

VOL. VIII

NUMBER 7

# The Bulletin of



## Atlas & Axis Clubs



DEVOTED  
TO THE



### SCIENCE OF OSTEOPATHY

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MARCH, 1907.

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FIG. 2

# The Bulletin

OF THE ATLAS AND AXIS CLUBS.

VOLUME VIII

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## A PROPER CONCEPTION OF OSTEOPATHY.

AN ADDRESS BY DR. GEO. M. LAUGHLIN OF THE A. S. O. FACULTY,  
DELIVERED BEFORE THE ATLAS CLUB.

**O**STEOPATHY! What is it? What is a proper conception of it? Many have not a proper conception of what osteopathy is. Many laymen, scientific men and even many osteopaths have not a proper conception of osteopathy. They may have the same conception of it as some others have but that does not prove it to be correct.

Some say they have the same conception of osteopathy as the Old Doctor. They may or may not have. Each man's view of osteopathy should be founded on certain knowledge and reason, and common sense.

Many say osteopathy is a system of treating disease without the use of drugs. This is a poor statement and inadequate. We do most of our work by manipulation, to be sure, but we should have a broader view than this of osteopathy.

Osteopathy should embrace a knowledge of the history of disease, the pathologic condition in each case, and how to treat the same.

Surgery is a part of osteopathy. Our system would be incomplete without it. Medicine and surgery go hand in hand; so also do osteopathy and surgery. Osteopaths cure many cases that had been pronounced surgical, but we should know the limitations of our system, we should know when surgical interference is necessary. We are training surgeons now and soon expect to have osteopathic surgeons.

**PROPER CONCEPTION OF OSTEOPATHY**—There are those in the profession who do not believe in lesions; then there are others who believe in nothing but lesions. We should be reasonable. Now I believe that practically every case is due either primarily or secondarily to lesions. This has been demonstrated by correcting the lesions found and thereby curing the condition.

**WHAT ARE LESIONS**—So many speak of lesions as "dislocations"

of bone or bones. This is far from a correct statement. If we use the term dislocation we should qualify it.

A lesion is any abnormality of body structure as contracture of muscles, misplacement of bones, curvatures, etc., that is associated with disease. More often we find bony misplacement causing impingement on nerves and consequently disease.

We use the term dislocation too loosely. Many good students speak of a subluxation as a dislocation. This is wrong; it gives a false impression to the laity. A woman told me some time ago of her husband having both his hips dislocated, and of she herself dislocating three of her ribs. She had an erroneous idea, and perhaps some osteopath was responsible for her misconception.

This kind of talk may do with ignorant people, but the educated will challenge such statements. The looseness of many osteopaths along this line has caused medical doctors and others to laugh at us. And the worst phase of the matter is that the system is invariably judged by the statements, etc., of the individual representing it regardless of the ability or inability of said individual to correctly define the science he advocates and practices.

When we speak of lesions we should make ourselves understood. One of the things that has caused M. D's. to deal with us as they have is the erroneous statements made by many osteopaths, which have caused them to look upon us as an uneducated lot. They think we have a smattering of anatomy and know certain manipulations; and that that is the extent of our knowledge.

Dislocations are rare, are not often met with. You will scarcely find one where you will find a thousand other lesions. Barring congenital dislocations, I have not found more than two or three during my practice.

A dislocation, as you know, is where the articular surfaces are not in contact. In the case of the hip, it is either in the socket or out of it. You may have contracture of muscles, strain, or subluxation, but a dislocation is very rare.

I have had hundreds of cases of lame shoulder to treat but seldom have I found a dislocation. There may be inflammation, limitation of motion, etc., but rarely a dislocation. And these are the cases that osteopathy can help, does help. Mark you, no one thinks more of osteopathy than I do, but I want you to know what you can and what you can not do.

We do not teach that you can cure everything, and any one who has a knowledge of pathology knows why we can not cure everything.

What are your chances of success when you get out into the practice? Generally speaking, they are good. Better in this profession than in most professions. About fifty per cent. of those who study law do not practice or do not succeed, about twenty-five per cent. of medical graduates fail. But very few osteopaths fail to make a comfortable living, and more, and hundreds out of the five thousand or more now in the field have done well from a financial standpoint. They have deserved what they made, too, for money got in the practice of osteopathy is earned. Skill as well as muscle is required and you should be well paid for your work.

Your chances of success depend upon three things:

FIRST, EQUIPMENT. A working knowledge of anatomy is necessary. You should at least have a general mental picture of the body. Should know how to find things. A knowledge of pathology, physiology and chemistry is also indispensable.

From a standpoint of importance a knowledge of pathology comes first, technique second. It has been said by many that a knowledge of anatomy came first, but pathology is of most importance and I'll tell you why. If you have a knowledge of pathology you will, when you examine a case, know when treatment is or is not advisable. Some osteopaths have made grave mistakes in treating conditions (by manipulation) that should not have been so treated. In disease of the bone, for example, you should not manipulate the part. Hence the importance of knowing the pathologic condition of the disease you are treating. You should know when to treat, how hard or easy to treat, when manipulative treatment is indicated, etc.

There was a time when case reports came in of locomotor ataxia being cured in a few treatments or in one, two, or three months. Now you know better than to believe such statements. The persons making such reports did not know pathology.

Technique is very important in order to succeed. Some who have a good knowledge of anatomy, physiology, etc., are absolute failures, because they know nothing of technique. It is not enough to know what should be done, one must also know how to do it. So certain mechanical knowledge is necessary.

SECOND, JUDGMENT. A physician must have good judgment. Some are excellent students in the various branches, and a knowledge of theory is quite essential, but when it comes to the practical side their judgment is exceedingly poor. Some can not detect the pathological condition presented even though theoretically they understand the condition thoroughly. To have a text book knowledge of disease and

to be able to recognize different conditions are different matters and good judgment is required. The receiving of patients, how to treat, management of and how to conduct yourself with people are of much importance and require excellent judgment. Some physicians, who are well versed in the various branches of the science, do not succeed as well they might because of a lack of tact and good judgment in handling people.

**THIRD, PERSONALITY.** There are those in the profession who do not know a great deal about the various branches of the science but who have marked personality, and because of this personality they get along well. Personality can be required—it really is personal force, strength of character.

#### DO WE NEED A MEDICAL EDUCATION?

Each one of you will ask yourself this question at some time, and it is an important question. Students who desire more knowledge and such a desire is laudable indeed will ponder this matter.

There are many things taught in medical schools that we could benefit by, but why should you go there when you can get those very things here. Moreover, the influence on osteopathy and on the individual is not good. It usually becomes noised about that the man who goes to a medical school has "gone back on" osteopathy. But mark you, I have no sympathy with the man who says he does not read medical books. We want all the knowledge we can get and anything that will broaden our understanding of the human body is good. We should get from medical books all the knowledge possible concerning the history, diagnosis, prognosis, pathology and management, of disease, but you do not need to read up their practice, for we have our own system of practice. So I would say, read medical books but do not go to medical schools. As far as surgery is concerned, you will be as capable in that line as the average four-year M. D. when you get through with your course.

#### A WORD ABOUT INCURABLE DISEASES.

As I remarked a while ago, you should know what you can cure and what you can not cure. I have no patience with the man who says he can cure everything; that man is one of two things—either lamentably ignorant, or unscrupulous. And besides, there is so much virtue in osteopathy, it can do so much, that it is not necessary to attempt to bolster it up with false statements.

