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THE OSTEOPATHIC LESION.

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(Prepared and Submitted to Dr. Pratt by Arthur S. Hollis, B. A.,
from Notes on Dr. Pratt's Lecture before the January,
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The osteopathic lesion may be either acute or chronic. The former condition is comparatively rare, the latter very common. In acute lesions, owing to some violence, there results an actual misplacement of one articulation upon another, as e. g., when one vertebra is forward or backward on its fellow; this is a true partial dislocation and results in rupture of the peri-articular structures and laceration of the capsule, ligaments and soft tissues, causing in turn pressure upon the intervertebral structures and a contraction of muscles in the attempt to bring back the bones into place as would a splint. Such a condition is extremely painful, being in fact an acute traumatic condition, and there will be some temperature about the part. The correct treatment is to relax the tissues somewhat, replace the bones and LEAVE ALONE; it will be found in such a case that there is considerable swelling; and it is important not to meddle with the condition after the first treatment, except perhaps for a little massage of the softer tissues to help Nature carry away her debris the quicker.

Acute lesions also arise from irritation, as e. g., in pneumonia where the back is tender and sore and the muscles rosy; whence it seems logical to say that there may be a bony involvement, or at least the approximation of the vertebræ, while actually we often find displacement. The treatment must be to manipulate the back muscles into relaxation and then to correct the displacements; thus helping to remove obstructions to the outgo and ingress of impulses from spinal cord; such a treatment will often abort a threatened serious condition.

The chronic lesion is by far the commoner, and has its origin in the acute stage. But in such a case, i. e., a neglected acute condition, Nature either pulls back the bones to the approximately correct positions or meets the condition half way. There will not then generally be an actual misplacement of bones for long after trauma, but the pri-

mary splinting process initiated by Nature gives rise to the formation of new tissue about the articulation in order to bring about immobility, or at least to limit normal movement. This process is accomplished by the deposit of new tissue in and around the articular surfaces and produces a bump which is palpable, e. g., over the articular surface behind. This new tissue is of a low grade, and serves to bind one articulation upon its fellow by bands of fibres, etc., thus destroying mobility. The treatment must be to break up the structures limiting the motion in the articulation by stretching, etc., with a view to getting re-mobility. It is to be remembered that in this case the tissues are not torn nor inflamed and a vigorous treatment is therefore indicated; such a treatment may possibly cause some reaction the next day, and too frequent treatment must not therefore be given, but the final result will be restoration of normal mobility. This is a very probable explanation of the sequelæ of a neglected acute lesion, which is a chronic lesion.

If the original misplacement, however, was very pronounced, there may remain some actual deformity and a partial obliteration of the intervertebral foramen by pressure. This is shown in, e. g., the hump-back, in which case Nature had done her best to compensate, and the most that osteopathy can do is to insure that there is movement between the individual articulations. It is true that function depends on structure, but if function is impaired, the blood supply will ipso facto also be interfered with; generally, in other words, if a part functionate properly it will have a proper blood supply; if its function is disturbed so also will be its blood supply. Now the spinal articulation is out of its functioning business, therefore its blood supply will be less as there is no motion. By restoring motion to the articulation and thus RE-ESTABLISHING function the blood supply will be automatically re-adjusted to the normal, and the re-established blood supply will absorb the overgrowth of tissue where such tissue is obstructing normal functioning, BUT where no necessity exists for the absorption, it will often remain, as e. g., in the cervical region behind the articular processes. It is important therefore always to use discretion and judgment as to vigor and frequency of treatment.

Two special conditions remain to be considered. First, where no distinct lesion exists, but the entire spine is unduly flexible—such a condition being especially found in nervous young girls; and secondly, where there is great flexibility between two vertebræ. In the first instance the cause is a general laxity and loss of tone in the musculature of the back, and is usually the result of a lazy habit of sitting or holding the back. It is to be remembered that any change in blood supply is

an irritation of the nerve cell, which will mean over-activity. Now with the spinal muscles in the condition shown above the articular surfaces will be separated to the limit of normal activity, and thus cause a stretching of the intervertebral structures, resulting in some trouble in the out-flow and ingress of the blood. In such a case the treatment must be directed to restoring tone to muscular tissues, telling the patient not to relax, but to hold tight the muscles against your movement; this will teach the patient to contract the muscles at will and will restore normal tone. In such cases calisthenics are excellent, and should be employed.

The second condition, that of hypermobility between two vertebræ at a "break," means that Nature is trying to compensate at this point for lack of movement elsewhere. It will be noticed that no tenderness is felt, just hypermobility. In such a case, examine carefully the articulations above and below the break, and in one or both of these loss of movement will be noticed.

Always remember that RIGIDITY constitutes one of the most frequent lesions, and the work of the osteopath is to RESTORE NORMAL MOTION to an articulation.

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THE INTERPRETATION OF MOTOR SYMPTOMS.

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(Excerpts from a Lecture before the 1911 Class.)

We shall consider for a few moments the interpretation of some of the symptoms which occur in involvements of the spinal cord, symptoms that may be due to disease of the spinal cord. Let us see how we are to think of them with a view toward making our diagnosis. For example, take motor disturbances. At first sight of the case presenting motor disturbances we do not think of the diseases in which they may occur, but we think of the several groups of diseases and ask ourselves, "Is the condition spinal, cerebral or peripheral in origin, or is it a myopathy, a condition in which there is no nervous disturbance, but which is confined entirely to the muscle substance?" So a paralysis must make us think of these several conditions: Is it muscular, peripheral, nuclear, in the lateral tracts, or is it higher up?

We use no one but the totality of symptoms in making our diagnosis. In the first place, what at a glance seemed to be a motor symptom may not be truly, but only apparently a motor symptom. What do we mean? We mean that the patient may be ataxic, really a sens-

ory symptom but one which gives an apparent motor trouble. How by direct examination are we to determine which this case presents? Let us take the leg as an example. The patient perhaps can walk; he may have paresis and not a complete paralysis. That is a different condition from a true partial paralysis, in which some of the muscles are paralyzed and some are not. But how shall we determine? Our first means of doing so is in the gait. We know that the ataxic gait is a high-stepping gait, one in which the foot does not go down where it ought to go. The patient can not gauge the amount of muscular force he is using and the steps are uneven. You can hardly mistake ataxia for a real motor trouble. Why is the gait in the ataxic patient so different from that in other conditions? Because of the fact that the patient is unable to properly gauge the amount of muscular force he is exerting. He steps high and brings his foot down hard. Then, too, the joints are limber. We never find these things in a true motor paralysis. The paralytic drags his legs as opposed to raising them high. So from the gait you should be able to make a differentiation. Then, see if the patient can bend his knee beyond the straight line. The ataxic patient can do this, but it is something we do not find in a true paralysis. The joints are very loose. Have the patient try to put his heel on the opposite patella. The ataxic shows no weakness, he can raise the heel easily but he cannot do this trick very well. He will lift the heel way up and come down hard, but he may come a foot out of the way. Again, these patients often lose the muscle sense. They can not tell whether you have flexed or extended the toes or the foot or the leg. They may feel your hands all right, but do not know in what position you have placed any part of the limb. So by these few simple tests you have no difficulty in determining whether the condition is ataxic or a true paralysis.

