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## TUBERCULOSIS.\*

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(Continued from February Bulletin.)

**PULMONARY TUBERCULOSIS.** In the beginning all cases of tuberculosis of the lungs are local conditions, and in some instances the disease never passes the local stage. That is especially true in tuberculosis of the joints. For that reason tuberculosis of the joints, if properly treated, is not necessarily a serious disease, because it is purely a local condition, and unless it becomes complicated does not affect the general health of the patient to any great degree, although every tuberculous process causes formation of some toxin which is probably the same as tuberculin, which we use in testing animals. We do not get much temperature, but if the local process becomes general you get a high temperature, especially if it becomes mixed with other infections.

**Symptoms.** The symptoms of pulmonary tuberculosis are numerous. It would be a difficult matter to give you all the symptoms, or to give you enough symptoms to cover all sorts of cases. We have so many different types and forms that we can only in a general way give the symptoms that would fit a good many cases. It is a very difficult matter unless one is well versed in diagnosis and is a very careful diagnostician, to diagnose tuberculosis in its early stages. I know of a good many cases where patients have escaped detection, and passed successful examination for life insurance when they were suffering from the incipient stages of tuberculosis. After the disease is well developed anyone who has had proper training can detect tuberculosis.

**Cough.** One of the first symptoms is cough. That alone would not amount to any thing because so many other conditions give us cough. Slight bronchitis, ordinary cold or catarrhal inflammation of the upper air passages are usually accompanied by cough; but the cough is not always present in tuberculosis. I have seen some very bad cases which never coughed, but usually the cough is present and it is quite a distressing cough. Sometimes it comes on in paroxysms,

\*Lecture delivered to 1910 Class in Practice.



and the patient will have seizures of coughing that will almost exhaust him.

**Sputum.** At first there is but little sputum. Early in the disease the sputum that is coughed up is probably not tubercular exudate, but is sputum due to some inflammation of the upper air passages or on account of the toxin of the tuberculosis there is a slight exudate, and when the patient coughs this comes up; but later on we have an exudate from the tubercular focus.

**Tubercular Pus.** Every tubercular focus sooner or later will excrete the substance sometimes referred to as "tubercular pus" or tubercular fluid. We find this to be true in all forms of tuberculosis, especially pulmonary tuberculosis. Of course it does not come up sterile, as we would expect to find tubercular fluid in a joint, because it is mixed with the other infectious material when it comes from the lungs, and we find in addition to the tubercle bacillus various micro-organisms.

**Micro-organisms.** The most common micro-organism is the streptococcus, sometimes the pneumococcus, staphylococcus and other cocci are present but what especially characterizes this sputum is the presence of the tubercle bacillus. In fact that is one of the most important diagnostic points in examining sputum in suspected cases. If we find the bacillus and have the other symptoms we can be pretty certain of our diagnosis. Occasionally it is found in individuals who are healthy and who do not suffer from tuberculosis, but you would hardly expect to find the bacillus in a healthy individual.

If the symptoms of tuberculosis are present and the bacillus is there, taking those two facts into consideration you will have no difficulty in making a diagnosis of tuberculosis.

The sputum is not copious and you must not mistake ordinary sputum which comes from the mouth when making the examination. Be sure it is something that has been coughed up, then you get sputum from the tubercular area, and if the bacilli are present you will be apt to find them.

**Pleurisy.** Another almost constant symptom in tuberculosis in the early stages is pleurisy. In fact in an individual who is up and around and does not complain very much—perhaps has a few minor symptoms that might be suspicious of tuberculosis—who has frequent attacks of pleurisy, covering a period of two or three months, that is very suspicious and I would suspect tuberculosis, and would make very careful physical examination besides examining into the symptoms. Pleurisy is almost always present in tuberculosis, particularly

in the early stages. It is simply an extension of inflammation from the lung into the pleura there is usually a fibrous exudate there, and the pain is caused when the patient takes a breath. Pleurisy is one of the almost constant symptoms of pulmonary tuberculosis.

**Hemorrhage.** Another very important symptom which usually occurs reasonably early in the disease is hemorrhage. The hemorrhage is caused by the tubercle breaking down. Nature's effort to stop the disease causes the tubercle to form, and around this area you will find infiltration,—leucocytes come in and fibrous tissue forms. Toxin causes inflammation, that causes infiltration and the fibrous tissue forms. We have no blood vessels in the tubercle. After a while the tubercle degenerates because there is no nutrition, and breaks down. The degenerative process is caseation. The tubercle softens and breaks down and after while it will liquefy, the contents are absorbed and it leaves a cavity. In the process of breaking down oftentimes a blood vessel is eroded, and at that time you will have profuse hemorrhage. Sometimes the blood comes spurting out of the mouth and nose, but usually is not so marked as that. I have had a few cases where they had repeated hemorrhages. The blood spurting out of the mouth and nose, and perhaps the patient would spit up a pint or quart of blood in a little while. You can always tell where the hemorrhage is, for you can hear the blood bubbling in the lung on the bad side. At other times the hemorrhage is not so great, just a little blood in the sputum which will keep up for several hours or days.

**Size of Hemorrhage.** The size of the hemorrhage depends upon the size of the blood vessel eroded. Hemorrhage is almost a sure sign of tuberculosis, particularly if you have other symptoms.

A single hemorrhage might come from the throat or bronchial tubes. That might not occur again and would be due to some other cause. I do not know of any cause for repeated hemorrhages especially where there is considerable loss of blood from the lungs, except tuberculosis.

**Prognosis.** Tuberculosis is curable and if taken in time you can cure 50% or more. To illustrate, two or three years after one of my patients had had lobar pneumonia, she sent for me for treatment for hemorrhage of the lungs which she was having at the time. The blood came spurting from her mouth, and she was, of course, greatly frightened. I gave her a treatment and the hemorrhage stopped, and she did not feel very badly. She was up and around in a few days, but in two or three weeks the hemorrhage was repeated, and before she got well she had perhaps a dozen hemorrhages, covering a period of four or



five months. The hemorrhage was never less than a pint, and sometimes as much as a quart. There was no question about the hemorrhage coming from the lungs, because on examination you could hear the blood bubbling in the lung. On one side the rales were present and on the other side absent. She commenced to lose weight. She ran down fifteen or twenty pounds or more in weight. She had pleurisy, and some temperature almost every afternoon, and commenced to feel weak. Her appetite was poor; she had every symptom of tuberculosis, but we could not find the bacilli in the sputum. We examined that sputum fifteen or twenty times, and never could find a tubercle bacillus. Still, I believe that was tuberculosis. The rales were present on respiration. She had a bad dorsal spine, and rib lesions. I corrected the bony lesions, and directed her as to diet and fresh air. She made a complete recovery, and is perfectly well to-day.

**Climate.** I do not believe much in changing climate for tuberculosis. We can treat tuberculosis here just as successfully as in any climate in the world.

**Hemorrhage.** If hemorrhage occurs from the lungs particularly, if repeated a number of times, it is a pretty sure sign of pulmonary tuberculosis. Children seldom suffer from hemorrhage.

**Dyspnoea.** Difficult breathing is another symptom of tuberculosis. We naturally expect rapid respiration in tuberculosis.

If considerable area of the lung is involved in tuberculosis, the patient would have to breathe faster to get enough oxygen. The toxin of the disease would also cause respiration to be more rapid. Those two factors must be taken into consideration. Respiration is not deep and is quite fast in tuberculosis. The rapidity of respiration depends on the stage of the disease and the condition of the lung.

**Pain.** Pain in the lung is not a constant symptom. There is usually a feeling of depression, but not much pain, except in pleurisy.

**Fever.** Fever is always present in tuberculosis. In the beginning of the disease there is no temperature, but later on, when the disease is well established there is daily temperature. It usually comes up in the afternoon and goes away at night. Perhaps the temperature is normal or sub-normal in the morning, and then in the afternoon it runs up to 102 or 103 degrees. That is one of the constant symptoms of tuberculosis. It is indicated usually by a flush on the face, and is known as the "hectic flush". You will notice there is a red spot on

each cheek. This indicates temperature. So long as the infection is simple there is not much temperature. Take a child with tuberculosis of the hip-joint, he may be fat and feel fine, except he is lame and has some pain in the hip. He will not have much temperature. Perhaps the elevation will be only part of a degree. He may go through the disease without having much temperature, because the disease is purely local; the infection is simply a tubercular infection, but let that go on, an abscess form, and a mixed infection take place, then there will be high temperature, there will be emaciation, sweating, prostration and loss of appetite. It is the mixed infection in tuberculosis that does the mischief. It is not the tubercular infection—that of itself is not so bad. When it becomes mixed with streptococcus we have a large amount of toxin, higher temperature, rapid emaciation, loss of appetite, profuse perspiration and all that sort of thing.

**Mixed Infection.** In all cases of pulmonary tuberculosis after the disease is advanced we have mixed infection. Why? Because the tubercle is exposed to the air. Air reaches the bad place and infection is carried in. In case of tuberculosis of the hip-joint it is covered and protected, so no other infection can take place. In pulmonary tuberculosis the mixed infection takes place readily. The patient does not begin to go down hill, does not sweat every time he lies down, and does not lose appetite until the mixed infection takes place. As soon as that takes place he goes down rapidly.

In a patient having daily temperature of two or three degrees in the afternoon, who has difficulty in respiration, history of hemorrhage (or even without hemorrhage), with cough, pleurisy and loss of strength, you are justified in diagnosing tuberculosis.

**Anemia.** The blood in tuberculosis is usually anemic—the red blood count is low. There is sometimes leucocytosis in mixed infection. Mixed infection causes pus to form in the lungs and the leucocytes increase.

**Sweating.** Sweating is another symptom. If you get a case of tuberculosis to treat before the patient has commenced to have these drenching sweats you may be able to cure it, but after they commence it is not probable. Patients will often sweat enough in an hour to wet the bed clothes. I have seen cases where the perspiration was so marked every night it would soak through the mattress. The sweating is due to the mixed infection,—tuberculosis and streptococcus. Patients lose weight rapidly—lose several pounds per month, and have no appetite. If you get the case in that stage you cannot do



anything, it is too late. If you get the case before that, then you can hope to do some good. Remember to take into consideration the cough, the sputum, pleurisy, hemorrhage, difficult breathing, pain, fever and sweats, while the pulse is usually feeble and more or less rapid.

**Physical Signs.**

In any advanced case you can look at the patient and see that he is tubercular. The nose is pinched, he has a glassy eye due to anemia, perhaps has a stooped position, the chest is usually flattened, the ribs point down—that is below the angle they commence to drop down. You will notice on inspection when making the physical examination that the expansion of the chest is considerably impaired. The apex beat is pretty prominent—you can see it like in some cases of organic heart disease. Over the area of degeneration in the lungs, the ribs will be considerably depressed.

**Diagnosing Expansion.** To diagnose for expansion, have the patient lie on his back, put your hands over his chest, at the same time watch both sides, then have the patient draw a full breath. If one side alone is involved there will be lessened expansion on the affected side. You see the emaciated condition of the patient. In the early stages the patient may be plump and in good condition, and then nothing can be detected by expansion. Palpation does not give us much information then. You can detect lessening in the strength of the lungs by putting the hands over the thorax and holding them rather firmly.

**Ribs.** If there is anything the matter with the ribs you can feel it. Vocal fremitus you can get by palpation, but that is all.

**Percussion.** We do not get as much as you would think by percussion. We get something, however. Always percuss carefully over the front and back of the thorax in case of lung trouble—pneumonia, pleurisy with effusion, and where you suspect tuberculosis.

