

# THE BULLETIN

OF THE ATLAS AND AXIS CLUBS.

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## TUBERCULOSIS.\*

DR. GEO. M. LAUGHLIN.

**General.** Tuberculosis appears in a good many different forms. It is probably the most extensive disease we have to deal with. It is said more people die of tuberculosis than from any other one disease, unless, possibly, it is pneumonia.

**Distribution.** This disease occurs everywhere. It is found in all climates and in all parts of the world; no race of people is exempt from it. It not only attacks man, but it is a very common disease among animals. Almost all domestic animals have tuberculosis, although it is uncommon in wild animals. Still, if they are brought into captivity it is a common disease then.

Tuberculosis is an almost universal disease, but I do not believe it is making any gains. I believe it is less common than it used to be, from the fact that we better understand the nature of the disease, and on account of the fact that Boards of Health have been established together with rules of sanitation to prevent the spread of the disease.

It is said that this disease has existed for a great many years. So far as we know anything about medical history it is spoken of. It used to be referred to as "wasting disease" or consumption—consumes the body.

**Pulmonary Form.** It attacks practically every tissue of the body. The lungs, of course, are more susceptible to the disease than any other part of the body, and for that reason we find that pulmonary tuberculosis occurs probably ten times to where the disease appears once in some other part of the body. We have tuberculosis of the brain and meninges, of the heart, of the kidneys, liver and intestines, of the bones and lymph-glands. Scarcely any tissue of the body is exempt from the disease.

**Bacillus.** The disease is due directly to the tubercle bacillus—there is no question about that. This bacillus was discovered not many years ago by a physician by the name of Koch. We cannot possibly have this disease without the bacillus,—we must have

\*Lecture delivered to 1910 Class in Practice.



this infectious agent. This is valuable information, because we know we can destroy this bacillus outside of the body, and if tubercular patients are kept away from well individuals, and if the sputum of tubercular patients is destroyed, the spread of the disease will be greatly lessened, and from that standpoint it is valuable information.

**Sputum.** The bacillus exists everywhere almost, especially if there are any tubercular patients in the neighborhood. You will find the tubercle bacillus in large quantities in the sputum of tubercular patients. If the sputum is spread about it soon becomes dry, and unless it is exposed to the sunlight the bacillus will live for a long time. The sputum dries and gets as fine as dust particles, flies around in the air, and people become infected usually that way,—by breathing some of the particles of dust in which the bacilli are lodged.

**Sunlight.** The bacillus will not live long if exposed to sunlight or indirect light. In a well lighted room the bacillus probably would not live a week, but in a dark place, or a damp place, it might live for some months and still be virulent, but out in the sun the bacillus will not live for more than three or four hours. It is destroyed and rendered non-virulent after that length of time.

**Mode of Infection.** The bacillus gets into the body in three different ways. The principal mode of infection is through the respiratory tract. For instance a tubercular patient in a community attends church and goes to public gatherings, or you go to a patient's house—perhaps he does not know that he has pulmonary tuberculosis. The sputum is deposited in the yard, or on the floor, or in a vessel somewhere in the house that is not disinfected, becomes dry and gets into the air, and you come into contact with it and breathe it. Infection takes place that way, either directly into the lung or in the lymphatics of the throat. It gets into the lymphatic circulation and then into the general blood stream, is carried through the body and may develop tuberculosis of the lungs or any other part of the body through the blood stream.

That infection may be destroyed, and probably is in 99 cases out of 100, or it is destroyed before it reaches the blood. The leucocytes kill it, but if it does get into the blood and is not destroyed there, it will find a place in the body where there is lessened resistance. If one has taken a little cold and the lungs are weak, it will attack them. The vitality is low, and there it stops and colonizes, proliferates and produces disease. It may reach the hip-joint as it does in children very fre-

quently. The only reason that it stops there is that the child has hurt his hip a few days before, and there is lessened resistance. It may stop at the meninges and produce acute tubercular meningitis, but the respiratory tract is the most common seat of infection.

**Gastro-Intestinal Infection.** Another way the infection takes place is through the gastro-intestinal tract. This is less common, and it is doubtful if many cases of infection occur this way.

In order for the infection to occur this way the food would have to be infected. The water might be infected, although the germ is not very virulent nor does it live long in water. The germs live quite well in milk, and are also quite virulent. From infected milk one may become infected through the gastro-intestinal tract, and some articles of uncooked food, such as vegetables and food of that sort eaten uncooked may carry the infection into the gastro-intestinal tract; but probably we take in the infectious agent a thousand times where only one case of tuberculosis is produced.

If your digestion is good, and you are strong, you can eat a lot of tubercular germs if you want to. They are digested. If you have indigestion, or something of that sort, the germs are permitted to live in the gastro-intestinal tract; they may enter the general circulation that way, or produce tuberculosis of the intestine. But, as a rule this latter is not a primary disease. You have all heard of tuberculosis of the intestines. Usually that occurs secondarily as a result of tuberculosis somewhere else in the body.

Another mode is direct inoculation, producing tuberculosis of the skin. This is not a very serious disease, and is readily cured by X-ray. It is called lupus. The X-rays kill the bacillus in the skin. Those are the three ways the bacillus enters the body.

**Bovine Tuberculosis.** As stated in the beginning, tuberculosis is a very common disease, not only in the human family, but among the domestic animals. There is some difference of opinion in regard to whether tuberculosis in animals is the same as that in man. Koch, who discovered the bacillus in the human body, contended that bovine tuberculosis and human tuberculosis are two different diseases, and that a man could not contract tuberculosis from a cow; but the great majority of pathologists do not concur in that opinion. It has been demonstrated by experiment that a man can contract tuberculosis from the bacillus that is found in cattle. For that reason great care of late years has been taken in regard to condemning all tuberculous cattle in our slaughter houses, and preventing the sale of milk from tuberculous



cows, as it was found that tuberculosis often develops in children who have been using milk from an infected herd.