Suppose, now, that the patient can not walk or stand, but comes to you in a wheel chair, as they will do when in the third stage of locomotor ataxia. How are you to determine the condition in his case? If you put the patient on the table and tell him to lift the leg, he can do it. Again, hold the leg down on the table and tell the patient to lift it, and he will use some force against your resistance. Then flex and extend the leg as in the other case, and you can determine that there is some resistance in the muscles. So in these various ways you can tell whether it is a motor or a sensory disturbance.

Suppose we are dealing with a true motor disturbance. Then how are we to tell what kind of motor trouble this is? Remember that we have the totality of symptoms in making the diagnosis, but just now we

shall neglect that. Is the disease one of the upper or lower motor neurone? We have the exaggerated reflexes in diseases of the upper motor neurone, while in disease of the lower motor neurone the reflexes are lost. There is a loss of nutrition in disease of the lower and no change in disease of the upper motor neurone. Then, there is loss of tone in the one case and spasticity in the other. The differentiation of these conditions is easy.

So we can reach the point in our diagnosis where we determine that the disease is of the anterior horn cells. The disease must then be either acute infantile spinal paralysis or chronic progressive muscular atrophy, and, of course, the diagnosis of these two conditions is easy. Or, if the disease is peripheral, we have a neuritis, and again the diagnosis is easy. Here we have motory and sensory symptoms mixed. We have loss of reflexes and loss of nutrition, pain, soreness of the muscles and that sort of thing, and the patient can outline the pain along the course of the nerves. Involvement of the upper motor neurone we determine from the spasticity of the muscles, the exaggerated reflexes and the fact that the nutrition of the muscles is not affected.

If the disease is of the muscles themselves we have only one disease to consider, myopathy or, as it is called, chronic progressive muscular dystrophy. What are the ear-marks of this disease? The muscles involved undergo atrophy, hypertrophy, and pseudo-hypertrophy. Pseudo-hypertrophy is really an atrophy, but it looks like hypertrophy because of the great increase in the amount of fat. It is a curious disease and one about which we do not know very much. Some of the muscles do really hypertrophy. How can we tell the difference between the two conditions, hypertrophy and pseudo-hypertrophy? The muscle that is hypertrophied is firmer and stronger than normal. It may have a great amount of strength. Try the other big muscles and you will find them soft, flabby and weak. By some such tests you can readily tell the difference and you can easily tell a really atrophied muscle. If you find all three kinds of muscles with no bladder disturbance, no pain and no nerve symptoms, you have the diagnosis. Curiously enough, some muscles, as the calf muscles, always hypertrophy in this disease. The muscles of the thigh are usually atrophied and the glutei muscles undergo pseudo-hypertrophy. In atrophy of spinal origin the muscles earliest and most atrophied are the most distal muscles. It is not so in this disease. Here it is those most proximal, the deltoid, for example. The back is later involved; it becomes weak and is curved. The typical curve that is presented is forward, the shoulders and hips are back and the gait is a waddling one. Taking as a whole the picture that is presented we can determine that this disease is muscular.

Then if the paralysis be due to disease of the spinal cord it must be an involvement of the lateral pyramidal tract, and there is but one common disease, lateral spastic paraplegia, if the tract be purely involved. Of course, the involvement may not be pure, but if not, you get other symptoms, as in hemorrhage, pressure from tumor, and some other conditions.

So you can make a complete diagnosis, and when you have this you also have the prognosis and the therapy. If the condition is a peripheral neuritis you know you have a good prognosis because you know that the peripheral fibre will regenerate. If it is progressive muscular dystrophy you know that the best you can hope to do is to arrest the progress of the disease. The same prognosis holds good in progressive muscular atrophy. But in infantile spinal paralysis you have an entirely different prognosis. You know that if you have the case soon after the disease has come on that the chances are good for almost complete recovery, and that even if you have gotten the case later you can effect some improvement. Again, if the disease is of the cord, you know that your treatment must be to the cord itself. You can readily see from the prognostic and therapeutic standpoint how important it is that you make a careful and complete diagnosis.

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REMOVE THE LESION.

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Some weeks ago a case came to me suffering from headache of a little different character than we usually meet. It interested me, and I thought it might interest other readers of The Bulletin, for to my mind it illustrates again the importance of finding the lesion and removing it.

The patient was a married woman thirty-six years of age and weighed about one hundred pounds. Not a robust person, yet never ill in bed a day until the birth of a child about four and a half years ago. Birth was very hard, instruments were used and she was badly lacerated, but the laceration was repaired at the time of birth. The perineal floor was always weak though, and the uterus retroverted. Menstrual periods had been regular with very little pain.

The bowels had always been good and she considered her digestion excellent. Examination of the eyes by an oculist revealed nothing that would indicate trouble. Urinalysis microscopically was excellent, but chemically it showed a marked increase of indican, a faint trace of

albumin, specific gravity of 1.019, acid reaction and even grams per fluid ounce of urea. Breath was fetid much of the time.

With this history and with no special reason and at no particular time the patient had frequent hard headaches. She would be about the house apparently as well as usual and with no warning and in a moment's time the eyes would suddenly cross, dizziness would follow with nausea and sometimes vomiting. If I could treat her at once thoroughly through the splanchnic area and the cervical she would soon fall asleep and usually arise again in two hours all right.

I found a left lateral occiput and slight rotation and a slight right lateral swerve in the upper dorsal and a tight spine generally through the dorsal. These headaches seemed to me to come from an auto-intoxication from the intestinal condition as shown by the urinalysis, fetid breath, etc. I advised limiting the meat diet and using more milk, and began treating the case. My diagnosis was confirmed by one or two of our good New York osteopaths.

About the second or third treatment I was able to correct the lesion of the occiput, and since that time there has been no sign of the headaches. This is interesting to us as osteopaths, for here seemed to be a well-defined case of auto-intoxication causing headaches which was entirely cured by the correction of a single cervical lesion. It also brings up anew to me the question whether we should ever get headaches from some distant source unless there is also present some lesion which disturbs the circulation and innervation to the head DIRECTLY. It surely calls to our minds the importance of finding the lesions and removing them if there is any possibility of their being a factor in the case. I am satisfied that this case was diagnosed sanely, that neither the diet nor the treatment through the splanchnic area could have secured the results so quickly, if at all; that the removal of the lesion was directly responsible for the results. I do not belittle at all the importance of careful diagnosis of any kind that will aid in any case, but we must REMOVE THE LESION as osteopaths for our results.

SOME GENERAL OBSERVATIONS ON OSTEOPATHY.

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An eminent authority has declared that the proper definition of a science is its latest and most difficult achievement. When we consider that DEFINITION means "determination of the limits"; that it "is designed to settle a thing in its compass and extent," we can see why this is true. Osteopathy did not spring full panoplied into the world, as did Minerva from the brain of Jupiter. Like other sciences, it has been the product of growth, development, evolution. It would, therefore, be presumptuous after a few years of history, brilliant though it has been, to undertake to determine its limits and settle its compass and extent.

