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The Bulletin of



Atlas & Axis Clubs



DEVOTED
TO THE



SCIENCE OF OSTEOPATHY

OCTOBER, 1906.

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The Bulletin

OF THE ATLAS AND AXIS CLUBS.

VOLUME VIII.

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OSTEOPATHY AND MODERN SURGERY.

Address delivered by Dr. F. P. Young before the Axis Club.

THE principles and practice of modern surgery are sufficiently far removed from the general practice of medicine that they are not much affected by new theories and methods. Surgical procedures and methods are, in the nature of things, so plain and distinct in their application and results obtained, as to leave no doubt in the minds of even the most ignorant layman as to the cause of the cure or failure to cure.

This cannot be said of the practice of medicine. Too often in the practice of medicine even the physician himself, if he is honest, is left in doubt as to whether the drugs he administered had anything to do with the favorable termination of the disease treated. The conditions are such, in the vast majority of instances, as to leave room for serious doubt as to the efficacy and advisability of administering a certain remedy.

Were this not true, were the results of the practice of medicine such as to leave no doubt as to the efficiency of the remedies administered, there would be little room for other methods than those now practiced. The claims of good results by drug administration are usually based upon fragmentary evidence and strikingly insufficient grounds.

When Dr. A. T. Still stood out against these methods and argued against the general inefficiency of drugs, and that they were contra-indicated in disease, he made himself a martyr to the cause of a rational system of therapy as well as a benefactor to mankind. The procedures of our present surgical practice are based upon scientific information and centuries of practice. It is the desire of every one ill or afflicted to be relieved of his ailment quickly and with as little pain as possible. Sometimes there arise doubtful cases when the surgeon would operate and when the physician would advise against it. Often only the patient can choose. Many surgeons become biased believing there is no virtue

in any other remedies except their own. Occasionally one will be found who will operate for anything. But this is no argument against the science of surgery. Surgery is both a science and an art. The results of the proper application of the principles of surgery at the hands of a surgical artist are decisive and eminently successful. The principles of surgery are based upon scientific information and if surgery is to be practiced by any physician, whatsoever his creed, if done successfully; it must be done according to our present methods.

There will never be a great revolution of the principles of surgery. I am firmly of this opinion. Concerning the practice of surgery it is different. It is here that osteopathy has made itself felt. That certain ailments may be relieved by methods not attended by the risk of a general anesthetic, or by pain, or loss of blood, has been demonstrated by the osteopathic practitioner. It might be maintained that some, at least, of the osteopathic physician's work is in the nature of bloodless surgery; it is sufficiently different that it is not attended by the shock and pain and other disagreeable effects such as characterize the so-called bloodless surgery of other practitioners. In recent literature it has been agitated by some that we need "Osteopathic Surgeons." In what respect they would differ from other surgeons is not clear. If they would not operate when other surgeons now do, or whether, if they did operate, they would do the operation differently, has not been stated. As far as I know, no one objects to the manner or methods, it is the application to the individual case or disease which is questioned. This is a simple matter of results and the work will show for itself. That which is good will live. That not good will die. At present it appears to the writer where the methods of the osteopathic physician should obtain over the methods of other practitioners is in the treatment of inflammatory affections, abscess, ulcers, septic and infective processes, erysipelas, tuberculosis, etc. tumors, deformities, dislocations, biliary and bowel affections and in fact many of the surgical affections.

There are a few of the surgical conditions as hare-lip, lacerations of perineum and os uteri, fistula and sinus, carious bone, strangulated hernia, etc., when surgical methods alone will give relief. In a few years when we are able to set the limitations to our practice then we will be able to say what is surgical and what is osteopathic. But until then it will be left to the practitioner to do the best he can under the circumstances and let his practice stand or fall by the results.

COMPARED THERAPY.

Valvular Heart Disease.

J. S. BAUGHMAN, D. O., (ATLAS '00), BURLINGTON, IOWA.

(A paper read before the Iowa Osteopathic Association in June. This paper is really a continuation of a paper by Dr. Baughman which appeared in the Bulletin about a year ago.—Editor).

DaCosta says: "I hold that the precise valve affected is not with our present resources, the key-note to the treatment of valvular heart disease. We are to take into consideration 1, the state of the heart muscle and its cavities; 2, the rhythm of the heart-action; 3, the condition of the arteries, veins, and of the capillary system; 4, the probable length of existence of the malady, and its likely cause; 5, the general health; 6, the secondary results of the cardiac affection.

Hughes says: "If compensation is complete, attention to the condition of the bowels, kidneys, and digestion, with general directions as to exercise is all that is required. Where dilatation has occurred, the heart weak and feeble, circulation impeded, the usual stimulants are advised, digitalis, caffeine, etc." Causes given by this author, are rheumatism, Bright's disease, and infectious diseases.

Treatment according to Hughes, where Bright's disease is prevalent heart hypertrophied, is digitalis, it being used as a diuretic.

Osler says: "The causes combined to produce dilatation are two, pressure within the cavities, and impaired resistance, due to weakening of the muscular walls, which may act singly, but more often combined. A weakened wall may yield to a normal extending force, or a normal wall may yield to heightened blood-pressure."

Treatment according to Osler: "For restlessness, distressing feelings of anxiety, morphia is invaluable. From 1-80 to 1-60 gr. three times per day." If pulse is hard and firm, nitroglycerine may be cautiously administered."