**Technique.** The proper way to percuss is to let your finger rest between the ribs (not on top) wherever you are going to do the work. Put your finger parallel with the ribs and let the finger rest between them. With the finger of the other hand give a sharp, quick blow. Let the fingers strike lightly. Practice percussion, for you will need it. Over the liver you get a dull sound, over the lungs you get a resonant sound, and after a while you will learn the difference between a dull, resonant and a tympanitic sound.

In tuberculosis you do not get much dullness except in cases of

large areas of consolidation. If you have only a small tubercle you cannot detect anything wrong at all by percussion unless it is right on the surface of the lung. The consolidated area would have to be as large say as an inch and a half square, and then you could get a dull sound. There is one form of tuberculosis where you get extensive consolidation and that is in the acute pulmonic form, which is a good deal like lobar pneumonia. In that condition you will get consolidated areas as large as your fist, or larger. That is acute tuberculosis, not miliary—acute pulmonary phthisis.

**Cracked-pot Sound.** Take a glass or a pot of some kind and tap it with an iron instrument, and if it is not broken you get a clear, ringing note. Then do the same with a pot or glass that is cracked, and of course you do not get the ringing note. After tuberculosis has existed for a little while, and the tissues break down, instead of getting the ringing or tympanitic note, and instead of getting the dull note, you will get neither, but one-half way between, a sort of a queer sound which we call a "cracked-pot" sound. It is usually detected best in the top part of the lung.

**Auscultation.** We learn a whole lot by auscultation in tuberculosis. **Rales.** Listen carefully over all parts of the lung for the sounds. In every case of tuberculosis we have rales. Instead of the air getting in and making the normal blowing sound, we find more or less rales. Rales, as you know, are those rattling sounds which occur on account of some fluid or mucus in the bronchial tubes and air spaces.

One of the most positive signs of tuberculosis in its early stages is the presence of rales at the beginning or at the end of respiration. Perhaps the bacilli have not yet been found in the sputum. You tap around and the lungs seem to be all right. Expansion is good, though, perhaps a little temperature in the afternoon, or perhaps a little hemorrhage. Have the patient inflate the lungs fully, and just at the end of inspiration you will hear some rales; then have the patient expel the air and at the end of expiration you will hear some more rales. In the ordinary advanced case you can hear all sorts of moist rales during respiration, bubbling, flapping, whistling and blowing. You can hear it any place over the bad lung, but in the early stages it may escape you unless the patient inflates the lung fully, and at the end of inspiration you listen carefully can hear a few moist rales. That is one of the most positive signs we have in making a diagnosis.

**X-ray.** Another thing sometimes used in diagnosis is X-rays. Lung tissue is normally very light, not dense, and X-rays pass right through it, so that no shadow whatever is made by the lung.



There is often a dark area around the heart, but the lung tissue throws no shadow at all. A tubercular area will throw a shadow because it is more dense than the normal lung tissue.

**Forms of Tuberculosis.** Tuberculosis of the lungs appears in two forms, acute and chronic. The acute pneumonic form only lasts a few weeks, and is characterized by the consolidation of the lung like you have in pneumonia, while the other form may last for two or three years before the patient dies or recovers.

**Acute Tuberculosis.** In the acute forms of tuberculosis we cannot do much of anything in the way of treatment. Practically all cases of miliary tuberculosis die in two, three or four weeks. In that acute form of tuberculosis which simulates lobar pneumonia the mortality is very high, and not a great deal can be done by treatment, but in all chronic forms of tuberculosis, a great deal can be done by treatment. Very many cases are entirely cured and have no bad effects of the trouble left. I speak especially now about treatment for chronic tuberculosis of the lungs,—suppurative tuberculosis, sometimes called, chronic phthisis, or chronic pulmonary tuberculosis.

**Prognosis.** There are a good many things to be taken into consideration in the treatments of tuberculosis. One of the most important is that we get the cases reasonably early, for after large areas are involved and the patient is extremely toxic as a result of mixed infection, we cannot hope to do much; the vitality is so greatly reduced that they do not respond at all to any form of treatment, and we do not expect in those cases to save many of them,—very few. But, if the cases are taken reasonably early, (and some of them even after they are quite well advanced), we can hope to get a large per cent of cures.

**Early Diagnosis.** I spoke about the importance of early diagnosis of tuberculosis, and we are able usually if we are careful, to make early diagnosis, if we see the cases early, although sometimes tuberculosis is overlooked on account of the fact that the examination is not made carefully enough.

**Examination.** There are several important points. First, in all suspected cases, the sputum should be examined, not once or twice, but a number of times. In any case you suspect as tuberculosis of the lungs, the sputum should be frequently examined to see if you can find any tubercle bacilli. As I said before, we may find some of these bacilli in perfectly healthy individuals, but if you find them in connection with the symptoms of tuberculosis, it is almost positive diagnosis that the patient is tubercular.

**Symptoms.** Thus, the symptoms are, in the early stages, slight temperature in the afternoon; later on it becomes more marked and more persistent, and occurs every day. In the early stages only now and then fever makes its appearance; pleurisy not persistent, occurring now and again, perhaps hemorrhage occasionally, and as yet perhaps no emaciation; the general health is still good, but on careful physical examination of the lung, at the end of inspiration particularly, you will find moist rales. If this persists for a long time you have a case of tuberculosis. If the temperature gets high and exists every day, and the patient begins to run down, sweats when sleeping, and the appetite gets poor, you have no trouble in making the diagnosis.

**Treatment.** The treatment consists of a good many different things. We would hardly expect to cure a case of tuberculosis by treatment alone, although I believe that the osteopathic treatment is by far the most important factor. It is not so considered by other physicians, of course, who depend more on diet and fresh air than anything else, but by the results of our practice we are led to believe that treatment is much the most important curative factor, because we have been able to cure some pretty bad cases of tuberculosis, chiefly by treatment. Of course at the same time we advise the patient in regard to fresh air, diet and exercise.

**Fresh Air.** First, the patient that is tubercular should live out of doors as much as possible. I do not know as I advocate sleeping out of doors all the time; I do not believe that is necessary, but if a patient sleeps indoors he should see that the room is well ventilated. The windows all the time should be wide open. The patient should, of course, sleep out of a draft, but see that there is plenty of fresh air, because this patient needs good combustion, and if the room becomes stuffy and the air bad, he will fail to get good combustion. There is nothing in the way of advice that is more important than this in regard to fresh air. A great many tubercular patients live out of doors and sleep out of doors in a tent. This keeps the body perfectly dry and the bed-clothing dry. Sleep where there is plenty of fresh air, but if one sleeps out of doors be careful to keep out of a draft, because there is nothing worse than catching cold in tuberculosis. There should be a board floor in the tent, so that articles of clothing and the bed clothes will not get damp.

**Exercise.** The question of exercise is one about which there is some difference of opinion. I do not believe that a tubercular patient should take much exercise. I think it is a mistake



in any stage of tuberculosis, and in any form, for the patient to take exercise to amount to anything. A little walking is good, but hill climbing, horseback riding or any exercise that causes rapid respiration or fatigue, especially in tuberculosis of the lung, should be avoided. One of the principles of treatment of inflammations is rest to the inflamed part, particularly where the inflammation is chronic and due to tubercular infection. We cure tuberculosis of the spine and hip, and other local forms of tuberculosis by giving the inflamed part complete rest, and I do not believe it is a good practice to take much exercise, because it causes the lungs to work too rapidly, and stirs up the diseased area while it should be given rest. Of course, the patient should have plenty of fresh air, but I do not believe in vigorous exercise or giving breathing exercises in cases of tuberculosis. They have a tendency to irritate the disease and spread it, rather than cause it to become more localized and quiet.

**Nutrition.** Another thing we attempt to do with tubercular patients is to get them to take on fat. It is an indication that the general condition is improving, and vigorous exercise is not conducive to taking on fat. If the patient has a good rich diet, and does not take much exercise, and the system is tolerably free from toxin, he will gain in weight, particularly if he has previously lost weight. Nothing is more favorable in tuberculosis than the fact that a patient is gaining in weight. That is positive evidence that the patient is getting better, as is a reduction in the temperature or absence of temperature.

If a patient comes to you with tuberculosis and is reduced in weight, has temperature, if after several months he is gaining in weight, the temperature is less or has disappeared it is positive evidence that the lesion is becoming quiet, and probably if he continues treatment and takes good care of himself he will have complete recovery. So we give a diet that is easily digested and very nutritious. A good diet that is concentrated and rich, but of course do not overfeed the patient to the point where he will have indigestion, but aim to give the patient all he can take and digest.

**Diet.** No food is better than good, rich milk—the patient should have all of that that he can take without producing indigestion. Eggs are especially good, too. Some patients make a practice of drinking a number of quarts of milk every day, and eating twenty eggs a day, taken raw, frequently four or five at a time; that constitutes the bulk of their diet, although any other good, nutritious diet can be used, as good beef, which is rich in protein, is easily digested

if of good quality and well prepared. There are other valuable foods, but these are the principal foods to be given in tuberculosis. The patient should be kept full and the meals should therefore be frequent. If necessary five or six a day. Of course, if there is indigestion as a result of overfeeding, you will have to stop it for a while and learn the proper amount to be given to get good results. I think this is one of the important features in treatment of tuberculosis—a good rich diet, plenty of fresh air, not much exercise, and last and most important of all, osteopathic treatment.

**Lesions.** You will find in tuberculosis of the lungs various lesions in the thoracic and cervical region. I have had patients with tuberculosis who had marked lesions in the cervical region in different places there; some deformity usually in the thorax;

**Ribs.** The ribs are found frequently depressed, pointing down instead of at the normal angle, and frequently you will find some of the ribs in the mid-dorsal region rotated abnormally, so you can feel the top or bottom edge prominently in comparison with the other ribs.

**Dorsal Vertebrae.** You will frequently find an abnormal condition of the upper dorsal vertebrae such as curvature; may be off half an inch or an inch; two, three or four dorsal vertebrae in lesion, twisted to one side so that you can readily detect it.

**Correction of Lesions.** I consider the correction of these lesions the most important curative agent in the treatment of tuberculosis. We have many cases to treat here, and secure many complete cures, even in cases that are pretty well advanced.

**Number of Bacilli.** When you find the bacilli in large numbers, it means that the disease is very active. When only a few are found it means that the disease is not very active. That is true in pulmonary tuberculosis. It is difficult to find the bacilli at all in tuberculosis of the bones.

**TUBERCULAR LYMPHATIC GLANDS.** We have many of these cases to treat osteopathically. We treat so-called surgical cases such as deformities, dislocations and diseases of the joints and all that sort of thing. Many surgical cases are successfully handled by osteopaths. An osteopath should have a knowledge of surgery so as to diagnose, and he should know what he can and cannot do, because it would be a mistake for him to undertake a surgical case and make a failure of it. Lots of the cases that go the surgeon in general medical practice can be



successfully handled by osteopathic treatment, and much better. People as a rule do not like operations. There is always some risk where an anaesthetic is to be given, though only a slight danger where it is given by a competent anaesthetist.

**Cervical Glands.** Tuberculosis of the lymphatic glands is rather a common disease especially in children. The glands usually affected are the glands of the neck. This form of tuberculosis may be primary, but very frequently is secondary, coming in connection with some other form of tuberculosis, frequently in connection with pulmonary tuberculosis or tuberculosis of the bone.

**Symptoms.** Symptoms of this form are enlargement of the lymphatic glands—chronic enlargement. Perhaps for a long time the general lymphatic glands are slightly enlarged, perhaps no larger than a small hazel-nut or not even so large as that. After awhile they may enlarge rapidly, and get as large as a hen's egg; then they usually suppurate, break down and are destroyed. This is sometimes called scrofula.