Without making any pretension to giving a TECHNICAL DEFINITION we may say in a general way, that osteopathy is that science of treating diseases of the human body which is based upon the theory that man is a machine, a vital mechanism, and that with reasonable care, given wholesome environment, good food, pure water and air, he will be healthy so long as all the parts of the machinery of the body are in normal adjustment. Osteopathy teaches that, aside from the abuse of function and the failure to observe hygienic precautions, disease is caused and maintained by structural derangements, and that cure is effected by manual correction of these derangements, thus permitting free operation of the recuperative forces of the body.

It was upon the soil of Kansas—that state of which Opie Read once said, "There a new idea is born at night and by noon the next day the whole nation is aflame with it"—that osteopathy had its birth. It was there that Dr. A. T. Still, a physician of the old school, resided when the civil war came on; it was from that state he went to take his part as officer and surgeon in that great struggle and, when peace came, it was to Kansas he returned to resume the practice of medicine. A few years thereafter Dr. Still stood broken-hearted beside the death-bed of three of his children whom the King of Terrors had claimed despite the most skillful efforts of himself and others of the best physicians of the neighborhood. In that hour of agony, in communion with his Maker, it was given him to see that man in his quest for drug panaceas and specifics had wandered far from nature, and he resolved henceforth to delve deeper into the hidden mysteries of the laws of life.

With an abiding faith in the wisdom and beneficence of the Infinite, with unceasing toil and patience he investigated, studied and reasoned until he arrived at the conclusion, which he publicly proclaimed, that all the drugs and chemicals necessary to maintain health are manufac-

tured by the body in its own laboratories. He insisted upon the mechanical idea of the body and declared that if the nerve paths were unobstructed and the channels through which the vital fluids circulate are kept open a condition of health will obtain. He often asserted that "a disturbed artery marks the beginning of disease."

Shortly after arriving at these conclusions Dr. Still removed to Kirksville, Missouri. There for many years through long days and lonely nights he worked among the poor and lowly, healing their diseases and at the same time testing his theories. His treatment consisted largely of manipulations to restore to position subluxated bones, contracted muscles and ligaments and prolapsed organs, thus removing obstructions to life's processes.

Dr. Still had many dark days. He had to endure poverty, ridicule and the scorn of those who unquestioningly accepted the traditional. But he remained true to his ideal, nor did he even ask for the pity of his fellows. Like all who are cast in heroic mould he developed through adversity and derived satisfaction from the conflict. Today, past eighty-two years of age, he is living and pursuing his studies in the little city of Kirksville, that he has made famous, in financial independence, loved and esteemed by his neighbors.

In 1892 Dr. Still obtained a charter from the state of Missouri to teach osteopathy. A small, one-story, frame building 14x28 feet housed the first school. The class was small, the time required for graduation was less than a year, and there were only a few studies in the curriculum.

Now this school owns a building which, with the hospital run in connection, cost about \$130,000.00. It is said that there are only two schools of medicine in this country with a larger number of students in attendance and probably not a half dozen larger in the world. The course of study extends over a period of three years of nine months each, a length of time which equals, if it does not exceed, that of the best medical schools. With the differences in view point and emphasis on certain branches, practically the same course is pursued in each, with the exception that in osteopathic schools materia medica and Theory and Practice of Medicine are omitted and the Principles and Practice of Osteopathy are substituted.

At the present time, it should be stated, in addition to the parent school, at Kirksville, Missouri, there are seven others with practically the same course of study and requirements as to graduation, located respectfully, from east to west, as follows: Cambridge, Mass., Phila-

delphia, Pa., Chicago, Ill., Des Moines, Iowa, Kansas City, Mo., and two in Los Angeles, Calif.

The graduates of recognized osteopathic colleges now number over five thousand and they are practicing not only in every state and territory in this country, but in many foreign countries as well.

These schools are united in an organization known as the Associated Colleges of Osteopathy. In this organization matters of common interest are discussed and determined, such as uniformity for entrance and graduation requirements, the maintenance of high standards, etc.

When the early graduates in osteopathy went into the field to practice they occupied a somewhat anomalous position before the law. While it is true that they were not practicing medicine in the restricted sense of that term, yet they were engaged in the practice of the healing art. Through the activities of members of the medical profession many osteopaths were arrested upon the charge of "practicing medicine without a license." Few of them were penalized, especially after the courts of last resort had spoken, yet it soon became apparent that appeal must be made to legislatures to obtain specific authority for the practice, to have its status defined and properly regulated, as well as to prevent pretenders from imposing upon the public in the name of osteopathy.

The story of the struggle for legal recognition with the dominant school of medicine, from certain of whose members all opposition came, while an interesting one, is too long to be set forth in detail here. Suffice it to say that through the aid and influence of the people, who, when the issues are clearly understood, may always be relied upon to stand for a just cause, there is not today a state in the Union where osteopaths are not practicing under full warrant and protection of the law. In one or two states, however, this is by judicial interpretation rather than by legislative action.

In some states osteopaths have representation on medical boards, but in seventeen they have been accorded equal standing with the old schools of medicine and have independent boards of examination and registration.

Early in its history the osteopathic profession recognized the value of organization in increasing its efficiency. In 1897 the American Osteopathic Association was formed. This Association has exerted a potent influence in guiding the destinies of this young profession. It has ever stood for high standards of education, scientific advancement and ethical conduct on the part of its members. The annual meetings of the Association are replete with scientific papers, helpful discussions

and technical demonstrations. An excellent journal, now in its tenth year, devoted to scientific and professional interests, is published by the Association.

Under the auspices of the American Osteopathic Association an institute for research work has been incorporated and the work in some lines is now under way. An endowment fund is being accumulated and growing not alone by gifts from the members of the profession, but by contributions from generous and grateful laymen who have been helped back to health by osteopathy.

In addition to the National organization there is scarcely a state that has not its association, and there are many district and city societies throughout the country.

Most, if not all of the colleges now have hospitals where acute diseases are treated and where necessary surgical operations are performed. These not only afford a means of education to their students but are of great benefit to ailing humanity.

The literature of osteopathy has kept pace with its growth in other respects. There are over a dozen widely circulated periodicals published in the interest of osteopathy. Some are published by and in the interest of the colleges, some for scientific and professional ends, and others are devoted to popular exposition of the subject. About thirty books, a number of them used as texts in the various colleges, have been written and published by osteopaths and have played no small part in the development of the science.

To undertake to print a list of diseases treated by osteopathy would be to make these pages look very much like the index of a text-book on the practice of medicine.

The purpose of treatment being to so adjust structure that nerve impulses and vital fluids, necessary to normal functioning, may travel unimpeded, it follows that its applicability is about as wide as the range of disease, for the healing forces of the body are conveyed in no other way and in practically all disease conditions there is some interference to the transmission of the impulses and fluids.

The foundation of osteopathy and the word which perhaps expresses more of it than any other in the language is ADJUSTMENT. The purpose of an osteopathic examination is to find the mal-adjustment which is causing the obstruction to the free play of nature's forces. The object of treatment is to adjust the misplaced parts so that the equilibrium of health may be established.

Osteopaths maintain that man is a most delicate and complex vital mechanism, yet they realize that he is vastly more than an inanimate

machine and their philosophy comprehends a right use of nature's forces. Without being extremists or faddists they recognize the place that heredity, environment and habit have in matters of health and disease. In common with all schools of healing osteopaths make a legitimate use of water, air, sunlight, right thinking, deep breathing, rest, exercise and diet.