Of the incurable diseases we may mention loco-motor ataxia, anterior polio-myelitis, lateral sclerosis (not traumatic), bulbar paralysis. The reason that these are not curable is that the central nervous system has

become degenerated and regeneration is impossible. Chronic Bright's disease and chronic diabetes are also among the incurable conditions.

On the other hand I have cured cases of paralysis where degeneration had not taken place to any great extent. Sciatica nearly always responds well to osteopathic treatment. Gall stones, diarrhea, constipation, congestion of the liver, etc., have all been treated successfully.

#### MANIPULATIVE TREATMENT.

To know where and when not to give manipulative treatment is of vast importance to the osteopath, inasmuch as there are conditions in which manipulative treatment not only would not help but in which it would be a decided injury to the patient. For example, in disease of the bone or in suppurative inflammation manipulation of the part is absolutely contraindicated; but in an ordinary ovaritis manipulative treatment is almost invariably productive of good results. Suppurative appendicitis is a good example of a suppurative condition in which manipulation is contraindicated, as there would be danger of rupturing the appendix and a consequent peritonitis due to escape of pus into the peritoneal cavity. The osteopath should be and is able to handle any disease treated by any other system, but he who attempts to treat every abnormal condition presented by manipulative methods is bound to get into trouble sooner or later.

#### WHEN TO USE SURGERY.

As before stated, osteopathy and surgery go hand in hand and a part of the osteopath's education is to know when surgical treatment is indicated. In Pott's disease neither surgical nor manipulative treatment are indicated; absolute rest is what is wanted in order that the disease process may become quiescent. But neither rest nor manipulative treatment would cure an ovarian cyst. If it were quite small there is a possibility that such treatment might do some good, but in all likelihood it would steadily increase in size. Surgical interference in this condition is a simple, safe and speedy remedy; in fact is practically the only way of treating the disease, and there are other conditions of which the same may be said.

Osteopathy is an excellent system, better than any other system, and has done much good, but we should know our limitations and not take cases which we know (or should know) cannot be helped, for by so doing we bring not only ourselves, but the science as well, into disrepute. He who starts right and endeavors to give good, honest service is bound to succeed.

## QUESTIONS IN OBSTETRICS—ANSWERED.

By M. E. CLARK, D. O., (ATLAS, '99), INDIANAPOLIS, INDIANA,  
LATE OF THE FACULTY OF THE A. S. O., KIRKSVILLE, MISSOURI.

(The following questions in Obstetrics were enclosed in a letter which Dr. Clark received some days ago. In answering them the doctor very kindly sent us a copy of both questions and answers.—Ed.)

Question. To what extent have you found it necessary to use chloroform?

Answer. In some cases in which the false pains are very annoying and weakening, it is sometimes advisable to give the patient a very little chloroform, which as a rule, stops the pains. When they recur they are more nearly normal. (2) During the delivery of the head sometimes use chloroform to insure more nearly perfect relaxation of the perineum and to lessen expulsive force. (3) Sometimes patients demand it. In some of these I administer a very small amount in order to the better satisfy the patient. I have used chloroform in about three per cent. of my cases.

Q. If you employ sacral inhibition for any length of time, in what position do you prefer patient?

A. I have the patient in the left-latero-prone posture. I exert the pressure with the palm or "heel" of the left hand during the uterine contraction and for a short while immediately after.

Q. Can practically all the pain of the first and second stage be stopped by inhibition at synchondroses?

A. If by pain you mean uterine contraction, will say that it is influenced but little if any. If by pain you mean suffering, will say that we can almost if not entirely relieve it during these stages, especially the pain referred to the back and sacrum.

Q. Can it all be stopped by inhibition at clitoris?

A. I will answer unqualifiedly, No.

Q. If the hands are busied at synchondroses during each contraction—how is it possible to keep in touch with progress of head and condition of cervix without danger of contaminating genital tract?

A. The answer to this is very simple, since I have two hands. I exert the pressure over the sacrum and synchondroses with the left, while with the right hand, I keep in touch with the progress of labor. Again it is not necessary to examine locally at each uterine contraction. Make the internal examinations as infrequent as is possible to keep in touch with degree of descent and progress of case. The internal examination ought to last from five to fifteen minutes, that is, after the case is

well under way. This applies to treatment rather than an examination although it is usually called an examination.

After the right hand has been properly cleansed in preparation for an internal examination, it is not advisable to bring it in contact with the clothing or anything else not clean. However, this may be done with impunity in a majority of all cases, yet there will arise a time when such lack of care will be regretted.

Q. Do you endeavor to maintain an anterior occiput position of foetus during last few weeks of pregnancy?

A. I certainly do not. In all R. O. P. cases, the occiput is normally posterior. In about thirty per cent. of all vertex cases, the occiput is posterior. I suppose you have in mind the persistent occipito-posterior cases. In these I endeavor to secure rotation, since delivery would be almost if not entirely impossible if the occiput remained posterior. Any attempt to change the presentation from one form of vertex to another during the last weeks of pregnancy, is fraught with danger and I would call it meddlesome midwifery.

Q. What method of aseptic technique do you find most practical and satisfactory?

A. No physician should go from a case of infection of any sort, to one of confinement, unless he is reasonably sure that all traces of the infection have been disposed of. I have reference in particular to puerperal fever, gonorrhoea and the exanthemata. The cleaner the hands and instruments, the less the danger of infection, other things being equal. I depend in most cases, on a thorough scrubbing of the hands with hot water, a good soap and a flesh brush. The more important thing to observe is perfect drainage afterwards. It makes no difference how careful the physician is in his preparations, unless there is drainage, fever will follow. If there is good drainage even in cases in which there is infection the probabilities are that fever will not ensue, or if it does, it will be of a very mild form. Yet the best plan is to have the hands and instruments clean and also secure perfect drainage. Puerperal fever is then impossible. One should not run the risk of fever from uncleanness, the stake is too great.

Q. Have you had many breech cases and what prognosis results?

A. I have had about the usual per cent. of breech cases, that is about three per cent. I have lost but a very few. By taking the proper precautions against premature respiration by keeping the trunk protected and the room warm, the danger of fetal death is reduced to a minimum. Laceration of the perineum is more apt to occur in breech cases than in vertex on account of necessity of rapid delivery.

Q. What per cent of adherent placenta?

A. When I first began the practice of obstetrics I found many cases of adherent placenta but as I learned more about the handling of such cases, the number decreased and at the present writing I believe that such cases are very rare. In most of the cases in which I was called in consultation, the placenta was not adhered but the uterus had not properly contracted to expel it and by simply exerting pressure on the fundus with the palm of the hand, the placenta was expressed without difficulty. The number of cases of adhered placentae is greatly over-estimated by the beginner.

Q. What per cent. of placenta praevia?

A. The per cent. is very small. I have never had a case of complete placenta previa but several of partial or marginal.

Q. What is your method of handling occiput posterior cases and what prognosis can you give?

A. In the persistent cases, I have always been successful in securing rotation by manipulative work. I introduce as many fingers into the vagina as I can at the time of the uterine contraction, attempt to secure rotation. One must know exactly the way it should rotate or more harm than good will result from this treatment. If rotation can not be secured, then it may be necessary to resort to some form of operation, if labor is seriously delayed.

\* \* \*

#### ARGUMENT AGAINST THE NEW YORK MEDICAL UNITY BILL.

By DR. GEO. W. RILEY, (ATLAS '04), NEW YORK CITY.

