

THE BULLETIN

OF THE ATLAS AND AXIS CLUBS.

VOLUME XII.

FEBRUARY, 1911.

NUMBER 6

THE APPLICATION OF OSTEOPATHIC PRINCIPLES.

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The application of the principles of osteopathy to the field of therapeutics has demonstrated that they are eminently practical. If the osteopath could not accomplish in a better way things that have been attempted, or could not do things which would otherwise be impossible, there would be no excuse for his existence. In the charter of the first osteopathic school, the purpose of the school is set forth as being to "improve our present system of surgery, obstetrics and the treatment of diseases generally and to place the same on a more rational and scientific basis." That this purpose has been fulfilled the practical workings of osteopathy bear the evidence.

The application of osteopathic principles to meet the problems of bodily disorder has demonstrated their efficiency in practically all diseases. The individual osteopaths may vary in proficiency, but the principles remain true. Results depend upon the degree with which the practice is made to approach the principle, osteopathy being both an art and a science.

An understanding of the field in which osteopathic principles are applicable may possibly best be gained by a review of some of the basic osteopathic considerations in several of the general classes of disease.

Diseases of the Nervous System.

A nerve cell with its attendant fiber may be likened to an electric battery with its attached wires which convey the power of the battery to a point of usefulness. Electricity may be interpreted in terms of light, heat or motion—all different forms of energy. Nervous impulses in the body are interpreted in terms of motion, sensation, nutrition, consciousness and by the special senses.

In the case of electricity, the integrity of the battery, the wires and the end instrument, which evidences the impulses as light, heat or power, must be maintained. The battery cell may be impaired, the

wire broken or short circuited, or the instrument may lack adjustment; in any case a failure of function results. With the battery, the cause of failure may be mechanical or chemical. The same is true of the nerve unit. A mechanical interference, as by pressure, with the nerve cell, fibre or end organ; a chemical or vital change through degeneration of the nerve unit from exhaustion or impaired nutrition, may take place. Abnormal pressure is the primary cause of impaired function in either case. In the first, the pressure exerted by some structure out of its position upon the nerve cell or fibre; in the second, the pressure is upon the vessels carrying nutrition to the nerve unit.

The osteopath is the electrical engineer of the nervous system. It is his aim to preserve the integrity of the individual nerve cell, fibre and end organ by relieving them of any abnormal pressure or interference with their supply of nutrition.

Of the disorders incident to the nerve tissue, we may have, as has been suggested, those that are either functional or organic; each with possible resultant disturbances of motion, secretion, sensation, nutrition, consciousness or of the special senses. A great number of these cases of both classes have come under osteopathic observation and the osteopathic search for the causes of such diseases with the application of the principle of correction of structural abnormalities has resulted in lessening a large amount of human suffering.

Diseases of the Digestive System.

Of the cases which have presented themselves for osteopathic examination, a large number have been disturbances of the digestive system. Of these a portion have resulted from abuse of the organs of digestion by dietetic errors, in which case correction of the errors of diet would be indicated, but most of the cases present some structural derangement which is manifestly interfering with the functioning of the stomach, liver, pancreas or intestines.

The stomach receives an extensive nerve supply, partly from the pneumogastric nerve which leaves the cranium and passes downward to be distributed to the organs in the thorax and abdomen, and partly from the nerves that leave the spinal cord and chain of sympathetic nervous ganglia along the spine. These nerves carry impulses that control the muscular wall of the stomach, the action of the various glands that secrete the gastric juice, the quantity of blood that is distributed to the organ itself; as well as sensation to the nerve centers in the cord and brain.

If motion, secretion, nutrition or sensation be impaired in the or-

gan, the organ is not to be blamed. One could scarcely, with justice, blame the telephone if the wires were down. Somewhere there is a mechanical defect—an interference with the origin or transmission of the nervous impulses which govern these functions. A careful osteopathic search will reveal the point of interference. A careful physical examination, with possibly a laboratory examination of the stomach contents if necessary, will give the evidence as to the functions impaired or of any organic trouble that may have resulted from long continued functional disturbances. A little engineering skill is needed to remove the interference and if successfully accomplished the organ will go about its work without further hesitancy, provided that these interferences have not been operating so long as to produce organic changes. Even then nothing could be of greater value to the suffering organ than to have its struggle for existence extended by a helping hand by way of improved blood and nerve supply.

One could supply from an outside source some of the deficient constituents of the gastric juice, one could knead the stomach and supply in a measure impaired motion, one could use an anodyne and relieve distressing sensations, but it would seem the more logical course to so put in order the bodily mechanism that the constituents of the gastric juice would be naturally supplied in proper proportion, the contents of the stomach be churned by its own power and then with perfect digestion there would be no occasion for annoying sensory disturbances to reach the consciousness.

The functions of the other organs of digestion, the liver, the pancreas, the intestines, the colon, may likewise be impaired, and a long list of names have been applied to the various symptoms and conditions. In these as with the stomach, faulty diet, micro-organisms, etc., may play a part, but analyzed carefully it will be found that primarily the cause rests in some structural abnormality operating to derange the blood or nerve supply of the organ or part.

In diseases of these organs it would likewise be the logical thing to find and remove such an obstruction, whether the cause be congestion of the liver, intestinal obstruction, appendicitis, colitis, constipation, dysentery or any one of the list of diseases of the digestive tract where the organic changes have not reached the stage of degeneration that might require operative interference.

Diseases of the Respiratory System.

Under this heading may be included all disorders of the nose, larynx, bronchial tubes, lungs and pleura whether or not accompanied

by specific infection. Nearly all of these, it has been shown, are primarily due to interrupted nerve impulses. Since the nerves hold under their control the calibre of the blood vessels distributed to a part, it is obvious that an interference with the vaso-motor nerves as they are called, would result in either too little or too much blood being driven to an organ. Too much blood and we have a congestion; too little and the nourishment of the tissue is impaired—in either case the vitality of the part is lowered. Germs, whether they be germs of la grippe, pneumonia or tuberculosis, find a convenient lodging place in tissue with lowered vitality—otherwise they might be destroyed, before time was given for them to multiply and colonize, by the white blood corpuscles which act as little policemen throughout the body, arresting and devouring invading germs. Perfect circulation through a part would mean that these policemen were “covering their beat” with due regularity and in sufficient numbers to repel any ordinary invasion.

So the osteopathic work of correcting any interference with the vaso-motor nerves to the lung is of value in maintaining the normal healthy tone of the lung tissue by preventing congestion or faulty nutrition; in helping the lung to resist the invasion of germs and in strengthening and restoring to health weakened tissues.

All diseases of the respiratory tract are not associated, however, with germs, but in all structural conditions play a large part and the axiom that normal structure is a prerequisite of normal functioning holds true in disorders of the respiratory tract, whether the symptoms of such structural disorder be grouped under the name of asthma, hay fever, catarrh, croup, laryngismus, stridulus, bronchitis, or one of the acute infectious diseases. The essential point is to find the primary cause of the disease—that which is interfering with the normal physiological action of the organ and set about to correct the same, with the assurance that man was created a perfect being and if there is a failure in any function there must be a cause for such failure.

Diseases of the Circulatory System.

The blood is the chief agent of transportation in the body, carrying food to and waste from the tissues. The organs necessary to maintain this transportation service comprise a propelling force, the heart; avenues of distribution, the arteries and capillaries, also channels for the recollection and return of the blood to the heart, the veins.

Many of the diseases of the body may be found associated with some alteration or defect in this transportation system. “The reign of the artery is supreme,” is the way the “Old Doctor” expresses it.

In the consideration of the diseases of the circulatory system, we find disorders of two kinds—functional or organic.

The heart receives nervous impulses by way of the pneumogastric nerve which tend to retard its action, and from the cardiac sympathetic nerves which accelerate its action. It also has nervous ganglia within its muscular walls which are automatic in action. Variations in the rate or regularity of the heart's action indicate some abnormal nervous impulses received either over the pneumogastric or sympathetic nerves. These abnormal impulses may be purely reflex, as from exophthalmic goitre, anemia, acute infectious disease, dyspepsia, overwork, stimulants, poisons, pelvic disturbances, emotional states, etc. However, a satisfactory explanation for all functional disturbances cannot be found in the reflexes. The pneumogastric and sympathetic nerves at certain points in their course pass in very close relation to some parts of the bony framework and if these structures are occupying other than their true anatomical position, they may be the source of direct interruption of the nervous impulses that should reach the heart. Osteopathic clinical evidence obtained by animal experiment go to show that most functional disorders of the heart have as a causative factor some displacement, however slight, of the ribs or vertebræ in relation with these nerves. The indications then in case of functional disorder of the heart is to search for a possible reflex cause and remedy that or to locate a possible direct cause in some structural abnormality of rib or vertebra and correct that.