Osteopaths recognize the fact that foreign growths within the body sometimes attain such proportions as to menace life; that when bones are broken the ends must be brought in contact, and kept there; and they are aware that in wounds the surfaces must be kept in coaptation until nature can repair the damage. In other words, they recognize surgery as a science, and one that has made great progress in recent years. Osteopaths do protest against operations that are useless. By their treatment the necessity for an operation is often precluded, and many cases have been cured that have been pronounced surgical.

Having shown that osteopaths are trained and educated physicians, that they make their own diagnosis after a physical examination, and that the treatments are given with the specific end in view of adjusting misplaced structure, it should not be necessary to state that osteopathy is in no sense massage except for the fact that there are those who, through misinformation, have this conception of it. Osteopathic treatment is not a matter of routine. It is not a question of so many minutes, or hours, of manipulation. The treatment is not measured by the clock but by results. It is not "rubbing," but scientific adjustment. Osteopathy is not a system of movements, but a philosophy of life.

Undoubtedly the chief usefulness of the physician of the future will lie in the field of prevention. It is not only easier and safer to prevent disease than to cure it, but when this idea is fully recognized and acted upon it will mean a vast economic saving. One of the chief predisposing causes of disease is mal-adjustment of bodily tissues. This cause is almost entirely overlooked by other schools of healing.

Medical men lay great stress upon germs as a disease producing factor. J. M. DaCosta, an eminent authority, in his valuable work on surgery, makes the following statement:

"We constantly ingest thousands of disease germs, and on normal healthy tissue they have no effect, but as soon as they come in contact with some 'weakened spot' where the blood supply is abnormal, they thrive, multiply and give rise to much trouble."

Thus it would appear that germs are of secondary importance. Osteopathy in demonstrating how this "weakened spot" is brought about by means of a fall, jar, slip, twist or sprain, and how their effects

may be overcome by scientific treatment, has made the most important single contribution to the science of preventive medicine.

The treatments are given to relax contracted tissues, to replace subluxated ones, or to stimulate sluggish circulation, and no more force is used than is required to accomplish the end sought. Indeed rough, painful treatments would more often be detrimental than helpful. The strength of the treatment is always adapted to the case and the condition of the patient. The ills of the babe are successfully treated as are those of the athlete. Osteopathic treatment usually leaves one with a feeling of exhilaration instead of exhaustion, and is adapted to the frail as well as the more robust.

The idea seems to have gained currency that osteopathy is an expensive form of treatment. It is true that osteopaths do not charge less for their services than physicians of other schools. Nor should they, for they believe that the service rendered is usually of more value to the patient. It is results that tell. In numerous instances patients have gone to an osteopath as a last resort and have been cured in a few months. In comparing the expense, account should be taken of the time previously lost from business, doctors' and druggists' bills, the expense of visits to the mountains, seashore, springs, treatment at sanitariums, etc.

Osteopaths are not extortionate in their charges, but we are not authorized to publish a schedule of prices applicable alike in all communities. Those who are interested in this, as well as in other phases of osteopathy, should consult a duly accredited osteopathic physician and get their information at first hand. It will be found that the terms are reasonable and the charges not prohibitive to any who really desires the treatment.—The Herald of Osteopathy.

OSTEOPATHIC GLEANINGS.**Osteopathy and the Germ Theory.**

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In this day of rapid scientific discovery, when the high-power microscope has revealed to us a world whose existence was never dreamed of through the agency of the naked eye, it would be futile for any intelligent person to deny the existence of the numerous micro-organisms associated with disease processes. The life-habits of these germs and their potency in engendering disease have been so carefully studied and demonstrated as to leave us no longer in doubt as to their importance in the field of medicine.

The osteopath readily accepts the findings of the bacteriologist in regard to the activities of pathogenic (disease-producing) germs, and he believes with him that these germs act as the EXCITING cause of DISEASE, and that they determine the special character of the disease in many instances; but he also believes, in common with many of the scientists, that these germs only become dangerously active in the body when the vitality of a given part is lowered by some other influence. Disease germs are ubiquitous—the germs of tuberculosis, diphtheria, pneumonia, typhoid fever, and many others may be isolated from the air passages and digestive tracts of a high percentage of healthy persons. When the vitality of the special site of election for germ activity is normal, the germs are inert or destroyed, and are eliminated in the body waste; but when the throat, lungs, or other parts have their vitality lowered by a faulty nerve and blood supply, such as might occur from the influence of the numerous osteopathic lesions we have enumerated, the germs find a suitable condition for activity, and specific disease results. It will thus be seen that the osteopath is not at variance with the scientist who attributes an important role to germs in the production of disease; yet he looks upon the various mal-adjustments of the body as being of primary importance, and making possible germ activity.

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The Scope of Osteopathic Practice.

The uninformed public who have heard something of osteopathy through friends, or have been told by their ill-informed family physician that it is but a crude form of massage, have quite naturally limited the sphere of usefulness of osteopathy to the treatment of chronic rheumatism, dislocation, and similar affections. Even those who have employed an osteopath in cases of the foregoing type, or for chronic throat,

lung, digestive, and nervous affections, may hesitate to call him in any of the acute phases of these troubles. As a matter of fact, we know that all disease is due to a morbid state of the blood and its flow; and perhaps in no other field has osteopathy won such brilliant results as in the treatment of acute diseases.

Apart from those cases which we classify as strictly surgical, I can think of no case which may not be benefited by the judicious application of osteopathic treatment.

The osteopathic physician of today is admirably adapted to the conduction of a general practice. When he is called early, he can frequently avert the necessity for a surgical operation; and he can avert severe colds, tonsillar, digestive, and kidney affections before they reach a serious stage. His treatment of pneumonia seems to be the only rational one left for the pneumonia patient of today.

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Unprecedented Growth of Osteopathy.

The osteopathic physician has come into the professional life of the American people in the course of natural progress and from natural causes. The time became ripe for a revulsion from the drug habit into which the people had fallen, and through the investigations and study of one of its devotees, Dr. Andrew T. Still, an old-school physician, came to the development of the true and natural method of coping with disease, which, for want of a better name, was christened "osteopathy." A simpler title is sometimes given, that of "body mechanics." Surely, no other system of therapy ever gained public recognition and adoption so speedily or so fully. Within fifteen years the legislatures of forty-one states of the Union have enacted laws placing the osteopathic physician on substantially the same legal plane as the old-school practitioner, while court decisions in the remaining states have completed the legalization.

Six thousand graduates of osteopathy are already in the field, practicing in every state and territory of the Union, Canada, Mexico, and the leading countries of both Occident and Orient. The treatment has gained the highest praise of the most intelligent citizens of the nation.

Never before in history has a new school of medicine won in so few years the recognition now accorded to osteopathy.

Thoroughly scientific and demonstrable, it made its appearance in a practical age.

Finding its inspiration in nature it was unafraid of new promises and unhampered either by superstitions or a traditional technique.

Naturally enough its first patients were the hopeless, the incurables of the older schools. How it met the test, how it is meeting it, is beyond controversy.

The world needed osteopathy. The work called for men. The men came with such preparation as they could get. They are still coming. The osteopath finds his work waiting for him. The laws of the states placing osteopathy on a plane with the older schools of medicine, force a new obligation upon the student. The general recognition entails a wider range of practice with new demands in the field of diagnosis.