Mr. Chairman and Gentlemen of the Committee: In behalf of the New York Osteopathic Society, I appear before you in opposition to the Medical Unity bill now under your consideration. On account of this bill and the Osteopathic bill, which was before you two weeks ago, both bearing so intimately upon the same subject, it will be necessary in my opposition to the measure to make frequent references to the osteopathic bill. At the outset I wish to recall to your minds an interview that took place at the hearing last year on the osteopathic bill. The old members of the Assembly Committee will remember it. The hearing was before the Senate Judiciary and Assembly P. H. Committees, Senator Brackett chairman and presiding. Dr. Jacoby, a man full of years and great honor in the medical profession and the community in which he lives, was opposing the bill. I, of course, can't give you this interview verbatim, but I believe I can nearly so.

Senator Brackett said: "Dr. Jacoby, I want to ask you isn't it a fact that the osteopaths are here in our midst and practicing?"

"Yes, it is," said Dr. Jacoby.

"And the people are going to them seeking their services, the graduates and non-graduates alike?"

"Yes, that's true."

"Well, now, Doctor, don't you think there should be some regulation made so that the public may know whether the osteopath is a graduate or not—has prepared himself or not?"

"Yes, something should be done."

"Well, then, as a professional man what legislation would you advise us to pass so that these practitioners may be regulated and the public protected?"

"Legislate them out of the State," said Dr. Jacoby.

Now, Mr. Chairman and gentlemen, I submit that that statement of Dr. Jacoby's is the real object of this proposed bill by the Medical Society of the State of New York. This we feel is sufficient grounds for our most ardent opposition to it.

Some five or six years ago the opposition of the medical profession to our proposed bill took the form of ridicule. They attempted to ridicule the practice. This form of argument reached its height in the efforts of Dr. Robert T. Morris, of New York, when one year he brought into this chamber a part of a cadaver and the next year a part of the carcass of a lamb and urged us to prove our contentions on these pieces of dead tissue—unwittingly forgetting that it is only with living tissue that the physician of whatever brand has to deal. That method created a momentary sensation, but as an argument it fell under the weight of its own inanity.

Last year our opponents had veered around to what they called the higher educational argument; this year, in addition to that, they bring in the dear public—the dear public must be protected, and so they have proposed this bill. Two weeks ago the speakers said they were not opposed to osteopathy per se, but that if we wished to practice osteopathy we must first go to their schools, which they acknowledged last week don't teach osteopathy; then take their examinations, which don't in any way refer to osteopathy; and then we could practice what we wished. Now, gentlemen, let's see about this educational qualification. I love that phrase in the old Declaration of Independence which says, "Let facts be submitted to a candid world." The present law provides that a candidate for a license in this State must have had a certain preliminary education before he can enter a medical college; that he then must finish four satisfactory courses of at least six months each in four separate years, twenty-four months in all in a medical college maintain-

ing a standard approved by the Board of Regents; and then must pass an examination in anatomy, physiology and hygiene, chemistry, surgery, obstetrics, pathology and diagnosis, and therapeutics, including practice and materia medica. The questions in all of these subjects shall be the same for all candidates except in therapeutics, practice, and materia medica, in which branches each Board gives questions in harmony with the tenets of its own school—to the Allopathic candidates, Allopathic questions; to the Homeopathic, Homeopathic questions; and to the Eclectic, Eclectic questions. Now, what are the provisions on the educational questions in our bill?

The osteopathic candidate for a license must have the same preliminary education as do those who desire to practice medicine and dentistry. So far, our standard, gentlemen, equals theirs. The candidates must next have been graduated from a regularly conducted school of osteopathy maintaining a standard approved by the Board of Regents, after a course in such school of not less than three full years of at least nine months each in three different calendar years, making the total number of twenty-seven months to be spent in the osteopathic college instead of twenty-four in a medical college in the case of the medical student.

Then he must pass an examination before the State Board. The questions in anatomy, physiology and hygiene, chemistry, obstetrics, pathology and diagnosis shall be the same as for candidates for license to practice medicine. The therapeutics, theory and practice of osteopathy to be given by the osteopathic board.

Now, how about the proposed bill? The preliminary education the same as in the present law and in the osteopathic bill; length of course in a medical college increased to four years of at least seven months each, instead of six months as at present, making a total of twenty-eight months instead of a total of twenty-four as at present and instead of twenty-seven months as provided in the osteopathic bill. I wonder why they have so suddenly increased their total number of months to twenty-eight instead of twenty-four, as at present, if it isn't for the purpose of exceeding the length of time provided in the osteopathic bill.

Now, as to the subjects for examination they have added gynecology, bacteriology and sanitation, and omitted therapeutics, practice and materia medica. These latter subjects are omitted on account of the desire of the proponents of this bill to do away with the present three-board system.

Now, gentlemen, I submit to you as fair-minded men who are here as the representatives of the people of this State that on this educational

question our bill equals the present law and the proposed bill in every essential particular—as to preliminary education, as to total number of months of professional study required, and as to the examinations, our candidates being required to take the same examination as theirs in all of the fundamental branches.

Now, gentlemen, in those States where there are provisions similar to those provided for in our bill, such as Ohio, Indiana, Illinois, Wisconsin and Massachusetts, our candidates have always passed with marked credit to themselves and our schools. I have here the report of the Secretary of the State Examining Board in Massachusetts, just issued last week, which shows that 26 per cent. of the medical candidates fail, whereas only 16 per cent. of the osteopaths have failed to pass the State examination. There are a number of osteopaths in this room to-day who have taken the examinations in some of those States and who hold licenses to practice there, and those licenses were granted by the combined Medical and Osteopathic Boards. According to the provisions of this proposed bill not an osteopath, no matter what his preliminary education, be he a graduate of Harvard, Yale, Pennsylvania, Princeton, Columbia or Cornell, or of all of them, and had studied ten years in an osteopathic college and was an authority on medical practice and materia medica, still he would not be eligible to take an examination for a license to practice in this State. Why? Because he hasn't studied in a medical college. Because he hasn't received his professional education from their brand of college. Because he don't belong to the medical trust.

No, gentlemen, the real reason for this bill is their opposition to the practice of osteopathy itself. Do you suppose that if we osteopaths were to permit these gentlemen to have charge of our patients that they would be opposing our work? Not one minute. They would hail us with delight and with open arms.

The sponsors for this bill will not admit that. Of course not. We don't expect them to, neither do you; but right there is the true reason, nevertheless.

Ah! gentlemen of this committee, don't be deceived by sweet, mellifluous words and beautifully rounded phrases about high educational standards and the protection of the public—the pro bono publico. No matter what educational standard we might have, if it were ten times as high as theirs, they would still oppose us.

What by this bill do they say to the dear public? This is what they say: "We propose to have this Legislature put upon the statute books a law which will prevent you dear people, you members of this committee,



from exercising a free choice as to what sort of treatment you may have for yourselves and families, and force upon you one who comes through our brand of college. That being done we will see to it that he doesn't get any osteopathic ideas into his head while studying at our institutions." They go further, gentlemen, and through the American Medical Association they propose by the aid of this Legislature and those of the other States throughout the country to put out of business the osteopathic schools and colleges by just such laws as is here proposed. Why, gentlemen, the American Medical Association has a representative, a walking delegate, if you please, in the person of Dr. J. N. McCormack, who is traveling all over this country, and under the auspices of the various county and city medical societies is speaking to quasi-public audiences sowing the seed of this very condition which they soon hope to realize. That's the spirit; that's the animus back of their opposition to osteopathy; and that is what they know down deep in their hearts to be the true spirit of this bill which they will to-day ask you to report favorably to your respective houses.