THE PHYSIOLOGICAL EFFECTS OF DIGITALIS.

According to Henry Morris, M. D.—"In moderate doses it slows and strengthens the cardiac beat, elevates the blood-pressure, and causes diuresis. It sometimes interferes with the appetite and digestion, and after very large doses or when too long continued, nausea may occur; the pulse becomes dicrotic, weak, and sometimes rapid, and diaphoresis more or less profuse takes place. In poisonous doses it lowers the reflex action by stimulating Stechenow's inhibitory reflex centers and, later, by paralyzing directly the spinal cord. It also lowers the con-

tractility of muscles. It usually proves a diuretic, probably from elevating the arterial tension. It is eliminated chiefly by the urine."

Notice—In all loss of cardiac power, dilatation, or in weakness of the cardiac muscle this remedy is prescribed. Its claim is that it strengthens the heart beat. So does uremia, or any other poison when thrust upon the system to be gotten rid of. It causes diuresis, not because of arterial tension, but more probably, because that is nature's way of ridding itself of this enemy thrust upon it. It leaves the system dry and the lips parched, and the after effects are—patient worse than he was before administering the dose. How any claim toward relief can be substantiated when the patient invariably gets worse under the treatment is more than I can understand. They tell us it is only for relief, and yet they also tell us "if the remedy is too long continued, nausea, vomiting may occur; the pulse weak, dicrotic, and diaphoresis more or less profuse takes place." They tell us it lowers the contractility of the muscles and that the heart stops in diastole. It being eliminated by the kidneys is indicative of the fact that it does not enter into the body economy, but as a burden, brings about a heavier, rather than a stronger heart beat.

Nothing would be more natural than for the heart to stop in diastole, if the poison taken into it lowered the contractility of the muscles of the body. What bothers me is how one from a scientific basis can hope to give a patient, already suffering from poison in the system, relief by throwing into circulation a poison even more deadly. It seems to me that if God had intended man to get rid of his poisons which have become burdensome, through the inactivity of some one of the eliminatory organs, by adding more deadly poison, He would have put a small store of it into the system for that purpose.

They tell us that occasionally, after digitalis has been taken for some time continuously, especially when free diuresis has not taken place, its action becomes suddenly manifested by the pulse rapidly falling and the supervention of other effects characteristic of the drug.

This then shows distinctly that the drug has robbed the system of its water or liquor sanguinis to the extent that the system is no longer capable of carrying off the deadly drug even at the heightened tension of the arterial system.

Caffeine is another poison used as a cardiac stimulant, and we are told that its action is much that of digitalis, more rapid, but not so enduring; that the poison is partly absorbed by the system and for that reason considered more of a tonic. It is advised in the later stages of Bright's disease.

Here we again have what is termed "an incurable disease" being treated by throwing a poison onto an already over-worked organ." The kidneys have not been able to throw off the waste of the body for some reason, and here we have our medical brethren loading more onto an already overloaded horse, and then whipping it up hill "to give it relief." Nitroglycerine is advised by Dr. Osler, where the pulse is firm.

PHYSIOLOGICAL EFFECTS.

"Nitrites depress both motor and reflex spinal centers without influencing either the sensory nerves or centers. They first stimulate the heart, but soon depress and finally paralyze the cardiac muscle by direct action. The nitrites are all muscle poisons." "They are eliminated by the urine, increasing greatly the amount of water, and the uric acid, and urea." Yet this poison is advised to prolong life and ease the patient.

The causes given, or the etiology, are, Bright's disease, infectious diseases, and extra blood pressure. These are held out as the primal causes of heart disease. That an inactive kidney can result in bad heart-action, through poisoned muscle tissue we admit, but the first cause, we claim, and have proven time and again, lies in such a case in a lesion first affecting the kidney action. Interfered nerve force to the vaso-motors to the kidney will certainly interfere with a proper functioning of this organ. The poison left in the system will sooner or later impair the muscle activity of the body, and through that the muscle of the heart wall itself, as its nourishment is derived from the same source as the other muscle tissue of the body organism.

Infectious disease may be a cause of heart disease, and no doubt often is, but I am of the opinion that were it not for the administering of the drugs according to the prescribed method of our brethren, the number thus affected would be decidedly fewer of record.

Heightened blood pressure may likewise be a cause, but I have no doubt but most of my brethren in the field of practice, who have had any experience with heart disease, find that a strain which will affect heart-action, is most always easily overcome. But if the nutritive impulses are interfered with, the heart walls robbed of their building material, the walls soon grow weaker and in time we have a diseased heart. Even in this weakened condition osteopathic treatment directed in the right manner has resulted in giving, as it were, new life to a leaky heart, a dicrotic heart, and a dilated heart, as we hope to show in this paper.

CASE No. 1.—Patient act. forty years. Had for fifteen years been a sufferer with what is called a leaky heart. Mitral regurgitation was

marked. Patient was suffering with angina at time we were called to see him. The blowing on systole was very perceptible, and dyspnoea was very marked. Patient had been under medical treatment for over three years with no relief. Has to date had one term of treatments, osteopathically, and after the fourth treatment has had no angina, while for three years prior to taking osteopathic treatment it was a nightly occurrence, and more often twice per night. Is now able to do more work than for many years previous. Heart action is stronger and the blowing not so marked. Lesion was the third rib on left side everted so as to rest heavily on its fellow below. Marked tenderness at sternal end. Treatment in this case was to the correction of the lesion, and to the coronary centers, then to the ascending vena cava, to the liver, and toward the heart for compensation. Also the flexing of the legs on the abdomen, and a thorough treatment of the spine, loosening up all articular points and elevating the ribs.