The pathology of tuberculosis in animals and in the human family is just the same, although the bacillus of animals is larger and more virulent; we also have the tubercles forming masses of fibrous tissue, and caseation following. If caseation occurs, usually the caseous material will further degenerate and form cavities, while if the tubercle hardens and is walled off, the progress of the disease is stopped.

The same causes are operative in producing tuberculosis in animals as in man. First there is the predisposition. We find certain animals especially susceptible to it, and certain individuals especially susceptible to tuberculosis. Then environment and exposure have a great deal to do with it. If an individual associates with tubercular people, and is susceptible to the disease, he is apt to contract it. If his quarters are not of the best, and he does not have a great deal of fresh air, he is more apt to contract the disease than he would otherwise.

The same is true of animals. Take range cattle, for instance; you hardly ever hear of tuberculosis among range cattle because they live out of doors and take lots of exercise. It is among the well-bred dairy cattle which are kept up in barns, where the ventilation is not always good, that we find a great deal of tuberculosis. Tuberculosis is on the increase in dairy cattle in this country, and it is only within the last few years that the State Boards of Agriculture have taken special means to determine how much tuberculosis we have; in some states they have taken special means, and passed special laws to prevent the spread of tuberculosis. In some states you cannot ship cattle without a certificate of health—the cattle have to be tested for tuberculosis before they are allowed to be shipped. In other states if a man conducts a dairy, the state veterinarian calls on him, and if he finds any tubercular cattle they are killed. The dairyman is compensated for his loss, and in that way an attempt is being made to prevent the spread of tuberculosis in the human family.

This test is made not only for this purpose, but to prevent the spread of the disease among domestic animals. Nearly all animals are subject to the disease. Sheep and swine get it, but horses seldom are attacked by it. Fowls also get tuberculosis. State inspection is a good thing, not only from the standpoint of public health, but also it is a good thing from the farmer's standpoint in protecting him against the spread of the disease among his animals.

The disease is spread in dairy barns amongst high-bred cattle. The tubercular-cow is usually tubercular in the lungs. That is the com-

mon site for tuberculosis in cattle. Occasionally a cow will develop tuberculosis in the udder, but that is rare. If the udder is tubercular we will find the bacilli in the milk. If the udder is not tubercular, we do not find the bacilli in the milk from that cow. It gets into the milk around the barn. The germs dry, float in the air and settle in the milk bucket.

A cow with tuberculosis will cough and get up some of the sputum that contains a good many bacilli. This will get on the trough in the drinking places, and the other cattle will come into contact with it, or it dries and gets into the form of dust and they contract tuberculosis that way.

You can readily see why no one wants a tubercular animal in his herd, especially if that animal is kept in the same barn with the balance of the animals. The first thing you know five or six animals will have it, and in some herds 75% of the entire herd has been found to be tubercular; of course a tubercular animal is of no value. Such an animal will live for three or four years and be of some use; still, a tubercular cow does not produce much milk, and is therefore not a profitable animal.

The way we test to determine whether or not a cow has tuberculosis is rather interesting. In the last stages of tuberculosis there is no trouble in diagnosing it, the same as we would in a person. The animal runs down, loses flesh, breathes rapidly, you can hear rales on listening; but a cow may be rotten with tuberculosis and still be in good physical condition. That cow is just as apt to spread the disease as one that is in poor condition.

We test cows with tuberculin. Tuberculin is the toxin which is taken from the bacillus. We make a culture of the bacillus of tuberculosis and the toxin is extracted. The bacilli are filtered out. Take a small amount of that and inject it into an animal subcutaneously, having previously taken the temperature. The temperature of a cow is about 102 degrees F.

We take it two or three times so as to get a good idea of the average temperature. Then the tuberculin is injected and in six hours we commence to take the temperature again, and take it every two hours for five or six times. If that cow is tuberculous there will be a temperature reaction. The temperature will run up to 105 or 106 degrees. On the first reading it may be 103; on the second reading 104 or 105; next time 106 and will stay up pretty well, and at the end of ten or twelve hours will drop back to normal. A cow that is free from tuberculosis will not react unless she is under some excitement, or in an abnormal condition, or suffering from some other disease. Also a cow that is in the last



stages of tuberculosis, run down and emaciated, will not react. This is not important, for we know already from other signs that she has it. Often 20% or 30% of large herds react to temperature.

Some veterinarians will go through a herd and make the test, slaughter all the animals that react, and find that all animals which reacted show at post mortem a tuberculous lesion. They make the proposition that if they kill the wrong animal they will pay full price for it.

In importing cattle into a herd or in buying new cattle, they should be tested before bringing them into the herd. Every dairyman should do that so as to keep his cattle free from tuberculosis. It will not develop in a herd spontaneously, and only comes from coming into contact with some animal that is already tubercular; the only way to keep the herd free from tuberculosis is to prevent the introduction of a tubercular animal into the herd. This is important, not only from the financial standpoint of the breeder, but it is especially important to prevent the spread of tuberculosis in the human family.

Another thing, we have experimented along the line of preventing tuberculosis in cattle by the use of vaccine. We believe if an individual recovers from tuberculosis and makes a complete recovery, that is if the lesions in the body get entirely well, that he will not have it again. Of course, tuberculosis is a chronic disease usually, and you can hardly tell when the patient is well, as the infection may remain in some spot, but if he does recover he will probably never have it again. He is immune, as in certain other infectious diseases. I do not think any effort has been made in the way of trying to get a vaccine to prevent tuberculosis in the human family. We have it already for animals, though.

Bovine tuberculosis is more virulent than the human form. We therefore take a culture of human tuberculosis and we attenuate that by slow cultivation, so it is not very virulent. Then we take that attenuated culture and inject it into the jugular vein of a young animal—an animal under six months of age. The first dose is very much attenuated. Two or three months later we again inject the jugular vein with a little more virulent bacillus or culture, and sometimes the third inoculation is given with still more virulent culture of human tuberculosis. That will prevent tuberculosis in an animal. No tuberculosis will develop because the culture is not virulent enough and the animal resists the human tuberculosis. After this is repeated, each inoculation being more virulent than the one before, that animal will be perfectly immune to bovine tuberculosis.