In uncomplicated cases tuberculous lymphatic glands are not very serious, but as stated before, it is possible for miliary tuberculosis to follow tuberculosis of the lymphatic glands; as a rule this does not result in any serious complication. It may run a long chronic course, but in the end the patient will make complete recovery. The only bad effect is that if some of the glands break down, a big, ugly scar will be left on the side of the neck. The surgical practice is to remove these glands, but it is not always successful by any means.

These glands may be a little enlarged, and then as a result of a bruise, or cold, some two or three will enlarge very rapidly and get as large as a hen's egg. About that time the patient will have temperature, and will be quite toxic; then these glands break down and suppurate, and just as soon as they are ready to suppurate they should be lanced. A large amount of pus will run out, and after a while it will heal up. That may happen to some of the other glands later on, but we have methods of treatment to prevent that suppuration, reduce the size of the glands, and cure the disease.

**Treatment.** In the first place in treating any form of enlarged lymphatic glands in the neck, be very careful not to treat the gland itself. If you treat it at all, treat it very lightly, and very little. Nothing will hasten suppuration faster than a bruise. In some cases osteopaths have bruised the glands and caused them to enlarge and break down.

**Manipulations.** The treatment in these cases consists chiefly of treatment behind the sternocleidomastoid muscle. Do not treat much in front of it. Treat back of that muscle and treat the neck. Aim to get motion between the bones of the neck, adjusting the bones wherever you find them out, and loosening up the tissues. Occasionally it is all right to loosen up the tissues in front of the neck, avoiding pressure on the glands. You will also often find the first and second ribs too high. If so, they should be adjusted, and the patient should be given a general spinal treatment to improve the general nutrition of the body. Nothing is so beneficial in resisting any form of infectious disease as the improvement of the general health or general nutrition. It improves assimilation, nerve force and digestion, and all that sort of thing.

**Cold Pack.** Another good thing to do to reduce them where the lymphatics are markedly enlarged and the condition is tubercular, is to have the patient wear a cold pack, especially if it is a child. This should be worn every night, and consists simply of a cold water dressing. Take a small Turkish towel and wring out in cold water, (not ice cold) and apply to neck, and then outside of that put a big piece of oiled silk or if not that, a dry towel, and let it stay on all night; perhaps it might be changed once during the night. This cold water dressing has a tendency to absorb fibrous tissue. It is good in any form of fibrous tissue growth. I frequently use it when I am treating inflammation of the joints where there is fibrous tissue. Frequently you will be able to prevent suppuration and reduce glands with that treatment in connection with your osteopathic treatment. Of course if the glands enlarge very rapidly and appear as if they were going to break down, and you want to hasten the process, put on heat; heat will hasten it and cold will retard it. The gland will soften and then you can lance it. Keep it dressed until it heals up and that will be the last of it.

**Differential Diagnosis.** You must not mistake tuberculosis of the glands for a number of other conditions. In children who suffer from frequent colds, have enlarged tonsils and adenoids, you will find the lymphatics of the neck somewhat enlarged. That is not a tubercular condition. In the adult we have some diseases of the lymphatic glands, i. e., pseudoleukemia, or Hodgkin's disease, where the lymphatics of the groin and axilla get very hard. They frequently get as hard as a fibroid tumor and as large as a croquet ball. They never suppurate in Hodgkin's disease. This is a disease of the blood and always terminates fatally. That is not tubercular, because after tuberculosis exists the tendency is for the glands to recover or suppurate.

(Continued next month)



### THE OLD DOCTOR SAYS A FEW WORDS ON TYPHOID.

The "Old Doctor" has a pleasant habit, and one much appreciated by his students, of dropping in at various classes and giving little impromptu talks on whatever happens to be uppermost in his mind at the time.

He is much opposed to students making notes while he is talking, and more than once has been known to cease talking and leave the classroom abruptly on discovering some student busy writing.

His reason for this is that he wants to "talk to our heads" and not to our note books. He wants the knowledge stored in our brains for use.

One morning he gave us a few words on typhoid which are important, and which will be of value to all of us, and at the risk of incurring his displeasure, we print the following gist of his remarks:

"The stomach is a mortar-box. After mixing, the mortar passes on through the small intestine to the large one. That is where I think the important work is done. The fresh blood goes down there and then the colon goes to work. It makes such fluids as are necessary to go back to the heart. It goes from the heart to the lungs, is separated and purified and sent back with a strong bulge down hill. If you do not understand that, you do not understand anything about it, and your typhoid fever case will die on your hands in spite of your head.

Now, when we have a case dying with typhoid fever it is because the colon is poorly fed, and I have broken all the customs in my treatment of it. I had made a quart of flour soup—(gruel)—made the flour hot enough to turn it yellow so it would not ferment made a quart of that gruel and I poured into that a half pint of cream which had been separated by a separator. What kind of food was that in typhoid fever? They told me my patient would die, and I said if he did it would be with a full colon, and told them to tend to their own business. I filled the patient's bowels with that. As a result you have a student in this class to-day that otherwise would not be here. I was told he would not last twenty-four hours. I was weak and sick myself but I knew enough to order that soup, and I filled that colon full, knowing that the patient's life depended upon it.

I don't know what typhoid fever is. The Old Doctor does not know what typhoid fever is because he never saw it. I have never lost a case nor known of a case under like treatment in the past thirty-five years to die with typhoid fever. It is a case where the bowels are starving to death. The patient with what is called typhoid fever starves to death, and you know it.

Doctor, when you take up the stomach, you tell this class it is just a mortar box where the mortar is mixed, and then passes on through the small intestine, and when it gets down to the large bowel it makes a milky stuff we call chyle, and it sends that up to the heart, and the heart pumps it on through to the lung, and there it separates the onions and whiskey and makes good blood.

After your food passes through the mortar box and gets down to the colon, remember that you may have a lot of unhealthy substances that cannot possibly make good blood, and you will starve to death just as much as though you were on the plains of Africa. The colon is responsible for good blood if it can get good substances to make good blood to send back."

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### NEW JERSEY MEDICAL BILL.

A bill was introduced in the New Jersey legislature last month (Assembly No. 156) to regulate the practice of medicine and incidentally to embarrass the osteopaths of that state.

The bill provides for a Board of ten members, composed of five allopaths, three homeopaths, one eclectic and one osteopath. Term of office, three years.

Applicants to practice in the state must present certificate from State Superintendent of Public Instruction showing that before entering medical school the applicant had academic education consisting of four years of study in an approved high school or its equivalent. The college from which the osteopath graduated must, in the opinion of the Board, have been in good standing at the time of issuing the diploma. The applicant must have had three full school years of at least nine months each. After July 4, 1912 an applicant for license to practice osteopathy shall, in addition to proofs of preliminary education, produce certificate from a legally incorporated osteopathic college (which in the opinion of the Board was in good standing at the time of the issuance of diploma) showing that he has attended the college for not less than four years of nine months each.

Applicants examined and licensed by similar examining and licensing boards of other states may upon the payment of \$50.00 to the Treasurer of the Board be issued license without examination provided the requirements of the state issuing such license are equal to those of New Jersey.

The examination questions shall be both scientific and practical and of such character as to test the candidate's fitness to practice osteopathy medicine and surgery.



Osteopaths are required to be examined in the following subjects: Practice of Osteopathy, anatomy, physiology, hygiene, chemistry, surgery, obstetrics, gynecology, pathology, bacteriology, diagnosis, histology. Upon passing examination in these subjects he is allowed to practice surgery in addition to osteopathy.

Any legal resident of the state actively engaged in the practice of osteopathy prior to the passage of the bill may be issued license without examination under certain conditions, but the holder of such certificate shall not be permitted to give any drug or medicine, serums, antitoxin, vaccine, practice surgery, attend any infectious or contagious disease, or sign any birth or death certificate, and this, together with the fact that the license is issued without examination shall be so stated on its face.

Our correspondent advises that he believes the bill will be killed by osteopathic influence.

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#### OSTEOPATHY VERSUS SURGERY IN APPENDICITIS.

S. S. STILL, D. O., LL. B., LL. M.

(Continued From Last Month)

From an article in the Medical Brief by B. M. Jackson, A. M., M. D., LL. B., of Omaha, Nebr., in which Dr. Still and osteopathy are discussed, I take the liberty to make the following extract, which is the prolegomenon of his article. "The discovery of what is true, and the practice of what is good, are the two most important objects of philosophy." Voltaire.

"It has been said that mathematics develops the human faculty, but I do not recall the names of many mathematicians who were philosophers. On the other hand, I can name many philosophers who were not mathematicians, and one in particular, Jean DesCartes, who utterly failed to prove his corollary, cogito ergo sum, by means of mathematical problems. I, for one, regard philosophy synonymous with common sense, and any one who reasons for himself is a philosopher, more or less. But the ability to reason only is not sufficient; the would-be philosopher must also possess a strictly neutral attitude. In other words, the individual called upon to decide a matter in controversy, or, in order to arrive at a more or less wise conclusion respecting a subject matter in which he is, or may be, personally interested, must not only reason pro et con, and call to his aid any subject at his command, but must also be impartial, unprejudiced, and his mind in particular, must be receptive from any source whatsoever.

"We sometimes say that we can learn from an ant. The truth of this statement is demonstrable, and not only can we learn from an ant, but everything in esse, animate and inanimate."

Appendectomists are divided as to the time to operate. Some advocate the earliest possible moment, others prefer the interval between the first and second attack. The former reply there may be no second attack and how can there be an "interval between," when there is only one attack; again, the patient who has recovered from the first attack may not be so easily persuaded to submit to an operation.

The extracts below are from Kocher's Operative Surgery, which the late Dr. Bernays said was the greatest work on operative surgery ever written. Each of these surgeons speaks in most complimentary terms of the other. Each affirms that the other is wrong in the time he selects for operating.

The writer finds himself agreeing with both of these eminent men in both statements. He thinks Kocher is right when he says Bernays is wrong, and Bernays is right when he says Kocher is wrong, and each is right when he says the other is a great surgeon, and both are right when they say that the surgeon who operates on every case early or late is wrong. They are both great surgeons and yet both are afflicted with this "new disease," not appendicitis, but appendophobia.

"Every busy surgeon counts his operations for appendicitis by hundreds and the statistics of some surgeons run into thousands. The radical operation, as performed by the majority of surgeons, is not an operation for appendicitis, but in a large proportion of cases is merely amputation of an appendix which shows no sign whatever of existing inflammation, but which is removed because at one time it was the seat of inflammatory changes, whose results can still be recognized. This operation may be classed along with those other cases in which the operation is performed on account of distress in the shape of appendicular colic, the appendix itself showing no sign of disease when examined. It is evident that such operations must be incomparably more successful than operations performed during inflammatory attacks.

"Roux has come to the conclusion that the radical operation should be performed on every patient who has had a single attack of appendicitis, while other surgeons prefer to wait till after a severe attack or till several attacks have occurred.

"Our own experience has lead us to recommend operation if the patient has one definite attack of appendicitis, or repeated attacks, even though the symptoms have been slight, provided there is sufficient evidence of the existence of changes in the appendix.



"Where the choice is given, one would certainly take to heart the advice given by Roux and other specialists on the appendix, and always operate in the stage at which all symptoms of inflammation have entirely disappeared.

"The other extreme to the radical operation above described is when removal of the vermiform process is undertaken while acute inflammatory processes are in progress, i. e., quite at the beginning of the attack. The principal advocates of this treatment are Rehn, Bernays, and others, and formerly Sonnenburg. Bernays is probably the surgeon who has been best able to carry out the radical operation in every case of appendicitis at the outset of the acute disease. He removes the appendix on principle in every case during the acute stage, and if this stage is past he waits before operating till a second attack occurs. The operation is then carried out in the very midst of foci of infection and of inflammatory changes.

