This can be elicited by palpation of the child lying down with the thighs well extended.

PALPATION OF THE HIP-JOINT.—This yields two signs which, taken together are pathognomonic:

1. If, when the upper part of the thigh is grasped with the half of one hand, the four fingers behind the trochanter and the thumb in front, you try to make out THE HEAD OF THE FEMUR in its NORMAL SITUATION, that is to say, in the groin under the femoral artery -which CROSSES the HEAD at the junction of its internal third and external two-thirds) you will not feel any bony resistance; in fact, there is an EMPTY SPACE below the anterior border of the iliac bone.

To get a clearer idea of this, compare with the other, normal, hip. When you are dealing with a normal hip, on the contrary, you perceive very clearly in this particular spot the bony resistance of the head (which is half an inch or so outside the cotyloid cavity) and even the resistance of the anterior surface of the neck.

2. If you take the knee on the affected side and move it freely in every direction you can readily see, and can always FEEL, ABOVE and OUTSIDE the EMPTY CAVITY just referred to, a ROUNDED MOBILE BODY, very mobile indeed, raising the skin in front in movements of HYPER-EXTENSION of the knee, in EXTERNAL ROTATION and ABDUCTION but, on the contrary, raising it behind, towards the buttock, in the opposite movements of flexion, internal rotation and adduction. Palpate this rounded hard body and make sure it is really the head of the femur.

Diagnosis of Double Dislocation.

Double dislocation may be recognized by the waddling on both sides, by the prominence of the two trochanters and their situation above Nelaton's line and the comparative shortness of the two thighs compared with that of the legs and, lastly, by feeling on both sides an empty space where the heads of the femora ought to be and the perceptible presence of these heads above and outside their normal situation.

What to Do.

Having established the diagnosis the parents will ask you WHAT IS TO BE DONE. Your answer will be that the displacement must be reduced just as in a case of dislocation of the shoulder from injury, that a perfect cure can be, and usually is, obtained but that, as in cases of dislocation from injury, whatever is to be done must be done forthwith. You will point out that though reduction is possible and even easy early in the case, say between two and four years of age, it becomes a much more difficult matter as years go by and after twelve is well nigh impossible.

You may add that at two years of age there is little if any deforma-

tion of the bones, for which reason the cure effected in very young children is more perfect and more certain.

LEFT TO ITSELF, on the other hand, the dislocation goes on getting worse from year to year as the child grows up, in almost every instance.

The lameness will become more and more apparent and the ability to walk progressively less. It is by no means uncommon at a certain stage to get attacks of pain and almost complete impotence. This means that none of the reasons invoked by the parents to postpone the proposed reduction is either justifiable or excusable; had one of their own shoulders just been dislocated, would they delay having it put back? Yet the two conditions are identical!

CHOICE OF AGE FOR TREATMENT.—From what has just been said it will be seen that every advantage attends reduction of congenital dislocation as soon as possible, as soon in fact as the diagnosis is made, that is to say, at eighteen months, or at any rate, between two and three years of age.

The treatment consists THEORETICALLY in replacing the head of the femur in the disused cotyloid cavity, maintaining it there artificially by means of plaster bandages for five or six months. This period is sufficient for the cavity to become hollowed out and for the joint capsule to contract, in other words, for the head to make for itself a stable and definite resting place in the normal situation.

At the end of five or six months the leg is set free. In future the reduction will be maintained and walking will be restored within a few months of the plaster being taken off and, moreover, the gait will be that of a normal child.

A.—THE TREATMENT OF UNILATERAL DISLOCATION IN A CHILD FROM TWO TO FOUR YEARS OF AGE.

We must now describe in detail, first how to reduce the displacement, then how to keep it in place.

1.—The Reduction.

At two or three years of age you may proceed to reduce the displacement FORTHWITH, i. e., on the very day that the child is brought to you, or at most on the day after.

You can dispense with anæsthesia if the parents object thereto, but if the matter is left to your discretion, it is better to put the child to sleep, for this spares him pain and renders your task an easier one.

PREPARATORY MANIPULATIONS.—The child having been anæsthetized BEFORE ANY ATTEMPT IS MADE TO REDUCE THE DISPLACEMENT,

you must knead and elongate the adductor muscles and make wide movements of circumduction of the thigh so as to render the retracted soft parts, articular and periarticular, more supple and yielding.

I need not describe at length these movements of circumduction which may be made in every direction for a FEW SECONDS, but I have something to say about the kneading of the adductors.

KNEADING THE ADDUCTORS.—One assistant fixes the pelvis on the table by means of the healthy leg strongly flexed on the belly or on the other side. Another assistant pulls strongly on the elongated leg of the affected side, abducting it more and more or, BETTER STILL, bending the thigh to an angle of ninety degrees, THEN carrying it directly outward IN ABDUCTION as far as he can, proceeding gently, methodically and slowly. He will, however, soon find himself brought up by the resistance of the adductors which are seen to be tightly on the stretch.

Place your two thumbs or your fists over the pubic attachment of these muscles ON THE SALIENT CORD, gradually increasing the pressure, while the assistant continues to carry the leg outwards. After two or three minutes of this kneading, pressure and straining you will see and feel the muscles relax, allowing of further abduction of the thigh. Carry THE ABDUCTION TO A RIGHT ANGLE, i. e., until the knee touches the table. This can be achieved, without rupturing the muscles, by simple elongation.

At the commencement of the intervention you need not go beyond this simple kneading; you will decide on rupturing the muscles later on, should you, in the course of your manipulations, have ascertained that reduction is impossible short of complete rupture, a contingency that is of very rare occurrence and hardly ever happens with children between two and four years of age. (The rupture may be accomplished by pressing still harder, if necessary, by another pair of thumbs placed above your own.)

After this kneading and elongation of the adductors, reduction will be easy. The adductor muscles are such direct obstacles that in several cases of children between eight and ten years of age simple elongation of the adductors in the position of FLEXION AND ABDUCTION at ninety degrees brought about reduction; in other words, reduction took place of itself while we were engaged in manipulating the adductors.

This ought to impress upon us the fact that abduction of the thigh is very favorable to reduction.