CASE No. 2.—In this case, patient aet. fifteen, there was a distinct heart lesion the heart being decidedly dilated. Patient had been treated by some of the best physicians to be had "in the east," ("Specialists" in their line). Had neurasthenia for four years. Heart appeared to be twice its normal size, and on diastole the heaving of the chest wall was perceptible at a distance of six feet from the patient. Feet, ankles, knees and hands had the appearance of one affected with arthritis deformans more than any thing else. Was bedfast, and physicians in charge had informed the parents "that all that could be done for the patient had been done." We went to see the patient. After the first week of treatment this patient was up and around, soreness began to leave the joints, and the heart action became more natural. In six months I hardly knew the patient. In two years I called on the same party, and she was able to carry coal up three flights of stairs, each time filling the bucket, and think nothing of it. At last report, now about six years ago, patient was in as good health as one with a weakened heart could be. In my judgment this patient had her heart ruined by medication for neurasthenia, as I am informed that she was never troubled with anything of the kind before going under medical treatment for her nervous trouble, which by the way was due to a spinal lesion so marked that any layman ought to have been able to discover it.

CASE No. 3.—In this case we had regular intermittent heart-action, it missing once in every two to three beats. It thus continued for about the first term of treatment, when it commenced to gain, running as much as six to seven beats without missing, and from that on until

now, patient being on his fourth term of treatment, it seldom misses under sixty pulsations.

Patient had a lesion at seventh cervical to second dorsal, which when corrected regularity of heart-action was obtained. Same patient was likewise a sufferer from exczema of the scalp and forehead, which disappeared with the correction of this lesion, and one at the eleventh dorsal. The latter we had worked on for a longer time than that of the cervical, and by its correction relieved the patient of severe renal calculi from which he had been a sufferer for over three years. This weakened kidney action would, it seems from our medical brethren, have been the cause of the weakened heart-action, and hence the primal cause, when in fact each had its independent lesion, both being very marked and very tender on touch when patient presented himself for examination.

RHYTHM OF HEART AS GOOD AS COULD BE ASKED FOR.

This case is now entirely free from any calculi, and skin clear. It is thus seen that the hue and cry of our medical brethren against osteopathy, as being dangerous in the treatment of a case of Bright's disease, or of heart disease, is not only without foundation, but that the patient is in many instances more than "relieved." As for lasting effects, Bright's disease in its incipient form is often cured, and in functional heart disturbances, instead of forcing the heart to do more work by the so-called heart stimulants, this organ is relieved of this interference and nature given that free nerve impulse which means an even and natural rhythmical heart-action. Further, that even in organic heart trouble, that the heart walls are strengthened by the removal of the lesion in many cases, and the patient permitted to live a longer life with greater ease than would be possible under any other method of treatment, for the simple reason that function depends on structure, and if the structure is normal, normal function can be had. But where structure is interfered with, even though it be the nerve path, the impulses are interfered with, and consequently the nutrition to the part, which can only result in weakening of the organ involved, but which lesion when corrected affords to the patient not only relief but a longer lease of life.

INDIGESTION.

REUBEN T. CLARK, D. O., (ATLAS '04), NATCHEZ, MISS.

THE office man's burden, if any one thing is, is some form of indigestion, which in most cases has taken years to develop—if not earlier in life due to hereditary weakness allowing this American disease to pounce upon the child following closely upon the careless habit of hasty mastication.

To the man of sedentary habits, some milder symptoms are experienced as a feeling of weight, drowsiness, heart-burn, diarrhea, lead taste, mild fever, headache. Only one or two of these symptoms lead off, and the fact that chronic dyspepsia and intestinal indigestion is more common than is acute goes to prove that the acute conditions are allowed to run on until alas, alack, we osteopaths are confronted with a condition which takes weeks to disperse and months to cure—necessitating an individual study, persistent and willing co-operation of the patient as to thorough mastication, with some instruction in diet, with little water and no stimulants during meals.

There are a number of simple laws which can be a help to the practitioner in addition to well directed osteopathy, one of which is Fletcherising, from which I draw this much-condensed idea—to eat slowly, very slowly, and chew, chew, chew, then chew again, every mouthful—eat what you like in moderation, at regular hours; no nipping or nibbling between meals. Allow me to repeat, three moderate meals at regular hours and CHEW each mouthful well every day for how long—well, let's see, for two months, six months—no, make it a habit; every day, every year, as long as you live. Teach it to your children, your grandchildren, and they, to theirs.

OSTEOPATHIC.

With due respect to all the foregoing, I must emphasize the existence of anatomical lesions—which in my limited practice among chronic dyspeptics, reference to my "case reports" shows the fault to lie chiefly between the seventh thoracic and the eleventh thoracic vertebra. One case shows anterior third cervical and tight clavicles, which may have brought indirect pressure upon the vagus through the trachea—the tenth cranial is chiefly motor to the stomach, but also has some secretory and sensory fibers.

PAIN.

Usually a dull dead ache lasting from one-half to three hours, mostly at the "pit of the stomach" and along the sternum. Frontal

headaches lasting from a few hours to days are frequently relieved upon vomiting. Occasionally we find pains in the left side, or a tired ache from the base of the neck to the eighth dorsal vertebra.