Yesterday it was the exceptional case, the very patent case, that sought osteopathy. Today it is the whole range of human infirmity and every complication of disease. Where yesterday the inquiry was for a patient, tomorrow it will be for the practitioner.

Those desiring to take up osteopathy as a profession must realize that more emphasis is being placed upon the doctor's resource and preparedness, his professional training, his school.

Today the United States may point with pride to eight thoroughly equipped colleges of osteopathy. The buildings occupied are exceptionally fine and in the faculty of each are professors of the first rank, some of whom are known in all lands.—Chicago Inter-Ocean.

* * *

Pneumonia.

R. E. HAMILTON, D. O.

Among the many diseases successfully treated by osteopaths, croupous pneumonia or lung fever, stands prominent. Of all acute diseases, it causes more deaths than any other. The drug profession say that "there is no remedy which can exert a favorable influence upon the pneumonic process." According to the same authority, it runs a self limited course and its accompanying fever, seldom less than seven and never less than three days. Osteopaths are continually reporting cases of pneumonia which under osteopathic treatment have been relieved of their fever symptoms in less than the time set by the M. D.'s. I do not mean that all cases recover under osteopathic treatment, but that from the very nature of the disease, osteopathic handling is most successful.

"A free and natural flow of blood is health." This is an osteopathic truism, but needs to be demonstrated to those who are uninitiated in the anatomical way of thinking. The blood directly or indirectly feeds every cell of the body. The blood vessels with their elastic coats are,

down to the finest artery twig, modified in size by muscle in their walls. These muscular walls are so closely connected throughout the body that in health the greatest or the least demand for blood is quickly responded to by a dilatation of the arteries. So delicate is this mechanism that even the thought of writing may cause an increased supply of blood to flow to the hand. If the body is too warm a greater radiation of heat is provided for by the expansion of the arterioles and venules in and near the skin; if too cold the blood vessels of the internal organs expand and those near the surface contract, thus sending the blood mass to the interior of the body and preventing too great loss of heat. So long as the adjusting mechanism is in good condition or the demand for change of circulation is not too sudden or long continued the vessels of the body will relax or contract in response to the demands of the body. Should the mechanism become deranged or the call for change be too sudden, some organ or organs will be over-supplied (congested) with blood by a partial stoppage of the circulation. If this congestion occurs in the nose or throat, it is called a cold. If the cold continues for sometime, the weakened tissues are infected by microbes and changes take place in them, and the cold becomes a catarrh.

The lungs and their great vessels contain about one-fifth of the blood of the body and any considerable shifting of the blood stream must necessarily be felt by the lungs. The compensating mechanism—vaso-constrictor nerves in the vessel walls—must be in good condition in order to compensate for the change in the amount of blood in the part.

A vaso-motor center for the lungs is in the upper dorsal region of the spinal cord; when this center becomes disturbed in its activity by a lesion in the spinal column, we have a cause which predisposes to lung congestion and finally to lung inflammation.

Many cases of pneumonia—in fact a large majority of them—come from exposure to sudden changes in temperature. The tissues become weakened from the congestion and stagnation of the blood in them, thus giving opportunity for infection by bacteria. That the primary cause of pneumonia is not bacterial is shown by the fact we find in pneumonias, not only the pneumococci of Fraenkel, but also other pathogenic germs. . . . The bacteria present while increasing the severity of the inflammation are merely incidental to the conditions producing the congestion, and any measure which tends to produce a normal flow of blood will cause the destruction of the bacteria.

The nursing and general care of the patient are very little different from that of any other school of practice, but the treatment is based on the apparent cause of the attack. The weakness of the lung may be

due to a lesion of the ribs, the dorsal or cervical vertebræ, affecting their the nutrition or the vaso-motor control of the lungs. Treatment must always be directed to the removal of the lesions found. Vigorous treatment should be given only in the first stages of the disease, the earlier the better. The trouble may sometimes be traced to heart weakness and the centers affecting the heart must be looked after.

The centers for the kidneys and the intestinal tract should be examined, as lesions affecting these organs are quite frequently found in pneumonia. Any measures—such as swathing the patient's thorax with cotton—which will cause the blood vessels near the surface of the body to dilate, will help to relieve the congestion.

It is safe to say that practically all drugs leave some weakening after effects. Cases treated without the use of drugs, invariably recover more rapidly after the crisis of the disease is reached.

* * *

Dr. S. T. Lyne, Kansas City, Mo.: "In the experiences of the writer quite a number of persons who were extremely susceptible to cold and pneumonia have had this predisposition entirely eradicated by a course of treatment. Many very distressing coughs, some of which had been previously diagnosed as tubercular, have been entirely cured by a short course of treatment. La grippe, bronchitis and tonsilitis are greatly relieved at once, and are cured in a remarkably short time. Not only has the relief osteopathy affords one suffering with pneumonia proven a wonder to many who previously thought its field limited to certain diseases, but the rapid and complete recovery of many cases of pneumonia under osteopathic regime has demonstrated the fact that osteopathy is eminently able to successfully handle even this dreadful disease without the aid of medication."

* * *

Man Refuses to Give Up Paining Appendix.

Under this caption the St. Louis Globe-Democrat of December 1, published these few lines from Memphis, Tenn. Later history of the case is not available, but it is interesting to note one medical man's stand, so far as his own case was concerned:

"Spurning all medical assistance tending to separate him from his appendix, Alvin Tate, superintendent of the County Hospital, was today believed to have passed the crucial stage of a critical attack of appendicitis without an operation.

"I have watched thousands of operations, but in appendicitis I think it is unnecessary," the superintendent is quoted as saying, in midst of extreme pain, and when the hospital surgeons wanted to place him under the knife. Superintendent Tate regards appendicitis as nothing but 'an old-fashioned pain, curable by old-fashioned methods,' it is said."



The night of December 10 was given over to a celebration in the Club rooms, of the twelfth anniversary of the founding of the Atlas Club. None but members were present; indeed, there was room for no others, for with the exception of a few who were kept away because of illness, all the members were present and the capacity of the two rooms was taxed more than at any previous time this school year.

The first of the evening was taken up with a musical program, and though the music on all the program evenings has been exceptionally good, more preparation than usual had been made for this particular night, and the program was longer and better than usual. It was:

Selection	Atlas Club Orchestra
Violin Solo	Charles Dejardin
Trio (Violin, Flute and Piano).....	
.....	A. S. Hollis, S. L. Gants, F. S. McGonigle
Vocal Solo.....	L. B. Allabach
Quartette (Violins, Flute and Piano).....	
.....	C. Dejardin, A. S. Hollis, S. L. Gants, F. S. McGonigle
Vocal Solo.....	V. A. Strayer
Selection	Atlas Club Orchestra

At the close of the program the hall was cleared, tables were set and the appetite of all fully satisfied. But even by that time the program was hardly more than well started, for then Dr. Pratt took charge of further proceedings. Dr. Pratt had been chosen toastmaster and, as he always is, was equal to the occasion. The following responded to toasts: Noble Skull Ford, "Greeting"; Dr. R. E. Hamilton, "Old Atlas"; Dr. Harry M. Ireland, "The Atlas Goat"; Dr. A. D. Becker, "The Constitution"; Dr. F. E. Moore, "The Initiate"; Dr. John Deason, "The Engaged Man."