REDUCTION.—To reduce the congenital displacement you must, speaking generally, employ the maneuvers that you would naturally

have recourse to for the purpose of reducing a traumatic dislocation of the thigh in a child.

1ST STEP: FLEXION of the knee to ninety degrees and DIRECT traction on the flexed knee WITHOUT ABDUCTION, ADDUCTION OR ROTATION.

(a) Pull with one hand, while with the other you press from without inward to assist reduction. (b) The manœuvre is carried out by two persons: one pulling on the knee, the other pressing directly on the head of the femur. Persist for two or three minutes till, under the pressure of your fingers, you feel the head suddenly disappear into the depths with a more or less pronounced snap. That is reduction.

The first manœuvre almost always proves successful in very young children. Should it be otherwise, AFTER THREE OR FOUR MINUTES OF VAIN EFFORT we pass on to the next.

2ND MANŒUVRE.—Reduction IN ABDUCTION at ninety degrees (with very little or no rotation).

We begin by flexing the thigh to ninety degrees, then with one hand it is abducted, while with the other hand we press from below upwards on the head. The abduction is pushed little by little until we reach a right angle, or rather until reduction takes place.

This can be done alone or with the aid of one assistant, one of you abducting the knee, the other exerting direct pressure from below upward on the femoral head.

If after repeating this manœuvre five or six times for four or five minutes we fail to effect reduction, the following will always succeed:

3RD MANŒUVRE.—Reduction with the THIGH ABDUCTED and rotated internally to ninety degrees. This manœuvre is almost contrary to the preceding.

The child, lying on the healthy side with the pelvis kept level by a firm grip with both hands, an assistant seizes the affected thigh and flexes it to a right angle, then carrying it no longer outward but INWARD, in forced adduction, with internal rotation ninety degrees (note that the rotation is INWARD) and pulls at the knee for all he is worth. Then you yourself, placing both thumbs on the head of the femur which is readily felt above, you push it as hard as you can toward the cotyloid cavity.

With this manœuvre it will enter the cavity almost noiselessly. When you feel it disappear under your thumbs into the depths, you direct the assistant who is holding the thigh in adduction, to carry it from within outward in abduction ninety degrees; that is to say, in short, in the position indicated in the second manœuvre.

The transference of the thigh from within outward, done while with

your thumbs you keep the head firmly pressed against the cotyloid cavity, achieves and completes reduction.

Indications of Reduction.—Diagnosis of Reduction.

The reduction is felt, seen and heard just as when a traumatic dislocation of the shoulder is reduced.

You feel the head disappear into the depths and the assistant also feels a jerk, but the bystanders can even see this jump of the head and hear the snap.

There can be no mistake about this. But if you wish to make the reduction absolutely certain you have only to REPRODUCE THE DISPLACEMENT.

All you have to do is to bring the the knee inward again, at the same time pressing upon it. If reduction has really taken place, all at once it slips out with a snap and a JERK which may be very violent and are always well marked.

Then you reduce again as in the first instance, only on this occasion it will come off more easily. This you can repeat several times over, for it has the advantage of completing and confirming the reduction.

You may now see to placing the thigh in proper position for its maintenance in a plaster splint.

2.—Maintenance of the Reduction.—Position.

Reduction thus effected several times over is maintained for a brief period, but it will not remain in place indefinitely and we must fix it by means of an apparatus extending from the umbilicus to the toes, and this for five or six months. In reality this fixation is effected by two apparatus, each kept on for two months and a half, applied in two different positions of the leg.

FIRST POSITION.—FIRST PLASTER SPLINT.—We do not always maintain it in the position into which it has been reduced; the position of reduction varies according to circumstances, while the position of the maintenance is always the same.

This is the position that we shall give the thigh in the first plaster splint directly after reduction. It may be formulated thus: 70, 70 and 0 which, being interpreted, means: 70 degrees of flexion, 70 degrees of abduction, and 0 degree of rotation. This is the position we get when the thigh is first put into a 70 degree FLEXION (say from 70 degrees to 80 degrees) then carrying it from this degree of flexion directly outward, say 70 degrees to 80 degrees ABDUCTION, without rotation in any direction.

70, 70, 0—this is the position of election for the thigh and the best position for hollowing out the cotyloid cavity.

As for the leg, properly speaking, it is flexed at 90 degrees or 100 degrees on the thigh, so that the foot is brought inward with its internal border pointing upward.

The plaster is applied over a jersey with bandages and plaster splints, in fact, much the same apparatus as for coxalgia.

We require three bandages six yards in length and four inches in width for a child between three and four years of age. There are three strengthening plaster splints.

The last bandage having been applied, the reduced hip is cravatted with the hands pressing especially on the posterior part in order to adapt the plaster well to the trochanter as a supplementary precaution. But you need have no anxiety for, with the big plaster apparatus and the position we have described, the reduction will be efficiently maintained and the precaution of making a gutter in the plaster opposite the trochanter is almost always superfluous.

Half an hour after the plaster has set, it is trimmed so as to free the toes and peevish genitals.

3.—Operative Sequelæ.

The course of events after the operation is simple enough. Nevertheless, for a few days, and especially for a few nights, the child may be a little restless, and if so give a sedative draught. We may get a subcutaneous hematoma at the upper attachment of the kneaded or ruptured adductors, but this will undergo reabsorption spontaneously. Do not meddle with it, merely cut away the plaster over it and apply a little cotton-wool. The toes must be watched for the first day or two in respect to sensation and circulation. In cold weather the toes should be wrapped in wadding.

After the first few days the child may be allowed to go home. Impress on the parents: 1, to avoid constipation; 2, to take care that the plaster is not soiled by the urine with which object in view they may put water-proof or cotton-wool over the apparatus. Attentive mothers have no difficulty in keeping the plaster clean. Then all is clear sailing for two months and a half. It is hardly necessary for me to remark that the child will have to be kept at rest with this big plaster apparatus on him, but this is by no means detrimental to his general health. In any case it is vastly preferable to make sure of the result than to allow him to get about with an apparatus stopping short above the knee (as

certain surgeons do). At the expiration of this period the position of the leg is changed.

SECOND PLASTER.—SECOND POSITION.—The change of position may be effected without chloroform unless the child be too nervous, in which case anæsthetize.