Tests have been made as follows: An animal that is tubercular is tied in a stall; on one side is put a calf not treated, and on the other side

is put a calf that has been treated. In a few months the calf that has not been vaccinated will develop tuberculosis, while the other animal will not. Hundreds of similar experiments have been made in this country and in Europe, and it is now pretty well demonstrated that vaccine will prevent tuberculosis in animals.

The predisposing factors for tuberculosis we have to consider not only in the human family, but in animals as well, but we will consider these factors now especially with reference to the human family.

**Heredity.** First, the question of heredity. It is the common opinion amongst laymen that tuberculosis is hereditary because they see it in families. You will all see tubercular families. You conclude then that tuberculosis must be hereditary. The mother possibly has it, then half of the children, or even more than half of the children develop it. But tuberculosis is not inherited except in very rare instances and those we will take up later.

Tuberculosis is acquired, but the predisposition, the individual susceptibility to the disease is inherited. That is what is inherited. Not the disease, because the disease is acquired by coming into contact with tubercular patients. Of course if one member of a family has tuberculosis, the balance of the family is exposed to it. Perhaps the ventilation in the house is not good, the sanitation is not good, and the family does not live out of doors enough. The form of the body is inherited and the condition of the nervous system is inherited, but the disease is not hereditary.

It may be congenital, in that it is possible, if the mother is tubercular, that the child may be born with tuberculosis. That is about the only way the disease is inherited. The bacilli may reach the foetus, and it will be born with tuberculosis, but if it is born free from tuberculosis it will never have it unless acquired from some outside source.

**Environment.** Environment has a good deal to do in a predisposing way in the acquirement of tuberculosis. We find tuberculosis most common amongst people who are housed a great deal of the time, who work at certain occupations, in factories and places where the sun does not shine a good deal of the time. In such places as that tuberculosis is more common, because of the fact that the bacilli will live in places like that for a long time, while in sunshine the bacillus will live but a few hours, and for that reason we find tuberculosis more common in tenement houses, and dark places, and amongst people who are greatly confined, and do not have enough out-of-door air and exercise.



**Age.** Age is another factor, especially with reference to certain forms. We find glandular tuberculosis and tuberculosis of the bones almost altogether in children, while we do not find much pulmonary tuberculosis in children. You will seldom see a case of tuberculosis of the lung in a child or a young person before puberty. They may have miliary tuberculosis following the glandular type, or following bone tuberculosis, but they do not often have chronic pulmonary tuberculosis. It seems that the glands and bones in children are the usual points of attack, especially the ends of the bones and joints. That is the reason why Pott's disease and hip-joint disease are so common in children. We rarely find these diseases in people past middle age.

The ordinary form of pulmonary tuberculosis is most common between fifteen and forty, or even between fifteen and thirty. A great majority of the cases develop during that period of life, but no age is exempt from the disease.

**Sex.** Women, it seems, have tuberculosis more commonly than men, probably due to the fact that they do not live out-of-doors as much as men, and are exposed to infection more frequently than men.

**Climate.** Climate has but little effect. There are almost as many cases of tuberculosis in Colorado as in Missouri or Massachusetts, according to the population, and in proportion to the amount of exposure. The only reason why a dry climate, or one where there is lots of sunshine, is any better than any other climate is simply this, that in a dry climate one is not exposed to the infection, so much because the bacillus will not live outside of the body any length of time, while in some other climates, where there is more rain, more vegetation and shade, and there are more people, one is more exposed to the infection. So, we find the disease in all climates and in all countries. The per cent of those infected according to the population in one place or another is about the same.

**Race.** All races of people are susceptible to the disease but it seems that the negro race is more susceptible than any other. I suppose that 50% or even more than that of the deaths amongst the negro population in this town is due to tuberculosis, and it is about the same everywhere else. All through the South the mortality is very high from this cause.

**Trauma.** Another cause for tuberculosis is injury; injury about the chest may cause pulmonary tuberculosis.

**Lesions.** Lesions of the ribs and spine act as predisposing factors for the development of tuberculosis in the lungs, but where the traumatic cause is most marked is in children where some of the joints are affected. You will never find tuberculosis of the knee, hip or ankle or spine without a history of injury preceding it. The injury is usually slight and perhaps the child is only rendered a little lame for a day or two, but as a result of the injury the tissues devitalize, infection takes place, and the child develops tuberculosis there. So trauma is one of the most marked predisposing factors, especially in children.

**History.** I am going to explain to you how it is that tuberculosis develops after these slight injuries, that is, tuberculosis of the hip-joint, knee-joint or spine. The usual history in such cases is that they have received a fall or were injured at play with other children. Perhaps the child complains a day or two, and then he will not complain for some time. In the course of two or three months he will develop Pott's disease, or hip-joint disease.

**Infection.** Why is it that infection will follow these mild injuries whereas if the child had suffered severe trauma, such a dislocation, tuberculosis will not follow? In minor injuries we simply have the tissues slightly devitalized, not much inflammatory reaction, and if the child is already infected, or becomes infected afterward, when the bacilli get to that place in the circulation of the blood, they get to a place where there is a nidus for colonization. They stop there because there is no resistance. There are not many leucocytes there, so they stop and commence to colonize and reproduce, and cause the disease to appear at that point; whereas, if the child had suffered severe injury to that point, there would have been inflammatory reaction, inflammation tissue would have formed, leucocytes would have gone there in large numbers, and when the bacilli came to this point there would be so many leucocytes that they would devour the bacilli,—the leucocytes would protect that part from infection. That is the reason why, following mild injuries we have tuberculosis of the articulations, while following severe injury there is no infection.