So far as I have been able to ascertain, there never was any attempt prior to the establishment of osteopathy in 1892 as a distinct system of healing disease—I repeat never before that time was there any attempt by a State Medical Society to have incorporated in the Public Health laws of a State the definition of the practice of medicine such as is found in paragraph 7, page 2, of this bill. But just as soon as osteopathy began to gain a foothold, just as soon as the public began to desert the drug camp and join that of the readjustment of the abnormal condition of the mechanics of the body, just that soon the allopaths began to ask the States to pass laws to check its progress. That spirit of opposition has continued ever since, growing more bitter every year. It is the same old spirit that waged war against you, homeopaths and eclectics, years ago. It is that same spirit which by three things in this proposed bill, viz.: First, the above-mentioned definition; second, the provision which would require the osteopath, no matter how stringent and high-grade his professional course, to take in addition a four years' course at a medical school; and, third, the single board provision—it is that old spirit which hopes by these means to kill three birds with one stone, to kill off the osteopaths outright by the definition, and the four years' course in a medical school clause; and to gradually, little by little, strangle you homeopaths and eclectics through the single board provision. Oh, what an unselfish spirit that is! How solicitous it is for the dear public, and how beautifully scientific it is! The sponsors of this bill will tell you it is a fair, just and equitable measure, and that they do not oppose

osteopathy per se. If they are not opposing osteopathy itself, why is it that not a hospital in the city of New York will admit a patient who is under the care of an osteopath? One of our practitioners down there tried to get a bed for a patient in eight or ten different hospitals, and everywhere was told, "Yes, we can accommodate you." But as soon as they found out he was an osteopath they said, "Oh, no, we have no room for a patient who is to have osteopathic care." A friendly M. D. tried to help him, but to no avail. It is generally supposed by the public and by those who furnish the money to build the hospitals that they are erected for the benefit of the sick. But, gentlemen, and now I regret to have to say this, the autocratic attitude of some of the members of the medical staffs of these hospitals forces one to the conclusion that they think these temples of mercy were erected for their own personal glorification.

Now, gentlemen of the Medical Society of the State of New York, if it is not the practice of osteopathy per se that you hope to crush by this bill, and if you are really sincere in wanting to keep up the standard of pathologic and therapeutic education in this State, why was it—and I charge you to weigh well your words before you answer—why was it that you slipped into this bill that scientific joker, those ten little, insignificant, innocent-looking words in your exemptions in section 14, page 16, line 7: "Or the practice of the tenets of any Church"? I ask you, if you are sincere, why you did such a thing as that? If you had your way as proposed in this bill you would close every osteopathic office in this State and force us to go four years in your medical schools without giving us one single mark of credit for all of our college work done, no matter how many State Board examinations we may have passed. You would do all of that for the protection of the public, and incidentally your own practices, and yet in your bill you would exempt the practice of the Christian Scientists who make no pretensions whatever of studying anatomy and pathological conditions. If you are sincere, gentlemen, I ask you why did you do that? Did you not fear, gentlemen, that unless you exempted the Christian Scientists they would muster sufficient strength to defeat your bill? Oh, medical consistency, thou art a jewel!

You may with your 12,000 members develop sufficient strength to influence this Legislature to defeat our bill and pass yours, thereby crushing out honest competition and setting up a Chinese wall about your professional preserves. There are forty of you to one of us. So you may be able to do this; but, thank God, you can't control the individual conscience or stamp out truths that once have gotten hold of the human mind.

But, gentlemen of the committee, let me tell you this fight has gone beyond a struggle between an M. D. and a D. O. There is now another party to this contest—I mean the people of this State. Their rights have been questioned by the definition and other provisions in this bill. Their right of a free choice as to what form of treatment they wish for their ills would be taken away by this bill. The people are back of us. Osteopathy is here. The people have tried it. They turned to it as a last resort after every known drug in the pharmacopea had failed, and they have found relief. Why, our success has been built up on your failures. You ask for a definition of osteopathy. It is a living monument to the failure of drug therapy. We don't claim to cure every disease and every case that comes to us. We frankly admit to the world that we sometimes make mistakes and errors in judgment. But, who doesn't? Are you always right in your diagnoses? We would be more than finite beings if we didn't make mistakes and errors in judgment. But if the people didn't want us we wouldn't be here, and our office windows would bear the sign, "To Let." Put your ears to the ground, gentlemen of the committee, and hear the throb of the public heart and the words of the public mind on this question. And let me beseech you, gentlemen, when you go into your deliberations on these proposed measures, to please remember that there are 183 other members who represent their own families and hundreds of thousands of other families who want a voice in settling this whole question, for I believe it is the mind of this Legislature that something ought to be done, and must be done.

Now, gentlemen of the three medical societies and gentlemen of the committee, this may be our Thermopylae. If it is, instead of Leonidas and his 300 deathless Spartans, you will find Littleton and his 300 osteopaths standing shoulder to shoulder fighting to the last ditch, the Supreme Court of the United States, for the faith that's in us, and for the thousands and thousands of men, women and children all over this great State—yes, the whole United States—who have come to us shriveled and pinched and halt and ill, and who left us with quick and springy step, when once they were palsied, with light in their eyes that once were dimmed, and left us to pursue joyously and buoyantly whatever tasks their hands found to do. In the words of our martyred President Garfield, "I would rather be beaten in the right than succeed in the wrong."

Mr. Chairman, I thank you most kindly for your consideration.

### PARALYSIS OF THE THIRD CRANIAL NERVE.

A. S. BEAN, D. O., (ATLAS, '04), BROOKLYN, N. Y.

In July, 1906, Mr. H., age thirty-one, came to our office for treatment for his left eye. On examination I found that, (1) the eye turned toward the external canthus nearly as far as possible (external strabismus); (2) the upper eyelid drooped, entirely closing the eye, (ptosis); (3) the pupil was widely dilated; (4) and there was a lack of accommodation to light and often the patient could see double, (diplopia); my diagnosis was an involvement of the third cranial nerve (motor oculi), probably a paralysis.

Further examination revealed a lesion between the atlas and occiput, also one between the atlas and axis. The third and fourth cervical were anterior, the second dorsal markedly to the right, and the third dorsal a little twisted. The first ribs were up at the vertebral end and the second ribs were also misplaced slightly. The neck was sore and contracted, with sloping shoulders. He was a man of exceptionally good habits, never using tobacco or stimulants to any degree, in fact, no history of dissipation at all. His work was clerical and he took little or no exercise. I treated the case steadily twice a week until the middle of January, 1907, with the result of complete return to normal in every way. My work has been strictly osteopathic in removing these lesions in the upper dorsal and cervical regions, both bony and muscular. I instructed the patient to exercise the eye daily by trying to do the things he could not, look inward, raise the eyelid, etc. The translation in my own mind, or the attempt to do so, of what really has been done, "the how of it," has led to the remarks of this paper.