TECHNIQUE OF THE CHANGE OF THE FIRST POSITION INTO THE SECOND.—Here we have to bring the thigh and leg into this position: put the lower leg (1) in, or almost in, extension on the level of the table (slight flexion of 15 degrees), (2) in abduction 30 degrees to 35 degrees, and (3) particularly in internal rotation: 55 degrees to 60 degrees.

This second position may therefore be formulated as follows: 15, 30 and 60; that is to say, 15 degrees flexion, 30 degrees abduction, and 60 degrees internal rotation.

There are several ways of bringing the leg from the first into the second position, but we need only bear the following in mind:

The pelvis being fixed, an assistant pulls on the foot and the lower part of the leg progressively and steadily so as to overcome the flexion of the leg on the thigh. This takes three to four minutes. By this same traction he also unbends the thigh and brings the calf to the level of the table, or nearly so, leaving barely 15 degrees of flexion. Moreover, by pulling on the leg he separates to some extent the head of the femur from the iliac bone thus preventing the head coming violently into contact with the bottom of the acyloid cavity in the course of the rotation that he will then impart.

You will yourself perform the rather delicate operation of internal rotation. The assistant still pulling strongly on the foot you will act on the upper part of the thigh and not on the knee, because if you take hold of the knee you run the risk of a fracture above the condyles.

Go on rotating the limb until the patella looks not only toward the ceiling, but is actually in internal rotation almost facing the healthy side.

Bear in mind that it may take you eight or ten or even fifteen minutes to achieve this.

The thigh having been brought round to an internal rotation of 60 degrees, you will give it 15 degrees flexion and 30 degrees abduction.

15 degrees flexion, 30 degrees abduction and 60 degrees internal rotation, this, as already mentioned, is the formula of the second position.

It is maintained by means of a large plaster apparatus which includes the foot, and then the patient is done with for another two months and a half.

At the expiration of this period this second and last apparatus is taken off.

B.—THE TREATMENT OF DOUBLE DISLOCATIONS.

The necessity of early intervention is even more marked in double dislocation than in the single variety because the former becomes irreducible much sooner. The age of election for this purpose is from twenty to twenty-four months.

The manouvres of reduction and the attitudes of maintenance and, speaking generally, the details of the treatment, are much the same as for simple dislocation.

The treatment of double dislocation is carried out on both sides at the same time, but reduction need not be effected on both sides on the same day.

If the first reduction has been followed by too much shock it will be well to let the patient rest a few days, postponing the second reduction for a week or so.

If, on the contrary, the first reduction has been easy there is no reason why the second should not be done forthwith.

As a general rule the change of position and the final removal of the plaster will be done on both sides the same day.

Precautions to be Taken After Removal of the Plaster.

The leg having been set free the patient remains in bed for two or three weeks, long enough for the child to regain possession of its limb and to bring it back spontaneously to about the normal position. This can be assisted by massage of the whole limb.

Putting the Child on His Feet and Walking.

At the end of this period of three weeks the child may be allowed to get up. He should hold on with his hands to the table or back of a chair or cling to the bars of the bed. A week later he is to be allowed to find his way round his bed holding on to the bars. Then with the help of both hands held by someone, he can take his first steps across the room.

Thus supported by both hands the patient is allowed to walk five minutes every hour to begin with, then ten minutes.

In the intervals between these walking exercises we may, if necessary, practice internal and external rotation, abduction or adduction, with soft bandages or some simple apparatus that anyone can devise.

After five or six weeks of this regimen, instead of being held up by the hands the patient may make use of two sticks and, after a month,

the child will walk with only one stick (held in the hand on the healthy side).

Ultimately, after three or four months from the time he started getting on his feet, he will walk without support of any kind.

At first he walks rather awkwardly, then passably, then well and, by and by, quite well. In a year or eighteen months after reduction of the displacement NO TRACE OF IT REMAINS, THE CURE IS PERFECT AND ALL LAMENESS HAS DISAPPEARED.

This means that the results nowadays are really remarkable.

Only some ten years ago they were lamentable, for permanent reduction was only obtained once out of ten times and in all other cases there was a recurrence especially forward, that is to say, a redislocation forward.

At present we operate with assurance, at any rate in children under six or seven years of age.

With further experience we shall no doubt soon manage to obtain series of a hundred and upwards without a recurrence.

Personally we have already obtained three such series—a hundred in each without a single recurrence—just indeed as many surgeons are able to present series of a hundred consecutive cases of hernia or simple ovariectomy without a mishap, two operations which, like the treatment of dislocations, formerly gave rise to so many disappointments and which nowadays succeed every time.

CONCERNING OSTEOPATHY.

From time to time there have appeared in the Journal of Osteopathy, the Ladies' Home Journal and other publications, articles of a more or less educational nature, explaining, without the use of many technical terms, the theory of osteopathy, its practice, its scope, some of its history and other matters relating to the science that are of distinct interest to the reading public as well as to the student and practitioner of osteopathy. Some, in fact, most of the best of these papers, Dr. G. V. Webster, Atlas, 1904, of Carthage, N. Y., has now collected and published in book form under the title "Concerning Osteopathy." The book is just off the press and is being sold by the author.

In his preface Dr. Webster says concerning the work:

"The purpose of the volume is to reflect the position of osteopathy as a therapeutic agent in its work of adding to the sum total of human happiness by the amelioration of physical suffering.

"Little originality of text has been attempted, but, rather, in the review of the osteopathic literature that has appeared from time to time in the professional and other publications, an effort has been made to select such articles as seem appropriate for this volume. These, in some instances rearranged and condensed to omit technicalities, have been compiled in a more or less logical order, giving the histories of surgery and medicine, the discovery of osteopathy, its development as a science, an exposition of its theories, some of its practical workings and something concerning its founder, Dr. Andrew Taylor Still.

"Osteopathy has so increased the sum of human comfort and usefulness that a spirit of inquiry has been aroused as to just what osteopathy is, what it has done and what may be expected of it. In the light of which, with a view to preparing a volume which may in a measure provide the information desired, these pages have been arranged."