EXAMINATION.

I make it a practice to reinforce my examination every day I treat the patient, keeping a scratch tablet of the condition after which I copy it into my case record book.

We owe it not only to the patient and ourselves, but to the profession, to do our very best by not only the "good pay," but all cases coming to us. An example, if I may tell of a recent call I had which took me seventy-five miles from my base of operation. A certain wholesale grocer of New Orleans had been cured by an osteopath of that city, and had sent word to this sufferer by one of his salesmen "making" that town to send for an osteopath. Now suppose this gentleman had not been cured, through want of proper effort on our part, not only the patient but the profession would have suffered. So I repeat, we owe it to the profession as well as to the patient to do all that is possible in each case.

Fraternally, I would suggest that we review the anatomy and physiology of every case which comes to hand, for it has been well said that proper diagnosis is half the cure.

CASE REPORTS.

LEON B. HAWES, D. O., (ATLAS '03), ADRAIN, MICH.

Eye trouble and acne of the face Miss C. F., age 29. For nearly a year had been having what she described as blind spells, flashes of light before the eyes increasing in intensity until she would have to sit down unable to see for a few minutes. Had also had a severe case of acne since about fifteen years of age. Had treated the young lady for other trouble for some time, but had not been successful in finding the cause of the above described trouble until I found the atlas lateral to the left. It was very hard to diagnose as the transverse processes were so small as to be indistinguishable at the usual place, but finally, I found the left transverse below and a little posterior to the point of the mastoid process. I gave the patient six treatments before I could make the adjustment permanent. But there have been no attacks of the eye trouble since the first treatment that was given for the purpose of adjusting the atlas. To the surprise of both the patient and myself there also followed great improvement in the condition of the face as now most of the time there is very little acne present.

FIBROID GOITRE.

W. A. COLE, D. O., (ATLAS '02), DUBUQUE, IOWA.

The subject of this article was suggested to me by a case that came under my care a few months ago, and I am glad to present it to the readers of the Bulletin.

The case was that of a female, age forty-five, right gland fully three inches in diameter, the left gland about one-third that size, very hard and of seven years standing. At the time the case came under my observation her breathing was extremely difficult.

The prognosis in this form of goitre is very unfavorable as regards a cure, but I took this case with a determination born of desperation, for she was gradually choking. The bad symptoms were relieved after a few treatments. The interesting feature of this case is that at the end of four months there was no decrease in the size of the gland, and it was as hard as ever. The patient lived in another town and had to come some distance. I gave her eight treatments in December, eight in January, four in February, five in March, and two in April, at which time she stopped thoroughly discouraged. Two weeks from that time, she noticed that the neck band of her dress was much looser and realized that the goitre was diminishing. Six weeks from that time she came to my office to show me that the goitre had all but disappeared. A few weeks later it was gone entirely.

My treatment was directed to the opening of the lymphatic and venous drainage, relaxing of muscles, especially anterior cervical and hyoid, and tissues generally about the neck, also raising the clavicles, both of which were very low; the right had been broken several years before the goitre appeared and left in a depressed condition. With tips of the fingers about the base of the neck I gently but firmly lifted up, then I applied strong squeezing pressure to the gland with a downward motion. I had been advised against direct work to the gland by three of our most prominent practitioners, but I got results, and placed osteopathy prominently before the people in that part of the country.

THE BULLETIN

OF THE ATLAS AND AXIS CLUBS.

ASA WALMSLEY, EDITOR.

MISS KATHERINE BRODERICK, REPORTER FOR AXIS CLUB.

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

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

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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 OCTOBER, 1906.

EDITORIALS.

Scope of Endowment Movement.

Mention was made in our last issue of the endowment fund started at the last meeting of the American Osteopathic Association at Put-In-Bay, but the scope of the movement was not touched upon. It is for two purposes and should appeal to every loyal osteopath as well as their friends. The institution is for Post Graduate teaching and Research work along strictly osteopathic lines.

The Post Graduate college is intended to work in harmony with and in conjunction with the present schools and not to infringe upon their curriculum but to relieve them of some detail and give more opportunity for the work they now have in hand. In fact it is not intended to do any of the elementary work now being taught in osteopathic schools. As it will be located in a large city this will give opportunity for much experience which cannot be had otherwise, especially in surgery.

The Research department will continue along the lines already started by Dr. McConnell and an effort made to so place osteopathic

theory and principles that they will be accepted by the scientific bodies of the world without regard to medical prejudice. This can be done and must be done or else osteopathy will be denied the place it deserves in the world of science.

* * *

A. S. O. Freshman Class. The ruling making a three-year course compulsory will materially lessen the attendance at the osteopathic schools—said someone. How about it? The real test of the effect of the three-year ruling came with this year, and we are happy to say that at the A. S. O. so far as the Freshman class is concerned, one would not know a three-year course had been inaugurated. The fall class numbers considerably over one hundred, and from a standpoint of personal appearance, and education strikes a high average. This latter fact is very gratifying indeed inasmuch as the osteopathic profession has been much criticized for the lack of education of many of its members. The cry, "lack of education," along with other pretexts, has been used by our medical brethren in their efforts to prevent us getting recognition. But as time goes on and they see that we can "do things" they have been deprived of many of their earlier reasons for our non-recognition and consequently the "insufficient preparatory education" plea has been compelled to "do overtime." With the three-year course and the higher educational requirements of our schools, we can no longer be criticized as formerly.