Lesions producing cardiac neuroses may lead to organic disease although many other direct causes are recognized. In organic troubles the problem presented is much more difficult and serious. While it would not be expected that the organic disease could be remedied, yet the work of freeing the nervous impulses that should reach the heart is of the utmost value, materially assisting the organ in performing its duty even though it is handicapped by organic changes.

Functional disease of the blood vessels may result from disturbance to the vaso-motor nerves—the nerves to the muscular coat of the arteries that osteopaths are so much interested in and which have their origin along the spine. Organic diseases of the blood vessels are of the nature of degenerations of varying kinds and degree.

In all cardiac or circulatory disturbances the work of the osteopath is quick, safe and efficient, no other method of treatment operating so in harmony with Nature's laws.

Diseases of the Kidney.

A great deal of mystery has existed in the popular mind as to kidney difficulties and, to one acquainted with the facts, it might seem that the application of the osteopathic principles for the relief of such disorders is but another addition to the mystery.

The function of the kidney is that of elimination—to filter out and excrete the excess water and waste products from the blood stream. This function is dependent upon the integrity of the epithelial cells that line the little tubules of which the kidney is largely composed. These, in turn, depend for their health upon normal nutrition and for their action upon normal nerve impulses. The nerves that supply the kidney, controlling the distribution of blood to, and the excretory function of the organ can be traced back through the solar plexus to the center in the spine where any abnormal structural pressure will interfere with their harmonious action.

The evidence regarding disease of the kidneys is obtained largely by urinalysis supplemented by a thorough physical examination and a careful osteopathic search for derangements of the ribs or vertebrae near which pass the nerve fibres just mentioned. When evidence is obtained of faulty action of the kidney, the next important step is the discovery of a cause. Inasmuch as a nerve is with difficulty impinged while passing through soft tissue, it is but reasonable to suspect that the interference is at a point where it comes into more or less intimate relation with denser structures—bones or ligaments. The point of interruption to the nervous impulses having been discovered in the faulty relations of some of the ribs or vertebrae, the osteopath sets about correcting the same, reasoning that if structural relations are maintained, as Nature intended they should be, in all parts of the anatomy associated with the kidneys, the organ will functionate properly, providing that degenerative changes in the tissues of the kidney have not progressed beyond repair.

Diseases of the Pelvic Organs.

In the treatment of the diseases incident to the pelvic structures, osteopathy gave the world an entirely new, and we believe correct, conception of the cause and cure of such conditions, proving a great boon to suffering womankind. Long had attempts been made to remedy the conditions found, but not one word in all medical literature pointed toward the bony lesion as a fundamental cause of such conditions. It is with truth that Mrs. J. B. Foraker of Ohio said: "If Dr. A. T. Still had discovered nothing new but what he has done for women, his name

would go down the ages as the greatest physician of the age and one of the historical benefactors of the race."

The pelvic organs are delicately balanced, supported by ligaments. Clothing, posture, habits, occupation, etc., and influence more or less the integrity of the supports and the balance of the pelvic structures, but with the ligaments maintaining their normal tone and proper tension organic displacement will not occur. The nerves which give tone to the ligaments and the vaso-motor nerves controlling the blood supply to the pelvic organs have their origin along the spine. Any structural derangement there would so interfere with the nerves that the ligaments would lose their tone, permitting of relaxation, and allowing gravity, or other forces to carry the organs to abnormal positions. The deranged vaso-motor nerves, together with the faulty position would produce congestion which in turn might lead to a faulty functioning, abnormal secretion, degeneration of tissues or tumefaction. To treat these conditions without correcting the primary structural cause is but to treat the symptoms. Permanent relief could scarcely be hoped for without the removal of the cause. The osteopath deals largely with causes, yet being mindful of the symptoms and conditions that these causes have produced.

There is probably no field so frequently invaded by the surgeon's knife as the pelvis, yet taken in time the great majority of these cases could have been saved the operation and the suffering that preceded it, being restored to health and comfort without the knife. It is with causes that we must be concerned if we would find how the conditions that would eventually demand an operation may be remedied, and it is in dealing with causes that osteopathy has won its great success in this as in other fields of therapeutics and the prophylaxis.

Speaking in this connection, Dr. Lena Creswell says: "Almost all of the diseases of the pelvic structure are curable in the beginning without the surgeon, and in truth, the osteopathic practice is revolutionizing modern surgery, but even yet the number of women operated on for pelvic trouble is alarming. Many are unsexed, and it would seem that many of these necessary operations might be prevented if the women of our land possessed the proper knowledge of the care of their bodies. Many cases, which were formerly considered surgical, respond readily to this treatment but some cases, usually dating from parturition, must have an operation. I have found osteopathic treatment many times of great value to prepare the patient for the operation and it frequently is necessary afterward.

"The science of osteopathy does more than all others to revolu-

tionize the treatment of the diseases of women and has advanced further along this line than any other method. Osteopathic gynecology is based on facts. Our method is to locate the lesion that interferes with the blood and nerve supply and if possible to relieve the same. We should feel proud of the record we have made in the treatment of these diseases. From year to year we are demonstrating a more complete method of treating the diseases of womankind."

Diseases of the Skin.

A class of diseases that at first thought might seem beyond the reach of osteopathic measures are affections of the skin. The skin exercises protective, absorbing and excretory functions. Overburdening any one of these functions may result in disease. The protective function may be overburdened, as by germs or parasites; the absorptive, as by chemicals, and the excretory as by the defective action of one or the other organs of elimination.

Such disorders may be divided into two general classes with reference to causes, external and internal. Both may be combined. Of the external causes, probably germs are frequently a direct cause. To remove the cause, remove the germs, which may be accomplished by the application of a germicide. This alone is required; the reconstructive forces of the body restoring the surface to normal as soon as the cause is removed. Of the internal causes, those traceable to some disorder of nutrition, metabolism or elimination predominate. In the search for the cause, it often resolves itself step by step back to some structural abnormality interfering with one or more of the organs concerned with the constructive or eliminative forces of the body. In connection with this class, purely osteopathic work is of distinct therapeutic value, as has been shown by the cases of eczema, for instance, which have yielded to osteopathic work applied to the correction of the nerve and blood supply to the liver and pancreas after various other means for relief have been unsuccessfully tried.

Acute Infectious Diseases.

The invasion of the human body by pathogenic micro-organisms gives rise to what is known as the acute infectious diseases, such as typhoid fever, scarlet fever, measles, influenza, etc. The battle is waged between the invading germs and the powers of resistance inherent in the body. On the one hand, the germs seek to destroy the harmony of the bodily functions by the production of poisons that spell death to the tissues; on the other hand, the body manufactures an "anti"

poison which neutralizes the poison produced by the germ and permits the white blood corpuscles to destroy the invaders or, at least, resist their operations. The question is, which shall prevail? Once started, it is might that prevails.

The physician should ally himself with the forces of resistance and his problem is how best to assist the body in its efforts to overcome the germs and the effects of their poisons. The forces of the body are capable of making the necessary resistance provided that there is no obstruction to their perfect operation. No obstruction means unimpeded circulation in all parts and no interference with nerve supply to the organs whose function is to manufacture the "anti" poisons, or to the organs of elimination. The effort has been made to produce some of these "anti" substances in the bodies of animals and then appropriate the "antis" thus obtained for use in the defense of the human organism. This is not of the nature of a drug but rather of the nature of an antidote for poison—the poison produced by the germ—and as such their use is not at direct variance with osteopathic theories, although it has been repeatedly demonstrated that the body in perfect health will provide from its own laboratories sufficient of the "anti" substances to neutralize the toxins produced by the germs, making use of such "anti" substances superfluous. An instance of this is frequently found where a person may not be infected although repeatedly exposed to the germs of measles, scarlet fever, tuberculosis, etc. The reason that these cases of immunity are not more numerous is because so few people are in absolutely perfect health.

Any means that will assist the organs of defense is of value. The osteopath by opening every channel of operation for the fighting forces of the body materially assists in the checking or repulsing of the invading germs, in the production of germicidal properties in the blood and in the elimination of the poisons from the system. Any other poison or drug entering the system at the time of the invasion but increases the burden of poisons to be neutralized or eliminated.

Diseases of the Eye and Ear.

The eye and ear are organs of special sense. The eye is formed to receive waves of light and convey the impressions received to the mind. The ear is formed to receive waves of sound and convey and interpret them to the consciousness. Both organs are located in the cranium and nearly surrounded by firm bony walls. How then can osteopathic work be of value to disordered organs deeply situated in bony cavities? With the eye or ear directly the osteopath does very little, yet in the treatment

of diseases of these organs osteopathy has achieved some of its most remarkable results.