In the first place how does this paralysis cause these conditions? "The motor-oculi is motor only," says Quain, and supplies all the muscles of the eye except the superior oblique and the external rectus. (1) External, or divergent strabismus is due to an inco-ordination of the external muscles and the squinting eye is turned toward the temporal side. It exists because of the shut off innervation of the third nerve to the internal rectus muscle, which allows the external rectus, with its innervation from the sixth nerve intact, to pull the eye toward the external canthus. (2) Ptosis is a drooping of the upper eyelid due to a paralysis or atrophy of the levator palpebrae superioris. Paralysis is the loss of motion (or sensation). Atrophy is a diminution in the size of a tissue organ or part, the result of degeneration of the cells or a decrease in the size of a number of the cells. Ptosis then is due to a loss of motion or a degeneration of the cells of the levator palpebrae superioris muscle. The loss of motion in a muscle is due to the shutting off of the motor

innervation from some cause. Paralysis of the third nerve from whatever cause shuts off the innervation to the levator palpebrae superioris and ptosis follows. The tonicity and size of cells depends upon an unimpeded blood and nerve supply, and any interference with either results in atrophy or degeneration.

The blood supply to the levator palpebrae superioris is the muscular branch of the ophthalmic artery, a branch of the cavernous portion of the internal carotid, from the innominate, from the aortic arch. So again atrophy and ptosis may result from a shutting off of the impulses passing to the levator palpebrae superioris through the third nerve, or an impeded blood supply from the ophthalmic artery. (3) The main factor in accommodation is the alteration in the curvature of the lens. Helmholtz theory of accommodation is perhaps the best. He holds that, "In the unaccommodated eye the suspensory ligament and the capsule of the lens are tense and taut, that the anterior surface of the lens is flattened by their pressure, and the parallel rays are focussed on the retina without any sense of effort. In accommodation for a near object, the meridional or anterior posterior fibres of the ciliary muscle by their own contractions pull forward the choroid and relax the suspensory ligament. The elasticity of the lens at once causes it to bulge forward until it is again checked by the tension of the capsule." Accepting this theory, accommodation depends upon the normal functioning of the ciliary muscle. The ciliary muscle is innervated by branches from the ciliary ganglion, which is made up of three roots. The long or sensory root is from the nasal branch of the ophthalmic; the short or motor root from the branch of the third nerve to the internal rectus; and the sympathetic root comes from the cavernous plexus of the sympathetic. Paralysis of the third nerve simply cuts off the motor impulses to the ciliary ganglion preventing the contraction of the ciliary muscle and this in turn brings about the lack of accommodation. (4) Dilatation of the pupil depends upon the normal functioning of the iris which is also innervated by the third nerve. The iris is a circular membrane placed between the cornea and lens, made up principally of two sets of unstriped muscular fibres. The sphincter of the iris is a narrow zone of circular fibres surrounding the pupil and the dilator is a radiate band of fibres extending from the pupil to the border of the iris. The third cranial nerve supplies both the ciliary muscle and the iris, and stimulation of this nerve causes contraction of the pupil. That is, through its control of the iris it is a constrictor of the pupil. It is also known that dilator fibres from the first three dorsal nerves pass by way of the first dorsal ganglion, the annulus of Vieussens, the inferior cervical ganglion,

and the cervical sympathetics ending by arborizing around the cells of the superior ganglion, whose axons, passing along the ophthalmic division of the fifth cranial to the eye, reach the iris through the ciliary branches. So the dilatation may arise from the paralysis of the third nerve shutting off the constrictor impulses to the iris, or by an irritation to the dilator fibres of the sympathetic.

But how arises this interference or paralysis of the third nerve? The third nerve may be interfered with in the orbit, in its basilar course, or at its nuclei. In the orbit there is usually a history of traumatism, a new growth, alcoholic or other poisons, a neuritis from colds and exposures. In the basilar portion there may be an aneurysm, a growth or even a fracture, but Gowers says there is usually a degeneration of the nuclei of the nerve to the muscle in ptosis. What kind of a degeneration this is he does not say nor am I able to get any idea further. I believe this case to be one of degeneration of the nuclei of the third nerve situated in the floor of the aqueduct of Sylvius, and the results have been obtained by establishing a free circulation to that part of the brain to build up the degenerated area. Ziegler says that an important part is played in degeneration of tissues by disturbances in the circulation with the imperfect transport of nutriment and oxygen. Granting that this is a degeneration from a shut-off nutrition, how have the conditions present in the case caused it?

The "Old Doctor" used to remind us so often that the moment that there is an impeded or slowed circulation to any part of the body, that moment marks the beginning of a diseased condition of that part. The principal supplies of arterial blood to the brain come through the vertebral and internal carotid arteries, which form the circle of Willis, a sort of distributing center for the brain. The internal carotid comes from the common carotid, from the innominate, from the aortic arch, while the vertebral is from the first part of the subclavian, one of the divisions of the innominate artery. The veins from the brain empty into sinuses instead of accompanying the arteries. The veins draining the aqueduct of Sylvius, the floor of which contains the nuclei of the third nerve, empty into the torcular Herophili, which in turn gives rise to the lateral sinus. The internal jugular unites with the subclavian vein to form the innominate and the innominata make the superior vena cava.

This disturbance in the circulation may be either an under supply of arterial blood or a congestion of venous blood, which condition may arise from direct pressure on the blood-vessels or through the vasomotors. By a vaso-motor we mean "a nerve mechanism which governs the caliber of the vascular system by increasing or decreasing the tone of the muscle tissue in the vessel wall." (Hulett.)

Quain says that the vaso-motors to the head arise from the second, third and fourth dorsal, that is, the vaso-motors to the internal carotid and vertebral arteries. Taking the second dorsal, which was the most marked lesion in this case, and, perhaps, the most important one, how does it cause this vaso-motor disturbance?

Dr. Hulett outlines five ways by which a lesion may cause disease.

(1) Direct pressure on an artery; (2) direct pressure on a vein; (3) direct pressure on an organ; (4) direct pressure on lymph channels; (5) direct pressure on a nerve or reflexly. At the second dorsal, for example, we may have any or all of these factors affecting the diseased area. The second dorsal was markedly twisted to the right which puts on a tension all the muscles and ligaments attached thereto, besides changing the foramina.

This malposition causes pressure on the spinal artery from the dorsal branch of the intercostal artery, from the thoracic aorta, and also from the meningo-rachidian veins draining the cord into the intercostals. As a result the blood supply to the cord is interfered with which may result in a degeneration, or other abnormal condition of the nerve cells found there. In this way there may arise the abnormal conditions of the vaso-motors from this point or pressure may be direct on the white rami passing out to the gangliated cord.

These nervous impulses pass up to the superior ganglion and then to the carotid artery with all branches, shutting off the arterial or congesting the venous blood. From this interference in the blood supply the degeneration is made possible in the aqueduct of Sylvius and the nuclei of the third nerve. In a similar manner the atrophy of the levator palpebrae superioris muscle is accounted for, since the ophthalmic artery is a branch of the internal carotid.

From the same segment of the cord, and over the same course as far as the superior cervical ganglion, pass the dilator fibres to the eye. From the superior cervical ganglion they pass to the Gasserian ganglion and reach the eye-ball through the first division of the fifth cranial and the long ciliary nerves. This is in explanation of the dilatation of the pupil.

The vaso-motors to the vertebral artery act similarly to those of the carotid and probably arise from the same segments. In addition, the vertebral artery with its vein may be pressed upon directly in its passage to the head. The vertebral artery arises from the back part of the first portion of the subclavian artery and enters the foramen in the transverse process of the sixth cervical vertebra, (usually), and ascends through all the foramina above accompanied by its vein. Here any slight twist or subluxation brings pressure on the blood vessels shutting off the

supply of arterial blood and the venous blood is congested in the parts drained by the vein, part of the brain including the aqueduct of Sylvius, and this too is a factor in the degeneration of the third nerve.