"It is obvious that the difficulties in this case are incomparably greater than they are when the operation is performed during the period of quiescence. No wonder then, that so many surgeons are strongly opposed to this procedure.

"No doubt the majority of cases of appendicitis would recover without this treatment, and could be operated on without any risk at a later date; but it is no less certain that a very large percentage of cases have been irretrievably lost by the semi-expectant and semi-operative treatment adopted.

"More than once we have heard experienced practitioners express the opinion that no one ever dies of perityphlitis."

When the history of this decade is written I fear it will show that the deaths, in our country, from operations for appendicitis will lead those of war, or famine, or pestilence—perhaps of all three.

Century Bldg., Des Moines, Ia.  
(To be Continued.)

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#### CHICAGO'S FREE OSTEOPATHIC CLINIC.

You may always look for something to happen around where there are Atlas men. Dr. John C. Groenewoud, ('09) and Dr. Jessie A. Wakeham, of the same class, opened the first free osteopathic clinic in Chicago the evening of January 14, 1910, at Bethesda Congregational Church, a social center on Claybourne Avenue near Division Street.

The first evening there were eleven patients, and at the sixth meeting there were thirty-five. Dr. Fred Bischoff, also an Atlas man, ('00) joined in the work.

To those of our readers interested, or who might wish to engage in the work of this kind, we might say that the church where these clinics are held is something of a combination in that district; there is a church auditorium, Sunday school room, big gymnasium, a domestic science room, a room for kindergarten work, sewing classes, etc. The work is supported by a wealthy church in Evanston. The treating rooms are made by hanging heavy curtains on wires, there being five of these at present with a treating table in each. The clinic is held every Friday evening from 7 to 9:30 and naturally the patients are the poor of the neighborhood who are unable to pay for treatment. The patients wait in a large reception room, where they are registered in a mannersome what similar to that practiced at the A. S. O. and as fast as one patient is treated another is sent in by the young lady in charge of the waiting room. Arrangements have been made with a two of the hospitals of the city to look after the surgical cases, such as removing adenoids, etc.

The Chicago Osteopathic Association has endorsed the movement and will back it to the extent of inaugurating other clinics in various parts of the city, printing case record cards and seeing that members are sent to help take care of the patients as their number increases.

This is certainly a good work, and we hope that Atlas men and others will see that free clinics are opened in various other cities. It will not only confer a benefit upon the needy, but will increase the operator's prestige among the members of the society or organization fostering the movement.

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#### ETHICS.

DR. N. A. BOLLES.

The determination of what ought to be, in matters of human behavior, under the infinite variations in the conditions which raise the problems of life seems a never ending tangle. This question is ever before us. Its answer constantly varies, even one seemingly insignificant circumstance being sufficient to completely reverse the conclusions.

Misunderstandings of the motives or purposes of persons contributing to the circumstances upon which action is to be taken may cause vital errors in responsive conduct by those affected, and untold misery, suffering, and death even, may and do constantly follow, as affecting persons either active or passive in the occurrences.

It is therefore plainly vitally important that in the field of moral philosophy a most faithful search should be unremittingly made for the deep underlying, eternal, living and abiding principles upon which human



action should be based. Let these fundamental principles be found; let them be genuinely tested, tried and adopted by the individual; let him make freely, gladly, cheerfully, hopefully and confidently every sacrifice, no matter how great, that may be required in conformity to them, and the success of his search for truth in life is as sure as life itself; as certain as truth is superior to error, as fact is to fable, as light is to darkness.

The practical problem before the scientific student of ethics is therefore to determine, recognize, define and announce the one or the few grand, general, fundamental principles that should control human conduct. The ever varying conditions, circumstances or environment of the person will afford unlimited reaction-points or fulera against which these great and unvarying principles will act as levers to indicate suitable practical expressions in the form of words or of silence, deeds or definite acts, either positive or negative, active or passive.

It is in the spirit of genuine research, absolutely without bias, that I wish to conduct this discussion. The data of ethics have been collected by writers on this subject almost without limit, from practically every field of human interest and relationship. Yet its broad, deep, fundamental principles, applicable to all situations and relations in life, seem as yet to be undiscovered jewels. It is as if the methods of these writers contemplated the haphazard discovery of these living eternal principles, the living spring of all good in human behavior or action, through the bare contemplation of the customs of a miserable lot of suffering mortals, by some of their equally limited companions, among all of whom not one permanently happy being has been found! If we view these creatures with critical, fault-finding eyes, we see them forever finding something over which to quarrel—things of trifling import or temporary interest, which to magnify, to demand, to seize and to forcibly withhold from others equally or more needy than themselves. "What fools these mortals be!" seems no misapplied remark of the little philosopher incarnate in Shakespeare's character Puck. If on the other hand we regard them as honestly trying to rectify the bad behavior they see in themselves and others, especially the latter, we perceive their acts as more or less mistaken endeavors to correct apparent evils, while the sufferings they continue to impose upon their fellows appear to be regarded as only the just penalties for misdeeds. If all such well meant inflictions were taken in the reformatory spirit intended, while only protesting innocence of purpose, the truth might soon be realized and punitive measures cease for lack of need; but instead of this they are generally taken with offense. Retaliation or resistance is attempted, which is again taken with offense

and thoughts of blame, so that the troubles go on from bad to worse, "crime" never ceasing.

Surely the need is therefore great for ethical science to find and formulate, and for individuals to begin actually practicing, principles of action which shall tend to the direct promotion of happiness in others without causing intervening misery. People are too short-sighted to see the good supposed to follow temporary sacrifice, patience and submission, hence cannot bear the dictates of greater than their own wisdom. Ignorance of correct modes of expressing these principles in action will of course hinder their spread among men, but experience will rapidly teach those who earnestly desire the truth and honestly supply the conditions necessary for testing these principles in their daily conduct.

It is surely axiomatic, and scarcely necessary to state to intelligent and earnest students in this field, except as a starting point in our study, that any one attempting to formulate principles or rules of conduct must be entirely free from individual or personal expectation of gain, profit or unequal advantage of any kind through their adoption by those whose welfare is supposed to be served! To allow any such hopes to actuate the investigator, instructor or leader in the recognition statement and spread of the principles to be found and adopted would be to utterly vitiate or nullify the purpose of the research, through the generally recognized tendency of human nature to favor self over others. Unless this element can be perfectly eliminated from the spirit of our endeavor it is manifestly absurd for us to assume anything worthy in the conclusions we may reach. Should we announce any such conclusions to persons intelligent enough and inclined to recognize this human frailty in us we would naturally be laughed to scorn for our temerity in presenting such rules of action with the least anticipation of their being soberly accepted or earnestly tried.

It is essential therefore in this effort that we utterly divest ourselves of every trace or shadow of personal interest, other than the supreme satisfaction to be found in rendering a genuinely disinterested and acceptable good-will service to those concerned. In addition to this spirit or purpose of good will must we possess complete knowledge of and sympathy with their desires or needs, and the adaptability of various means calculated to supply them.

I suggest therefore that we pursue our argument of this matter as if we were leaving the human race forever as members of it, but having the duty and pleasure of discovering and announcing for their use the great ethical principles and appropriate rules for their expression in



daily life, which shall result in the best possible happiness and good to all concerned. This would be as if we were taking up our abode in the moon while studying out the subject, our conclusions to be announced to the inhabitants of the earth for their guidance.

Approaching our subject in this thought therefore we note the earth and its environment, which affect its people in various ways according to their susceptibility to these factors. Pleasure and pain are induced in various degrees by varying combinations of the elements, and these variations are more or less subject, not only to the will of the principal actor in the event, but also to that of the persons around him, whether they feel any effects or not.

What ought one to do, or upon what principles of conduct should he act in his disposition of materials and affairs coming under his control, so that not only himself but others directly and indirectly affected by his conduct shall have the greatest possible real benefit and the least possible real injury or misery? This is the question we must seek to answer for these more or less unhappy, ignorant, seemingly vicious and misguided people, not one of whom has ever been able to solve the problem.

The activities of these people are concerned with the commodities, materials and conditions they find surrounding them in the inorganic, the organic and the animate world, as well as with themselves and their living fellows. These in turn occupy themselves with activities relating to these same elements and living beings.

All are actuated by desire to enjoy or utilize in some way the various elements, articles, beings and conditions surrounding them. This desire represents an internal sense of lack or need to be supplied and satisfied through these activities. So long as variety and quantity enough to suit all are easily accessible there is no conflict, clash, or denial of one's needs by others; but when demand becomes equal to or greater than potential available supply the conflict of interest appears. Self-preference then tends to cause some to attempt interference with this happy satisfaction of others, so that self-good (if this term is allowable) may be served, even at the expense of other good or the general good. One or more others must be denied in greater proportion to lack, need or desire than the one who demands his own gratification while depriving others of the same degree of satisfaction.

Degrees in this sense of need are observed and proven by the volume of effort any one puts forth for its satisfaction. In case of persistent or complete enforced denial the desire for life itself may be lost in many cases, the person actually surrendering his hold upon it, and this by a

clearly declared intentional purpose to surrender the struggle in this way. Degrees in need or in capacity for enjoying and utilizing the good things of life are therefore evident; and happiness as to some particular item may be perfect in one with small need or capacity, while the same quantity of the item may be utterly inadequate, and perhaps only increase the misery or sense of need in another having greater capacity for it. Who then shall determine the disposition or distribution of good things among these needy ones, but some overseer with infinitely perfect judgment and knowledge of human nature, individual as well as general? Surely no one, unless he has equally good will for them all and knows best, or unless they receive and adopt some such principle of ethics as we seek to discover in our scientific researches.

Such a principle needs for its discovery, as already stated, the elimination of selfish preferential interest from the researches. It will be seen that this is equally necessary for embodiment in the principles of action to be used by these individuals in their relations one to another—a manifest absurdity or impossibility in creatures willing to prefer self-good over other good.

Can we then expect these self-willed people to adopt such a self-sacrificing element in the principles we are to formulate? Assuredly not, unless someone can be found who will exemplify the merits of this feature by voluntarily submitting himself to the possible wilful violation of it upon himself, thus risking his own destruction in order to demonstrate its saving power and superiority over the weaker and inefficient principle of self-preference as yet in universal use.

Yet we must not be deterred from our part in this duty of scientific research and statement of our conclusions, through any doubts or fears as to their acceptance by the prospective beneficiaries. Our concern is with research—not with the enforcing or securing of the adoption of our conclusions. Our only possible interest in their adoption is on other than research grounds. Our interest in their acceptance for trial purposes is quite within our province as researchers, and necessary for demonstration of our conclusions.

If therefore the reader is now satisfied with the preceding, and willing to join us in our complete elimination of possible self-preference, either while remaining on earth among men, or by supposedly changing our residence to the moon or some other absolutely neutral, yet fully competent point of observation and consideration, it will be possible for us to proceed together in our research. Otherwise our paths must be apart, and further reading of this article will be so much waste of time and effort. The search for truth is experimental, always attended



by the demands for a price to be paid, conditions to be supplied, sacrifices to be made, for the privilege of observing the answering response, which will be true to the nature of the subject brought into question. This elimination of self-interest is the price, the condition, the sacrifice indispensable for the answer we want! You must supply this condition or go without the answer! No researcher can announce or demonstrate conclusions comprehensible and acceptable to you unless you are willing to prove them with your mind in a proper state of balance for the performance of the tests—and this means willing self-separation from possible special profits to be gained through practical operation of the conclusions reached. Desire for, or opposition to their demonstration would certainly prejudice or warp your otherwise perfect observation, reflection and formation of opinion.