Tracing the sympathetic nerve fibres of the eye backward toward their origin, the anatomist and physiologist have found that some of these nerve fibres having their nucleus of origin near the base of the brain pass downward through the spinal cord to the level of the upper dorsal spine, i. e., between the shoulders, where they leave the cord and, passing out between the vertebræ, join the chain of sympathetic nervous ganglia that are situated just in front of the vertebræ and lead upward through these ganglia and their connections and are finally distributed to the eye. This is a very roundabout way for the nervous impulses to travel in reaching the eye, yet such is the course they follow. The eye has other nerves more direct in action controlling its motion and some of its other functions, but those just mentioned being the sympathetic, control the involuntary muscles within the eye itself, the calibre of the blood vessels to the eye and so the nutrition to each individual cell that goes to make up the delicate organ. Any irritation or interference with the sympathetic nerve would result in disturbances that might produce disease and impair the vision. It is not claimed that all eye disorders are amenable to osteopathic treatment, yet the application of the osteopathic principle of correcting all structural deviations, such as slightly misplaced vertebræ in the neck, has resulted in so freeing the interrupted nervous impulses that frequently all the resultant symptoms manifest in the eye were relieved.

It could scarcely be expected that in this brief article mention could be made of all the symptoms and diseases of the eye that have been benefited or cured by osteopathic corrective measures applied to the structures in relation with the sympathetic nerves to the eye, for well authenticated case reports of eye benefits are numerous in osteopathic literature. It is sufficient to state that the practice of finding what is wrong and fixing it, leaving Nature to mother the eye as she alone can, has resulted in demonstrating in eye troubles what a truly wonderful Mother Nature is when unhampered in her work.

With the ear, the osteopathic control over the pathological conditions is largely through the vaso-motor nerves that govern the amount of blood distributed to the parts or to some structural condition impinging directly on the return circulation from the ear. In either case the circulatory disturbances result in lowered vitality, impaired function and possibly an invasion by micro-organisms. In certain cases of deafness, the circulation, and through the circulation the other functions of the ear, have been so restored by osteopathic means that every trace of the impaired hearing has disappeared.

To find what is interfering with the normal physiological processes of the body and if possible correct the same—that is the osteopath's mission in dealing with disorders of the organs of special sense as with the other organs.

Constitutional Diseases.

Constitutional diseases are those that pervade the whole system, such as chronic rheumatism, gout, diabetes, scurvy, rickets, etc., and are due to some break in the chain of events that govern the constructive or eliminative forces of the body. The character of the food itself may be faulty or one of more of the organs that are concerned in the preparation of the food elements for final use in the body as bone, gland, muscle, etc., lag in performing their functions, or some of the organs whose duty it is to dispose of the ashes of the bodily fires, the waste material, fail in their physiological duty and the result is a general or constitutional disorder.

To find where the broken link in the chain may be is the duty of the physician. To the osteopath, the conditions presented by the symptoms of constitutional disease would point aside from the dietetic errors to an interruption to the nerve supply of one or more of the organs that gave evidence of failure of function. The location of the mechanical causes for such interruption and the correction of the same permits again the movement of the constructive and eliminative forces of the body in an unbroken cycle, provided that the wheel of life has not been too greatly damaged by the weakened link having existed too long.

Finally.

Osteopathy is not a cure-all. There are disorders that are incurable; there are diseases which need surgical attention; an anesthetic is a necessity; a parasite requires an antiseptic; a poison demands an antidote. There are considerations other than mechanical adjustment having to do with the environment affecting the relative proportions in quantity and quality of the life essentials, food, air, water, rest, protection, cleanliness, physical and mental exercise, etc.,—all of which enter into consideration in the problem of protecting the body from disease. Yet perfection of bodily structure must be maintained while giving proper attention to the environment. Life forces he cannot give; tissue he cannot manufacture; tissue builders, except in the form of food, he cannot furnish; discretion that will maintain a proper environment is with difficulty imparted; yet structural perfection he can help to maintain: that accomplished, Nature—the Mother of all—with infinite wisdom maintains in functional harmony the body which she created, and man's responsibility ceases.

CODE OF ETHICS OF THE AMERICAN OSTEOPATHIC ASSOCIATION.

Chapter I.—Duties of Physicians to Their Patients.

SECTION 1. The physician should hold himself in constant readiness to respond to the calls of the sick. He should ever bear in mind the high character of his calling and the great responsibility which it involves, and should remember that the comfort, the health and the lives of his patients depend upon his skill, attention and faithfulness with which he performs his professional duties.

SEC. 2. The physician should always strive to exercise his vocation to the best advantage of the patient. In order to do this he should possess the patient's respect and confidence. These must be acquired and retained by faithful attention to his malady, by indulgent tenderness toward the weaknesses incident to his condition, and by the exercise of a firm but kindly authority. The physician is bound to keep secret whatever he may hear or observe while in the discharge of his professional duties, respecting the private affairs of the patient or his family. And this obligation is not limited to the period during which the physician is in attendance on the patient. The patient should be made to feel that he has, in his physician, a friend who will guard his secrets with scrupulous honor and fidelity.

SEC. 3. The physician should visit his patient as often as may be necessary to enable him to acquire and keep a full knowledge of the nature, progress, changes and complications of the disease, and to do for the patient the utmost of good that he is able. But he should carefully avoid making unnecessary visits, lest he render the patient needlessly anxious about his case, or expose himself to the charge of being actuated by mercenary motives.

SEC. 4. The physician should not give expression to gloomy forebodings respecting the patient's disease, nor magnify the gravity of the case. Bearing in mind the most infinite resources of nature, he should be cheerful and hopeful, both in mind and manner. This will enable him the better to exercise his faculties and apply his knowledge for the patient's benefit, and will inspire the patient with confidence, fortitude and hope, which are the physician's best moral adjuvants. But the physician should not fail on proper occasions to give timely notice of dangerous manifestations to the friends of the patient, and even to the patient, if absolutely necessary. This notice, however, is at times so peculiarly alarming when given by the physician, that its delivery may often be preferably assigned to some other person of good judgment.

SEC. 5. Whether the case continue favorable, or become manifestly incurable, it is the physician's duty to continue his attendance faithfully and conscientiously so long as the patient may desire it. He is not justified in abandoning a case merely because he supposes it incurable.

SEC. 6. As the patient has an undoubted right to dismiss his physician for reasons satisfactory to himself, so, likewise, the physician may, with equal propriety, decline longer to attend a patient, when his self-respect or dignity seem to require this step, as, for example, in case of persistent failure to comply with his directions.

SEC. 7. The intimate relations into which the physician is brought with his patient give him opportunity to exercise a powerful moral influence over him. This should always be exerted to turn him from dangerous or vicious courses toward a temperate and virtuous life. The physician is sometimes called to assist in practices of questionable propriety, and even of a criminal character. Among these may be mentioned the pretense of disease, in order the evade services demanded by law, as jury or military duty, the concealment of organic disease or of morbid tendencies, in order to secure favorable rates of insurance, or of deception of other kinds, and especially any treatment or operation that may endanger life, even fetal life, except after mature deliberation, such treatment or operation is found necessary to save life. To all such propositions the physician should present an inflexible opposition.

Chapter II.—The Duties of Physicians to Each Other and to the Profession at Large.

ARTICLE I.—DUTIES FOR THE SUPPORT OF PROFESSIONAL CHARACTER.

SEC. 1. It is equally inconsistent with the principles of science for physicians to base their practice on any dogma or unsupported theory on the one hand, or, on

the other hand, to float about with every wind of doctrine following experience or precedent alone. The vast sum of knowledge of health and disease accumulated by the labors of the past should have its consistent and scientific development and application under the organizing principle of the fundamental therapeutic laws of nature, and as our knowledge of these becomes greater, the logical effect of their operation, rather than the arbitrary limitations of any system of human devising, should be the effacement of all those empirical heterogeneous and disconnected methods arising in the infancy of the science of medicine. The physician should, therefore, pre-eminently among men, be a student of nature and her laws, that he may be able to avoid either contravening laws or superimposing upon them that which is needless or harmful. Entering the profession and thereby becoming entitled to full professional fellowship, incurs an obligation to uphold its dignity and honor, to exalt its standing and to extend the bounds of its usefulness.

SEC. 2. The physician should observe strictly such laws as are instituted for the government of the members of the profession, should honor the fraternity as a body, should endeavor to promote the science of medicine, and should entertain a due respect for those seniors who, by their labors, have contributed to its advancement.

SEC. 3. Every physician should identify himself with the organized body of his profession as represented in the community. The organization of local and state societies, where they do not exist, should be effected so far as practicable. Such local societies, constituting as they do, the chief element of strength in the organization of the profession, should have the active support of their members, and should be made instruments for the cultivation of fellowship, for the exchange of professional experience, for the advancement of knowledge, for the maintenance of ethical standards, and for the promotion in general of the interests of the profession and the welfare of the public.

SEC. 4. There is no profession from the members of which greater purity of character and a higher standard of moral excellence are required; and to attain such eminence is a duty every physician owes alike to the profession and to patients. It is due to the patients, as without it their respect and confidence can not be commanded, and to the profession because no scientific attainments can compensate for the want of correct moral principles.