The original articles that appear are on "Manner of Treatment" and "The Application of Osteopathic Principles." This second paper is divided into an explanation of the osteopathic point of view regarding diseases of the nervous, digestive, respiratory and circulatory systems, of the kidney, pelvic organs, skin and eye and ear, acute infections and constitutional diseases. The authors of the other articles are Drs. A. T. Still, C. E. Still, G. A. Still, G. M. Laughlin, Asa Willard, C. P. McConnell, C. C. Teal, H. S. Bunting, A. G. Hildreth, M. F. Hulett, F. P. Young, Louisa Burns, E. C. White, J. H. Sullivan, R. E. Hamilton, L. A. Bumstead, J. L. Holloway, S. C. Matthews and C. L. Johnson, and Elbert Hubbard.

"Concerning Osteopathy" has a field of usefulness in osteopathic literature and will meet the need of the profession for an educational medium giving in a comprehensive way the story of the science. The book contains 242 pages and several illustrations, is printed on good paper and is bound in either paper or cloth.

* * *

G. R. INGRAM, NOBLE SKULL, JANUARY-MAY, 1911.

For so small a town, Tuscola, Ill., has furnished the Atlas Club with a good many strong men, and just at the present the town enjoys the distinction of being the birth place and home of Noble Skull XXVII, Glen R. Ingram.



Mr. Ingram's life for the most part, has been spent in his home town. There he obtained what education the town had to offer, being graduated from the high school in 1905. Though not of the size usually considered essential for the old style game he possessed the other necessary qualifications and played both football and baseball in his high school days.

The year after his graduation from the high school was spent in the college of Literature and Arts of the University of Illinois, but in the latter part of the year his eye-sight failed him and he was obliged to give up the course at the university.

For the two years following Mr. Ingram was in business with his father and brother in Tuscola. Business was not especially to his liking, as two years

were sufficient to convince him, and, in addition, there came during this time a more intimate acquaintance than he had had before with Dr. J. A. Overton, Atlas 1903. The success of Dr. Overton together with the doctor's personal influence led Mr. Ingram to enter the A. S. O. in the fall of 1908.

In his life in Kirksville Mr. Ingram has shown the qualities that have elected him to the office of Noble Skull, that have shown him to be a good Atlas man in all for which the club stands, and have demanded

the friendship and respect of all who know him. As a student he stands and has from the first stood well in his class. This was shown last spring when, while still in his junior year, he passed the Illinois state board examinations and received his license to practise osteopathy.

But while his real work has not been neglected Mr. Ingram has found time for some other things. In his freshman year he was captain of the class baseball team and each year he has been on both class teams, baseball and football. At present he is secretary of the board of control of the athletic association.

In the club he has served as right clavicle, on the membership committee and the past term as business manager of The Bulletin. As Noble Skull we are confident of the same efficient service as he has rendered in his various capacities previously, and confident that the club will continue to advance under his leadership.

* * *

OSTEOPATHIC GLEANINGS.

A Plea for Fair Play.

When a periodical with the standing of the British Medical Journal has for a leading article a favorable treatise upon osteopathy and a recital of cures of "incurable" cases by this method in the hands of a prominent physician; when an institution with the fame and conservative traditions of the Massachusetts General Hospital appoints an osteopath to its service, and when a national medical organization invites an osteopath to address one of its meetings, it would really seem that the time had come for the general practitioner of medicine to look at this matter fairly and squarely.

We do not mean that we believe in osteopathy any more than in any other "pathy." The day of therapeutic BELIEFS is past. This is the day of FACTS and of a thorough scientific search for facts. Because of this the attitude of institutions, medical journals and physicians is changing, and those who are consistently scientific and humanitarian are no longer afraid to recognize a truth and a help, even if it be labeled "osteopathy," or, for that matter, anything else. Osteopathy has its faults, but so have we. Osteopathy may have more faults than any other school of practice. What if it has? That is hardly the point. The point is that osteopaths have proved that they can do some things better than they have been done heretofore; therefore, we suggest that the family physician avail himself of this fact in his work, and utilize the osteopath when indicated, just as he does the surgeon, the dentist, the oculist, the orthopedist or any other specialist. It is sometimes argued that many osteopaths are ignorant, but ignorance is not monop-

olized by any school of practice, and competence may be discovered in their ranks by the same method you would use to decide upon your surgical consultant.

In these days of drug nihilism it is refreshing to find positive therapeutics, and while few of our readers would be ready to accept the osteopathic theory as a whole, it would not be inconsistent with the tendency of the times for every physician to look into osteopathy with an open mind and try to discover why it is receiving the recognition in high places which is today being accorded to it. If you are shocked to read such as this here, read the title of this publication, think it over carefully and without bias, and then ask yourself frankly if it is inconsistent for a magazine with this title to insist upon its honest search for therapeutic truth **NO MATTER IN WHAT FIELD IT MAY BE FOUND.** We are not hereby committing ourselves to osteopathy in the least degree, nor are we endorsing it in any way. We ask for frank recognition of whatever is scientifically true—for "fair play."—Editorial in the American Journal of Physiologic Therapeutics.

* * *

The Guess in Drug Giving.

GEO. F. BUTLER, A. M., M. D., CHICAGO.

It is well known that the different ages of life are not impressed in the same manner by the same drug. Some medicines affect children different from the way they affect adults. Children of the same age sometimes react differently to the same drug. Fonsagrives said: "One child's reaction may be represented by 1, if you give him a drop of laudanum, while another will, under the same circumstances be represented by 10." Every moment we are meeting with examples of this **APATHY** on the one hand, and **ERETHISM** on the other, with respect to every medicinal substance, which demonstrates that the weight of the body in an imperfect basis for establishing any rules of dosage. Impressionability to the action of medicines takes no account of the scales; it rests upon facts of sensibility and life which are eminently idiosyncratic, which are measured in practice only by the results of the substances used, and for which there can be no arithmetical calculation.

It is better, therefore, to give the active principles (in solution if you wish) in small doses frequently repeated until the desired effect is obtained. In the treatment of any patient we aim at a result. The result can only be obtained by a dose which shall be sufficient, and the sufficient dose cannot be established in advance either by calculation, by experience, or by inspiration.—From "Twilight Talks with the Doctor" in the N. Y. Medical Journal.

THE BULLETIN

OF THE ATLAS AND AXIS CLUBS.