Another very necessary condition for us to supply is thorough agreement as to meaning of terms used in the discussion. If our minds do not actually meet as to the meanings of terms used, or if there is any disposition to find fault with research companions in such ways as to charge any one with useless hair-splitting while he endeavors to make a clear distinction between shades of meaning, the attempt to keep together in the work would be far better abandoned, letting each one work out his problems in his own way. The spirit to agree and the will to be teachable are again conditions which must be supplied, or the fields we seek to explore cannot be traversed together. He who believes he knows a thing cannot place his statement of it before shallow or pragmatic cavillers with any hope of appreciation.

In this connection let us observe that the great mass of controversy, litigation, contest, war and trouble of all kinds results generally in the clearing away of what ought never to have occurred, viz.: misunderstandings of terms used and of purposes intended by the opposing parties. The amount of agreement and concord between people becomes astounding when reasonable primary efforts have been made to understand what the other party really means and what he really wants.

In all that precedes I have endeavored to clearly indicate my definitions and uses of terms. I have no purpose to be dogmatic in any propositions or statements, either as to the explanation of terms or as to premises advanced. If these cannot be accepted as given for the purpose of this discussion, both preceding and following, there is need of further effort to find suitable terminology or agreeable statement of premises, in order that the conclusions to be reached shall be logical and acceptable to all minds engaged in this research.

Most well-informed readers will recognize that the observations now

to follow conform with psychic, physiological and other laws or natural processes now pretty well demonstrated by research in the various fields. If not, further study and discussion will be desirable for the supply of deficiencies or correction of imperfect conclusions either in the writer or the reader hereof. For the purposes of our discussion I wish agreement upon them. I would define happiness as the feeling that accompanies the pleasurable exercise of any or all powers or faculties of the individual.

If pleasure be lacking in such exercise happiness is absent. Happiness is thus a mental condition, companion to pleasure, which is of the senses, corporeal, physiological. The presence of pleasure seems a fair index of such degrees of activity as induce development of the powers or faculties concerned. Its absence, through the forcing, strain and overwork involved, injures and wastes them, tending to destruction. Enforced disease does likewise.

Pleasure, the pursuit of happiness, and anticipated relief from disagreeable sensations, are the natural incentives to volitional activity. Love of self is indicated by these things, and I do not think this proposition will be denied as touching any living sentient being. Another variety of love will be easily recognized here, in so far as living beings are dependent upon other objects and beings for some exercises from which pleasure and happiness are to be realized. The desire to utilize or enjoy these things, objects and beings implies this variety of love, which further involves a responsive passivity, willingness or spirit of reciprocity or co-operation on the part of the beings capable of self-control. Possible diversity of interest immediately becomes evident when we consider the fact of two or more individuals having similar capacities and sense of need for passive objects, or having varying degrees of capacity or need for such co-operative service. By the word need I mean that sense of lack which arises from deficiency or incompleteness and unsatisfactory accomplishment of the fully desired degree of exercise of the faculty or power involved. It is a matter of individual recognition and knowledge only, until some kind of expression makes it evident to the observing neighbors. It cannot therefore be denied, estimated nor safely judged by any other than the individual himself, or someone entirely sympathetic and sensitively feeling everything which affects him.

I protest therefore that no limited individual can correctly judge another, nor can he judge himself beyond the past experience, of which he retains memory effective for influencing action. His power of self-judgment is as limited as his past experience, and can only grow in keeping with his enlarging experience, his sympathy with others, and his



good-willing recognition of their privilege to find their own pleasure and happiness in any self-satisfactory way. Good judgment on his part will induce such voluntary, happy and cheerful self-repression as will enable these others to follow their quests, with or without his co-operative service as might be chosen by them. These quests for happiness will thus be seen to involve consent or allowance that the same principles shall operate for the good of others as for one's own good, and this means that the need-sense of every one shall be as greatly respected by others as by the needy individual himself. Needs must be allowed free expression, which must be as welcome in coming from others as in being recognized by one's self. In short, the good-will any individual holds toward himself must not exceed that felt toward others; neither could he rationally be permitted less good will for self than for others, since the knowledge and consent of others to this discrimination would involve their violation of the principle of equal desire for his good with that for their own.

If denial of need becomes necessary at all through inevitable or temporary deficiency of supply in any element, commodity or service, reason requires that this denial should be in proportion to the sense of need in each, which as already seen must be granted free expression, equal consideration and equally good-willed effort at supply by all competent to minister thereto.

I propose therefore the one grand, central, underlying principle, the goal of all scientific research in the field of ethics—that any individual should feel the same good will toward all others as for himself, notwithstanding the severest demands they may make upon him.

Any excessive demand, granted at voluntary personal self-sacrifice or injury, once recognized by the usurper, instantly causes him to know himself as an oppressor; that is, a conscious violator of the very equality-principle upon which his own safety depends, and upon which his own life continues worth keeping! Insistence then at once becomes intentional, absolute and unmistakable self-condemnation to the same possible oppression, misery and death, and this wilful encroachment must stop. Ignorance alone may let him continue, and he is not ignorant when he sees the unequal suffering he knows himself to be wilfully causing. No one will knowingly condemn himself. He cannot proceed.

Pure good will naturally and certainly operates to induce such active expression in the form of words, deeds, etc., as shall on the one hand gratify the neighbor, while on the other simultaneously exercise and develop in the active one the grandest, the most ennobling and lovable faculty possible for any known being to possess, viz.: good-will.

This retro-active influence or force necessarily implies the pleasurable activity of all powers through concrete deeds or acts in the services that will be required by the needy. The deeds not only express, exemplify and exercise this great winning faculty of the soul of man, but have the perfectly natural effect of sooner or later calling all of these more tangible powers, even the most limited, under this powerful developing principle.

The total rational effect upon any individual brave enough to adopt this good-will principle in every relation of life will therefore be to procure his greatest possible development in every function, and the limitations of his fellows will be the foundation on which his own limited faculties become enlarged. His greatness of spirit induces his greatness in every personal power and element of character, while the voluntary meanness of anyone toward him tends conversely to the mean one's further belittling of soul and the limitation and destruction of his own life and powers. The only risk the brave one encounters is the possibility of Hate's victory over good will, and this has never yet been more than apparent. It is only temporary and unreal. In fact I do not believe genuine hate for any real person or thing exists. The hate is always for the false, unreal, imagined individual—for the image entertained by the hater, which is far from the reality. You know this to be true as to anyone claiming to hate you! And you do not hate anyone whom you have candidly invited and allowed to fully and freely explain himself to you. The proposition that anyone is unscrupulous, that is, without some unwavering guiding internal force, restraining his actions in conscious life is false. You are no such and you have no right to assume or conclude me or anyone else to be such till you have found one, and you cannot say you have done this till you have put yourself in his place, and realized for yourself every motive and circumstance by which he could possibly have been actuated in the ugly deeds by which you judge him!

I claim this conclusion in ethical research, that the principle of equal good will for others to that for one's self is the answer to the problems of the greatest possible good for humanity, the earliest possible elimination of every objectionable thing in human conduct. Its value and expediency are demonstrated at every test, just to the extent to which it is honestly applied, the fair minded and candid experimenter allowing the reasonable and necessary time and patience for proper observation of the results. It answers all ethical questions, in any field of human activity whatever. The objecting cry of "impractical" is either an unmanly attempt of contented and presuming ignorance to



forestall candid investigation, or a weakling wail of unwilling cowardice to undertake the test. Only he knows who has been faithfully through an experiment to its conclusion, which includes unbiased observation of every effect concerning which he presumes to make any statement.

And even this knowledge is for himself alone, unless freely acceptable to his hearers. The day of dogmatism is done. Knowledge is a purely personal possession, valueless and offensive to unbelievers, a welcome blessing by way of suggestion to the candid, experiment-willing truth-seeker. All statements of knowledge are quite properly to be taken as expressions of individual opinion based upon observation and thought—never in any sense as authoritative requirement for "willy-nilly" acceptance and unreasoning consent. Correct conclusions will always prove themselves so upon appropriate test.

My conclusions are here offered in the fullness of this faith.

DENVER, COLO.

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#### CANADA OSTEOPATHIC LEGISLATION.

Apropos of the osteopathic legislative fight which is on in Canada the Toronto Globe of February 19th contains a letter from one of the prominent citizens of that city, who was cured of Bright's disease by osteopathic treatment after the best medical doctors had failed. Needless to say, coming as it does from a man of influence, it is of signal benefit to our cause.

We append the letter

"To the Editor of The Globe: In the press I have noticed some articles discussing osteopathy, a new school of methods for treating diseases of the human family. It would appear from the attitude taken by the Ontario Medical Council that they do not wish this new school to get a foothold in Canada. What is the cause of their opposition? Is it a sincere desire on the part of members of the Medical Council to protect the public or are they afraid of losing some of their patients who have been successfully treated by osteopaths where medicine has failed?

Discerning and intelligent people are the best judges as to which form of treatment they prefer for their various ailments. The osteopaths for about ten years have been operating here with marvellous success, generally taking patients who have failed to get relief through the means of the old and time-honored methods. The average osteopathic practitioner is quite the equal of the average allopathic or homeopathic practitioner in intelligence, education and culture, and as they give more special attention to the study of anatomy, they in that branch are the superiors of those of the other schools. I would not deery the old schools. They have been a great blessing to humanity. But, like all

other branches of science, new discoveries are being made and shall yet be made to conquer diseases and relieve suffering. There is room in the world for everything new and good. Any discovery that fails to accomplish what it professes to do shall die of its own inability. The different schools for treatment of diseases, should not be enemies to one another, but go hand-in-hand to do all the good they can as they pass through this world.

I am a firm believer in osteopathy. I have been entirely relieved from an insidious malady which medicine failed to remove and dozens of my friends have had similar experience. Then let the Medical Council assist the osteopaths in getting their bill through the Legislature instead of opposing them.

HUGH MACMATH."

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#### DR. MOORE ADDRESSES CLASS.

Dr. Riley Moore, of Grand Junction, Colo., was a visitor at the A. S. O. this month and gave the Senior Class an informal talk at clinic hour from which the following is taken:

"Some of you are wondering if, when you get out in the field, osteopathy is going to pan out as they tell you here it will. They tell you of the great things you can do when you get out. You have not had a chance to try as yet. I have been out in practice only a little over three years, but I have had an opportunity to try, and it does pan out.

\* \* \* There is one thing I have noticed in talking with students, and in reading our osteopathic journals which I do not like a little bit; many of our students and our practitioners are degenerating and are going back to the old time-worn superstition of medicine. Now it is just because the M. D. has made a first-class fizzle that I am, and you will be, practicing osteopathy.

I understand some the difficulties you will be up against when you get out into the field and are puzzled what to do. We have, I am sorry to say, very little osteopathic literature; some that we have is good, and there is some that is worthless. When you get into the field and are puzzled, you do not know what to do. Where can you turn? You have practically nothing to turn to but the medical text books. The medical text books help in this way—at least they have helped me. I look to see what Dr. Osler or Dr. Tyson or some other of the self-constituted authorities have to say about it and then I reason this way: Osteopathy and medicine are absolutely incompatible. Their theories of treatment are diametrically opposed. If Dr. So-and-So recommends so-and-so, and I do not know for sure which thing to do, I do just the opposite thing, and pretty nearly hit it right. While there are exceptions to this it is a pretty good rule to go by.



\* \* \* You will be pestered to death with "book men" when you get out. They tell about the wonderful books they have—most of them are junk—they are absolutely worthless to an osteopath. In buying books buy those that deal with fundamental principles; do not fool with medical treatment. Buy books on anatomy, physiology, chemistry and that class; but when it comes to treatment, if you buy books you will waste your money. Of course some of you will have to learn that by experience; but if you take those books and follow the treatment given you are only a poor excuse for an M. D. I would sooner be a good M. D. than a "jackleg," and if you are going to practice medicine, go to a medical college, but do not tack D. O. to your name.