I have made no mention especially of the interference from the contracted muscles of the neck due to the irritation to the nerves to the several muscles and ligaments though they are very important. Nor have I made mention of a subluxated first or second rib bringing pressure on the thoracic ganglion directly for the result of such a lesion is the same as others to the sympathetics. In fact, I feel I have by no means exhausted the case but have brought out these thoughts from an interesting osteopathic case.

# THE BULLETIN

OF THE ATLAS AND AXIS CLUBS.

ASA WALMSLEY, D. O., EDITOR.  
MISS EVA I. MAINS, REPORTER FOR AXIS CLUB.

Entered as second class matter, Oct. 12, 1903, at the post office at Kirksville, Mo., under act of Congress of March 3, 1879.

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

When the Bulletin has been sent to the earlier address, through 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.

KIRKSVILLE, MISSOURI, MARCH, 1907.

## EDITORIAL.

**Does It?** Does your Bulletin wrapper bear your correct address. If not, kindly inform the editor at once. An Atlas and Axis directory is to be gotten out in the near future and we wish to have the names and addresses in full of all our members.

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**Tri-State Convention.** The Missouri, Iowa and Illinois Tri-State convention will be held at Kirksville, Mo., on Friday and Saturday, May 24 and 25, 1907. We hope to see an enthusiastic gathering of osteopaths on this occasion and trust that as many Atlas and Axis members as possible from the states mentioned and from others too will be present.

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Dr. Franklin Fiske, who is doing post-graduate work at the A. S. O., has been elected to the faculty and has been assigned to the departments of chemistry, physiology and osteopathic mechanics.

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**Dr. G. W. Riley's Strong Argument.** In this issue we publish the argument against the Medical Unity Bill by Dr. G. W. Riley of New York City at the joint hearing before the Public Health committees of the Senate and Assembly, Senate Chamber, Feb. 7, Albany, N. Y. This argument is indeed a strong one and we do not see how it could fail to

arouse those who heard it. Indeed it is evident that something aroused the legislators at Albany for the M. D's. were informed that that their Medical Unity Bill (which placed osteopaths and others at the tender (?) mercies of the Allopaths) could not pass. When the Allopaths saw that their bill was doomed they offered to compromise with the osteopaths, granting them practically everything that had been asked for in the osteopathic bill. We hope the medical bill as at present arranged will become law.

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**Post-Graduate Exercises.** On Thursday, March 28, a P. G. class of fourteen was graduated at the A. S. O. The exercises were conducted in Memorial Hall where an excellent program was rendered. Dr. C. E. Still was master of ceremonies, while Dr. W. O. Pool represented the class and Dr. Geo. A. Still the faculty. The diplomas were presented by the Old Doctor, whose presence was a source of pleasure to all.

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**Atlas and Axis Pictures.** The pictures of Atlas and Axis members of the January, '07 class appear in this issue. Their failure to appear at an earlier date was due to delays, etc., beyond our control. The reason for including in the Atlas picture Dr. A. H. Lillard of the Post-Graduate class was that the other Atlas members of the Post-Graduate class had graduated from the A. S. O. and were in the club picture of their class. Dr. M. E. Clark's face appearing in the Atlas picture also requires explanation. The members of the '07 class saw much of Dr. Clark and the fact that he left Kirksville at the same time that they did strengthened the bond between them. In fact many dubbed him "The Big Senior," because of his leaving here with them, and they said they wanted him in the picture. For some reason the picture of Dr. Lizzie Griggs now of Wheaton, Ill., does not appear in the Axis group.

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Rhythmotherapy, or a discussion of the Physiologic Basis and Therapeutic Potency of Mechano-Vital Vibration; to which is added a Dictionary of Diseases, with Detailed Suggestions as to the Technic of Vibratory Therapeutics, with Illustrative plates, by Samuel S. Wallian, A. M., M. D., Chicago, Ouellette Press, 1906, price \$1.50, postage 10 cts.

The author of this handsomely published and superbly illustrated volume is evidently something of a professional iconoclast. He begins by vigorously protesting against the too prevalent custom of long prefaces and prefaces with which so many medical books are encumbered. His title is an example of apt word-coinage and he does not hesitate to add another example—mechano-vital, which is certainly to the point as descriptive of the process discussed.

At first looked upon as a modified form of manual massage, mechanical vibration has received widespread recognition at the hands of even the most conservative medical practitioners; and this volume is an earnest effort to prevent it from being monopolized by adventurers and charlatans. Its perusal will do away with the unfounded prejudices of those who have been unfavorably impressed by the claims of over-enthusiasts and commercial advocates. There is not a humdrum sentence in the book, and the chapter devoted to "A Digression on Diet" might be read by every practitioner with decided and permanent profit.

The "Dictionary Diseases" is a more complete and satisfactory statement of the technic of vibratory treatment than has yet been published.

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**ATLAS NOTES.**

Recent Initiates:

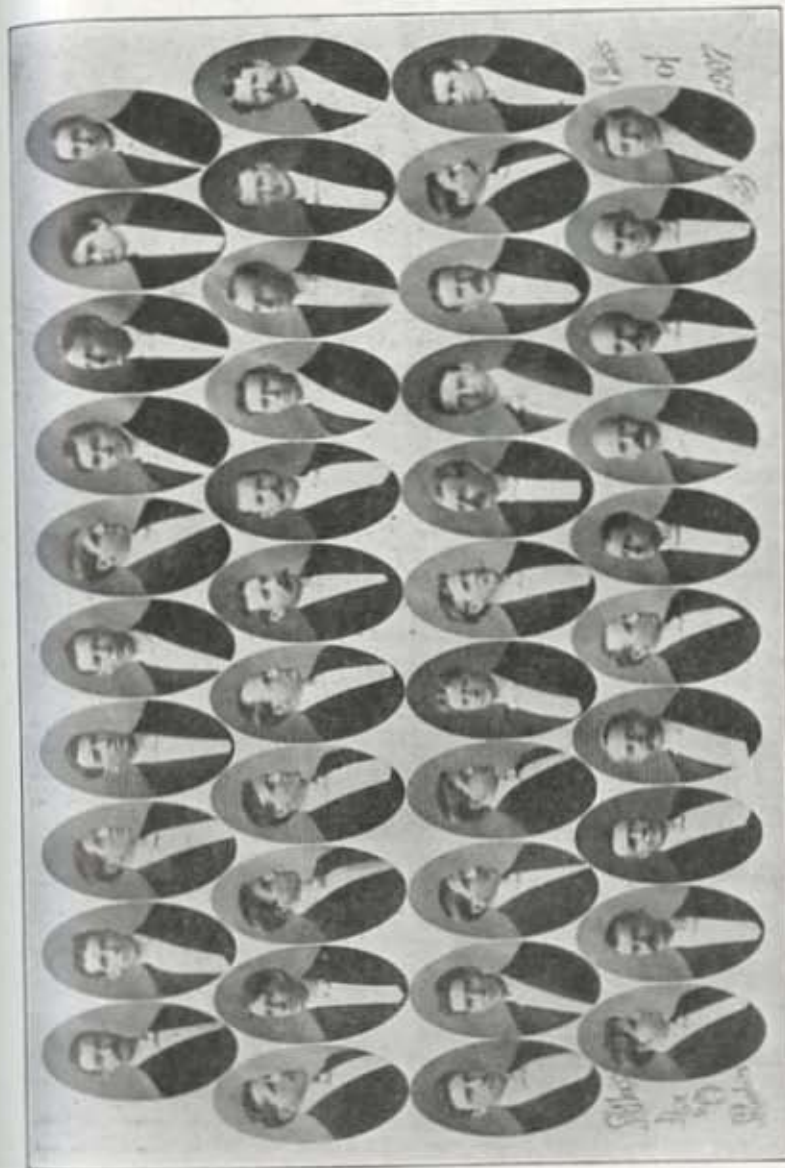
Mr. Christian G. Luft is a member of the Freshmen class and comes from Forest, Ohio. Mr. Luft is a graduate of Ohio Northern University (B. S. degree) and has been engaged as an agriculturist. He brought his little girl to Kirksville for treatment and decided to study osteopathy.