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

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

KIRKSVILLE, MO., JANUARY, 1911.



The New Manager.

Through the election of Mr. Ingram to the office of Noble Skull a new business manager has of necessity been elected to fill the office which Mr. Ingram had filled so well during the first term. We regret that his services are not available for the remainder of the year, but recognize the fact that in the highest office the Atlas Club has to offer Mr. Ingram will be of more value to the club than as business manager of The Bulletin. In that capacity he has worked well and faithfully, and in his new office we feel certain he will be equally conscientious and efficient.

The work, however, will be carried on by another member of the senior class in whom the club has confidence and who will be equally faithful in his work on The Bulletin. Mr. Carel is well qualified for the position. He finished at William Jewell College with the A. B. degree in 1907 and was principal of the high school at Lathrop, Mo., before entering the A. S. O.

Concerning Osteopathy. The appearance of the most recent osteopathic book, "Concerning Osteopathy, A Compilation of Selections," by G. V. Webster, Atlas '04, of Carthage, N. Y., calls attention to how much of the literature of the science has been produced by Atlas men. A mere glance at the names of the authors of the selections that appear in the volume shows that nearly all are members of the Atlas Club. This particular work is simply a collection of interesting and valuable short papers prepared more for the enlightenment of the general public than as technical treatises, but the large part that members of the Atlas Club have taken in advancing the science in this direction is obvious.

* * *

Advertising. In the October Bulletin there appeared a few words on the subject of personal advertising in the press that were written on general principles from the fact that a field member had been using a method of procedure that we believed was not consistent with the spirit of the Atlas Club.

The outcome of procedures that have followed is not yet certain, and the matter would not be brought up again at this time but for the fact that Dr. F. E. Moore has prepared for The Bulletin a paper in which he expresses his ideas on the use of the press that at first sight might seem to be at variance with the spirit of what appeared in The Bulletin a few months ago.

A careful reading of Dr. Moore's paper, however, will convince one that this is not the case, that Dr. Moore expresses himself quite clearly regarding PERSONAL advertising, and that while, without doubt, following the procedure he suggests will materially increase the practice of however many osteopaths may be in the city or town in which it is carried out, the result is obtained "by educating the layman to the osteopathic idea."

It is to be hoped that the time will come when the questions as to what osteopathy really is, what it has done and what may be expected of it will no longer be asked, but at present the questions are being asked and not always any too well answered. That Dr. Moore's idea of publishing such information, carefully and judiciously selected by the practitioner, may have a great influence in explaining the principles of the science to the general public is quite as certain as that the use of some of the well-known periodicals has done so and is still doing so.

It is further quite apparent that there is in this procedure an excellent opportunity for abuse and we feel quite certain that it will be abused in many instances. There is in it a call for judgment that may not always be exercised, but we are confident that it is possible to bring

osteopathy and NOT THE INDIVIDUAL before the reading public through the medium of the press and yet not be breaking the rules of professional ethics.

* * *

Physiologic Therapeutics. "Physiologic Therapeutics," a journal edited by Dr. Henry R. Harrower of Chicago and devoted to the progress of non-medicinal therapy, has in the January issue an editorial, "A Plea for Fair Play," which we have reprinted in full. Though two osteopaths, Dr. Wilbur G. Hamlin of Chicago, and Dr. Ralph K. Smith of Boston, are on the staff and though only treatment without drugs is discussed, the journal is circulated largely among medical practitioners and the article is on this account unusually fair.

The next issue (March) will be a special "hypertension number" in which the treatment and prophylaxis of high blood pressure will be discussed entirely from the stand-point of non-medicinal therapy. Among the papers there will appear one on "The Effects of Spinal Manipulation on Hypertension," by Wilbur G. Hamlin, M. D., D. O., of Chicago.

* * *

Twentieth Century Treating Table Dr. J. V. McManis, Atlas 1905, now doing post-graduate work at the A. S. O., has perfected and is about to place upon the market a new osteopathic treating table, original in design and construction, with the object of producing the maximum effect in treating with the minimum distress to the patient and little effort on the part of the operator.

A complete description of the new table will appear in the February Osteopathic Physician and will not be attempted here. Briefly, however, the table is in two sections united by a device of Dr. McManis' which he calls the Universal Joint by means of which the foot piece of the table may be moved in any direction. Dr. McManis was not satisfied with a table a part of which could be swung from side to side, or elevated or lowered, fixed, and then swung from side to side, but through his device has the table so constructed that a circular movement or complete rotation may be produced.

The head piece of the table is a sliding section by means of which traction may be put on the spine without interfering with the use of the lower or swinging section. The use of traction is mentioned in conditions in which the intervertebral disk are impacted. The sliding section, however, may be jammed against the main part of the table and the table used for ordinary purposes.

Other features, as its equipment for gynecological work, and the general appearance of the table, make it very attractive.



Dr. Frank P. Pratt of the faculty, was Installing Officer at the meeting at the Atlas hall, January 7. The officers elected to serve through the second term are:

Noble Skull—Glen R. Ingram.

Occipital—C. E. Medaris.

Sacrum—J. H. Harrison.

Stylus—F. S. McGonigle.

Pylorus—H. T. Wise.

Receptaculum—C. R. Weaver.

Editor of Bulletin—E. R. Humphries.

Business Manager of Bulletin—E. G. Carel.

Trustees—Dr. F. P. Pratt, A. B. Caine, E. S. Detwiler.

The Noble Skull made the following appointments:

Radius—P. E. Roscoe.

Right Clavicle—J. W. Deane.

Left Clavicle—E. G. Sluyter.

Committees.

PROGRAM—E. G. Carel, A. S. Hollis, H. W. Clement, S. L. Gants, D. M. Stahr.

LIBRARY—H. L. M. Betzner, T. V. Anderson, W. W. Howard, F. N. Lucas.

FINANCE—F. H. Martin, C. A. Clark, J. W. Parfitt.

HOUSE AND PURCHASING—E. S. Mitterling, R. M. Wolf, R. Roddy, H. M. Freeman.

PRACTICAL WORK—J. E. Hoskins, C. B. Doron, H. R. McLean, R. McCaughan.