\* \* \* Osteopathy and other methods of drugless treatment you can sometimes mix. I am what they call a mixer, I use "adjuncts," but not medicine. Mine are what I call good—hygiene, exercise, diet, baths, fresh air and things like that. I try to impress on patients that if they have aches and pains they must not be always looking for drafts of air or something nonsensical to lay their troubles to.

In speaking of advertising, Dr. Moore said: "Do not boost No. 1 too much; boost osteopathy and talk health. Do not go to telling what you personally can do. It is the style of the quack; you may not be a quack—you may be absolutely sincere, but people will put you down for one. Many of them will do that anyway. In fact when an osteopath goes into a town he is a marked man. As soon as he arrives he is dubbed the "rubber doctor," "bone doctor," etc., and everything he does is watched. The very best advertisement you can have in the field is to be in good health yourself. No one wants a puny, sick, dragged-out doctor, and he does not want one who smells of tobacco or booze, either.

You must always be consistent; do not try anything on your patient that you would not try on yourself. If a man comes to you with nervous trouble, is irritable, has indigestion and all that sort of thing, and if you tell him too much tobacco is the underlying cause of his trouble, and he sees you are using tobacco, he will not think much of your therapy. I do not care who he is nor what he is, he cannot abuse himself and not pay the penalty. He may tell you that it does not hurt him to smoke or chew, and that he is in better shape than he was several years ago, or something like that. Just remember that there may have been other factors in the case. If you are going to advertise right you must be a walking advertisement, and if you are all the time grunting around with a sour stomach, headache and such things, people are going to shun your office.

Treat the M. D's. nicely. Be as good to them as you can. If they are good to you all right, and if they are not, do not worry about

them, but always keep your eye open. Their economic interests and yours are not the same, and you are touching the M. D. in his tenderest spot; you are touching his pocketbook and pride when you take a case he fails on and put it on the street in a few weeks. Do not trust him. He is a good fellow, hale fellow well met, and all that, so treat him nicely, but keep your weather eye open.

\* \* \* I have a little book here, which I call my "scrap book" and it is a scrap book in more ways than one. From papers, magazines, or where ever I find anything that looks good to me I clip it, and put in this. It is a small book and easily carried in my pocket. All of it is what the old school doctors think of their own system. I know what is in this little book, but it looks better if you read it. For instance some good brother comes along and says, "Osteopathy is a good thing, but we have to have medicine." Spring your little scrap book and read to him a few things the so-called authorities have to say about this, that and the other. And, speaking about authorities, I do not care whether he is an M. D., D. O., LL. D., D. D. or what kind of a D he is don't take anything or anybody as authority; take what he gives you and take it for what it seems at the time to be worth to you, but do not accept anything as final. Look it over, and if it looks good to you try it on a patient. If you try it a few times and it does not work, do not be one of those fellows who can never change his mind nor his system of treatment.

As you grow broader and commence to learn things you will look back and see some of the mistakes you left behind. Leave them behind for good; do not make the same mistake twice.

Relative to diet: This will be a little different from what you have heard probably and is not orthodox, but it will work out. Whenever you get a patient of any kind or description, I do not care what it is nor what you call it, tell your patient that he is not to have a morsel of anything to eat to-day, tomorrow, next day or any other day until the fever is gone, and you will not have the fever very long. There is no fever that can stand it; get out of your head that you have to feed to keep up strength. You will find the secretions all over the body dried up in fever. The mouth is dry, and all through the intestinal tract you will find the secretions are not so active as they should be, and they are not in such condition that he can properly digest food. Remember that all acute disease are curative efforts on the part of Nature. Sometimes she fails because you are too far gone, but all acute diseases are the efforts of the body to have a house-cleaning, to sweep out the dust and dirt. Certainly where you have fever you have a condition where assimilation is not at its best. You have foul breath, the kidneys may be working overtime or perhaps may rest for awhile and then work over-



time. The tongue is coated; perhaps you will have diarrhea, which may be intermittent with constipation, showing that Nature wants to take a rest for awhile. It is all elimination, purification and cleaning out. If you put anything in the digestive organs when they are not in condition to receive it, it does not matter whether you have a diseased condition or whether the patient is just simply tired and worn out, he cannot digest it, and the result is that you get putrefaction and decomposition instead of digestion. What happens? Absorption is going on all the time and the result is that these products of decomposition are absorbed and carried into the system. Nature must then reduce them into a stage where they are easiest to eliminate and they are then thrown out.

Some of you say you want to attend a medical college for a surgical course. I have been in practice a little over three years and with the exception of reparative surgery and that necessitated by accidents and injuries I have not had a surgical case in the whole three years. People are not going to an osteopath when they want a surgeon. When it comes to surgery get your reparative work down the best you can—fractures, dislocations, lacerations and such. But so far as operative surgery goes, we have too many surgeons now."

\* \* \*

#### IMPORTANT NOTICE.—FIELD MEMBERS.

Article VI, Section 4 of the Constitution reads thus:

The two field members of the Investment Fund Board shall be elected by the local Chapter, at the first regular meeting in May of each year, by the Stylus casting the ballot of the Chapter for the two receiving the highest number of votes of field members in a list of not less than ten names submitted to the field members not later than the date of publication of the March issue of the Bulletin.

In pursuance of this provision the Chapter begs to submit the following names to the field members: A. G. Hildreth, St. Louis, Mo.; Fred E. Moore, Enterprise, Ore.; Orren E. Smith, Indianapolis, Ind.; A. S. Bean, Brooklyn, N. Y.; E. C. Link, Elizabeth, N. J.; C. M. T. Hullett, Cleveland, O.; Frank L. Goehring, Pittsburg, Pa.; Frank P. Millard, Toronto, Can.; W. W. Vanderburgh, San Francisco, Calif.; Paul M. Peck, San Antonio, Tex.

Let every field member, interested in the work of the Chapter select two names of his choice, and report them to the chapter,—addressed in a sealed envelope to B. H. T. Becker, 109 W. Jefferson St., Kirksville, Mo. These ballots will be unsealed upon the night of election.

On account of the fact that this Investment Fund Board will be entrusted with some very important work, it is hoped that the field members will record their interest in the matter.

# THE BULLETIN

OF THE ATLAS AND AXIS CLUBS.

IRVIN FISH CRAIG, EDITOR.

M. A. BOYES, BUSINESS MANAGER.

PRICE \$1.00 PER YEAR.

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

KIRKSVILLE, MISSOURI, MARCH, 1910.



#### Wear Your Club Pin.

Once before during this year we have mentioned this subject. It is of more importance than it would seem on first thought. We are speaking more especially of local members. We are proud of our Club and should be proud to wear the emblem of it in a conspicuous place during our school life at least.

The attention of new students is attracted by the little golden atlas pin on the coat, which naturally leads them to ask its meaning. If told that it stands for the oldest osteopathic club, for the very best, and one into which no one is invited who does not seem to be imbued with the true osteopathic spirit, it certainly would tend to create a desire to become a member if such person is of the "osteopathic kind".

Its a duty you owe to the Club, and you should fulfill it cheerfully, even though you deem it a nuisance to transfer your pin when you change your coat. Surely when a man like Dr. Hildreth of St. Louis, standing in the forerank of osteopathy, both in length of service and efficiency, is always proud to wear his Atlas pin, you ought to be.



**Axis Club Resumes Bulletin.** In the January issue we noted the withdrawal of the Axis Club from THE BULLETIN. As anticipated they were shortly able to arrange to continue with us in the joint publication, and we are glad to present the Axis Department again, commencing with this issue.

\* \* \*

**Surgery.** That the reaction to so much surgery is setting in slowly there can be no doubt. Laymen, as well as physicians of all schools, are beginning to see that the surgical idea has been carried to an extreme. No one will deny the value of conservative aseptic surgery. It has proven of inestimable value to mankind, but its successes carried people away with enthusiasm until operations were performed by the thousands because the patient had the money and the desire for operation. This led ill-fitted and unskillful physicians, who by virtue of the title M. D. are allowed by law the privilege to practice surgery, to perform operations for the monetary reward, irrespective of the best interests of the patient.

No physician, be he allopath, homeopath, osteopath or any other path, should be allowed to practice major surgery unless he has made it a special study, entirely apart from his medical course. It is our opinion that the degree entitling a doctor to perform major surgical operations should be a special one which would indicate that the holder had qualified himself to do that line of work and he should confine his work to surgical cases.

Not that the present surgery courses given in connection with regular schools should be withdrawn, as accidents, etc., may occur where a surgeon specialist is not available, and in order to save life it is necessary that operative procedures be instituted at once, but so far as practicable, surgery should be confined to surgeons.

The Medical Record not long since contained an article by an M. D. from which we quote:

"Some system should be devised by which the laity and the profession as well may know whether they are dealing with a surgeon or an unskilled, unscientific cutter. Surely it is not asking too much that a physician shall give some guarantee to the profession and to the public that he is also qualified to practice surgery. It is absurd that the same college which confers the title of M. D. should give the right to perform operations to a student who has never taken the knife in his hand. If there is any way in which the laity can protect themselves by law from the ignorant and unscrupulous in the medical ranks let it be thought out by those who have the confidence both of the profession and of the

laity. The time is ripe and we are looking to the conscientious, skilled surgeons of our country to institute some movement toward rescuing our beloved profession from those who would make it only a stepping stone to a passing greatness, or exploit it for their own selfish interests, that the noble art of surgery which yearly saves thousands of lives and restores lost health to thousands more, may be raised to the lofty pedestal to which its legitimate achievements have richly entitled it."

\* \* \*

**Join the A. O. A.** The Atlas Club has always been prominent in membership in the A. O. A. and this is as it should be. We believe that every reputable osteopath should be a member of the National Association, and we hope that every Atlas man, as soon as he is in the field, will ally himself with this organization.

The A. O. A. stands for the advancement of osteopathy, and only by concerted action can we hope, as a profession, to accomplish the ends which will place us on a par with the medical profession. While it may be true that after years of toil individually we, or our successors, may be placed in the position which our system of therapy entitles us, it may be done much easier, quicker and better through organization.

The February number of the A. O. A. Journal presents a list of 147 applicants for membership during the preceding month, which is very gratifying.

\* \* \*

**A New Osteopathic Book.** Dr. Orren E. Smith, one of our old Atlas men ('03) from whose pen appeared an article in the December number of THE BULLETIN on the Study of Osteopathy, has put on the market a new osteopathic book dealing with the vita sexualis of man, which he says is the basis of all sound physical, intellectual, ethical, domestic and civil life.

While we have not had the pleasure of reading Dr. Smith's new work it is no doubt up to his usual standard of excellence. It may be had in cloth binding at \$4.00 per copy from the author at Indianapolis, Ind. We wish the doctor a good sale.

\* \* \*

**Diplococcus Matrimonii.** The fears we expressed in the September issue as to Atlas Hall being infected with the diplococcus matrimonii would thus far seem to have been groundless, as no outbreak has occurred so far during the school year, although a few are exhibiting quite well marked prodromes.

A new case has been reported from the field, at no less place than Hartford, Conn., and the subject no less a personage than the President



of the State Board of Osteopathic Examiners, Dr. L. C. Kingsbury, Atlas, '01.

The ankylosis of our brother and Miss Ida Celestia Jennings occurred during February, at the home of the bride's sister. At home after May 1st, The Normandie, No. 689 Asylum Ave., Hartford, Conn.

\* \* \*

**Ohio State Exam.** One of our brothers in Ohio writes a few pointers to those of the Club contemplating practice in that state with regard to the entrance examination.