**Other Diseases.** Other diseases are causative factors for tuberculosis, as measles, for instance. There is no other infectious disease which is so frequently followed by tuberculosis as measles. I have had a number of these cases, particularly in adults. Tuberculosis may develop after most any of the infectious diseases like scarlet fever, whooping cough, or pneumonia; it also frequently develops



in diabetes and Bright's disease. Sometimes it is referred to as a "terminal infection" in diabetes and chronic wasting diseases of that character.

**Predisposition.** Predisposition is very important in connection with tuberculosis.

**MILIARY TUBERCULOSIS.** In order to give a proper conception of what miliary tuberculosis is, I will tell you about the disease and then illustrate what the disease is by a case.

**Definition.** This is a general tubercular infection, acute in character. It seldom lasts more than two or three weeks, and usually terminates fatally. Sometimes it lasts just a little longer, and I suppose a few cases recover.

**Previous Tubercular Focus.** We can have no miliary tuberculosis except the patient is already tubercular, without there is a tubercular focus somewhere in the body and the time the patient develops this acute miliary tuberculosis is when the bacilli from this focus get into the blood stream, and are disseminated over the body so that the meninges, liver, intestines and other parts of the body may be attacked. Usually the way this infection takes place is that in the process of degeneration in the tubercle (when it is breaking down) the bacilli are thick, a blood vessel is eroded, the bacilli get into the circulation and are then carried through the body. It always develops after a tubercular infection has existed in some other part of the body, as from a tubercular focus in the glands of the neck, from the hip, from the spine or from a bad spot in the lung.

**Case Report.** Several years ago a young lady here had Pott's disease—a bad abnormality. We thought she was getting along pretty well. She had had the disease a long time, and it was apparently quiescent. She was receiving treatment right along and getting some better. Suddenly she developed chill, high temperature, loss of appetite, became delirious, went down rapidly and died in the course of two or three weeks.

**Age.** The age at which this disease is most common is sometime in the early period of life. We seldom find it developing in an adult. This disease most frequently follows glandular disease, hip-joint disease, or Pott's disease.

**Symptoms.** When we were discussing typhoid, and malaria we said these diseases were hard to differentiate from miliary tuberculosis, and you can see now the similarity. Unless you are con-

scious of the fact that the patient is already tubercular you may mistake the disease for typhoid, malaria, or sepsis, because it comes on suddenly with high temperature delirium and stupor, chill, rapid circulation and rapid respiration, loss of appetite, sweats, and emaciation—the sweats would look like malaria or sepsis, while headache and delirium make you think of typhoid. However, you do not have the typhoid temperature curve. The temperature stays high.

**Characteristic Symptoms.** The symptoms that are especially characteristic of this disease are that the circulation and respiration are very rapid; the lungs are involved, but we do not get such signs as dull area, and get very few rales. Where there is a primary pulmonary tubercular focus you may get some physical signs from that.

**History.** You have to depend chiefly however on having the history of the case. If the patient has previously had a tuberculosis of the glands, hip or spine, and the symptoms are headache, delirium, loss of appetite, loss of weight, drenching sweats, rapid respiration, difficult breathing and final collapse, the diagnosis of miliary tuberculosis can be safely made. The patient is very toxic and finally dies from exhaustion, heart failure, toxemia, or something of that sort.

**Hemorrhage.** Hemorrhage sometimes occurs in the bowels, because this infection is general. Sometimes there is nose-bleed, or hemorrhage from the throat or tonsils. We do not have such profuse hemorrhage as in the chronic form of tuberculosis where the tubercle is degenerating, and the blood vessels are eroded. We do not have hemorrhage like that, but sometimes hemorrhages of small character do develop in this disease.

**Types.** We have the typhoid type where there is stupor, headache and delirium, and then we have the meningeal type where the meninges are especially affected—tuberculous meningitis. Then we have the respiratory type where the symptoms are especially referable to the respiratory tract. These are the principal types. In all cases you will have no great difficulty in making a diagnosis if you learn the history of the case and determine whether or not the patient has previously suffered from tuberculous lesions.

(TO BE CONTINUED.)



## OSTEOPATHY VERSUS SURGERY IN APPENDICITIS.

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

From the above caption let no one infer that the writer is opposed to surgery. Surgery has its place, but surgeons must not arrogate to themselves the entire field of therapeutics.

We who lived at the time of the Civil War remember how angry some of our contemporaries were when it was suggested that blood letting was not the proper remedy for post partum hemorrhage. One would think that no time should have been spent in arguing that proposition but this opinion is the result of looking backward. Fifty years from now it will be hard to convince those then living, that at the beginning of the twentieth century a large class of healers advocated appendectomy as the only cure for appendicitis.

Just here a quotation from the Baltimore Sun seems apropos. "Wherever the fame of Missouri has extended, the splendid motto of the State has been received with admiration and respect. When a man said, 'I am from Missouri, you will have to show me,' the bluff of the other fellow was called. He knew that deceit would not prevail nor falsehood have a chance. When the man was from Missouri you were compelled, in the words of Henry James, 'to deliver the goods.'"

If these "strictly surgical cases" of appendicitis could be sent to a higher court there would be more reversals than any state supreme court has ever made.

Fortunately, the patient has in many cases assumed the role of a superior court and decided against surgical interference, after the surgeon had assured him 'that nothing but an immediate operation will save your life.'

Would that something might come from the pen of a "regular" that would indicate as great a tendency to move forward along therapeutical lines as the two sentences which follow indicate such tendency along legal lines, remembering in the meantime that laymen long since saw the unenviable position of both the physician and the lawyer. "Let us consider the reason of the case, for nothing is law that is not reason."—Justice Powell.

"The time has arrived when no advocate can be content proffering mere precedent. He must be equipped to sustain the rationale of the doctrine advanced."

This is no time for levity, the subject is one of "tremendous import" in view of the cases cited below; but when I hear this old, old story "an immediate operation or death," as I hear it nearly every day,

I can not keep from my memory that tragedy, related in the spelling books, of the ante bellum days, "The dog would have died if they had not cut off his head."