SEC. 5. It is incumbent on physicians to be temperate in all things, for instant readiness in the exercise of a clear and vigorous understanding and in emergencies—for which no physician should be unprepared—a steady hand, an acute eye, and an unclouded mind, are essential to the welfare and even the life of a human being.

SEC. 6. It is incompatible with honorable standing in the profession to resort to public advertisements or private cards inviting the attention of persons afflicted with particular diseases; to promise radical cures; to publish cases in the daily prints; to invite laymen (other than relatives who may desire to be at hand) to be present at operations; to boast of cures; to adduce certificates of skill and success, or to employ any of the other methods of charlatans.

SEC. 7. It is equally derogatory to professional character for physicians to assist unqualified persons to evade the legal restrictions governing the practice of medicine, or to use or to advocate the use of any secret methods or appliances; for if they be of any real efficacy, any concealment regarding them is inconsistent with beneficence and professional liberality, and if mystery alone can give them notoriety, such craft implies either disgraceful ignorance or fraudulent avarice.

ARTICLE II.—PROFESSIONAL SERVICES OF PHYSICIANS TO EACH OTHER.

SEC. 1. Physicians should not, as a general rule, undertake the treatment of themselves, nor members of their family, in serious cases. In such circumstances they are peculiarly dependent on each other; therefore, kind offices and professional aid should always be cheerfully and gratuitously afforded. These visits ought not, however, to be obtrusively made, as they may give rise to embarrassment, or interfere with that free choice on which such confidence depends.

SEC. 2. All practicing physicians and their immediate family dependents are entitled to the gratuitous services of any one or more of the physicians residing near them.

SEC. 3. When a physician is summoned from a distance to the bedside of a colleague in easy financial circumstances, a compensation, proportionate to traveling expenses and pecuniary loss entailed by absence from the accustomed field of professional labor, should be made by the patient or relatives.

SEC. 4. When more than one physician is attending another, one of the number should take charge of the case, otherwise the concert of thought and action so essential to wise treatment can not be assured.

SEC. 5. It is sometimes necessary for a physician to withdraw temporarily from daily professional labor and to appoint a colleague to act in his place. The colleague's compliance is an act of courtesy which should always be performed with the utmost consideration for the interests and character of the family physician.

ARTICLE III.—DUTIES OF PHYSICIANS IN REGARD TO CONSULTATIONS.

SEC. 1. Consultations should be promoted in difficult cases, as they contribute to confidence and enlarged views of practice. Especially should the physician be ready to act upon any desire of the patient for a consultation, even though he may not feel the need of it. A legally qualified physician, who enjoys a good moral and professional standing in the community, should not be excluded from fellowship nor his aid rejected when it is desired by the patient in consultation, for the object of consultation is to bring together the varied experiences and even different views, that by comparison and discussion a just estimate of the condition of the patient and of the treatment required may be derived. But the physician may with propriety decline to meet a practitioner of whose inimical feelings toward himself, or of whose general unfairness in consultation he is satisfied.

SEC. 2. The utmost punctuality should be observed in the visits of physicians when they are to hold consultations. The physician who first arrives should wait for a reasonable time, after which the consultation should be considered postponed to a new appointment. If it be the attending physician he may administer to the needs of the patient as usual, but if it be the consultant, he should retire without seeing the patient, except in emergency, or when called from a considerable distance, in which case he may examine the patient and give his opinion in writing, under seal, to be delivered to the attending physician.

SEC. 3. In consultation no insincerity, rivalry or envy should be indulged; candor, probity and all due respect should be observed toward the physician in charge of the case.

SEC. 4. All discussions in consultation should be held as confidential. No statement or discussion of the case should take place before the patient or friends except in the presence of all the physicians attending, or by their common consent, and no opinions or prognostications should be delivered which are not the result of previous deliberation and concurrence. Provided, that in case of a disagreement the consultant's opinion may be stated to the patient, or his friends, at their request in the presence of all physicians, or in the absence of the attending physician, if he refuses to be present.

SEC. 5. No decision should restrain the attending physician from making such subsequent variations in the mode of treatment as any unexpected change in the character of the case may demand. But at the next consultation reasons for the variations should be stated. The same privilege, with its obligation, belongs to the consultant when sent for in an emergency during the absence of the family physician.

SEC. 6. Because of individual differences in the operative technique of physicians, which the condition of the patient or the natural perturbation of his friends renders it inadvisable to attempt to explain at the time, the consultant should not treat the patient except in case of emergency or when required to do so by the attending physician.

SEC. 7. It may happen that two physicians can not agree in their views of the nature of the case and of the treatment to be pursued. In the event of such disagreement a third physician should, if practicable, be called in. None but the rarest and most exceptional circumstances would justify the consultant taking charge of the case. He should not do so merely on the solicitation of the patient or friends.

ARTICLE IV.—DUTIES OF PHYSICIANS IN CASES OF INTERFERENCE.

SEC. 1. Medicine being a liberal profession, those admitted to its ranks should found their expectations of practice especially on the character and extent of their professional education.

SEC. 2. The physician, in his intercourse with a patient under the care of another physician, should observe the strictest caution and reserve, should give no disingenuous hints relative to the nature and treatment of the patient's disorders, nor should his conduct, directly or indirectly, tend to diminish the trust reposed in the attending physician.

SEC. 3. The same circumspection should be observed when, from motives of business or friendship, a physician is prompted to visit a person who is under the direction of another physician. Indeed, such visits should be avoided, except under peculiar circumstances, and when they are made, no inquiries should be instituted relative to the nature of the disease or the treatment employed, but the topics of conversation should be as foreign to the case as circumstances will admit.

SEC. 4. A physician ought not to take charge of or treat a patient who has recently been under the care of another osteopathic physician, in the same illness, except in the case of a sudden emergency, or in consultation with the physician previously in attendance, or when that physician has relinquished the case or has been dismissed in due form.

SEC. 5. The physician acting in conformity with the preceding section should not make damaging insinuations regarding the practice previously adopted, and, indeed, should justify it if consistent with truth and probity, for it often happens that patients become dissatisfied when they are not immediately relieved, and, as many diseases are naturally protracted, the seeming want of success, in the first stage of treatment, affords no evidence of a lack of professional knowledge or skill.

SEC. 6. When a physician is called to an urgent case, because the family attendant is not at hand, unless assistance in consultation is desired, he should resign the care of the patient immediately on the arrival of the family physician.

SEC. 7. It often happens in cases of sudden illness, and of accidents and injuries, owing to the alarm and anxiety of friends, that several physicians are simultaneously summoned. Under these circumstances, courtesy should assign the patient to the first who arrives, and who, if necessary, may invoke the aid of some of those present. In such a case, however, the acting physician should request that the family physician be called, and should withdraw unless requested to continue in attendance.

SEC. 8. Whenever a physician is called to the patient of another physician in his absence the case should be relinquished upon his return.

SEC. 9. When a physician who has been engaged to attend an obstetric case is absent and another is sent for, delivery being accomplished during the vicarious attendance, the acting physician is entitled to the professional fee, but he must resign the patient on the arrival of the physician first engaged.

ARTICLE V.—DIFFERENCES BETWEEN PHYSICIANS.

SEC. 1. Diversity of opinion and opposition of interest may sometimes occasion controversy and even contention. Whenever such disagreements occur and can not be immediately adjusted, they should be referred to the arbitration of a sufficient number of impartial physicians.

SEC. 2. A peculiar reserve should be maintained by physicians toward the public in regard to some professional questions, and as there exist many points in ethics and etiquette through which the feelings of physicians may be painfully assailed in their intercourse, and which may be misunderstood or not fully appreciated by general society, neither the subject matter of their differences nor the adjudication of the arbitrators should be made public.

ARTICLE VI.—COMPENSATIONS.

SEC. 1. The peculiarly insistent character of the needs arising from the ravages of disease calls for the rendering of gratuitous services with a frequency not exceeded in any other profession, but justice requires that some limits should be

placed to their performance. Poverty, mutual professional obligations, and certain of the public duties named in Chapter III. should always be recognized as presenting valid claims for gratuitous services; but neither institutions endowed by the public or by the rich, or by societies for mutual benefit, for life insurance, or for analogous purposes, nor any profession or occupation can be admitted to possess such privileges.

SEC. 2. It cannot be justly expected for physicians to furnish certificates of inability to serve on juries, or to perform military duty; to testify to the state of health of persons wishing to insure their lives, obtain pensions, or the like, without due compensation. But to persons in indigent circumstances such services should always be cheerfully and freely accorded.

SEC. 3. Some general rules should be adopted by the physicians in every town or district relative to the minimum pecuniary acknowledgment from their patients; and it should be deemed a point of honor to adhere to these rules with as much uniformity as varying circumstances will admit.

SEC. 4. It is derogatory to professional character for physicians to pay or offer to pay commissions to any person whatsoever who may recommend to them patients requiring general or special treatment or surgical operations. It is equally derogatory to professional character for physicians to solicit or receive such commissions.