FLOOR WORK—J. T. Peck, A. O. Waller, G. M. McCole, D. A. Gibbons.

CRITICISM—A. B. Caine, B. McMahan, P. E. Roscoe, C. J. Crain, N. W. Shellenberger.

SICK—T. Y. Stelle, G. P. Smith, J. W. Deane, C. H. Sauder, A. C. Tedford.

Dr. Fred W. Morris, 1910, asks that his Bulletin be sent to his new address, which he explains by saying:

"About a month ago Dr. M. K. Cottrell, Atlas '05, had the misfortune to break one of the metacarpal bones of his left hand. This necessitated his having some help, and has resulted in my acquiring his offices at 316 Broadway, Paterson, N. J., and in the Ridgewood Trust Building, Ridgewood, N. J., and assuming his practice in these places."

Dr. Cottrell since giving up his practice has gone to Chesterland, Ohio. The breaking of one of the small bones of the hand, in fact, any of the apparently minor injuries disabling either or both hands is a serious condition from the point of view of the osteopath, and with our sympathy we hope Dr. Cottrell will soon be able to resume practice.

* * *

Dr. Geo. M. Whibley, Atlas 1908, of Portland, Me., has moved from 655 Congress St., to 502 New Baxter Building.

* * *

The Patrick Case Again.

By most of those who have studied anatomy at the A. S. O., "My old friend, Sir Henry Littlejohn," "Joe Bell, the original Sherlock Holmes," "Sir John Chieve," and "when I was working with Cunningham," have been heard so often that the appearance of a double-page story in the magazine section of the Chicago Sunday Tribune, January 15, headed "America's Strangest Murder Case Reopened," and carrying pictures of several famous English and Scotch physicians was of considerable interest. And with the others was a characteristic cut of our well-known Dr. Smith.

The Patrick case is sufficiently well known to the great majority of people who have studied in Kirksville for a further review of its details to be unnecessary, but a discussion of the famous case with emphasis on the part played by "Dr. William Smith, doctor of anatomy and medical jurisprudence at the American School of Osteopathy, Kirksville, Mo., graduate of two great Scotch medical schools, and a leading American anatomist," together with his picture and a signed article by Dr. Smith in as widely circulating paper as the Tribune, is an advertisement for the school and for osteopathy.

The work that Dr. Smith has done in the case in the past nine years was started through his reading in a New York paper after the conviction, "had it not been for the medical testimony which stated that under no circumstances could embalming fluid enter the lungs, Patrick might have been freed." The falsity of the statement struck him at once and

in his endeavor to prove that the statement was false, Dr. Smith wrote to the authorities abroad whom he is so fond of quoting. In the Tribune are printed the replies from Sir Arthur Conan Doyle, M. D., Sir William Turner, K. C. B., M. D., F. R. C. S.; Sir Henry D. Littlejohn, M. D.; Sir John Chiene, F. R. C. S.; and Sir Joseph Bell, F. R. C. S., all of whom upheld Dr. Smith in his views on the medico-legal aspects of the case.

* * *

Dr. G. V. Webster, Atlas, '04, of Carthage, N. Y., expresses his appreciation of The Bulletin in a note accompanying "Concerning Osteopathy."

* * *

Dr. R. L. Davis, Atlas 1905, who last spring sold his practice at Kalispell, Mont., and has since been traveling, has located at Hamilton, Bermuda Islands.

* * *

Dr. Paul M. Peck, Atlas 1901, of San Antonio, Texas, has been appointed by Governor Colquitt a member of the State Board of Medical Examiners of Texas.

* * *

Gov. Wilson of Kentucky has appointed Dr. O. C. Robertson, Atlas 1905, of Cynthiana, Ky., a member of the State Board of Health.

* * *

At the fourteenth annual meeting of the Ohio Osteopathic Society, December 15, Dr. E. R. Booth, Atlas '00, was elected president; Dr. L. A. Bumstead, '06, of Delaware; Dr. A. C. Ross, '99, of Cincinnati; and Dr. J. E. Cobb, '04, of Napoleon, members of the executive committee; and Dr. Booth, a member of the State Osteopathic Examining Committee.



The following have recently been received into membership in the club:

Dennis A. Gibbons was a farmer at Owasco, Mich., but was induced to come to Kirksville through the influence of his brother, Dr. J. E. Gibbons, Atlas '08, of Concordia, Kans. Mr. Gibbons is a member of the June, 1913, class.

John W. Parfitt, June, 1913, was a photograph engraver at Fort Wayne, Ind. He is a relative of Dr. E. G. Hatch, Atlas '08, of Lawrence, Mass., and Dr. Victoria Haven, Axis '10, of Manchester, N. H., and through their influence entered the A. S. O. last September.

Heber M. Dill of Lebanon, Ohio, holds a B. S. degree from N. N. U. of Lebanon, and took up the study of osteopathy because of the beneficial effects of treatment he had received. Mr. Dill is a member of the June, 1913, class.

Oscar T. Buffalow was a telegrapher and ticket agent at Jackson, Tenn., but was won to osteopathy after a friend had been carried successfully through a run of typhoid fever by osteopathic treatment. He is in the June, 1912, class.

Howard C. Hoag, June, 1913, comes from Waterloo, Wis. He is a graduate of the high school of that place and before coming to Kirksville was a book-keeper in a Waterloo bank. Results obtained by Dr. Elva Lyman of Madison, Wis., on a member of his family led him to take up the study of the science.

The successes of two osteopaths in his home town led Neff W. Shellenberger of Paris, Ill., to decide upon osteopathy as his life work. Mr. Shellenberger is a graduate of the high school at Paris and had taught before coming to Kirksville. He is in the June, 1912, class.

Russell C. McCaughan, June, 1913, comes from Bloomington, Ind. He is a graduate of the high school and attended Indiana University five terms, after which he taught. Treatment from Dr. Frank H. Smith, Atlas 1900, and Dr. Smith's influence induced him to take up osteopathy. He is in the June, 1913, class.

Augustus C. Hollands was proprietor of a grocery store at Galt,

Ontario, but decided to give up his business after seeing the results obtained by a friend in the profession. He entered the A. S. O. last September.