There are some of this spelling book school of therapists who remain even unto this day. However, thanks to a goodly number of osteopaths, homeopaths, and regulars, including a few surgeons the "Always operate," "Now is the accepted time to operate," "Not to operate is criminal," class is meeting with successful opposition.

Note the following names of great men of our day who were not saved by operations for appendicitis.—

Clyde Fitch, noted American playwright, died following appendectomy.

Gov. John A. Johnson of Minnesota, died following appendectomy.

Wm. M. Laffan, publisher of New York Sun, died following appendectomy.

Sen. McCarren, the famous N. Y. democratic leader, died following appendectomy.

Remington, America's great painter of Western life, died following appendectomy.

Mr. Chas. Netcher, Chicago's merchant prince secured the largest amount of insurance ever issued upon the life of a resident of a western city \$500,000. Two months after the policy was taken out Mr. Netcher died following an operation for appendicitis.

Of twenty-seven physicians, members of the American Medical Association, said to have had appendicitis, twenty-six died following an operation for appendicitis in 1906. I have seen no reports since. Reason obvious?

I purposely omit a long list of Des Moines and other Iowa people who have died following an operation for appendicitis, sometimes two or more in one family.

After reading this list you will excuse, as not wholly intemperate the language of Dr. Chas. E. Page of Boston, who says, "Operations for appendicitis should be classed as criminal, and as such be prohibited."

One writer says, "I do not hesitate to operate on every case although I know that I may thereby cause the death of some patients who would have lived if no operation had been performed, but I satisfy myself because I believe that fewer die with this plan than with any other." This is the essence of the whole discussion.—Shall we operate on every case, or on none, or only on selected cases? By selected cases I do not mean those cases which show the least percentage of deaths, if so



patients with the slightest attacks or still better with a healthy appendix should be selected.

My idea is that the rules "Never operate" and "Always operate without regard to time, or place, or severity of the attack" are both unreasonable. In this matter one should act as in any other, approach it with an open mind with his motto, "Truth whithersoever thou leadest I will follow," or "Show me."

I would send the patient with appendicitis to the surgeon, or preferably the surgeon to the patient, when there was gangrene or an abscess just as I would if like conditions existed in any viscus. Up to date I have had no occasion to send a patient with appendicitis to either a surgeon or an undertaker. Many cases are on record in which patients with one or the other of these conditions have spontaneously recovered. Of course, far more with abscess than with gangrene. We recognize the seriousness of either of these conditions.

As I had occasion to say some years ago, I would send a patient with abscess of the appendix to a surgeon for the same reason I would send a patient with abscess of the lung, not to remove the appendix or the lung, but to remove the abscess, as was done in the case of King Edward.

Suite 302 Century Building,  
Des Moines, Iowa.

(TO BE CONTINUED.)

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#### DR. FARMER VISITS KIRKSVILLE.

Dr. Frank Farmer, of Chicago, during the first week of February visited Kirksville and his alma mater for the first time in eleven years. Dr. Farmer is a classmate and former partner of Dr. Geo. Laughlin. He has been connected with Dr. Carl McConnell in research along osteopathic lines for the past nine years, and has been engaged on the A. S. O. faculty for next year.

From a short, informal address at the close of Dr. Laughlin's clinic hour, we quote:

"This is the class of work we must all put a lot of endeavor on. After you get out into practice and are not able to consult with a fellow practitioner you will look back to those hours here and wish that you had acquired more of the knowledge. \* \* \*"

Speaking of research work; I have had the pleasure of working with Dr. McConnell for the past nine years, and we have worked out more or

less of the practical side of osteopathy trying to prove the pathology accompanying our so-called osteopathic lesion. That is a vast field that has not been opened up, that has not even been scratched. It is up to the profession, and I think it is up a great deal to the schools to take hold of that end of it and prove absolutely the pathology of the lesion. We have proved it sufficiently clinically, now we must prove it in a scientific manner. \* \* \*"

I know you are all looking forward to building up a practice, which is primarily the reason you entered into the work, but we must give something to the profession each and everyone of us. We take out of a profession practically as much as we give—if we give nothing we get nothing out of a practice.

Dr. Laughlin spoke of the medical work I have done. It has only served to strengthen my faith in osteopathy as I see it to-day, and the general trend over the world to-day is that we are about to give up medical therapy as such. Formerly a medical practitioner carried a tremendous size grip with him to carry his drugs; to-day he can carry them in his vest pocket, all those that are really essential to his practice, and some of the best medical practitioners I have been associated with in Chicago rely almost totally on five or six, possibly ten drugs, and they only rely on them because they have nothing to take their place. Osteopathy is going forward and is going to take the place of those ten little drugs. \* \* \*"

After eleven years in practice I would say, get all the osteopathy you can while here in school. Get thoroughly founded in diagnosis and treatment. Those are the keynotes of successful practice. If we are thoroughly grounded in diagnosis, know the trouble when we see it, and if it is osteopathic are able to handle it, and if it is not being able to refer it to its proper channels,—if you are capable in those two branches you need fear nothing in practice, and you will not get caught as so many of the early practitioners have been; lots of them to-day get caught in not being able to make a complete and thorough diagnosis. \* \* \* With the beautiful hospital that has been put up here and the training you must certainly get in hospital procedure, you will make a much better impression with the patient, either in calling or in your labor with a nurse. That is something which many of the early graduates had absolutely no knowledge—they are standing around in the way of a nurse and know absolutely nothing about how to direct a trained nurse. With this kind of training the students that are going out now are on a safe foundation and ought to put osteopathy on a very good basis before the entire public and make a profession that we can all be proud of."



# THE BULLETIN

OF THE ATLAS AND AXIS CLUBS.

IRVIN FISH CRAIG, EDITOR.

M. A. BOYES, BUSINESS MANAGER.

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KIRKSVILLE, MISSOURI, FEBRUARY, 1910.