"I want to say to Atlas members contemplating taking the Ohio State Board examination that the Board is very strict on Physical Diagnosis and requires a very good knowledge of microscopic work.

In the last examination they had three pathology specimens, three bacteria specimens and one microscopic examination of urinary sediment.

The examination outside of this is not usually very difficult and the examiners seem very fair in their dealing with our profession. Ohio is a great state and needs many more good osteopaths, and any member who intends coming here can write me if he cares to and I will tell him about any of the cities I have visited as I have been over most of the state before settling in this city."

\* \* \*

**Directory Changes.** Dr. Fred P. Millard of Toron to has erroneously been shown in the directory as a 1901 graduate of the A. S. O. Dr. Millard is of the 1900 class. We cheerfully make the correction and apologize to the doctor for the repetition in our last month's editorials of the erroneous date.

Speaking of the Directory, many compliments have been paid to the Club and Committee having in charge the issuance of the Directory on its excellence, and several field members have expressed a wish to have it issued once or twice a year regularly.



## ATLAS NOTES.

**Prindle.** Good word comes from Brother Prindle, whose office is 416 Colorado Bldg., Washington, D. C.

In a letter dated Feb. 8th to one of the Club boys he says: "Yesterday we had a hearing before the District Commissioners to argue our case for the introduction of an osteopathic bill at this session of Congress. The allopaths and homeopaths have allied themselves against us. Think of it, two schools that in principle are diametrically opposed one to the other! Dr. Snyder of Philadelphia represented us osteopathically, and Geo. H. Shibley, husband of Dr. Alice Patterson Shibley, (Axis, '05) from a legal standpoint. Our opponents gave us some hot shots, and are either guilty of gross ignorance or gross misrepresentation. I prefer to think the latter, but we think we had the best of the argument.

After the proceeding Dr. Snyder spoke to commissioner Rudolph, and from their remarks we might infer that the report will be favorable to the House for the passage of our bill. This hearing is one of the means our opponents will use to delay and block legislation. The fight will continue no doubt to the bitter end."

\* \* \*

**Wolfe.** Brother J. Meek Wolfe writes the Club that he has moved from Marion, Va., and entered partnership with Dr. Chas. R. Shumate, who is also an M. D., D. O. at Lynchburg, Va.

Dr. Wolfe says business is good and that he likes the new location very much. "This state is badly in need of more osteopaths" Dr. Wolfe writes. "In regard to the Medical Board I think it is fair to all alike. It is hard, but all men who have applied themselves should pass it O. K. The others should not try."

Dr. Wolfe has taken it on two different occasions, once for an osteopathic license and once for a medical license.

The doctor concludes by saying, "I am very proud of being an Atlas man, and the Club certainly has my best wishes for its success in promoting the grand old science of osteopathy."



**Brown.** Dr. W. Claire Brown, ('08) of Waterville, Me., is prospering in his practice, and has lately added two more rooms to his suite of offices.

In a recent letter he tells of his enjoyment in hearing from the Club through THE BULLETIN, and mentions the fact that his life and business partner lately gave an address to the young women of Coburn Institute, and is scheduled for another in "Purity" to be given to an audience of mothers.

\* \* \*

**Crofoot.** Dr. Frank A. Crofoot, ('05) of Lyons, N. Y., remits his dues this month, and requests the Pylorus to notify him should he neglect to send them when due. "I am very proud of my membership and wish to keep in good standing" the doctor says.

\* \* \*

**Hatch.** Dr. Chas. G. Hatch, ('08) is one of our prosperous brothers and is located at 125 Haverill St., Lawrence, Mass. The Doctor announces by birth card the arrival of Miss Maybelle Parfitt Hatch on Feb. 3, 1910. The Club and THE BULLETIN extend congratulations.

\* \* \*

**McCall.** Dr. T. Simpson McCall, ('05) of Elgin, Ill., one of THE BULLETIN's former editors has been heard from. He writes:

"I enclose you herewith my check for dues with my heartiest good wishes for the dear old Atlas Club. May her strength and glory increase with every successive year. I have but one regret in connection with the Club; that is that I am unable to visit your halls now and then as I would enjoy doing. I may be allowed to say, as a former editor that THE BULLETIN is better than ever before in its history."

\* \* \*

**Brown.** Dr. A. F. Brown, ('09) of Mt. Clemens, Mich., writes this month, "I am not making much money but prospects are looking encouraging, especially in a branch office I am running out of my home town. The biblical quotation that "a prophet is not without honor save in his own country" is often applicable to the doctor as well. I have enjoyed THE BULLETIN very much and think it is especially well handled. Best wishes to the boys of the Atlas Club."

\* \* \*

**Slaughter.** Dr. M. S. Slaughter, ('07) of Webb City, Mo., sends in his dues and in his letter says: "Business is good, especially so when you know that we have a new doctor at our house—

finest boy in Missouri. Best wishes for success of the Club and its members." The Bulletin extends Brother Slaughter congratulations on the advent of the new doctor in the family.

\* \* \*

**McCormick.** Dr. J. P. McCormick, ('06) of Greenville, Pa., writes the Club a letter this month in which he says he has bought a fine new home in Greenville and will move April 1st. "I will say this to the Club members, that osteopathy is the greatest science the world has ever known. I have treated almost every kind of disease and I know what the science can do. Work hard and learn all you can for you will need it when you get in the field."





Warner W. Howard, (June, 1912), was formerly a bookkeeper at Jefferson, Iowa. He became interested in osteopathy by observing its results in effecting cures in some cases where medical doctors had failed. Added to this was personal experience of its value as a therapeutic agent, which led him finally to take up the study.

Mr. Howard is a high school graduate and has also had a business course.

\*\*\*

Wm. C. Miller, (June, 1912), was formerly a farmer, with residence at College Springs, Iowa. His interest in osteopathy was aroused through cures effected by osteopaths in home town. He is a relative of Drs. R. H. Miller of Washington, Pa., and Harry T. Miller of Cuba, Ill.

\*\*\*

Thomas L. McBeath was formerly at Cameron, Mo., and was engaged in farming. He became interested in osteopathy through observing the results of osteopathic practice, and decided to take up the work. He is a member of the June, 1912 class.

\*\*\*

Robert Roddy was a telegraph operator at San Antonio, Texas but having been cured of a slow fever by osteopathy in one treatment after medical doctors had treated him for two weeks unsuccessfully, he concluded to take up the study. He holds High School diploma.

\*\*\*

John T. Peck, brother of Dr. Paul M. Peck of San Antonio, Texas, comes from Gotebo, Okla. It was through the influence of his brother that he decided to take up osteopathy as a profession.

\*\*\*

Percy E. Roscoe was a pharmacist of Cleveland, Ohio, having taken the course at the Ohio State Phar. College after graduation from High School.

Mr. Roscoe says, "Comparison of methods in use by the medical profession with those of the osteopath from the standpoint of the "Middle Man" (the druggist), though never having had a treatment nor seen one given, I drew conclusions and am here as the result."

Fred W. Clark was formerly a bookkeeper at Marion, Ohio, but has been interested in osteopathy for about eight years. An attack of inflammatory rheumatism occurred in the family and an osteopath was called; the case was handled so satisfactorily that Mr. Clark says "we have an osteopath now for everything from a cold up."

\*\*\*

#### NEW OSTEOPATHS.

Dr. Becker of the faculty already tipped the beam at 200 lbs. so under ordinary circumstances would be unforgiven for "swelling up" but was inasmuch it's a prospective member of the Atlas Club, born March 8th, the boys are willing to overlook the fact that he feels "chesty."

\*\*\*

Dr. Vyverburg, (Atlas, '03), Lafayette, Ind., was presented with a valentine this year which we hope will eventuate into a strong Atlas man in later years.

\*\*\*

Dr. and Mrs. Geo. A. Wells of Greenville, Texas announce the arrival of Miss Adele on February 27th. Dr. Wells is an Atlas, '06 man.

\*\*\*

THE BULLETIN extends congratulations, and hopes for the new osteopaths long lives full of usefulness.





#### OFFICERS OF THE AXIS CLUB.

President, Mrs. Grace Cutter Learner.  
 First Vice-President, Miss Margaret L. Loring.  
 Second Vice-President, Miss Grace D. Wilson.  
 Recording Secretary, Mrs. M. E. Mitterling.  
 Financial Secretary, Miss Pauline Sears.  
 Corresponding Secretary, Mrs. M. L. Payne.  
 Treasurer, Mrs. Lucy M. Hull.  
 Chaplain, Mrs. Christine M. Irwin.  
 Escort, Mrs. E. H. Lane.  
 Janus, Miss Mary S. Howells.  
 Librarian, Miss Mabel Fouch.  
 Editor, Dr. Carrie Mundie.  
 Assistant Editor, Miss Ethel D. Roop.

#### COMMITTEES:

CONSTITUTION AND BY-LAWS.—Miss M. L. Warner, Mrs. L. H. Holmes, Mrs. C. M. Irwin, Miss M. G. Crossman, Mrs. Fannie Stoner, Dr. Clara E. Morrow, Miss F. Nickenig.  
 FINANCE.—Mrs. L. M. Hull, Miss Lulu Hubbard, Mrs. E. H. Lane, Mrs. Jennie Beckler.  
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 PROGRAM.—Miss Harriet Sears, Mrs. L. H. Holmes, Dr. A. S. Gooden, Mrs. V. R. Murphy, Miss May Emery.  
 COURTESY.—Miss I. S. Campbell, Dr. M. Thompson, Mrs. C. M. Irwin, Miss A. Bailey, Miss B. B. Cameton.  
 BULLETIN.—Miss E. Brewster, Miss C. W. Weaver, Mrs. M. L. Payne.  
 NOMINATING.—Miss L. Carter, Miss M. Fouch, Miss L. F. Taylor, Miss M. E. Ward, Mrs. Anna Murphy, Mrs. T. V. Haven.

A bright, newsy, personal letter was received from Dr. Frances H. Thoms of Seattle, Wash., in which she tells of a pleasant visit to Los Angeles, Calif. The Doctor speaks of several schoolmates and classmates who are either practicing in Los Angeles or attending the osteopathic colleges there. She has decided not to take her post-graduate work until later but to get down to study and actual work for the present. She expects to return to Seattle and will probably locate down town.

Although the Doctor is somewhat modest about her work we have taken the liberty of reporting elsewhere in this issue one of her cases.

\*\*\*

Dr. Minnie W. True, Baraboo, Wis., sends greetings to the Club and asks about the Bulletin. She says: "I do not want to miss any of the numbers. The articles by Dr. Laughlin are very helpful."

We hope our new contract will be satisfactory to all our field mem-

bers and that it will not be necessary for any one to miss any more of the numbers.

\*\*\*

Dr. Esther Sanders, Chicago, says she hopes the Club is progressing and wishes success to all the Axis sisters when they are ready to go out into the field.

\*\*\*

In a letter to the financial secretary, Dr. Katherine A. Broderick, Torrington, Conn., says: "The recent numbers of THE BULLETIN are the "best ever" and most heartily enjoyed. The Season's Greetings to the Axis girls for we keep a warm spot in our hearts for them even in frozen New England."

Thank you Dr. Broderick. Words like these are encouraging to those who are working hard to make THE BULLETIN helpful to its readers.

\*\*\*

Such an interesting letter was received from Dr. S. E. Carrothers, Lawrence, Kans., that the Editor wishes to pass part of it on to the rest of the Axis members. The Doctor says in part "I came to Lawrence three years ago last August. I had enough money to get started, very modestly. To-day I am in my own establishment in a very good location. I own a six room modern brick house comfortably furnished, and am doing every thing to push osteopathy to the front that I can in my own poor way. I have studied harder since I got into the field than I did in school. When I've been up against it I sit down and write to one of the old teachers who was in Kirksville when I was a student there. He, busy as he is, always answers me immediately and helps me every time. Do make friends with some one of the teachers, it will be such a help to you when you get a puzzler."