* * *

Thursday night, December 29, those of the field members who were in Kirksville for Review week were entertained at dinner at the "home" on East Washington Street, and later a reception in their be-

half was given at the Club rooms. A selection by the orchestra opened the program, Mr. Arthur S. Hollis gave a violin solo, Mr. W. K. Jacobs sang, and brief addresses were made by Dr. Van B. Smith, '04, Lincoln, Neb.; Dr. Frank R. Heine, '99, Pittsburg, Pa.; Dr. H. C. Johnson, '07, Quincy, Ill.; and Dr. S. S. Still, '95, Des Moines, Ia. The other alumni present were: Dr. M. C. Burrus, '07, New Franklin, Mo.; Dr. A. M. Oswalt, '05, Auburn, Ind.; Dr. H. L. Urban, '07, Maquoketo, Ia.; Dr. K. T. Vyverburg, '03, LaFayette, Ind.; Dr. E. E. Thawley, '02, Peoria, Ill.; Dr. O. H. Kent, '05, Seward, Neb.; Dr. F. E. Moore, '02, Oregon; and Dr. J. V. McManis, Baird, Texas. Dr. Moore and Dr. McManis are taking post-graduate work, and Dr. Heine came to Kirksville to spend Christmas with his father, B. F. Heine, the banker, but except Dr. Heine, all those named took the special week's work under the two Dr. Georges.

* * *

Eldon S. Detwiler, formerly of the 1909 class, who has been in practice, has returned to continue his course and will finish with the present Senior class in June.

* * *

Dr. Ernest A. Plant, Jan., '05, now located at El Cajon, Calif., but formerly at Escondido, Calif., has written for some back numbers of The Bulletin and promised us material for some later number. In one of his letters he says:

"* * * 'Twould be a great treat to come talk to you all some Saturday night and give you to understand out of my own experience that you are on the right track and away in advance of any other therapy. The truth that Dr. Still brought to light grows more and more fascinating as one applies it to the diseases and the lives of suffering and misguided mortals year after year, and although only a small proportion of the race as yet knows of it, those who do have come to see that a new day has dawned for human beings and that the life of all humanity contains possibilities almost undreamed of heretofore."

* * *

We are indebted to Dr. A. S. Bean, Atlas '04, for the case report that appears elsewhere in this issue. Dr. Bean, to give further assurance that his interest in the Club still continues, writes:

"After six years in the field I can say that I am still very glad I became an Atlas man. The Club meant much to me while there; it has meant much to me in the field. Most of our men are able men and stand for the best in the profession."

Dr. Charles P. Hanson, 1910, located at Bloomington, Ill., and from there writes to commend The Bulletin and ask for "more work and notes of senior class cases" to appear in it. Further he writes:

"I am looking forward to the A. O. A. next year in Chicago, and when I read that the 'big men' of the profession are Atlas men, I am glad to wear the emblem on my coat which speak for the best osteopathic fraternal order.

"Bloomington is the county seat and one of the best cities in the country with a population of nearly thirty thousand. We osteopaths number eight here, but in the short space of four or five months I know of two M. D. brothers who have left the city—for health. Many great cases have been taken after nearly everything else was tried and abandoned, and cured by osteopathy. Those patients, of course, will talk, because they have been restored to health.

"With the short time of my practice I think now, if I were asked the one thing in which to specialize, I should say, 'Learn to diagnose your case. Settle it in your own mind; then, look for lesions or other causes.'" * * *

* * *

Dr. Franklin Fiske, Atlas 1904, of 1 West Thirty-fourth street, New York City, has removed his residence to 445 Riverside Drive, where he will receive patients in the evening by appointment only. This location is just north of 116th street; the building is a new fire-proof apartment building and one of the finest on the drive. It is one block from the Columbia University grounds.

* * *

Dr. C. W. Rothfus, Atlas 1909, who was in practice at Blissfield, Mich., has removed to Detroit. For some time past he has had an ambition to establish a city practice and is now making an experiment. He has offices at 71 Webb avenue.

* * *

Dr. J. E. Derck, Atlas 1909, has removed from Montpelier to Bluffton, Ind.

* * *

Dr. Jenness D. Wheeler, of Malden, Mass., who has been afflicted with poor health for the past eighteen months or so, is spending the winter at Sarasota, Fla., with the hope that it may prove beneficial to his health.

* * *

Attractive Christmas greetings have been received from Dr. and Mrs. William Smith, 4 Windsor Terrace, Dundee, Scotland.

Dr. E. H. Laughlin has resigned his position on the faculty to take charge of the A. T. Still Park Springs Sanitarium at Bentonville, Ark., of which Dr. Charles E. Still is president and Dr. George M. Laughlin, vice-president.

* * *

Our predecessor, Dr. Irving Fish Craig, who has been at St. Paul, Minn., since his graduation, has formed a partnership with Dr. J. B. Bemis, a former instructor in the Northern Institute of Osteopathy, with offices at 909 New York Life building.

* * *

Dr. W. H. Andrus, Atlas 1910, until recently in practice in Toronto, has removed to his former home, Hartford, Conn., and is now associated with Dr. L. C. Kingsburg, Atlas 1901.

* * *

Dr. F. Austin Kerr, Atlas 1909, and a Past Noble Skull, has removed from Provo and opened offices at 518-520 McIntyre Building, Salt Lake City, Utah. He is associated in office practice with Dr. Alice Houghton and Dr. P. E. Johnson.

* * *

Another of the 1909 delegation from the Club, Dr. Leonard Tabor, is located at Silver City, New Mexico, and has written to express his appreciation of The Bulletin.

* * *

Dr. Ambrose B. Floyd, Atlas 1906, announces the removal of his down-town office to 605-611 Ellicott Square, Buffalo, N. Y.

* * *

DIED.—At Lawrence, Mass., December 7, Maybelle P., ten months old daughter of Dr. and Mrs. Charles G. Hatch, 125 Haverhill St., of pneumonia.

* * *

BORN.—To Dr. and Mrs. L. H. Walker, Ellenburg, Wash., Dec. 7, a son, Linus Hoard Walker.

* * *

BORN.—To Dr. and Mrs. W. W. Vanderburgh, of San Francisco, November 24th, a daughter, Margaret Rose.

* * *

BORN.—To Dr. and Mrs. Ray L. Davis, of Guthrie, Okla., November 23rd, a son, Malvin Hugh Davis.

* * *

MARRIED.—At Surprise, Neb., at the home of the bride's parents, Mr. and Mrs. L. D. Sylvester, November 25, Dr. Lester Clark Marshall, Atlas 1910, and Miss Maybelle Clare Sylvester. At home after January 1, Wisner, Neb.



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 Prisler.
- NOMINATING.—Miss H. A. Hitchcock, Mrs. Julia I. Chase, Mrs. Fannie Stoner, Miss Mae Foster, Miss Emily Malcolmson, Miss Esther Bebout.
- SICK.—Mrs. Julia Chase, Miss Jeanette Hersche, Miss Vera Chalfant.