Mr. Houston A. Price of Houston, Texas, is a Freshman. He has a university education and has done clerical, reportorial and general construction work. Mr. Price was induced to study osteopathy by the results his father got from osteopathic treatment. It was Mr. Price's uncle who treated his father.

Mr. Leonard Tabor, also of the Freshmen class, comes from Mapleton, Oregon, where he was engaged in general merchandising. Mr. Tabor has a public school and business college education. Through his acquaintance with osteopaths he learned of the virtues of osteopathy and decided to study the science.

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 Dr. Richard H. Coke of Louisville, Ky., was a visitor at the club the latter part of the month.

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 The death of Mr. Joseph A. Gilman of the Freshmen class which occurred at Kirksville, Mo., Wednesday, March 6th, 1907, is a distinct loss to the Atlas club and to the science of osteopathy. Mr. Gilman was a graduate of Colby University (A. B. degree), Waterville, Me., and had followed brokering and journalism prior to entering school in September, 1906. His knowledge of chemistry, histology, etc., permitted him to take advanced work, and also enabled him to act as assistant in the



First Row—Ned L. Swift, L. B. Fechtig, James Bruke, H. E. Thompson, F. C. Martin, J. H. Lee, T. C. Hardy, Glenn J. Proctor, Matt W. Shouster, A. E. Best, Second Row—H. C. West, H. S. Amussen, A. H. Lillard (Post Graduate), W. H. H. Wakesfield, C. C. Rudy, Sam G. Walmsley, Frank Holmes, O. O. Baseline, M. C. Hurrus, S. Temple, H. M. Stool, Third Row—W. H. Kowatz, P. L. Ecker, E. W. Forsee, W. Looftbourrow, H. C. Johnson, Chas. F. Banker (S. S.), G. F. Horn, M. E. Clark, (late of A. S. O.), W. P. Hilliard, D. H. Clouse, H. B. Mason, Fourth Row—H. L. Urban, W. F. Chappell, W. P. Stare, R. M. Echols, C. J. Gaudy, F. L. Goehring, C. A. Arand, J. W. Murphy, G. S. Smallwood, G. H. Kewton.



First Row—Agnes Glennie Lake, Minnie Watt True, Ionia Kate Wynne, Sara F. Herdman.  
 Second Row—Lalah Morgan, Dewea Thompson, Grace Stauffer, Della Knight, Nelle Shell.  
 Third Row—Mary Shupert, E. A. Follett, Genoa Stephens, Mary Horn, Willanne Breiden.  
 Fourth Row—Myrtle L. Ecker, Kathryn A. Broderick, Mary Lyles Sims (President),  
 Harriet E. Whitcomb, Minerva K. Banker.  
 Fifth Row—Isabella Brake, Clara Bakehouse, Edith F. Cooper, Alice Skyberg, Mary Day.  
 Sixth Row—Anna E. Ball, Corinne E. Larimore, Jessie V. Lycan, Annie E. Bell.

pathological laboratories of the A. S. O., which position he very ably filled. Mr. Gilman was possessed of a truly scientific spirit—of a desire to know and ability to demonstrate things—and we believe that had he been spared the profession should have heard from him. Death was due to typhoid fever complicated by hypostatic congestion. When it was seen that his condition was critical his mother was telegraphed, and she immediately started for Kirksville, but did not arrive until several hours after his death. Shortly after Mr. Gilman became ill of typhoid fever his father died, but this fact was withheld from him. To the family in their two-fold bereavement we extend our deepest sympathy.

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The Bulletin extends sympathy to Dr. Chas. L. Sevry of Detroit, Mich., whose wife died on Monday, March 11th, 1907, of acute pneumonic phthisis. Also to Dr. Clifford S. Klein of Dallas, Texas, whose father, Mr. J. P. Klein, died at Sherman, Texas, on Monday, February 18th, age 56 years.

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Born—To Dr. and Mrs. Charles E. Still, Kirksville, Mo., on March 26, 1907, a son.

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Born—To Dr. and Mrs. L. M. Pennock, San Angelo, Texas, on March 12, 1907, a son.

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Mr. Louis A. Hilbert of the '08 class has for some time been feeling unwell and has found it necessary to abandon his studies for the present and has gone to his home to recuperate. We regret his departure from among us and trust that he may soon be restored to health.

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Mr. R. P. Carlton was elected to the office of sacrum at the Club's last meeting, this office being vacant due to the enforced absence of Mr. Louis A. Hilbert.

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What's the matter with the Axis girls?

They're all right!

Whose all right?

The Axis girls!

Saturday night, March 23rd, was program night at the Atlas club. Several musical selections were enjoyed after which Dr. R. E. Hamilton addressed the club taking for his subject, "Professional Ethics." Just as the doctor concluded a very interesting talk a sound as that approaching footsteps was heard in the direction of the door opening into the

south hall and the gentlemen turned in their seats to see what causing the commotion. The entrance of a throng of ladies immediately apprised them that they were the objects of a surprise party planned and executed by the members of the Axis club. The ladies were conducted to seats and more music was listened to, after which the ladies repaired to the reception room where numbered tickets were produced and distributed among the gentlemen, who then sought the lady possessing a lunch box or basket with the number corresponding to theirs. All then adjourned to the south hall where tables were arranged and the luncheon provided by the ladies much enjoyed. At the conclusion of luncheon the floor was cleared and those who wished to do so enjoyed themselves at dancing, while others played cards and other games. The gathering dispersed at midnight all declaring that they had had an enjoyable evening. The members of the Atlas club have become fully convinced that when their sisters of the Axis club undertake anything they can carry it to a successful issue. The Atlas Club extends its hearty thanks to their Axis sisters.

\* \* \*

## RESOLUTIONS OF THE ATLAS CLUB.

Whereas; In view of the loss we have sustained in the decrease of our brother and fellow-student Jos. A. Gilman, and in view of the still heavier loss to those who were nearest and dearest to him, and

Whereas; In the death of Jos. A. Gilman the Atlas Club suffers the loss of one who was in every way worthy of our respect and esteem, and whose life and attainments were a standard of emulation to his fellows, therefore be it

Resolved; That the heartfelt sympathy of this club be extended to his bereaved family in their affliction, and be it further

Resolved; That these resolutions be spread on the records of the Club and that copies of the same be transmitted to the family of our deceased brother and to the editor of the Bulletin of the Atlas Club.

D. F. MILLER,  
Committee E. S. DETWILER,  
A. F. BROWN.

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## ATLAS FIELD NOTES.

Dr. Daniel N. Morrison who has been practicing in Boston, Mass., has recently removed to New York City, his address being 128 E. 34th St.