Dr. Samuel L. Gants, June 1912, practiced dentistry at Ligonier, Ind., before taking up the study of osteopathy. He holds the degrees of Doctor of Dental Surgery from Northwestern University and of Doctor of Optics from the Northern Illinois College of Otology, Chicago, and learned of osteopathy through two of his relatives, Dr. Charles G. Hatch of Lawrence, Mass., and Dr. Victoria Haven of Manchester, N. H.

Frederick M. Nicholson, June, 1913, comes from Omaha, Neb. Several years ago he became interested in the science through an osteopath with whom he was living while attending school. Mr. Nicholson is a graduate of the Creighton, Neb., high school, Fremont State Normal and Boyle's business college.

Alfred S. Hensley, Jan., 1913, was a merchant at Champaign, Ill. He has a common school education, attended business school and has had three years of medical nursing. He became interested in osteopathy through the results obtained by Dr. Frank A. Parker, Atlas 1906, of Champaign.

Charles H. Gourdier, January, 1913, also comes from Champaign, Ill., and with Mr. Hensley came to know of osteopathy through the work of Dr. Parker.

George R. Barbee comes from Lexington, Ky., and was a student in Kentucky State University, but became interested in the work by seeing the results of treatment. He is a member of the June, 1913, class.

Emery G. Story, June, 1913, was a student of electrical engineering in Ephworth University, Oklahoma, but became dissatisfied with the course and through the influence of his family and a member of the senior class decided to take up osteopathy. Mr. Story's home is in Claremore, Okla.

John A. McCarthy was formerly a specialty salesman and became interested in osteopathy by observing the highly beneficial effects of treatments given to a member of his family. Mr. McCarthy is in the June, 1912, class.



OFFICERS OF THE AXIS CLUB.

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

COMMITTEES:

FINANCE.—Mrs. Mabel Payne, Miss Mary Emery, Miss Caroline Griffin, Miss Julia E. Finney.

COURTESY.—Miss Council E. Faddis, Mrs. Emma Edwards, Mrs. Lulu M. Kerrigan, Miss Esther Bebout, Dr. Mina A. Robinson.

PRACTICAL WORK.—Miss 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 Prislser.

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. Mary Lyles-Sims of Columbia, South Carolina, writes:

"I love the old club and girls and miss you so much, but I love the field work, too, and there is such a great field of usefulness for you. We will need you in active service; still would not have you neglect the very important preparatory work.

"Work on my combination home and office is progressing nicely and hope to be established therein next spring."

The Doctor closes with best wishes for each individual Axis member.

* * *

A very interesting letter was read at the club recently from Dr. Elva James Lyman of Madison, Wisconsin, which was full of the same enthusiasm for the work that many of our field members seem to have.

We do wish, however, that you members in the field would leave out the words "not for publication" when you write of interesting case reports. The Doctor says, "I get hungry for someone to talk over cases with, and presume that is true of a good many out in the field." This is one reason for the existence of the Axis department of The Bulletin. That is, we would like to make the department the medium through which field members may keep in touch with each other, and by sending in your interesting case reports you may be telling just the thing that will help some puzzled Axis sister who may not have had just the same experience that you have had. So PLEASE HELP US with some case reports just as soon as you can, for it may be that YOU will be the one that is helped next time. And then, do not forget that field members are always glad for bits of news from other Axis girls all over the country. We try to gather together everything we can from EVERY possible source, but even then we are afraid that it is not nearly enough to satisfy our readers.

If you only knew, you who would like to hear from your sister members in the field, how the editor goes around to all her friends begging for "news" when she hears they have word from some field member, you would take pity, I know, and sit down TODAY and write to her and tell her some of your interesting experiences, and you would forget entirely to put in the words "not for publication," but let her use her own judgment and send on as much as she could to the rest of the Axis girls through the pages of The Bulletin. Now don't read this all over and say, "Yes, I do wish the girls would do as the editor suggests," and then rush off and treat your waiting patients, but sit down TODAY and write us a letter or give us a case report before you forget it. It needn't take such a lot of your time, need it? Just give us the facts and don't worry for fear it isn't written up just right for publication. We can fix it up a little if THAT is what you are worrying about, but we can't (or, at least, we would prefer not to) make up case reports or news items out of "whole cloth." And this means YOU, not your neighbor or some one else. So please do what you can and gladden the heart of the

AXIS EDITOR,

201 S. 5th St., Kirksville, Mo.

* * *

Dr. Albertina M. Gross of Joliet, Illinois, sends best wishes to the club members, and says she enjoys The Bulletin very much. Dr. Gross was a member of the June, 1910, class and writes that she is doing very well.

"The second week a young man came in who could open his mouth

but one-half inch. The trouble was due to a cervical lesion, which took but two treatments for correction. That and a case of scarlet fever have been my most interesting cases. My brief hospital experience was helpful in the latter. Tell each one to obtain this experience."

The Doctor says in closing, "May this next be the club's best year."

* * *

"Our corresponding secretary, Mrs. McBeath, received a Christmas letter from Dr. Ida M. Sash of Eureka Springs, Arkansas. Dr. Sash says in part: "Hope the club is prospering. Wish that I might meet with you once again. Would even be willing to give a case report for the pleasure of sitting in the Axis Hall with the dear familiar faces." We are sure we would be glad to see you here, Doctor. How about sending us a case report, anyway?

* * *

On Nov. 15, Dr. Jenette Hubbard Bolles gave a very entertaining and instructive lecture on Anatomy and Hygiene before the North Side branch of the Woman's Club. Nov. 17 Dr. Bolles lectured on "Health and How to Have it," to the newly formed circle of the Mothers' Congress in Golden. Dr. Bolles illustrates her lectures with charts and skeleton and never fails to arouse interest and enthusiasm.—The Woman's Club of Denver Record.

Dr. Jenette H. Bolles, one of the prominent osteopaths of Colorado, is one of the Axis members who is doing a good deal towards educating the public along osteopathic lines. Besides lecturing now and then to Woman's Clubs, Dr. Bolles is chairman of the State Child Hygiene Committee of the Mothers' Congress.

We are copying below a short article published in the "Colorado Osteopathic Physician," which shows how one of our sister members is helping to spread the "good news" of Osteopathy.