Chapter III.—The Duties of the Profession to the Public.

SEC. 1. A full discharge of their professional duty would require that physicians should endeavor to enlighten and warn the public as to the great injury to health and destruction of life arising from the ignorance and pretensions of charlatans; from the effect of any system of treatment not based on a thorough knowledge of the human body in health and disease, and from the effects of all so-called curative drugs, the evils of their effects differing only in degree whether in the regular prescription or its logical, even though illegitimate outgrowth, the self-prescribed ethical proprietary preparation, or the vicious patent nostrum.

SEC. 2. As good citizens, it is the duty of physicians to be very vigilant for the welfare of the community, and to bear their part in sustaining its laws, institutions and burdens; especially should they be ready to co-operate with the proper authorities in the administration and observance of sanitary laws and regulations, and they should also be ever ready to give counsel to the public in relation to subjects especially appertaining to their profession, as on questions of sanitary police, public hygiene and legal medicine.

SEC. 3. It is the province of physicians to enlighten the public in regard to quarantine regulations, to the location, arrangement and dietaries of hospitals, asylums, schools, prisons and similar institutions; in regard to measures for the prevention of epidemic and contagious diseases; and when pestilence prevails, it is their duty to face the danger and to continue their labors for the alleviation of the suffering people, even at the risk of their own lives.

SEC. 4. Physicians, when called on by legally constituted authorities, should always be ready to enlighten inquests and courts of justice on subjects such as involve questions relating to sanity, legitimacy, murder by poison or by other violent means, and various other subjects embraced in the science of medical jurisprudence. It is but just, however, for them to expect due compensation for their services.

OREGON STATE BOARD EXAMINATIONS,

JANUARY 3, 4, 5, 1911.

ANATOMY.

1. Name the bones of the cranium and the foramina through which the various cranial nerves leave the cranial cavity.
2. Name the structures which enter into the formation of the hip joint, including the several ligaments.
3. What structures would be severed in an amputation at the middle of the forearm?
4. Name and locate the glands which empty their secretions into the alimentary canal.
5. Give the origin and the insertion of the muscles which move the shoulder joint.
6. What muscles would be paralyzed by the severing of the musculo-spiral nerve at the middle of the humerus?
7. Through what vessels and openings would a blood corpuscle pass in going from the stomach to the vermiform appendix?
8. Give the structure and blood supply of the urinary bladder.

PATHOLOGY.

1. What are the essential differences between sarcoma and carcinoma as regards origin, structure and metastasis?
2. Define cloudy swelling, fatty infiltration, fatty degeneration.
3. What changes take place locally in the process of the formation of an abscess due to the presence of an infected foreign body?
4. How would you differentiate (post mortem) between a tuberculous and a typhoid ulcer of the intestine?

PHYSIOLOGY.

1. Name the principal centers of organic function in the medulla oblongata.
2. Describe the normal physiological conditions which increase arterial blood pressure.
3. Describe nerve cells and nerve fibers.
4. What do you understand by the term nutrition, and what processes are comprised under it?
5. Explain the anatomical and physiological difference between mucous, serous and synovial membranes.
6. Give the causes of muscular fatigue. Where is the seat of fatigue?
7. What are the respective functions of the anterior and of the posterior cornua of the spinal cord?
8. Name the ferments that are the essential constituents of each digestive fluid.

HISTOLOGY.

1. Give the histological difference between the wall of an artery and the wall of a vein.
2. Describe the varieties of muscular fiber and state where each variety is found.
3. Describe the histological structure of the skin.
4. Name the corpuscular elements in the blood and give the relative number of each.

THEORY AND PRACTICE OF OSTEOPATHY.

1. Differentiate between dislocation, subluxation and displacement. Examples of each.
2. Give technique of correction, first or second ribs upward at vertebral end; also fourth, fifth and sixth dorsal vertebræ anterior.

3. Explain how a slipped innominate can produce sciatica.
4. What is your procedure in tuberculosis of the hip?
5. What is the osteopathic theory of increased and diminished resistance in the relation of the body to disease?
6. Give symptoms and treatment of jaundice.
7. Give prognosis and treatment of acute anterior poliomyelitis.
8. Give etiology, prognosis and symptoms of lobar pneumonia.

CHEMISTRY.

1. Define chemistry, atom, molecule, chemism, valence.
2. Give the law of multiple proportions and illustrate.
3. Give technique in the routine examination of the urine.
4. Name the most common mineral acids and give their formulæ.
5. Define organic chemistry and classify organic compounds.
6. Give formula for sulphuric ether, chloroform, carbolic acid, glycerine, acetic acid, oxalic acid.
7. Define alkaloids, carbohydrate, alcohol, ether, proteid.
8. Give the name for (H₂O₂); (H₂SO₃); (H₂S₂O₇); (CHI₃); (HCOOH); 3(HCOH); (Hg₂Cl₂); (HgCl₂).

OBSTETRICS.

1. Describe the process of gestation.
2. Describe the process of parturition.
3. Describe the duties of the physician after the completion of the third stage of labor.
4. Under what circumstances would you do Cæsarean Section?
5. Under what conditions would you do Symphysiotomy?
6. What are the conditions calling for Craniotomy?
7. What measures would you recommend to prevent a subsequent Cæsarean Section, Craniotomy or Symphysiotomy in the same patient?
8. Differentiate rupture of the body of the uterus from rupture of the bladder during labor. (a) State what your treatment would be in each case. (b) Your prognosis.

GYNECOLOGY.

1. Give causes and symptoms of pelvic cellulitis.
 2. Differentiate diagnosis of pregnancy and tumor; ovarian and broad ligament. (b) How would you recognize an intestinal fibroid of the anterior wall of a retroverted uterus?
 3. Give treatment of acute purulent salpyngitis; (a) streptococcic infection; (b) gonorrhæal infection.
 4. (a) Name the varieties of uterine fibroid tumors; (b) What are the symptoms of fibroid polypus of the uterus?
 5. (a) Diagnosis of cancer of the body of the uterus. (b) What suggestive physical sign denotes extension of malignant growth outside of the uterus?
 6. Describe operation for vesico-vaginal fistula.
 7. Describe operation for lacerated perineum, complete.
 8. Symptoms produced by retroversion of uterus.
- NOTE.—Surgical questions are not required of D. O.'s in gynecology.

OSTEOPATHIC GLEANINGS.**The Immediate Cause of Pain.**

EARL S. WILLARD, D. O., PHILADELPHIA.

Concerning the local or immediate cause of pain, much has been written. But of the many explanations of the phenomenon of pain, the one offered by Dr. Chas. E. de M. Sajous seems to me to be the most reasonable. It accords with our theoretical teachings in general as well as our special clinical findings in regard to the relief of pain. This theory is elaborated in Dr. Sajous's book, "The Internal Secretions." However, a very brief statement of it here will, no doubt, prove helpful to us in our endeavor to explain how osteopathic treatment relieves pain. His theory in substance is as follows:

All forms of pain, whether or not associated with demonstrable lesions in the nerve itself, are due to pressure brought about by an excessive or abnormal increase in the quantity of blood or blood plasma in or around the affected nerve. In short, pain is due to a functional rather than a structural change in a nerve. Hence, all pain no matter what its cause or whether or not associated with inflammatory or more or less permanent structural changes can be relieved by normalizing the circulation in the affected nerve.

Space will not permit me to offer even a brief summary of the convincing argument and facts set forth by Dr. Sajous in support of his belief that NERVE CONGESTION IS THE IMMEDIATE CAUSE OF PAIN. It is sufficient to state here that he considers all forms of pain to be due to neuritis of one degree or another. He points out that in the so-called neuralgias where no demonstrable lesion is to be found, the inflammation does not pass beyond the stage of plasmic engorgement. However, in such cases as well as in the severest forms of inflammatory lesions in nerves, the pain is due directly "to congestion of the minute capillary net-works in the peri- and endoneurium. * * * Congestion of these arterioles and capillaries gives rise to pain by causing swelling of the nerve and pressure upon the nervi nervorum, which are themselves hyperemic, and, therefore hypersensitive."

To summarize: In the words of Dr. Sajous himself, "Reducing the whole question to its simplest expression a prominent fact asserts

itself, viz., that given the presence in any area of nerve endings capable of transmitting pain impressions, congestion of that area from whatever cause, direct or indirect, will provoke pain."

Thus we are brought to a consideration of the practical aspect of the question; and first of all let us inquire how the osteopath proceeds in his treatment of pain.

THE OSTEOPATHIC TREATMENT OF PAIN.

Every one who is at all familiar with osteopathy knows that the osteopath who is most successful in his treatment of pain gives careful attention to certain conditions along the spine which are almost invariably found associated with pain. It is true that the osteopath often relieves pain by manipulating locally near the site of pain or by resorting to hydrotherapeutic or thermal measures, but, on the whole, the greatest relief from pain is afforded by treatment applied to tissues along the spine.