The Editor wishes to thank Dr. Carrothers for this good letter and also for the case report which will be found elsewhere in this issue.

\*\*\*

Dr. Mary Perrett, ('09) from Tacoma, Wash., is back in Kirksville taking up post-graduate work. Dr. Perrett will probably be here until June.

\*\*\*

Miss Esther M. Bebout came to Kirksville from Greenwich, Ohio. She attended the High School at Elgin, Ill., and is a graduate of the Oberlin Kindergarten Training School. She was also a student at the Oberlin Academy and College.

\*\*\*

Miss Sarah Louise Balfe was born at Hawley, Pa. She later moved



to Toledo, Ohio, and received her education at Toledo High School. She also attended the Detroit Conservatory of Music, Ohio Wesleyan Conservatory of Music and the Art Department of the Missouri State Normal of Kirksville. She was influenced to study osteopathy by three D. O. sisters, Drs. Sue, Annabel and Elinor Balfe of Los Angeles, Calif.

\* \* \*

Miss Grace M. Boles was born in Illinois but later moved to Hanford, California. She attended the Hanford High School and the University of California and was influenced to take up osteopathy because of benefit received from the treatments. She was advised to come here by Dr. Robinson and Dr. Ida Glasgow.

\* \* \*

Miss Ethel D. Roop was born in Kansas but moved to California and received her education in the Santa Barbara High School and the University of California. She was influenced to study osteopathy on account of the benefit derived by members of the family, from treatments given by Dr. J. L. Near of Berkeley, Calif.

\* \* \*

Wednesday evening, February 23rd the Axis Club entertained the women of the new freshman class. There was no literary program as the members thought an informal dance would give all a better chance to get acquainted. There are a lot of fine women in the class and the Club hopes to become better acquainted with them before the term is over.

\* \* \*

Word comes from Dr. Lina Wrigler, Scandia, Kans., that, although she does not intend to practice, she sends best wishes for the Club, the Club sisters and for the advancement of osteopathy.

\* \* \*

Dr. Ollie A. Lynn, Stamford, Ct., writes: "I am happy in my work and find it more interesting every day." This is encouraging to undergraduates here in Kirksville who are wondering what the future will bring.

\* \* \*

Dr. Grace H. Stauffer informs us of her change of address to 6th Street and 7th Avenue, Brooklyn, N. Y., care M. E. Hospital. Dr. Stauffer writes: "For the past few months I have been taking a special course in the large M. E. Hospital here in Brooklyn. The work is very interesting indeed and I would urge our Axis Sisters to obtain all the information and experience possible in the care and treatment of cases to be found in a hospital for one certainly needs it if she desires to be an up-to-date, successful osteopathic physician.

The Bulletin contains such interesting and instructive articles that, busy as I may be, I always manage to read the Journal upon its arrival. Success and best wishes to all."

We are always glad to get good practical advice from field members.

\* \* \*

Drs. Maude N. Kellet and Geneva H. Sanborn, who are practicing together in Skowhegan, Maine, write that, although they have had quite a lot of acute work, most of their cases are chronics. Speaking of the location for first-class osteopaths, they say: "We need more good material here in Maine and the other N. E. states and the field is getting ripe. New England people are conservative but once they see a thing is all right they stay by it, and it is only the best classes that take treatments."

Any one thinking of locating in this part of the country might do well to communicate with Drs. Kellet & Sanborn at No. 12, Madison Ave.

\* \* \*

Dr. Charlotte Sawyer sends greetings for a happy and prosperous year from Augusta, Maine, where she has located.

\* \* \*

The Bulletin regrets to report that Mrs. Margaret E. Balfe, mother of Drs. Elinor, Anna and Susan Balfe, and Sarah L. Balfe, A. S. O. student, died in Los Angeles, Calif., January 14th at the age of eighty years.

The sympathy of the whole Axis Club is extended to the Doctors and their sister in their bereavement.

\* \* \*

An interesting letter from Dr. Mary Ewing, ('09) who is practicing in Helena, Mont., was read at the Club recently and much enjoyed.

\* \* \*

Below is a brief history of those who have recently taken upon themselves the vows of the Axis Club.

Dr. Della K. Stevens was born at Cerulean Springs, Ky. Later she moved to Marion and while there was influenced by Dr. H. F. Ray of that city to take up the study of osteopathy. Dr. Stevens is a graduate of the Southern School of Osteopathy at Franklin, Ky., and has practiced most of the time since leaving school in North Carolina. She is here doing post-graduate work and expects to return to North Carolina after she has finished.

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Miss May Foster was born at Oakville, Texas. She received her



education at the Laredo High School and Sam Houston State Normal of Texas. She was advised to come here by Dr. M. L. Peck of Laredo and entered the A. S. O. with the class of 1911.

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Mrs. Emma H. Edwards was born in Germany. She received part of her education in that country and part in private schools of St. Louis. She and her husband were both influenced to take up the work by her husband's father, Dr. A. Edwards of St. Louis, who is an osteopath. She is a member of the class of 1911.

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The following are all members of the class of 1912:

Mrs. L. M. Kerrigan was born at Columbus, Ohio, but moved later to Beatrice, Nebr., where she attended the Beatrice High School. She was influenced to take up the work by friends and came to Kirksville from Beatrice.

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Miss Louise May Branner was born in Jackson, Tenn., She received her education in the Jackson Public Schools and the Methodist Female Institute of that city and came from there to Kirksville.

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Miss Julia Elizabeth Finney was born and raised in Goshen, Ind. She attended the Goshen High School and was influenced to take up osteopathy because of the good it has done for others.

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Miss Ethel Priseler was born in Ottawa, Ill., and received her education in that city attending the Ottawa High School. Because of the good done in her own family by Dr. Mary E. Noyes, an osteopath of Ottawa she decided to come to Kirksville and enter the A. S. O.

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Miss Jennie Chase was born in Chicago, Ill. She attended school in that city as well as in Danville, Ill. Later she moved to Charleston of the same state and while there decided to study osteopathy because of the good she received from osteopathic treatments.

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Miss Emily Malcomson was born in Maralin, Co., Down, Ireland, and attended the Maralin National School. She has been in this country scarcely two years and was influenced to take up the study of osteopathy by Dr. Ward Loofbourrow who was then practicing in Sewickley, Penn.

\* \* \*

Miss Julia E. Angell was born in Sun Prairie, Wis. She received her

education in the Sun Prairie High School and Chicago Baptist Training School, for nurses. She was visiting in California and while there was persuaded by Dr. A. A. Wright, D. O., that osteopathy is a better profession than nursing so she entered the A. S. O.

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Miss Charlotte W. Weaver came to Kirksville from Akron, Ohio. She attended Buchtel College of Akron and the Akron City Hospital Training School for Nurses. While nursing, the inadequacy of medicine in the treatment of certain cases and the comparative ease with which well directed osteopathy relieved the conditions and put patients on their feet together with a quick and lasting cure of what three M. D.'s. called "cancer of the stomach" turned her thoughts seriously to osteopathy.

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Mrs. Ruth McBeath was born at Amity, Mo. She received her education at the Public and High School of Warwick, N. Y., Thayer College and Warrensburg State Normal, Nurses Training School, Patterson, New Jersey. She and her husband were influenced to take up the work by Dr. Geeslin of Maysville, Mo., and they came to Kirksville from their home at Cameron of this state.

\* \* \*

Mrs. Ruth Brugh was born at Filley, Nebr., and attended the Filley High School. She and her husband became interested in osteopathy when Mr. Brugh was cured of a case of appendicitis by osteopathic treatment. They were persuaded to take up the work by Dr. Mina Robinson.

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With this issue, THE BULLETIN comes to the Axis members under a new contract the details of which will be explained to the field members individually. The Axis Editor wishes to say in behalf of the local chapter that the members have tried to do the very best they could for all concerned and they sincerely hope the Axis Sisters in the field will rally to the support of THE BULLETIN and help to make the department all that it should be.

Remember, you who are in the field, that without your assistance we here in the school are able to do very little. You, who are always glad to get THE BULLETIN, remember that we get the best when we give our best. Give us the best you have and we will do all in our power to make the best come back to you. The Editor will always be glad and thankful to receive communications on any subject which you believe will be a help in any way to the department. Address, Axis Editor, 616 West Jefferson Street, Kirksville, Mo.





**ASIS  
GRAND CHAPTER.**

**CASE REPORTS.**

A little girl aged three and one half years, condition infantile paralysis. Left arm hung lifeless. Extensor muscles atrophied. History as follows: Six months previous had a very severe spell of fever and gastric trouble. Sick for three weeks, onset with vomiting. M. D. doctored her for typhoid malarial fever; when fever subsided they found left side paralyzed. The child had complained from the beginning with tender back, especially between shoulders. They kept on giving medicine until the stomach revolted and refused to retain anything. Then they stopped the dosing and took her to a man who claims to be an Osteopath. He fooled along for a number of weeks and then said he could do nothing. The child could walk and had recovered from the paralysis except in the arm before they took her to this fake osteopath. I found the spine from the 5th cervical to the last dorsal so loose and relaxed (and of course left lateral) that when one lifted the palsied arm up by the hand or elbow it drew the spine into almost a half moon. The 5th cervical was very much left lateral and the 4th dorsal was also more prominently left than the others.

I gave the child a good general treatment and the last thing I would do every time I treated her was to try to replace the 5th cervical and 4th dorsal. She began to improve immediately and slept better after the first treatment. In about two weeks she began to eat and gain in weight. The sixth week her hand looked better and seemed to be rounding out some, but she complained that the treatment hurt. This was the first complaint and I had not treated her any different than formerly, so I was encouraged. The fifth cervical stayed in place and the 4th dorsal was better, and to make a long story short, at the end of the six months, she used her arm very well indeed. Her folks thought that quite enough treatment although I didn't agree with them as she still had trouble with her food not digesting properly. She is now as well as the average child and uses her left arm and hand as well as she does the right.

SARAH E. CAROTHERS, D. O.

Lawrence, Kansas.

A young lady of 18, extremely nervous, complaining of exhaustion, mental depression, back ache, headache, inability to keep food down, etc. Had taken osteopathic treatment but when she came to me was being treated by an M. D. who had promised either a cure or no pay. The only thing I could learn that he was doing for her was to give her local treatments including curettement (?) of the uterus. She said the treatment would either kill her or drive her insane and I silently but positively believed she was right. I had the case a couple of months, treating only twice a week, and sometimes not that often, as she was very irregular and careless with herself. The most marked lesions were at the ovarian center and a tilted left innominate. My treatment was directed entirely to the correction of lesions.

Local treatments had been so hard on her that I had not even made an examination. I thought would wait until the nervous system was in better tone, and I am not a very strong advocate of local work, particularly in a young girl. When I left Seattle for a trip south, the pelvic and gastric symptoms had about all disappeared, notwithstanding irregularities in the treatments and care of herself.

DR. FRANCES H. THOMS.

Seattle, Washington.



# LOCATIONS AND REMOVALS



Brown, Dr. A. F., has located at Mt. Clemens, Mich.

Clouse, Dr. D. H., from Loveland, to Sterling, Colo.

Gage, Dr. Fred W., from 504 to 67 Wabash Ave., Chicago.

Reesor, Dr. J. A. E., from Toronto, Canada to Redlands, Calif.

Smallwood, Dr. Geo. S., from Hoboken to Astor Court Bldg., 18th W.  
34th St., New York City.

Wolfe, Dr. J. Meek, from Marion, Va., to Lynchburg, Va., in partnership with Dr. Chas. R. Shumate.