The people of Kirksville were shocked Thursday morning, to hear of the death of Mrs. Myrtle Caldwell Riley, who passed away about four o'clock in the American School of Osteopathy Hospital. The Saturday before she had gone to the hospital for an operation, which was performed Sunday morning. She stood the operation well, and for a day or two there were good hopes of her recovery. Later her nervous system gave way and her death followed in a short time.

The deceased was born in Larned, Kansas, June 1st, 1879. The most of her early life was spent in Maysville and Kirksville, Mo., where she was universally loved and respected and where she was united in

marriage, February 2nd, 1899, to Dr. Harry L. Riley, when they removed to Hartford, Conn., which was her home for a number of years. To this union was born one son, Winslow, who is with his father in Connecticut.

Mrs. Riley was a good and true woman in every relation of life; as a wife, a mother, and a friend, her life was a model one. She was a very capable woman, and was unusually successful in every undertaking. Two years ago last September she came to Kirksville, on the insistence of her husband, to pursue the study of osteopathy, he keeping their son, Winslow. Later he insisted that she should get a divorce from him, which was the greatest trial of her life, and her conditions were made such that she was left no alternative. The divorce was granted last October. These domestic troubles, for which she was in no way responsible, and the disappointment in not being permitted to see her little son for more than two years, was a crushing blow, which, although she strove heroically to withstand, broke her heart, and it is believed by her friends that she died more of a broken heart than for any other reason.

Mrs. Riley was known, loved and respected by a host of the very best people of Kirksville, who are greatly pained at her death. At school she was one of the most popular students, commanding the admiration of her classmates and the faculty, for her ability and scholarship, and her devotion to the pursuit of what she deemed was to be her life work. She was kind and affable, retaining not only the friendships of the past, but gaining new ones whenever she became acquainted.

The funeral service was conducted Sabbath afternoon from the Presbyterian church, by the Rev. W. C. Templeton, D. D., her pastor, in the presence of a very large congregation of sympathetic friends. The class of which she was a member, numbering about one hundred eighty, were present in a body. A quartette of young men rendered appropriate music, and a solo was sung by Mrs. Helen D. Templeton. The Axis Club, of which she was an esteemed member, were present in a body. Of the immediate and near relatives there remain to mourn their loss, Mrs. C. A. Robinson, a sister, of Kirksville, and Mr. C. M. Caldwell of Kansas City, Mo., a brother, and Dr. M. E. Harwood, an aunt, also of Kansas City. There were a number of other friends from out of town, among whom were Mrs. Lydia Riley and Mrs. Ida Durham, mother and sister of Dr. Riley, who live in St. Joseph.

The interment was in the beautiful cemetery one mile east of Kirksville, where all that is mortal of our beloved friend was laid to rest until the morning of the resurrection. A great many friends in Kirksville,

in Hartford, Conn., and elsewhere, mourn the loss of one whom they loved, and whose memory they will tenderly cherish.—Kirksville Journal.

* * *

WHEREAS, our beloved sister, Mrs. Myrtle C. Riley, was taken from our midst on December eighth, nineteen hundred and ten,—

RESOLVED, That we, the members of the Odontoid Chapter of the Axis Club, have lost a valuable worker, one whose patience, virtue and intelligent interest in those with whom she came in contact was always pleasing and helpful. Her social tact, charming personality and genial disposition were ever at the command of the Club.

She was loved and respected by the Society as a whole and by its individual members.

We, therefore, extend to her friends and family our sympathy in their bereavement, most sincere because their loss is our loss also, and do order that this resolution be spread on the records of this Chapter, printed in The Bulletin of the Atlas and Axis Clubs, and copies be sent to the members of the family.

ELIZABETH H. LANE.

MARY EMERY.

EDYTH M. CAREL.

* * *

Wednesday evening, November 30, the local chapter held an open meeting for some of the new students. Dr. Hezzie Carter Purdom Moore, who is in the A. S. O. doing post-graduate work and who is one of our new Axis members, talked to us a little while, giving us some of her interesting experiences. Dr. Moore said in part:

“I am always happy to be with osteopathic physicians and students, for I am thoroughly osteopathic, and often in practice one longs to mingle with others of our science. I not only come before you as a student but also from the field and will endeavor to relate a few facts.

“First, I am ABSOLUTELY satisfied with osteopathy and the results obtained. I have been graduated from the American School of Osteopathy almost ten years and I know in my heart that osteopathy and conservative, not promiscuous, surgery, will cover the entire field of healing.

“When a patient comes to you, make a thorough examination, exhaustive to the best of your ability; tell what the abnormal conditions are you find causing the ill health, and what you think you can do. Often the patient comes to you after trying all other curative methods,

so ask if it is not worth the trial, but never promise to cure. Many times you cure these cases and always benefit them. So try and see. Osteopathy will not fail you if you do your part.

"The question often comes to me, 'Is there another profession that offers so much socially, financially and professionally for women?' Mrs. Foraker has truly said, 'If osteopathy does no more than its cure of women, it is a great science.' We can also add that it is the greatest profession for women, but to secure this great and gratifying profession you must get your fundamentals and know the principles and practice of osteopathy as taught and practiced by our beloved founder, Andrew Taylor Still. Cases will come to you which are hopeless, and death is near, but you as an osteopathic physician can do just as much to relieve as can any other physician. You will doubtless lose some patients, but take the cases and do what you can. You cannot cure everything, but osteopathy, intelligently applied, can cure everything that is curable.

"You may feel that you want to be a general practitioner, and want to do a little osteopathy, a little surgery, and maybe a little medicine, but to be a great success, PRACTICE OSTEOPATHY EXCLUSIVELY. Your patients have probably tried medicine and come to you for osteopathic treatment. Send your surgical cases to our osteopathic surgeons where they will have osteopathic treatment when necessary.

"All I am and am able to do osteopathically I owe to the Old Doctor, and thus it will be with you. He is years and years ahead of us in every way and you should deem it a great privilege to have him appear before your classes. If you do not understand all he says, listen more attentively and don't blame him, blame yourself. Every time he speaks it is an osteopathic truth. Think it over and over and in time you will realize what he has meant.

"To be successful you must have enthusiasm and make your patients enthusiastic about osteopathy. When patients come to you for information regarding osteopathy and osteopathic treatment, I find the easiest and best explanation you can make is the one illustration I have so often heard the Old Doctor give: 'The body is a human engine, and to be in perfect running order, the least part must be in perfect harmony. For instance, take an engine. Should a nut or bolt become loose, would you pour oil on the part? No. Tighten the nut and bolt, and again the engine will run perfectly. Just the same with the human engine. If a rib or vertebra were twisted or tightened, would you give medicine? No. You would adjust the part and as a result have a perfectly running human engine, producing health. This is an old osteopathic truth.'"

Dr. Mary Ewing-Murray, Helena, Montana, sends greetings and best wishes for the club for a happy and prosperous year, and says she would love to meet with us. The Doctor asks for the address of an Axis sister in another part of the country so she may recommend her patient to a sister practitioner. We like to see Axis members stand by each other this way. It shows our club means something to us when we get into the field.

* * *

Dr. Pauline and Dr. Harriet Sears write that they have been at home nearly all summer, but have now located at Ontario, Oregon. They promised to write us again soon if the patients did not come in so fast that they did not have time. We haven't heard, so we judge they are very busy and we know they will succeed.