HOW OSTEOPATHIC TREATMENT RELIEVES PAIN.

As explained elsewhere, disturbed circulation in spinal muscles disturbs the circulation in the related segment of the cord, in the nerves that leave the affected segment, and in the peripheral nerves at the seat of pain. It will be remembered by some that I contended, in the "Osteopathic Physician," June, 1910, no matter what may be the theory or the modus operandi of the osteopath in treating spinal muscles to relieve pain, his greatest success is obtained through restoration of normal circulation in the spinal muscles. And the result of this re-established circulation in spinal muscles is a re-establishment of normal circulation in the related segment of the cord and in the nerves that leave the affected segment. Thus, the nerve-pathway, which in health constantly transmits impulses to maintain normal circulation, is itself rid of congested blood; thereby vasomotor impulses, obstructed by the congested nerve-pathway, pass uninterruptedly to the sympathetic fibres which surround the larger vessels of the capillary network in the peri- and endoneurium; and thereby is the pain-producing congestion overcome.

* * *

Measurement of Pain.

Arthur Macdonald, of Washington, D. C., has been making some investigations of the influence of pain on different classes of people. In all he took "pain measurements" on 2,311 individuals, and thus gives the results in the Journal of Education:

1. In general, the sensibility to pain decreases as age increases. The left temple is more sensitive than the right. This accords with former experiments that the left hand is more sensitive to pain than the right hand.

2. Girls in private schools, who are generally of wealthy parents, are more sensitive to pain than girls in the public schools. It would appear that refinements and luxuries tend to increase sensitiveness to pain. The hardihood which the great majority must experience seems advantageous. This also accords with our previous measurements, that the non-laboring (professional and mercantile) classes are more sensitive to pain than the laboring classes.

3. University women are more sensitive than washerwomen, but less sensitive than business women. There seems, however, to be no necessary relation between intellectual development and pain sensitiveness. Obtuseness to pain appears to be due more to hardihood in early life.

4. Self-educated women, who are not trained in universities, are more sensitive than business women. The greater sensitiveness of self-educated women as compared with university women may be due to the overtaxing of the nervous system for the former in their unequal struggle after knowledge.

5. Girls in the public schools are more sensitive at all ages than boys. But this does not necessarily refer to endurance of pain.

These measurements of least disagreeableness, or of threshold of pain, are approximate measurements of the combination of nerve, feeling, and idea. Which one of these elements influences the combined result most, would be difficult to say.—The Advance.

THE BULLETIN

OF THE ATLAS AND AXIS CLUBS.

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

PRICE \$1.00 PER YEAR.

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

Members should send the Editor prompt notice of address on making first location, and on making any change in mail address thereafter.

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

KIRKSVILLE, MO., FEBRUARY, 1911.



Good Field in Oregon

Dr. Moore has expressed himself as hoping that some of our good Atlas men, when they go into the field, will decide to locate in what he calls beautiful Oregon, where the conditions are attractive for osteopathic practice. There is a vigorous osteopathic association and no one has ever been licensed to practice osteopathy in Oregon except graduates of recognized schools. No one has ever been known to cut the usual charge for treatment, which is two dollars and up, and the practice in most instances has been osteopathic and not medico-osteopathic. Portland, with its 210,000 people, gives promise of doubling its population in the next ten years. There are not more than twenty osteopathic offices in Portland, and there is said to be room at this time for forty or fifty. Many attractive small towns are open to consideration, towns with progressive people who feel favorably disposed toward osteopathy. Dr. Moore thinks that enthusiastic osteopathic students, well trained and expecting to practice osteopathy as the Old Doctor teaches it, will find a wel-

come in Oregon where unsurpassed climatic conditions, beautiful scenery, up-to-date hustling people and much property exist. At the last July examination before the composite board, eight out of thirteen D. O.s and forty-nine out of ninety-one M. D.s passed, while at the January examinations just past four out of five D. O.s and forty-one out of seventy-five M. D.s were successful. The D. O.s and M. D.s take the same examinations in seven subjects. In addition to these the D. O.s are required examination in osteopathy, while the M. D.s take eight other subjects mostly devoted to practice subjects. In the early days of the composite board Dr. Moore had some strenuous experiences in securing equitable treatment for the osteopaths, but the last year or two there has been but little friction.

* * *

Back Numbers Repeated requests have been received from members in the field for back numbers of The Bulletin that have failed to reach them through change of address. The following from an old Bulletin shows the attitude of both the Atlas and Axis clubs and has not been revoked:

"It has been voted by the Atlas Club and by the Axis Club, in concurrence, 'that ten cents per copy be charged for back numbers of The Bulletin sent to members at their request when failure to receive them has been due to a change of address without proper notification; also that the same charge be made for all extra copies supplied to members, except to contributors of articles.'"—The Bulletin, April, 1906.

* * *

Atlas Reunion

Active plans are being made for the fifteenth annual A. O. A. Convention to be held at Chicago, July 24 to 28, and at that time the annual reunion of the Atlas Club field members will doubtless be held. While no definite action has yet been taken by the club this will probably be taken in the near future. The club reunion of last year was a great success and should be even a better one this year. "The best convention ever held" is the end for which the various committees are working, and while the San Francisco convention was said to be the "best yet," plans are being made to take care of from 3,000 to 5,000 osteopaths at Chicago, and there is every reason to believe that the attendance this year will be greater than in any previous year. Plan to attend the Convention of 1911!

Second Term The morning of January 30, the A. S. O. opened for the second term of the school year, the last term for an impatient class of seniors and the first for the class of January, 1914. For the first time the A. S. O. now has six undergraduate classes and the largest enrollment in the history of the school, and once more the buildings are taxed to the utmost to accommodate the number of students. The Sojourners' Library on the second floor has been moved to what was the North Clinic Room to provide a new lecture room, now known as Library Hall. The program has been changed so that now there are five periods instead of four in the morning. The program:

FIRST TERM.	
Chemistry.....	Dr. Henry Pratt
Anatomy.....	Dr. Pratt
Histology.....	Dr. Bigsby
Physiology.....	Dr. Deason
SECOND TERM.	
Chemistry.....	Dr. Henry Pratt
Embryology and Bacteriology..	Dr. Deason
.....	Dr. Deason
Anatomy.....	Dr. Waggoner
Physiology.....	Dr. Deason
THIRD TERM.	
Anatomy.....	Dr. Pratt
Principles.....	Dr. R. E. Hamilton
Pathology.....	Dr. Gerdine
Practice.....	Dr. Becker
FOURTH TERM.	
Practice.....	Dr. Laughlin
Pathology.....	Dr. Gerdine
Anatomy.....	Dr. Pratt
Hygiene, Diet and Toxicology..	Dr. R. E. Hamilton
FIFTH TERM.	
Gynecology.....	Dr. Becker
Eye, Ear, Nose and Throat.....	Dr. Waggoner
Surgery.....	Dr. Geo. A. Still
Obstetrics.....	Dr. Bigsby
Clinics.....	Dr. Laughlin
SIXTH TERM.	
Fallacies of Medicine.....	Dr. Macdonald
.....	Dr. Macdonald
Surgery.....	Dr. Geo. A. Still..
Skin and Venereal Diseases.....	Dr. Waggoner
.....	Dr. Waggoner
Differential Diagnosis.....	Dr. Gerdine
.....	Dr. Gerdine
Clinics.....	Dr. G. M. Laughlin

* * *

The National League for Medical Freedom Dr. Evans of Kansas City, graduate in both allopathy and homeopathy and secretary of the Missouri branch of The National League for Medical Freedom, was in Kirksville, January 25, visited the A. S. O. and enrolled the students of the school as members of the League. Dr. Evans appeared before the various classes, explained the aim and purpose of the League, and in doing so paid a rare tribute to the Old Doctor, from the point of view of a medical man, when he said:

"The allopathic school has been trying for many years to keep all others from practising the art of healing. It is not more than one hundred years since one of their number left their ranks and started what is known as homeopathy. He was persecuted and banished, but later was recalled and a monument was erected to him for what he had done for humanity. He is the only man for whom such a monument has ever been erected, but, I believe, there is another man who has done more than the first and to whom another monument will some day be raised
—Dr. Andrew Taylor Still.

"The homeopaths have saved thousands of lives by teaching the old school that the minimum dose is more effective than the maximum, and the osteopaths have gone further by showing us that drugs are not necessary in combatting disease. * * * "

The aim and purpose of the League is "to disseminate information pertaining to, and to safeguard through education and publicity the rights of the American people against unnecessary, unjust, oppressive, paternal and un-American laws ostensibly related to the subject of health." Literature may be obtained by addressing The National League for Medical Freedom, Metropolitan Building, New York City.