\* \* \*

Dr. Sarah E. Carrothers, formerly of Lawrence, Kansas, is now located at 431-2-9 constitution block, Salt Lake City, Utah.

On Thursday, March 7th, 1907, Dr. George Thomson Monroe and Mrs. Addie Phoris Duncan were married at Silver Springs, N. Y. The Bulletin extends felicitations.

\* \* \*

Dr. J. B. O. Bruce has removed from Plattsmouth, Nebr., to Beaver City, Nebr., where he is now practicing.

\* \* \*

Dr. Charles H. Gano of Pittsburg, Pa., sends regards to the Club and says he would like to be with us some Saturday evening.

\* \* \*

Dr. A. S. Bean, Brooklyn, N. Y.: "Kindest regards to all the Atlas men. How I should like to run in to the Club some night and visit you."

\* \* \*

Dr. M. E. Clark, late of the A. S. O., Kirksville, and Dr. S. E. Warner have opened offices at 409-10 Board of Trade Building, Indianapolis, Ind.

\* \* \*

Drs. Geo. H. Newton and Geo. S. Smallwood, who have opened offices in Brooklyn, N. Y., send greetings to the club.

\* \* \*

Dr. W. S. Thomasson of Terre Haute, Ind., (P. Noble Skull) in writing to the Pylorus of the Atlas Club says:  
and 1907. "Enclosed find \$2.00 in payment for my dues for two years 1906

I desire to commend the editors of the Bulletin for the most excellent editions they have gotten out during the last year, and I hope the new editors will continue the same high standard. I also wish to suggest that the next directory gotten out will be arranged differently from the last one, and will be arranged alphabetically, giving the addresses of the members of both clubs by states in the same order, as the form of the last one was practically useless; for when we desire to refer a patient to an osteopath in another place, we must find it quickly.

Give my best wishes to the club, for its success and future prosperity, and in conclusion I will assure you that my membership has not only been profitable to me, but a source of satisfaction, and I often wish that I could spend some evening with you."

Yours truly,

W. S. THOMASSON, D. O.

(P. Noble Skull.)

\* \* \*

## AXIS NOTES.

The Club has had several interesting and instructive talks recently.



February 27, Rev. Tucker of the Episcopal church spoke on the subject "The Scientific play ground." He thinks that many things that are logical are hard to prove and that facts are very elastic—Before the meeting he had placed a problem on the blackboard. It contained the qualifications of a complete, perfect human being, below this was the qualifications of an imaginary man, the difference between the two was supposed to give the qualifications necessary for the woman, who is to make this man a complete, perfect human being.

Knowledge	Wisdom	Love	Ambition	Imagination	Will	Courage	
200 plus	100 plus	25 plus	15 plus	30 plus	500 plus	100=	Complete Man
100 plus	25 plus	50 minus	5 plus	60 plus	100 plus	200=	Ordinary Man
100 plus	75 minus	25 plus	20 minus	30 plus	400 minus	100=	Necessary Woman

\* \* \*

Dr. Ione Hulett at the meeting March 13, gave a short talk in regard to her experiences, especially with cancer.

\* \* \*

Dr. Frank P. Pratt was the guest of the President and Club, March 20th. He gave a very interesting and helpful talk. He showed that there were ways in which we could help our patients, by answering their questions and showing them how best to answer questions that come to them. This may not be a part of the practice for which fees are paid, but there are somethings that money cannot pay for.

\* \* \*

#### New Members:

Miss Alice M. Conger of Newark, N. J., graduated from the high school and took a course in stenography and typewriting. She was office assistant of an electro-therapist of that place for two years. She is a trained nurse and being urged to become a physician, decided to study osteopathy. She spent one year in the Boston school, entering here to complete the course, Sept. 18, 1907.

Miss Fanny Thoms, Houston, Texas, was educated in high school and business college. She has been interested in osteopathy for several years, but did not feel prepared to take up the work then. She thinks that with persistency she may now be able to master the science.

Mrs. Nelle Navity Ferry, Mitchell, Indiana, is a high school graduate and also a graduate of the Southern Indiana Normal. Successful treatment of herself and friends led her to take up the study.

#### AXIS FIELD NOTES.

Dr. Louise Lewis, who has been visiting her mother in Clarinda, Iowa, made Kirksville friends a short visit on her way to take up her practice again in St. Louis.

\* \* \*

Dr. Sophia Hemstreet, 03, Kansas City, spent the evening with the Atlas and Axis clubs, March 23. She has returned to Missouri to open an office at Liberty.

\* \* \*

Dr. Orie Coppernoll, 04, has recently entered the Post Graduate class and we are glad to see her at the club.

\* \* \*

Dr. Clarrissa B. Tufts "The Columbia," Washington, D. C.: "I wonder if you know that there is a very beautiful little animal that bears our name—The Axis deer—otherwise chitra, habitat, India and ceylon, belonging to the Rusine deer. There are some beautiful specimens in the zoo here, and I always stop to feed them, when passing their enclosure. When the club needs any new insignia or emblems, couldn't this deer's head serve?"

\* \* \*

Dr. Alice Skyberg, '07, Riverside, California: "I for one, have not had to wait for patients, as I am with my sister, who has been here four years. I am very well satisfied with what I have done thus far. I managed the office alone for a week, while my sister took a vacation. Perhaps I was not busy (?) "

\* \* \*

Drs. Sara F. Herdman and Ionia K. Wynne have opened offices at 801 W. Main St., Denison, Texas, and report prospects good. One of first questions the doctors were asked was if they were graduates of the A. S. O., Kirksville, Mo. Their inquirer was looking for a graduate of the parent institution and was not disappointed.

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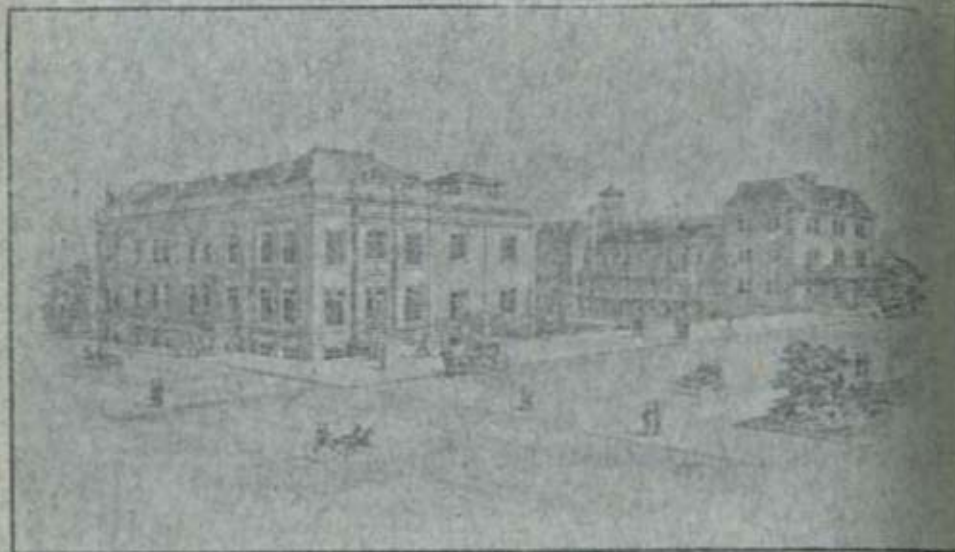
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For further information, address

**DR. WARREN HAMILTON, Secretary.**  
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