"WHEN OSTEOPATHY WAS YOUNG.—More than eighty years ago there was born near Jonesboro, Virginia, a child who was not only, in the words of one of the greatest of the nineteenth century writers, "to leave the world a little better than he found it," but who was to change the view point of humanity upon the most vital of all questions, the relief of human physical suffering.

"Unconscious of the great work that he was one day to perform, Andrew Taylor Still, as a boy lived the life of the Kansas frontier, where his father was stationed as a medical missionary among the Indians. Here he laid a valuable foundation for future work. He chased the fox and the rabbit, brought down the deer and the eagle with his old flint-lock, and had his share of exciting adventures with rattlesnakes and

panthers. He gathered scanty store of knowledge in log school houses under the supervision of masters of varying degrees of ignorance, and in the meantime worked hard at the usual occupations of the pioneer—breaking up the virgin soil and planting it with corn, felling trees, building log houses, as well as the minor tasks of shearing sheep, caring for the horses and cattle, and performing the innumerable other toilsome details of frontier life.

"This varied life developed his faculties as no modern school life could have done, and what he failed to learn from his instructors was much more than compensated for in the great school of human life and experience.

"What may be said to be Dr. Still's first experiment in Osteopathy was made when he was about ten years of age. Even at that early age he was a sufferer from severe headaches accompanied by nausea. One day when he was suffering from one of these attacks he tried swinging, but found that only increased the nausea. He then lowered the swing, threw a blanket over the rope, and using this as a pillow, lay down on the ground and went to sleep with his neck resting on the rope. When he awoke the pain and nausea were all gone and he was as well as usual. For twenty years he used this method of relieving his headaches without knowing what cured the pain. Later knowledge taught him that he had unconsciously hit upon a way of inhibiting the great occipital nerves, and, of harmonizing the flow of the blood to and from the heart. This device of an inventive child may be said to be the beginning of the science of Osteopathy.

"But the great thought that had its inception at this early age was to slumber many years in the brain of its originator before it bore fruit as a system of drugless healing.

"Our young experimenter, meanwhile, was becoming an expert with dog and gun, and was forming an intimate acquaintance with the animal life about him. In skinning and dressing the animals captured he became familiar with bone and ligament, skin and muscle, and the foundation of his studies in anatomy was laid. In early life this study became an absorbing passion with him and now, in his ninth decade, he is pursuing it with undiminished enthusiasm.

"Amid such surroundings and interests he grew to manhood, and following his early inclinations, he took up the practice of medicine. Then came the great Civil War to absorb the attention of the nation, and Dr. Still served as an army surgeon all through that great struggle. When peace was restored to its usual routine he was again free to turn his attention to the ills of mankind. It was then that he began to

notice the terrible hold that the drug habit had on so many people, and he began to realize that this was a form of slavery even more terrible than that from which he had fought for four long years to free the negro race.

"This feeling of the helplessness and the terrible power for harm of drugs, grew within him, and it was intensified by a tragic event in his own household.

"Spinal meningitis invaded his home and three little ones were laid low. Doctors used all their skill, preachers strove to comfort, but, to quote his own words, 'prayers and pills' were of no avail, and three little graves were the only outcome of their best efforts.

"Our philosopher felt then that there must be some better method for combating disease than dosing with drugs, and he set himself to find that method. As a basis he must have a more thorough knowledge of anatomy, so he set himself to an exhaustive study of this subject. Luckily he did not want for material. The plains of Kansas at that time were covered with the bodies of Indians hastily buried in shallow graves. These 'good Indians' were dug up and studied. As he says, he became a body snatcher, but never did body snatchers work in so worthy a cause. For years he dissected and examined these bodies until every bone, muscle and ligament, every tendon and nerve became as plain to him as an open book.

"Thus out of infinite labor and pains, osteopathy was born. Dr. Still tells us that this child of his brain was born in Kansas in the year 1874, when he boldly announced his new theory and began its practice.

"But what is harder than for a new truth to establish itself? Though really wonderful cures were effected and numerous cases, given up by the doctors, were completely cured, the new system met with bitter opposition.

"Moving from Kansas to Missouri, he settled in Kirksville and practiced his new healing art, first alone, and later assisted by his sons. The hardships of these early years were many.

"But the densest ignorance and prejudice must give way before such proofs as Dr. Still was able to furnish. Now it was an Irishwoman who had suffered long years from asthma, who was cured and was so astonished at her relief from pain that she was sure the queer doctor had 'hoodledooed' her. Again, it was a little child dying from flux who was restored to life and health, or a young woman, whom the doctors said must die, made completely well by having the lesions in her neck corrected.

"Such cures could not fail to impress even the most prejudiced,

and in 1892 the requests were so eager and so numerous that a class was formed for teaching the new science, and the first Osteopathic School came into existence. This class met in a little old frame house which stood upon the ground where now stands the great College and Infirmary Building.

"How from this humble beginning osteopathy has spread through every state and territory and to many foreign lands, is a matter of too common knowledge to need description here.

"The grand old man, the founder of osteopathy, still lives, and he has seen the child of his brain grow great and powerful as no other new idea has ever done in so short a space of time. May he live to see it wax even greater and stronger until it shall cover the earth with its healing grace and all the generations shall rise up and call him blessed.

—JENETTE HUBBARD BOLLES."

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LOCATIONS AND REMOVALS



Coplantz, Dr. Russ, from 108-109 Braun Kiep Building, to suite 404 Woodruff Bldg., Joliet, Ill.

Cottrell, Dr. Meak K., from 316 Broadway, Paterson, N. J., to Chesterland, Ohio.

Davis, Dr. R. L., at Hamilton, Bermuda.

Hay, Dr. G. W., from Fort Scott, Kansas, to 1806 W. Adams street, Chicago, Ill.

Holmes, Dr. Frank, from suite 414 to suite 322 Mohawk Bldg., Spokane, Wash.

McCall, Dr. T. S., from 21 to 31-32-33-34 The Spurling, Elgin, Ill.

Morris, Dr. Fred W., from 152 East 35th St., New York City, to 316 Broadway, Paterson, N. J.

Whibley, Dr. George M., from 655 Congress St., to 502 New Baxter Bldg., Portland, Me.