Dr. Charlie was the speaker at the open meeting of the club, January 28, and at that time discussed the legislative situation with particular reference to the Mann bill and the work of The National League for Medical Freedom. The program:

- Selection..... Atlas Club Orchestra
- Vocal Solo..... W. K. Jacobs
- Address..... Dr. C. E. Still
- Selection..... Atlas Club Orchestra

* * *

Though it was not a regular night for an open meeting, the business meeting was cut short the following Saturday, February 4, and a short program followed. The speaker was Dr. A. G. Hildreth, who had been secured by the New England Association and who addressed the association in Memorial Hall before coming to the club. At both places Dr. Hildreth discussed "Legislation," going into the history of the legislative fight from the beginning and leading through to his conclusion, that for the greatest and best growth but one kind of legislation can be of value to the science—that providing an independent board.

* * *

An unusually good program was prepared for the following Saturday night. Dr. Pratt and Dr. Becker were the speakers, Dr. Pratt talking on straight osteopathic principles for the benefit of the new arrivals in Kirksville, and Dr. Becker speaking for the seniors on the position of the physician in the community. The program:

- Piano Solo..... E. G. Story
- Address..... Dr. F. P. Pratt
- Selection..... Atlas Club Orchestra
- Vocal Solo..... C. G. Croxton
- Violin Solo..... C. Dejardin
- Address..... Dr. A. D. Becker
- Selection..... Atlas Club Orchestra

In the week of February 6, the club had the benefit of a course of six lectures and drills in "Parliamentary Procedure" by Mrs. G. B. Longan of Kansas City, mother of Dr. S. W. Longan, Atlas 1904, of Paris, Kentucky. Mrs. Longan had been secured by the Axis Club, and as they had the choice of hours the Atlas members were obliged to attend the course between the hours of nine and eleven each night. Though somewhat of a strain the course had such a distinct value that scarcely a member failed to attend.

* * *

Dr. Geo. W. Newton, Atlas 1907, formerly at Tampico, Ill., is at present taking a medical course in Memphis, Tenn. His address is 992 Elizabeth Place, Memphis, Tenn.

* * *

Dr. Fred W. Gage, Atlas 1901, of Chicago, secretary and treasurer of the committee on arrangement for the A. O. A. convention at Chicago in July, is boosting for the best convention in the history of the science and urging a reunion of the Atlas and Axis clubs to be held at that time.

* * *

From Dr. Leonard Tabor, 1909, at Silver City, New Mexico, comes the message, "Like all the rest of the boys, I often wish for a visit in Kirksville, not the least pleasure of which would be to attend the club. Business with me gets better all the time, and naturally as I gain more experience I am more and more pleased with my profession."

* * *

Dr. Frank E. Avery, 1910, writes from Erie, Pa.: "I have a very active piece of news for The Bulletin in the person of an eight pound baby boy born February 15, 1911. His name is Frank Elwood, Jr. Mother and son are both doing splendidly and I expect to be able to understand his language soon. At present I cannot tell whether he intends to be an osteopath or president of the United States. He tries to tell me, but I shall require some time to master his language."

* * *

Dr. Edward N. Hansen, Atlas 1903, of Pittsburg, Pa., has removed his city office from 702-703 Arrott building, to suite 604 same building. The new office gives more room and a better location.

* * *

Owing to increase in practice, Dr. Chas. G. Hatch, Atlas 1908, of Lawrence, Mass., has removed from 125 Haverhill street to 260 Haverhill street, Lawrence. He expects to have an attractive office in his new location.

Dr. C. G. Wheeler, Atlas 1899, of Brattleboro, Vt., has changed his office from 30 N. Main street to 119 Main street.

* * *

MARRIED.—January 18, 1911, Dr. S. H. Stover, Atlas 1909, to Miss Anna May Hanning, at Preston, Minn.



Lazarus B. Allabach comes from Brooklyn, N. Y., and was formerly bookkeeper for the Richard Dudgeon Mfg. Co. He received his education at St. Francis College, Brooklyn; St. Xavier College, New York; and a business school. Beneficial results of treatment received by members of his family and the influence of several members in the profession induced him to come to Kirksville. His father and mother, two brothers, a sister and sister-in-law are osteopaths. Mr. Allabach is a member of the June, 1912, class.

Addington C. Tedford was an engineer at Brookston, Minn. He has a high school education, and took up the study of osteopathy after having received beneficial effects from treatments. Mr. Tedford is a member of the June, 1913, class.

William T. Cox, of the June, 1913, class, lived at Portsmouth, Va., and was a railroad conductor. Good results from treatment brought him to Kirksville to study. Mr. Cox received his education in the high school and Portsmouth Academy at Portsmouth, Va., and in King's Military School, Suffolk, Va.

Ezra A. Freeman's home is in East Syracuse, N. Y., but he was formerly private secretary to the Manager of Publicity of the General Electric Company at Schenectady, N. Y. Previously he had been in the office of the Commissioner General of Immigration in Washington. Mr. Freeman was graduated from the East Syracuse, N. Y., high school and from the Central City business school at Syracuse, N. Y. He took a course at Warne's civil service training school at Syracuse and attended George Washington University, Washington, D. C. The beneficial effects of treatments upon members of his family led him to take up the work. Mr. Freeman is in the June, 1913, class.



CASE REPORTS.

I.—Married woman, aged 30, pregnant with second child. Took charge of case during first week of last October. She had been pregnant two months, had been unable to keep anything on stomach for four weeks; soon as food or fluids were swallowed would vomit; had fallen off 15 pounds and was too weak to sit up. Had this same trouble during first pregnant period with first child. Found muscles tense in upper dorsal; very sensitive over solar plexus and a congested left ovary. Inhibition to upper dorsal and over solar plexus relieved the vomiting entirely after third treatment. I treated her until the last of October. She gained 5 pounds, and now can eat without causing any trouble. In November commenced attending to her household duties. Have given her only one treatment since, for bad cold, and she told me she felt stronger and better than before she became pregnant. Women are becoming awakened to the fact that osteopathy is quite a boon to pregnant women.

II.—Married woman, aged 42. Two years ago an M. D. pronounced her pregnant, as she had all the early symptoms of early pregnancy. Afterwards he pronounced the case asthma and nervous dyspepsia. Her symptoms were, when I began treatment November 2, 1910, dyspnoea, bloated abdomen, pain in loins, aching in lumbar region, insomnia and palpitation of the heart at times. Found extreme rigid condition in left lumbar region, first left rib up, and a fatty condition or deposit from the seventh cervical to about the fifth dorsal and extending to the scapulæ. I treated her until the first of December, and by that time she could sleep all night without waking; having to micturate so often had ceased; could breathe and talk easy without causing any extra effort; bloated condition disappeared; menses appeared during third week of treatment, and twenty-eight days later had her menstrual period again with scarcely any pain.

After first treatment measured 33 inches around waist and 43 inches around hips. After fourth treatment had gone down three inches both around waist and hips. Corrected rib lesion, relaxed muscles

in lumbar, gave good thorough treatment to upper dorsal, lifted intestines to remove pressure off the bladder.

Up to present time she has had no return of any of old symptoms. Her friends persuaded her to take treatment, and now she is a strong convert to osteopathy and is using her influence for it. Our patients are our best advertisers. I don't believe in blowing "your own horn" as so many D. O.'s are guilty of. Let you patients do it for you. It will have far more the desired effect.—DELLA K. STEVENS, D. O., Marion, Ky.

* * *

Wednesday evening, January 25, the following new officers of the Odontoid Chapter of the Atlas Club were installed:

President—Mrs. Mabel Willis Payne.

First Vice-President—Miss Anna C. Myles.

Second Vice-President—Miss Annette M. Alexander.

Recording Secretary—Mrs. L. M. Kerrigan.

Financial Secretary—Miss Sarah L. Balfe.

Corresponding Secretary—Miss Mary E. Emery.

Treasurer—Miss Grace Bales.

Chaplain—Miss Anna M. Mills.

Escort—Mrs. Edyth M. Carel.

Librarian—Miss Elizabeth Smith.

Janus—Miss Elizabeth Finney.

Editor—Miss Ethel D. Roop.

After the installation Miss Emery, in a few well chosen words, presented a little gift to Mrs. Christine Irwin, the departing president, as an appreciation of her services.

The following are the committees for the new term:

FINANCE.—Miss Grace M. Bales, Miss Elizabeth Brewster, Miss Franzisca Nickenig, Miss Veva Chalfant.

COURTESY.—Miss Mai Branner, Miss Ethel Prisler, Miss Althea L. Taylor, Miss Emily Malcolmson, Miss Mary Meleski, Miss Julia I. Chase.

PRACTICAL WORK.—Mrs. Edyth M. Carel, Mrs. Anna Murphy, Mrs. Ruth McBeath, Mrs. Elizabeth K. Crain.

PROGRAMME.—Miss Mary G. Crossman, Dr. H. P. Moore, Miss Mary Emery, Miss Esther Bebout, Mrs. Iva M. McAnelly.

NOMINATING.—Miss Council E. Faddis, Mrs. Jennie Beckler, Miss Elizabeth J. Sharpe, Miss Julia A. Larmoyeux.