**Tuberculosis Series.** In this issue appears the first of a series of lectures on Tuberculosis in its various forms by Dr. Geo. M. Laughlin.

Like those heretofore appearing in THE BULLETIN this year, these lectures were reported in shorthand by the editor during the Practice course. Dr. Laughlin has manifested his good will toward the Club by reading the proof, and they are therefore authoritative.

The articles on bone tuberculosis will be accompanied by diagrams illustrative of methods used by Dr. Laughlin in his practice, and for the most part will show appliances which can be prepared by the osteopath at slight cost and which are as effective as expensive apparatus.

One of these lectures, if you should happen to need it, is worth more to you than five year's dues and having it just for reference is worth more than it costs you. If you know of any brother who is delinquent in dues and who therefore is not receiving THE BULLETIN, tell him of this series of lectures and advise him to pay up.

**Osteopathic Preparation.** Many of the present Senior Class feel as many have in Senior classes before them—"the time for graduation is drawing on, how competent am I to do the work expected of me?"

That we have not accomplished all that we might with the time and facilities at our disposal needs not to be said. This no doubt is true of any student body in general, and even in the every day walks of life.

But are we competent to cope with disease? A shrewd Yankee would say "Depends on the disease" but in a general way our education is fully as complete as that of the average medical doctor, and owing to our superior system of therapeutics we are in better position to handle disease than is he.

As Dr. Frank Farmer said in his address not long since, we should get all the osteopathy we can while here in school, for at best when we enter practice we will find we have only begun to learn.

Osteopathy is altogether too big a subject to be comprehended in three years, and even though we give conscientious effort during our school course most of our real learning will come with the years following graduation.

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**Advertising Osteopath.** The Club received this month a paper published in an Indiana town containing the advertisement of an osteopath who makes a neighboring town twice weekly, and uses the newspapers to announce his visits. While a card even of the size of the one in this instance may be professional under the circumstances, and no doubt the best way to let the public know during what days and hours they may find him, the objectionable part of the advertisement is "Average cost \$10 to \$20 per month." That consultation is free with this Doctor need hardly be mentioned.

In addition we are informed that this same doctor in his home town has a most elaborate sign at his office entrance and at night attention is called to it by alternate red, white and blue lights, more familiar in un-professional places.

While nothing may be done legally to prevent the doctor from advertising as he sees fit, the A. O. A., Indiana State Association and other osteopathic organizations of which he is a member should take some action and see that he does not place them in the position of countenancing the means employed.

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**Responsibility.** To the physician, be he medical or osteopathic belongs the responsibility of a case. He may diagnose the case



properly and prescribe the proper treatment, and yet if the patient, be lost through oversight in carrying out his orders by the nurse or family, how seldom is it explained that it was not the fault of the physician!

Responsibility is our share, and there is no escape from it nor should there be. In grave conditions some one must be master of the situation and it is only proper that the best qualified should be such.

Here arises the question of qualification and fitness for the duties of a physician in our osteopathic matriculants. There seems to be no difference of opinion among the foremost of the profession but that the preliminary requirements in our osteopathic matriculants should be raised, but as the osteopathic colleges are not endowed, it comes largely to a question of dollars and cents, and not qualifications.

Granted, many a man and woman with the natural qualifications for the profession have been unfortunate in not having as much preliminary education as they desired. They have taken the D. O. degree and have been perhaps a credit to the profession. Yet how much more could osteopathy have been lifted had they been possessed of high educational qualifications.

It is regrettable that the situation is just as it is, but until our colleges have some financial support outside of what is earned from tuition there seems to be no remedy.

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**Dr. Still on Appendicitis.** We are more than gratified to be able to present this month to our readers the first of a series on Appendicitis by Dr. S. S. Still of Des Moines, Ia.

Dr. Still is one of the best known men in the profession and needs no introduction from us. He feels very deeply on the subject of which he writes, and our readers may feel assured of something of interest on appendicitis.

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**Dr. Millard to Contribute.** Dr. F. P. Millard of Toronto, (Atlas, '01) is probably the foremost osteopathic illustrator in America. Both his articles and illustrations are worthy of careful study.

Dr. Millard's name is becoming closely associated with illustrated osteopathy, through his contributions to the Herald of Osteopathy, Journal of Osteopathy and other osteopathic publications.

Dr. Millard has promised THE BULLETIN one of his illustrated osteopathic articles which will probably appear in our May number.

**"The Stillonian."** The latest venture in the realm of osteopathic literature is "The Stillonian" whose initial number is expected from the press about the 20th. It is forecasted as a forty-eight page periodical to be published monthly during the school year, and like THE BULLETIN will have a new editor each year. The responsibility of first editorship rests with Dr. Clara Laughlin of the Junior class, assisted by Mr. E. P. Donovan.

There is plenty of room in the field of osteopathy for first-class literature relating to the science and we hope our new contemporary will "measure up" and have its quota of success.

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**Atlas Club Reunion.** Don't forget that at each annual meeting of the A. O. A. there is an Atlas Club reunion and that the 1910 meeting at San Francisco will not be an exception.

If you have never been West do not miss this trip. You will be well repaid no matter what the cost. The convention is sure to be a "hummer" for the Californians will see to that. Plan to be there.

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**Kinney.** He of the big voice, ('09). We are advised of brother Kinney's removal from Connerville, Ind., to 75 State St., Richmond, Ind. The notice properly belongs under "Locations and Removals, but as Brother Kinney seems to be the only one of the boys having railroad fare this month, the L. & R. department is omitted.

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**Personals.** In THE BULLETIN this month there is a dearth of news of a personal nature concerning our field members. There have been fewer communications than usual from the field this month and these have not been of a nature for publication.

Brothers, if you want to know something about the other fellow, send in a note about yourself.