* * *

Clark's Applied Anatomy. That Dr. Clark's Applied Anatomy has proven to be all that was expected of it is amply shown by the many and loud words of praise it has received. Indeed no higher tribute could be paid the work than its ever-increasing demand by osteopathic practitioners. Dr. Clark is well known to the profession as an osteopath of "the first water," and this fact has done more to inspire confidence in his writings than pages of advertising could have done. Knowing that the author believes what he says gives added value to the text.

* * *

Literary Ability Not Necessary. Repeatedly have we been informed by members that they did not possess the literary ability to write acceptably for the Bulletin, that anything they might write would not look as it ought to when in "cold type."

We wish to say that we are not offering prizes for literary productions. All we want is plain, understandable English, and we know that many who demur because of lack of ability can write so as to be readily understood—which is all that is necessary.

Every practitioner has experiences or cases an account of which would prove of much value to his fellow practitioners. Withholding these facts is being untrue to our science and to our fellow. It is by accumulated facts that a science is developed.

There is nothing that should be of more value to the profession than carefully kept case reports. It does not require literary effort to do this. So if you feel that you can not prepare a scientific or a practical article for the Bulletin, do not conclude that with such decision your responsibility ceases. It does not. You can prepare case reports. You should do so, both for your own benefit and for the help it would prove to the profession as a whole. We therefore urge you to at least send us case reports, and do not wait for a special invitation to do so.

* * *

Does this Mean You? As a result of a busy practice, forgetfulness and for various other reasons many of our members lose track of how they stand with the Club financially, and consequently get in arrears. We can quite understand how easy it is for this to occur and we make due allowance for such delinquents, but such a condition can not be allowed to continue indefinitely without inconvenience to the Club. We are confident that none of our members would care to have the monthly visits of the Bulletin discontinued, nor do we wish that they should, but it must be apparent to all that their discontinuance is the only logical outcome of inattention to payment of dues. We ask that you examine your receipts and be governed accordingly.

OSTEOPATHIC GLEANINGS.

(Compiled by the Editor.)

Our Bill at Washington.

It cannot too strongly or too often be urged upon members of the profession the duty each owes in the matter of assisting to secure the passage of the bill providing for a Board of Osteopathic Examiners for the District of Columbia. It will be remembered that this bill passed the Senate by unanimous vote at the first session of the present Congress. It was introduced in the House of Representatives by Representative Sherman, of New York, and referred to the Committee on Public Health for the District of Columbia. It was referred by that committee to a sub-committee, and was returned by it to the whole committee, with the recommendation that it do pass. This bill will come up for final action at the session beginning in December of this year.

Let every osteopath who possibly can, see his Representative before

Congress meets and bring the matter to his attention. We believe that when the representatives understand that we are not asking that the rights of the practitioners of any other system of healing be in any way restricted or abridged, that we are simply trying to insure that those who assume the title "osteopath" are qualified according to the standards erected by the profession, that there will be no question of its passage. But these things need explaining. Every osteopath should, therefore, not only do what he can himself, but should enlist the aid of his influential friends. The passage of this bill by Congress means so much to the cause of osteopathy that no step should be omitted that will tend to insure that result.—A. O. A. Journal.

* * *

Poisonous Eggs.

That many people are poisoned by eggs, and not by spoiled eggs only, but often by those that are freshly laid and apparently good, is asserted by Dr. Andre le Coq, a French chemist. Numerous cases of poisoning due to eclairs, or cream-cakes, have occurred recently in Paris, and it was in the course of an investigation of these that Dr. le Coq came to the conclusion that the toxic action was always the fault of the eggs in the custard, never of mineral poison introduced accidentally or of the other ingredients of the cream. Fresh eggs, he asserts, often become infected before they are laid. Says the *Revue Scientifique*, which derives its information from Dr. le Coq's article in the *Bulletin Commercial de la Pharmacie* (Paris, July):

"The white plays a more important part than the yolk and is generally at fault when the poisoning is due to fresh eggs, since it is commonly beaten up raw, while the yoke is sterilized by cooking. The microbes in it find in the sugar, milk, and gelatin of the custard an extremely favorable culture-medium.

"The yolk does its work when the poisoning is due to decomposed eggs, for cooking can not destroy the toxins and ptomains of putrefaction.

Chemical analysis shows the presence, in the poisonous cakes or in the bodies of their victims, of alkaloidal substances not identifiable with any hitherto known, but as these analyses have been made after a considerable lapse of time, it can not be positively affirmed that these toxins are not simply due to putrefaction.

"To guard against poisoning of this kind it is simply necessary to cook all parts of the egg, especially the white, in making the cream, prolonging the process sufficiently to insure perfect sterilization."—Translation made for THE LITERARY DIGEST.

General Rules in Poisoning.

There are two or three general rules that can be well remembered, and that always apply in the first treatment of cases of poisoning if the poison was taken by the mouth.

1. A glance at the patient's mouth will at once determine whether a corrosive or non-corrosive poison was used (in case positive information on this point is not afforded otherwise). And this will point at once indicate whether an emetic should be resorted to. If a corrosive poison has been swallowed, it is better to at once administer warm oil. If a non-corrosive substance has been used, emetics (hot mustard-water) are called for, or the stomach tube.

2. After this first general action it may be wise, and even necessary to inquire more thoroughly into the question of the kind of poison that is producing the effect under observation, with the view of at once employing specific antidotes.