AUDITING.—Mrs. Lucy Hull, Miss Caroline Griffin, Miss Mary Faires.

Wednesday evening, January 11, the second degree was given to the following members:

Dr. H. P. Moore, post-graduate; Mrs. Edyth M. Carel, 1911; Miss Annette M. Alexander, Miss Anna C. Myles, January, 1912; Miss Anna M. Mills, Miss Iva M. Caruthers, Miss Dora H. Sutcliffe, Miss Julia A. Larmoyeux, Miss Helen A. Roleke, Miss Mary Faires, Miss Bess Linss, Miss Alma C. Schloesser, Miss Althea L. Taylor, June, 1912; Miss Velma L. Clark, Miss Kate T. Callahan, Miss Elizabeth E. Smith, Miss Veva Chalfant, Miss Viola Thibaudeau, Miss Jeanette B. Herche and Mrs. Elizabeth K. Crain, January, 1913.

The meeting was a very solemn one and the new sisters, realizing that they were becoming full fledged Axis members, seemed to feel the seriousness (?) of the occasion resting heavily upon them.

Three weeks later, just to show they had no hard feelings about the matter, the new members, who all lived safely through the ordeal, entertained the older Axis girls together with some of the prospective members. After the regular business meeting we listened to the following very interesting program:

Piano Solo.....	Miss Anna M. Mills
Address.....	Mrs. Christine Irwin
Vocal Solo.....	Mrs. Corinne McCarthy
Reading.....	Miss Dora H. Sutcliffe
Vocal Solo.....	Miss Frieda Allabach
Piano Solo.....	Miss Mary Meleski
Address.....	Mrs. Mabel W. Payne

Following the program delicious refreshments were served and the evening closed with an informal dance.

* * *

The following two took upon themselves the vows of the Axis Club, Wednesday evening, January 18:

Miss Mary Meleski came here from her home in Dunkirk, New York. She received her education, literary and musical, at the school for the Blind, Batavia, New York, holding a New York State Regent's high school diploma and a certificate of music. Dr. Virginia Graham and Dr. Glenn Wheeler were instrumental in her taking up the work, and she entered the A. S. O. with the June, 1912, class.

Miss Elizabeth J. Sharpe was formerly a teacher and came here from her home in Detroit, Michigan. She is a graduate of the Detroit high school, and took up osteopathy because it appealed to her as the sanest method of righting wrongs in the human body and because of the great opportunities it offered as a profession for women. She is a member of the January, 1913, class.

Dr. Helene Larmoyeux, osteopath who succeeded Dr. Ament, has taken up her residence at the old Arthur home at 208 Salinas avenue, and resides with the family of J. J. Howells.

Dr. Larmoyeux is a graduate of the American School of Osteopathy of Kirksville, Mo. She is also a graduate of the Mercy Hospital Training School for Nurses, at Chicago, Ill., of which the Mercy Hospital of Laredo is a branch, and she has spent six months in Paris, France, attending clinics under the instruction of some of the most famous physicians and surgeons. She comes to Laredo highly recommended both professionally and personally.—Laredo (Texas) Daily Times, January 31.

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A letter was recently received from a patient of Dr. Nora B. Pherigo of Fulton, Kentucky, which was very interesting, showing the good she is doing as a successful osteopath and therefore a loyal Axis member impresses her patients and helps to spread the Gospel of good health.

* * *

Dr. Ida M. Rogers of Mound City, Mo., in a letter to the editor says in part: "I miss the club and girls and should love to be there, but it is hard to get away. Now, dear club girls, you are on the right track; don't get discouraged, for I do think this is the very best profession open to women and I hope to live to see those who seem to have no respect for my profession will respect me until they learn what osteopathy is."

* * *

We are publishing elsewhere case reports sent by Dr. Della K. Stevens, which we were indeed glad to get. We are always anxious to hear from field members and, as we have said so often, case reports and news items are always welcome.

* * *

We were glad to hear recently from Dr. Eva M. Tuttle, of the 1910 class, who has removed to Salem, Oregon, from Giss Valley where she first located. The Doctor says that one of the first questions asked by many of her patients is, "Are you a graduate of the osteopathic school at Kirksville?" and when she says "yes," she is sure of a patient.

Dr. Tuttle says, in part: "I was first called in to see an old lady who had been in a run away accident. The case had been given up by the medical physician, who stated that on account of heart disease he could not prescribe an opiate. The pain was so severe that the attending nurse became distracted and sent for me. The family had no faith in osteopathy and simply sent for me as a last resort. After making

a thorough examination of the patient I told the family that I could alleviate her suffering and the treatments would be of great benefit to her.

"Upon examination I found the fourth, fifth and sixth ribs out, lesions of the third, fourth and fifth cervical, hypertrophy of the heart, patient helpless, could not feed herself, could not breathe without severe pain. She was so sore I had to apply hot packs before treating. Her eyes were fixed on the ceiling and she could not move her neck.

"I was told by the M. D. that I had better leave the case alone as I would cause a neuritis. I replied that I understood my business and would attend to it. The M. D. had been attending the case for two weeks with no results except to have relatives present awaiting her departure to a better world. In one week the patient was out of bed and able to return to her home in the country. She showed me how she could raise her arms above her head, a feat which she remarked she had not been able to accomplish in years. She is now well and happy, thanks to Osteopathy.

"Another case which was interesting to me was that of a married woman, aged 35. This patient's condition had been diagnosed as pregnancy by the medical physician. She gave a history of appendicitis. However, when questioned, stated that she suffered severe pains throughout the entire abdomen and pelvis, preceded by fainting spells. Had had three attacks before marriage. After an examination I informed the patient that hers was a surgical case but that treatments would benefit her and place her in the best possible condition for an operation. I found an ovarian cyst filling the left side of the pelvis, the uterus enlarged, tender, retroflexed and prolapsed; also a pin-hole os. She was sterile, had been married four years. Subjective symptoms were backache, pain in limbs, dragging down sensation, amenorrhea, tympanites, leucorrhoea, loss of weight, symptoms aggravated by standing or walking.

"I treated the patient six weeks, during which time I placed her on a good nutritious diet, advised fresh air and rest. Results were that her nervous condition improved greatly and she gained ten pounds.

"I then took her to Portland for an operation which was performed by Dr. E. H. Parker at the Good Samaritan hospital. He removed a bilocular cyst, left ovary and tube, part of right ovary and tube, there being small multilocular cysts of this ovary. Performed suspension of the uterus following dilatation of cervix. Patient recovered in two weeks and returned home well and happy."

The Doctor advises us to get all the gynecology here that we can,

for when we are in the field we will wish we knew more. "Osteopathy can and does do the work and no drugs are necessary, so work hard." She closes with good wishes to the club for a prosperous year.

We are always glad to hear of successful cases treated by field members, especially those who are enthusiastic about their work.



LOCATIONS AND REMOVALS



Andrus, Dr. Wm. H., from E. Toronto, Can., to Ballerstein Bldg., 904 Main St., Hartford, Conn.

Bennett, Dr. Carrie A., from Joliet, Ill., to 212-214 Commonwealth Bldg., Denver, Colo.

Carlow, Dr. F. G., from 5-6 Mission Block to 416 Garnett-Corey Bldg., Medford, Ore.

Crossland, Dr. Emma C., at 611-12 Moore Bldg., San Antonio, Texas.

Floyd, Dr. A. B., at 605-607-609-611 Endicott Square, Buffalo, N. Y.

Groenewood, Dr. John C., at 1339 E. 47th St., Chicago, Ill.

Hansen, Dr. Edward H., from Suite 702-703 to Suite 604 Arrott Bldg., Pittsburg, Pa.

Hatch, Dr. Chas. G., from 125 to 260 Haverhill St., Lawrence, Mass.

Haven, Dr. Victoria, at Whiting Block, Nashua, N. H.

Lloyd, Dr. James W., from Buenos Ayres to 751 Pasaje Cullen, Plaza Lopez, Rosario, de Santa Fe, Argentine Republic, South America.

McHolland, Dr. F. M., from Baline to Sedro Wolley, Washington.

Newton, Dr. Geo. W., at 992 Elizabeth Place, Memphis, Tenn.

Owen, Dr. Hearl L., from Mechanicsville to 109 State St., Albany, N. Y.

Ray, Dr. E. C., from 401-5 Wilcox Bldg., to 402 Hitchcock Bldg., Nashville, Tenn.

Sash, Dr. Ida M., at 13-14 Post Office Bldg., Eureka Springs, Ark.

Scott, Dr. W. E., from 325 N. Main St., to 214 S. Main St., Greenville, S. C.

Tuttle, Dr. Eva M., from Giss Valley, Ore., to 316-317 U. S. National Bank Bldg., Salem, Oregon.

Young, Dr. Frank P., from Suite 910-911-912 to Suite 515-516 Wright and Collander Bldg., Los Angeles, Cal.