Since our last issue Life Membership Certificates have been issued to the following:

Drs. F. G. Carlow, Medford, Ore.; Geo. T. Monroe, Silver Springs, N. Y.; C. G. Luft, Fremont, Ohio; C. Homer Woodruff, Mexico City, Mexico; Jenness D. Wheeler, Malden, Mass.; Franklin Hudson, Edinburgh, Scotland; F. G. Cluett, Sioux City, Iowa; Frank J. Beall, Syracuse, N. Y.; L. C. Kingsbury, Hartford, Conn.; B. L. Dunnington, Springfield, Mo.; John F. Bone, Pontiac, Ill.

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On the evening of February 12th a short program was rendered at Atlas Hall, consisting of a piano solo by Brother Illing, a reading by Brother Crocker and a vocal selection by Brother Gripe. The speaker of the evening was Dr. T. R. Butler, a medical practitioner for twenty-five years, and who has specialized along the lines of eye, ear, nose and throat. Dr. Butler is a student and a broad minded man. His talk was mainly along the line of ethics, and in it he made a plea for more ethical conduct on the part of members of the healing profession.

"Ethics is a subject that has been sneered at," said Dr. Butler. "It should not be, but it is a fact that a great many of our profession have not done their duty, have not practiced ethics, and have come into disrepute.

What is the meaning of ethics? How would you define it? The Mental Scientists would call it "the science of human duty." Medical ethics then would be the science of human duty as applied to doctors by each other, and to their patients.

Medical ethics started very early in the history of medicine,—in fact it began with the beginning of medicine. The first code of ethics was given by Hippocrates, the Father of Medicine (460-357 B. C.) and is embodied in the Hippocratic oath, which I am proud to say I had the privilege of assuming upon completing my medical course. It is as follows:

"I swear by Appollo the physician, by Aesculapus, by Hygea, by Panacea, and all the Gods and Goddesses, that according to my ability and judgment, I will keep this oath and stipulation; to reckon him who teaches me this art equally dear to me with my parents; to share my substance with him, and relieve his necessities if required; to look upon his offspring upon the same footing as my own brothers, and to teach them this art, if they shall wish to learn it, without fee or stipulation; and that by precept, lecture, and every other mode of instruction I will impart a knowledge of this art to my own sons, to those of my teachers, and to disciples bound by a stipulation and oath according to the law of medicine, but to no others. I will follow that system of regimen which according to my best judgment, I consider best for my patients, and abstain from whatever is injurious. I will give no deadly medicine to any one if asked, nor suggest any such counsel. Furthermore, I will not give to a woman an instrument to procure an abortion.

With purity and holiness will I pass my life and practice my art. I will not cut a person who is suffering with stone, but will leave this to be done by those who are practicing such work. Into whatever house I enter I will go for the advantage of the sick, and will abstain from every voluntary act of mischief and corruption, and, further from seduction of females, bond or free. Whatever in connection with my professional practice, or not in connection with it, I may see or hear, I will not divulge, holding that such things should be kept secret. While I continue to keep this oath inviolate, may it be granted me to enjoy life and the practice of my art, respected always by all men; but should I break through and violate this oath, may the reverse be my lot."

In only one way could a code of ethics be summarized more briefly possibly, and that would be "Do unto others as you would have them do to you." That is a little more concise language.

In the first place always remember that the secrets of those employing you are to be kept inviolate. You will be called by people of all classes, and you will be entrusted with their lives, their honor and that of their families,—everything is given into your care. Do not violate the sacred trust which they place in you.

Another thing is the matter of instruction. In the days of Hippocrates it was different from what it is now. Of course this is a commercial age, and there are schools now for teaching, but the old custom was to instruct everybody who asked, and charge nothing. That custom prevails in the medical profession to this day in certain respects. For instance, if a medical man would patent anything in the way of a cure or an instrument or anything of that kind, it would be an offense. He



could have no standing in the scientific world under such circumstances. He is under obligation to give them to his fellow practitioners for the benefit of humanity. Why should he do that—can you see no reason for it? His predecessors told him everything free, so if he took advantage of that and should keep the world from it he never could have any standing, and of course, he never should have.

Another point I wish to call your attention to is the question of advertising. Advertising is a thing that is in extremely bad taste for this reason: When you advertise you try to lead people to believe that you are a better doctor than someone else. Perhaps there are many humble doctors around you who are too dignified and think too much of their well-being to commercialize themselves. If any doctor in this audience is starting into the profession with the sole aim of making money he will miss his mark, for there are very few men who have made a commercial success and have acquired very many thousands of dollars. So far as I am personally acquainted I know of but two men in the medical profession who have made a million dollars—Sir Andrew Clarke, and Dr. McBurney of Roosevelt Hospital. The latter made a million dollars and quit practicing after thirty years, as he said there were many men in the United States who were just as competent as he, and needed the money, so he retired. In all other lines of work the possibilities for making money are unlimited, but as a physician you cannot turn anyone away no matter how poor he is—he is afflicted, and you cannot turn away anyone who is sick. It does not matter what caused it.

I remember having this experience occur to me in connection with men who would not pay me. I have been so tired at night that I felt as though I could not ride any more. On such an occasion once a man came and called me to go to his sick child at once. I was so offended with him and so tired that I answered I was too tired to go out that night, but would go early in the morning. I got up and went early in the morning, and just as I got there the little patient breathed his last. I said I would never go through that experience again, and I never have.

Cultivate the altruistic principle to get the best—that is the desire to do good to your fellow men. Every man must first fully satisfy the egotistic, the selfish spirit. It is absolutely necessary that you should exist, that you should have good health and that your family should fare well, but if you put your whole soul into making money I do not think you will have any happiness, especially in this calling.

If you are interested in your science and in relieving distress you will find it to be your happiest experience. There is no doubt but that

the more you cultivate this principle of altruism the happier you will be. You have all seen young men, young women, old men and old women of limited means who were the favorites of the whole community and on the other hand you have seen men with lots of money who were hated. Why is it? Let me tell you that there is nothing so grand and noble in any profession as in your profession, the opportunity to do good, and when you get old there will be a great deal more satisfaction in it than anything else you can ever lay up.