3. The next requirement is to sustain the natural process of life by all reasonable and quickly responsive means at hand.

These three general principles will apply to quite every case of the kind, and may be briefly recapitulated thus:

First—Emetics or oil, according to whether or not the mouth is burnt,
Second—Special antidotes, if possible and needful.
Third—Support the patient.—Clinic Review.

* * *

Caterpillar Fever

"Caterpillar fever is contracted by many in rural districts," says The Medical Times, quoting the London Mail. "There is often an epidemic of 'caterpillar rash,' characterized by intense itching of the palms and sometimes of the face, with vesicles which, when they occur about the eyes, obstruct vision. Prophylaxis requires that caterpillars be left severely alone. The 'palmar worm,' for instance, the hairy caterpillar of the gold-tail moth, one of the commonest and most beautiful objects in the country at midsummer, passes from hand to hand. It leaves a few of its loosely attached hairs upon the palm; and an urticaria results, in the opinion of English rural physicians."

* * *

The Ontario Osteopathic Association.

The annual meeting of the above association was held in Toronto at the office of Dr. Pigott on September 3. A good attendance, instructive program and interesting social time made this the best meeting held, as also it was the largest. Clinics were presented by Drs. Henderson, Bach, Pigott and Millard. Dr. Cook read a paper on the atlas, and Dr. Heist on typhoid fever. Let the A. O. A. meet in Toronto in 1909 and look for a good time on British soil. E. D. HEIST, Sec'y.

ATLAS NOTES.

Dr. Sumner E. Warner, of Indianapolis, Ind., has returned to Kirksville for a post-graduate course. Dr. Warner's object in so doing is to meet the four-year-course requirements of Indiana, he having attended the Boston College of Osteopathy for two years prior to coming to Kirksville where he graduated in June last.

* * *

Dr. C. C. Teall spent a week or more in Kirksville the early part of October. The doctor was here overseeing work on McConnell and Teall's Practice which is being printed by the Journal Printing Co. This book we understand is in the hands of the binders and will be ready for shipping in a few days.

* * *

Dr. R. E. Hamilton of the A. S. O. faculty is wearing the smile "that won't come off" these days. It's a girl. Congratulations doctor.

* * *

The Club has been having its share of good things during the past month. Advantage was taken of Dr. Teall's presence in Kirksville and on the evening of Oct. 4th, Dr. Teall gave a very interesting talk to the club members and a number of their friends. The doctor laid special emphasis on a condition he finds almost every place he goes—which is a tendency on the part of certain osteopaths to "knock" their fellow osteopaths. He pointed out how wrong ethically, and how detrimental to the interests of our young science is such a condition.

He reasoned: If the individual osteopath is not what he ought to be—ethically and scientifically—how can we as a body of professional men and women be as we ought. Let us strive for that oneness of purpose which alone bring to our science the success it so richly deserves.

The osteopathic profession has many hard battles to fight before its members will be on equal footing legally with graduates of other schools. Such equality is what we are striving for. Therefore, let us remember the axiom: "Together we stand; divided we fall."

* * *

One of the treats enjoyed by the Club recently was a talk given on Saturday, Oct. 13th, by Dr. A. G. Hildreth of St. Louis, Mo. Dr. Hildreth had something he wanted his hearers to remember, and that was—"Don't overwork yourself in an attempt to cure your patients in a few treatments. If you do it will break you down in a short time. Would it not be better to not treat so hard and have the course of treatment extend over a longer period of time? This would be justice to yourself

without injustice to your patients. And by saving yourself in this way you will be enabled to do the greatest good to the greatest number." The doctor also pointed out that hard treatments were not only hard on the physician, but often injurious to the patient. We enjoy these timely talks, especially when coming from men of Dr. Hildreth's wide experience.

* * *

A reception to the freshmen in the form of a musical program followed by a smoker was given on the evening of Friday, Sept. 21st. There was a good attendance of club members and also of freshmen. Following the program, short addresses containing words of encouragement and advice were made by Drs. Ivie, Gerdine, Clark and Vyverberg.

* * *

Dr. H. L. Maxwell of Reading, Pa., was in Kirksville on Sunday and Monday, Oct. 21st and 22nd. The doctor suffered from a heat stroke during the summer since which he has not been able to do much work. For the past six weeks he has been rusticated in Oklahoma, Indian Territory and Texas, as a result of which he is now feeling much improved and will resume his busy practice with renewed energy.

* * *

The Sioux Valley, Iowa, Osteopathic Society met on Wednesday, Oct. 3rd, and had as their guest, Dr. M. E. Clark of the A. S. O. faculty. The doctor read a paper on the "Treatment Preparatory to Labor." He also gave a clinic before the society. On his way to Sioux City he called on several of the Omaha, Nebr., osteopaths and on his return, came via Des Moines, Iowa, where he spent a day. While in Des Moines the doctor addressed the classes at the Des Moines College of Osteopathy. He was warmly received at all points visited, his hosts expressing themselves as being highly delighted and benefited by his presence. Those who have sat under Dr. Clark can readily appreciate their feelings.

* * *

Personal Mention of New Members.