* * *

Dr. Della K. Stevens is at present located at Marion, Kentucky.

* * *

Such an interesting letter comes from Dr. Lydia H. Holmes, Pekin, Illinois, that we want to quote from it so her friends in the field may have the benefit of it. The Doctor writes:

"I think of you so often and how I wish I could step into the club room and see your faces once more.

"How I did miss coming back this fall and meeting the friends of whom I had become so fond; and I really thought things were working beautifully in my favor, for I had a patient that I thought must have an operation and she had just about decided to go to Kirksville and take me along when she started to improve. Now she is practically well. What shall I say to interest you most? In the first place, I want to say osteopathy is all right in every way and accomplishes wonders. It takes good, honest, hard work and conscientious effort, but you are bound to get results if you keep up courage.

"Get everything you can. Nothing comes amiss. Of course, most of your work is with our own sex, and you will find so many, many conditions that you don't know how to diagnose or how to account for. But by following nature's dictations, relieving tension, freeing up the blood supply, stimulating the nerves and keeping the body warm and comfortable, your efforts bring great relief, almost instantaneously at times, surprising even to yourself.

"One Sunday night I was called out and found the patient suffering with a terrible headache, nauseated and vomiting. Said she awakened in the morning that way. Back of head was hot. Began treating head, while put feet in hot water bath. She started to vomit every time she

moved. Straightened up lesion in stomach area, gave her a good stimulating treatment and made her drink a glass of hot salt water.

"She had been cold and clammy all day. Before I left her she was in a profuse sweat, headache all gone, and ready for a good sleep. Then they told me they had had the medical doctor in the morning and she had been taking medicine all day without a bit of relief. The next morning she met me at the door as happy as could be.

"My cases up to now have not been strictly bone lesion ones. All have had to have the entire system worked up before I could see results. The last few days I am having more cases that are coming under that class. Perhaps it is because I am becoming better able to recognize them.

"Could write on for hours of different cases. How the X-ray verified my diagnosis of a dislocated wrist, and how I set it with one of the manipulations that dear 'Old Daddy' showed me. How by setting a lesion of the sixth dorsal I helped a young woman who, at her menstrual periods, had such an excessive flow of saliva it would almost choke her and who also suffered a great deal at that time. But I must hasten on." * * *

Dr. Holmes enclosed in her letter payment IN FULL for her life membership, so we are sure she is succeeding financially as well as professionally. She closes with best wishes and love to the club and its members.

We do wish that others who are succeeding and enjoying their work would tell us about it. Axis members in the field are always glad to hear news of sister members, and we here in the school especially enjoy the experience of those who are out ahead of us. So gather up all the news you can and send to the

AXIS EDITOR,

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

* * *

Wednesday evening, November 23, the following took upon themselves the vows of the Axis Club:

Mrs. Edyth Leona Carel came here from her home in Joplin, Missouri. She received her education in the Joplin College and the Gem City Business College of Quincy, Illinois. She was formerly a stenographer in a law office at Joplin, but saw so many good results from osteopathic treatment, both for others and for herself, that she decided to take up the work. She is related to Dr. O. M. Strickland of Joplin. Mrs. Carel is a member of the 1911 class.

Miss Annette May Alexander came here from her home in Louisville, Kentucky. She received her education in her home town, being

a graduate of both the high and normal schools. She was influenced to take up osteopathy by Dr. Evelyn R. Bush of Louisville, after she and other members of her family had been benefited by Dr. Bush.

Miss Anna C. Myles' home is in Nyack, New York. She was a trained nurse before she came here, having been graduated from the Astoria Hospital Training School for Nurses and the Women's Hospital of the State of New York. She decided to take up the study of osteopathy because she had seen patients helped by the treatments where medicine failed. She was indirectly influenced to come here by Dr. Tuttle of Portland, Maine, and Dr. Reilly of New York City, both graduates of the A. S. O.

Mrs. Ivy McKarney McAnelly came here from her home in Gregory, Texas. She was graduated from the high school at Waco, Texas, and studied in Baylor University in Waco and Vanderbilt University, Nashville, Tenn. She took up osteopathy because she thought it a great science and entered the A. S. O. with the 1911 class, but was out a year, coming back to join the present Junior class.

Miss Alma Catherine Schloesser is a Kirksville girl and received her education in the Kirksville training school and Kirksville State Normal. She then entered the A. S. O., and is a member of the September, 1912, class.

* * *

Doctor Nora B. Pherigo of Fulton, Kentucky, in a letter to the club girls, tells of some interesting gynecological cases she has had, and says she is well pleased with results obtained along that line, and wishes she could care only for that kind. She says in part:

"First, I find osteopathy does all which is claimed for it at the A. S. O. It does not cure everything, but it helps all except, of course, malignant diseases, and makes a complete cure of many cases which otherwise would remain invalids. The majority of my gynecological patients come to me complaining of stomach or heart trouble. Upon examination I usually find trouble in the pelvis, the nerves from here sending impulses to the solar plexus, causing digestive disturbance which in turn frequently cause functional heart symptoms. I have also noticed in several cases where the chief complaint of the patient was hyperacidity and other forms of stomach disorder, that when the pelvic disease was cured the stomach would invariably get all right.

Dr. Pherigo in closing says:

"I love my profession better every day and realize more and more the blessing the Founder has been to humanity. May success ever attend the Axis members and may they ever let the light of osteopathy shine forth in all its bright glow."

LOCATIONS AND REMOVALS



- Beall, Drs. Francis J. and Clara P., from 446 to 441 S. Salina St., Suite 211 Union Bldg, Syracuse, N. Y.
- Bolam, Dr. Julia S., from 2 Durston Bldg., to 303-305 The Montana, Anaconda, Mont.
- Carney, Dr. E. B., from Salina to Fort Scott, Kans.
- Dellinger, Dr. L. J., from 120 West Hansfield st., to South Walnut St., Bucyrus, Ohio.
- Derek, Dr. J. E., from Montpelier to Bluffton, Ind.
- Fiske, Dr. Franklin, residence at 445 Riverside Drive, New York City.
- Hull, Dr. Ella, from 5 to 220 1-2 Broadway, Fargo, N. Dak.
- Kerr, Dr. Austin, from Provo, U., to 518-520 McIntyre Bldg., Salt Lake City, Utah.
- Kinsell, Dr. Helen R., from Carleton Bldg., St. Louis, to 4 Lockwood St., Webster Groves, Mo.
- Laughlin, Dr. E. H., from Kirksville, Mo., to Bentonville, Ark.
- Newton, Dr. Geo. H., from Tampico, Ill., to 922 Elizabeth Place, Memphis, Tenn.
- Roberts, Dr. Katherine, from Bedford, Iowa, to Nelson and Ostenburg Bldg., Salina, Kans.
- Rothfuss, Dr. C. W., from Blissfield to 71 Webb Ave., Detroit, Mich.
- Townsend, Dr. Geo. A., from 62 West Baker St., to 88 Williams St., Atlanta, Ga.
- Wheeler, Dr. Jenness D., from Malden, Mass., to Sarasota, Fla., for the winter.
- Whittaker, Dr. Esther, returned to Perry, Ill.