Among the new members added to our ranks since last issue is Dr. L. van H. Gerdine of the A. S. O. faculty, who was received into the Atlas Club as an honorary member. Dr. Gerdine is a man of broad education and exceptional ability and is well worthy of the honor conferred. The doctor is a Mississippian by birth, was educated at the University of Georgia, is a graduate of Harvard—where he won his A. M. degree—has studied at Johns Hopkins University, also in Germany, at Heidelberg. Since returning to America he has spent nearly four years at Rush Med-

ical College and he has also studied osteopathy since his return having graduated from the Boston Institute of Osteopathy in 1902. The Doctor became a member of the A. S. O. faculty in Sept. 1903, since which time he has held chairs of Principles of Osteopathy, Nervous Physiology, Neurology, Differential Diagnosis and Diseases of the Eye, Ear, Nose and Throat. The doctor is a thorough believer in the basic principles of osteopathy and is an able exponent of the same—facts which, along with his sterling qualities as a man, make him a valuable acquisition to our club.

* * *

Mr. D. H. Clouse, of the senior class, comes from Sterling, Colorado. He has relatives and friends practicing. Dr. Walter S. Smith, Red Cloud, Neb., being his cousin, and through their influence, and personal investigation, he decided to study osteopathy. Mr. Clouse has a public and high school education.

* * *

Mr. Clement Woolson, a member of the Upper Freshman Class, is from the east, Newark, N. J., being his home. Mr. Woolson was educated in the public and high schools after which he was employed as a clerk. Benefit received by his friends from osteopathic treatment, and because he considered it to be a reasonable system of healing, induced Mr. Woolson to study osteopathy.

* * *

Mr. H. Carson after completing a high school course and preparing for college was influenced, through cures performed by osteopathic treatment in his own family, to choose the osteopathic profession as his life work. Mr. Carson is a member of the Upper Freshman class and comes from Brooklyn, N. Y.

ATLAS FIELD NOTES.

Dr. A. L. Evans, Chattanooga, Tenn.: "I notice that you mention me as one of the speakers at the Atlas and Axis clubs' dinner at Put-in-Bay. This is a mistake. I was present and greatly enjoyed the banquet, but did not speak. I recall that Drs. E. R. Booth and F. E. Moore, in addition to those mentioned, did respond to toasts."

* * *

Since our last issue an Axis and an Atlas member have become life partners. The contracting parties in this happy event are, Dr. Lulu F. Stoltenburg of Dinuba, Calif., and Dr. John V. McManis of Baird, Texas. The Bulletin wishes them well.

The Stork brought a twelve-pound boy to the home of Dr. W. Homer Elmore of Bowling Green, Mo., August 12th.

* * *

Dr. J. W. Tarr, formerly of Marshall, Minn., is now located at Glenwood, Minn.

* * *

Dr. O. C. Robertson, Jan., '06, of Cynthiana, Ky., has been ill of typhoid fever for some time, but is recovering under osteopathic treatment. The doctor has recently moved from Utica, Ky., to Cynthiana.

* * *

Drs. Lester R. and Edna C. Daniels, June, '06, have opened offices in the Ochsner building, Sacramento, California.

* * *

Dr. E. W. R. Morelock, June, '06, has located at Harrisonville, Mo.

* * *

Drs. John S. and Jennette S. Allison of Monrovia, Calif., have moved their offices from Wisteria Hotel to 128 W. Lime Ave., where they are comfortably located.

* * *

Dr. Henry A. Whitfield, June, '06, is comfortably located at S23-25 Granite Building, Rochester, N. Y.

* * *

Our sympathy is extended to Dr. and Mrs. C. Steele Betts, Huron, S. Dakota, whose seven months old son succumbed to marasmus on September 2nd.

* * *

In our last issue we said: "Report has reached us to the effect that Dr. A. W. and Mrs. Rogers will locate in Salem, Mass." We have since heard from the doctors they having opened offices at 12 Hemenway Street, Boston, Mass. Dr. A. W. Rogers, it will be remembered, edited the Bulletin from September, 1905, to June, 1906.

* * *

Dr. L. M. Goodrich, Hackensack, N. J.: "Enclosed please find one dollar, my dues for the ensuing year. The September Bulletin was forwarded to me and I was very glad to see it. I am very comfortably located and doing much better than I had hoped to and am having excellent success. Best wishes for the success of the club, and regards to all the boys."

* * *

Dr. G. W. Hay, Fort Scott, Kansas: "I am doing very well here. Wish I could drop in and see the boys. I used to think I would never get homesick to see Kirksville, but have changed my mind."

Dr. Paul M. Peck, San Antonio, Texas: "My best regards to the Atlas boys. I would give a great deal if I could be back enjoying the meetings I once found so valuable in the Atlas Club."

* * *

Dr. J. W. Elliott, Cordele, Ga.: "The Bulletin received and was glad to get it. I am getting results and have a nice practice. Osteopathy applied according to the A. S. O. will build up a practice you can hold. Best wishes to the Atlas boys."

* * *

Dr. N. A. Johnson, Fredonia, N. Y.: "The September Bulletin received and it was like meeting a dear friend. I hated to lay it down before reading all there was in it. The article by Dr. N. A. Bolles was certainly a good one. The outlook here is favorable."

* * *

Dr. Frank L. Martin, San Francisco, Cal.: "The Bulletin has been fine lately and I sincerely hope the members will be generous and keep it up to the same mark."—(Dr. Martin means the field members. Send along your case reports, please.—Ed.)

* * *

On Wednesday, Oct. 3rd, Dr. Fannie McDaniel, June, '06 class, became the wife of Dr. A. H. McLaughlin of the same class. The wedding took place at St. Joseph, Mo. The Drs. McLaughlin have located in King City, Mo. The Bulletin extends congratulations.

* * *

It is with sincere regret that we learn of the affliction of Dr. Frank P. Smith of Caldwell, Idaho. For a year or more Dr. Smith has been completely incapacitated. Over a year ago Dr. Smith had a severe siege of typhoid fever which left his spine in a very weak condition. For months he has been confined to his bed. At times there are signs of recovery, but the doctor has had several severe back sets of a month or more. His wife, Dr. Anna M. Smith, has given him every attention, and at the same time devoted as much time as possible to their practice. We extend our sympathy to the doctor and trust that he will soon be restored to health.

AXIS NOTES.

On Friday evening, October fifth, the Axis Club gave a reception to the ladies of the Freshman class. The halls were decorated in the club colors and autumn leaves. A fine program was enjoyed the chief feature of which was a very able talk on Osteopathic Surgery by Dr. F.

P. Young. Dainty refreshments were served in green and white, followed by dancing which lasted until "the wee sma' hours."

* * *

The members of the club were especially favored, in having Dr. Charles C. Teall to lecture to them on two occasions during his short stay in Kirksville.

His first talk, was "Innominate Lesions and how to Correct them," with demonstration on subjects; the second, "How to Save the Back when Treating."

It is needless to say that the ladies greatly enjoyed and thoroughly appreciated both lectures.

* * *

Doctor W. H. Ivie of San Francisco gave a very instructive lecture on "Business Methods for the Woman Osteopath" at the last regular meeting of the Club.

* * *

Chief among the privileges enjoyed by the present senior class at the A. S. O. is that of hearing the "Old Doctor," who often comes in during lecture hours, and explains to them "how to find the lesion, how to fix it," and "let nature do her perfect work."

* * *

It is a great source of gratification to us that in a recent letter from our home city on the Atlantic Coast a woman osteopath has scored a great success in curing a chronic spinal disease which was pronounced incurable by one of the most eminent surgeons in this country.

* * *

The following list of names are those of new initiates:

Miss Margaret Hawk of Moravia, Iowa, a graduate of Cedar Falls State Normal School. Wishing to become a physician, she chose osteopathy as the latest and best of the healing arts.

Miss Leona A. Harper of Minneapolis, Minn., was graduated at the high school there. She took up the study of osteopathy that she might assist her father who is a practicing osteopath.

* * *

Miss E. A. Follett of New York City, educated in the schools there, and in the Connecticut State Normal, was attracted to the study of osteopathy by the benefit which she derived from treatment.

* * *

Miss Grace H. Stauffer of Buffalo, N. Y., who is a graduate of the Masten Park High School of that city, studied osteopathy after learning of the success attained by the physicians of that locality.

Miss Alice Skyberg of Riverside, Calif., was graduated from the high school, and also the State Normal in her city. She took up the study of osteopathy, knowing of the good work done by her sister, who is an osteopath.

* * *

Mrs. Clara DeGress McKinney of Houston, Texas, is a graduate of the Waeles-Baker school. She took up the study of osteopathy on account of the great benefit derived from treatment in her immediate family.

* * *

Mrs. Mayme K. Tuttle of Portland, Me., was educated at Wesleyan University, Montana. Her husband is an osteopathic physician, having graduated from the A. S. O. four years ago.

* * *

Miss Hellen R. Kinsell of San Francisco, Calif., was educated at Brooklyn, N. Y. She took up the study of osteopathy that she might be able to relieve suffering humanity.

* * *

We extend our congratulations to Dr. Irene Harwood Ellis of Boston, Mass., on the election of her husband, Dr. S. A. Ellis, to the Presidency of the A. O. A. for the ensuing year. Dr. Ellis is a graduate of the Northern School of St. Paul, Minn., is a capable organizer, and undoubtedly will prove an efficient officer. The Drs. Ellis are further to be felicitated—a boy arrived at their home on July 12th, 1906.—(Accidentally omitted from last issue).

* * *

Doctor Ida Ellis Bush, formerly of Idaho Springs, Colo., is now located in Denver, Colo.

Doctor Gertrude Forrest of Albia, Mo., is taking a much needed rest, and enjoying the clinic work at the A. S. O. College and Hospital at Kirksville.

AXIS FIELD NOTES.

Doctor Emma Crossland is a partner in the office of doctor Ingalls, 230 Wells Bldg., Quincy, Ill.

* * *

Doctor Annie Mc C. Brownlee, 719 E. 25th St., Paterson, N. J., sends greeting to the club members, and closes, with the parting injunction, "Work hard with a strong hope for the future in practice, for verily you will not be disappointed! Osteopathy brings results!"

Doctor Celia J. Newman of Seattle, Washington, having made an extensive tour of the states, during the summer, tells of delightful climate and excellent conditions to be found in the north western states. She says, "This is God's country and I find osteopathy in great demand, especially the Kirksville graduates. Trusting I will receive the always welcome Bulletin, and with best wishes for the Axis Club and all of the Axis girls.

I am

Fraternally yours,

CELIA J. NEWMAN.

* * *

Dr. Mary C. Bell writes from Independence, Kansas, of a growing practice and a good outlook for their future work. We need and appreciate those encouraging letters.

* * *

Dr. Olive C. Waller, who is associated with Dr. Susan Balfe at Alliance, Nebraska, in a letter of recent date tells of many and varied diseases and conditions which come under their care, ranging from a broken clavicle to obstetrics and acute work.

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