Now further as to advertising. In the papers here in Kirksville there are names of doctors appearing in nearly every issue,—they called to see Mr. So and So, or they have done a serious operation, etc. What are such men trying to do? When a man does that he is trying to boost himself when another man is just as good, but he perhaps is too modest to do that. You can see how unjust this is. Handling sick people is altogether different from selling groceries or clothes. Suppose one of you were deathly sick and ten or fifteen doctors should call to get the job of doctoring you!

When I first went into practice I was like all young men, and if I did anything pretty good and I got mention of it in the newspaper it looked very good to me. I am ashamed of that now. Now if an editor gets hold of anything of that kind and my name appears in the paper I feel that the other doctors think I am at the bottom of it.

It used to be that doctors in the cities would hire a newspaper reporter to witness operations and write them up in such a manner that they would get advertising out of it, and doctors have been convicted by and expelled from medical societies for paying \$50 to \$100 for such a thing. If a doctor does such a thing as that he certainly is of questionable character. Do not be guilty of anything of that sort. You will surely regret it.

Another thing you should be very careful of what you put on your business cards. A great many cards state the school of which you are a graduate. That is not good taste. Why? Suppose a brother practitioner where you are located is from some school which is not quite so noted as yours. You try to convey the impression to the public that because you are from a more noted school than he that you are a better practitioner, when as a matter of fact, because of his individual work he may be ten times better than you. I know that in this town there are graduates of some very noted schools, and some from very humble schools, but it would be very bad taste for one to exploit what school he is from.

When you are called into consultation with another doctor, do not



try to make the patient believe, nor the family of the patient to believe that if you had only been called earlier he would be well, or in case of death that the patient would have lived. Doctors often give this impression to the family by their acts even if they say nothing. It will never pay you in dollars, and it will certainly bring you into disrepute. Suppose you call a doctor in to consult with you. Perhaps it is a case you do not know much about, you may be stuck, or it may be one of many cases where the patient is doing as well as possible, but some of the family are wanting consultation. Perhaps you have been working hard in that family for many years, and they have full confidence in you. Wouldn't you like to have the doctor who is called speak a good word for you? Unfortunately, in our profession there are so many that creep in with no idea but for the dollars and cents—I mean so many are not ethical, that it leaves a field in our profession for an honest man to have a most excellent business.

Suppose a mother calls you to see a dying child. Everything has been done that could be, and yet you give the impression that you could have saved the child had you been called in time. The mother cries and grieves and wishes she had called you in the first place. Even were it true see what a miserable person you have made. The chances are that you knew you were a liar when you said you could have saved the child, but even if it is so, never make it known to the family. It does no good, and does a lot of harm. I have been reprimanded time and time again by people saying "you doctors stand together—you always agree." True, but that is for the reason that it does not do the family any good to disagree. It makes them unhappy and makes the attending doctor unhappy, and puts him in a very bad attitude. Do not be guilty of anything that you may regret in later life.

When people have implicit faith in their doctor they show the most confidence of any living being on earth, and that is part of your pay. Patients that you have done merciful deeds to will die for you, do not forget that. That is part of the doctor's pay. There is no other calling on the face of the earth like it, and I am here to tell you that there is no other profession on the face of the earth so devoted to humanity as are doctors. I heard a doctor say once, "Take me to any place or to any town in America and compare the charity done by doctors with that done by all the rest of the people, and I will show you that the doctors have done more good than all the rest of the people in the town." It is pretty nearly so. How many you will treat for nothing! Let me tell you that I have reached a point where I would sooner treat a man for nothing than to have a fee out of it. It does me good to do some-

thing for those who need it. There is no happiness in life unless you do it and the more you do it the happier you will be for it. Do not think of the money side. If you do your duty the money will come. When you go out into practice you may have bad luck for a month or two and have very few patients. If you do, do not be discouraged. Do your duty and stick to it, and patients will come—be true to your profession.

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#### CLUB CELEBRATES ELEVENTH ANNIVERSARY.

The eleventh anniversary of the organization of the Club was December 10, 1909, but owing to press of school work and the holiday season advancing, arrangements were made by the Committee appointed to provide for its celebration not to commemorate it until sometime in January. Accordingly the evening of January 15th was set apart for this purpose.

The Atlas Club Orchestra of eight pieces made its first appearance and was greeted with applause. This was under the Directorship of brother Jacobs, and composed of brothers Hollis, Irwin, Deason, McGonigle, McMahan, Hurd, and Wolfe. The boys did exceptionally well considering the short time they have been organized.

The faculty was represented by Doctors Charley Still, Geo. M. Laughlin, R. E. Hamilton, F. P. Pratt and A. D. Becker, all of whom have been active members of the Club.

With a few well chosen remarks the Noble Skull presented the first speaker of the evening, Dr. Charley, who was greeted with applause. Dr. Charley was one of the charter members of the Club and gave an interesting account of its formation and early history, together with the personal history of its organizers since.

\* \* \* \* \* The men who met and organized the Atlas Club eleven years ago and who are its charter members are Homer Woolery, Norman Mattison, Thos. F. Reagan, H. H. Strait, Harry B. McIntyre, Forrest Webber, W. E. Diggins, Karl K. Smith, Dr. Wm. Laughlin and Dr. C. E. Still. We did not know at that time just what was in store, and I am of the opinion that we started something that we are not able to stop. \* \* \* \* \*

After the Club was thoroughly organized the purpose of it was to further and help advance osteopathy. To what extent their mission was successful their numbers and the amount of influence they wield over the country shows. The Atlas Club at one time and at several times has been of great service to the school and to the profession. And there have been other times when the management of the school felt



that the Atlas Club, as well as other school organizations were injurious, this mainly from the fact that candidates who were blackballed through spite were told of their rejection the next morning. This spite work crept into the Club and not only into the Atlas Club, but into the other school organizations, and on some occasions the best men in the profession—that is those men who are doing most in establishing our profession in a scientific way, came back six, eight or ten months after graduation in order to get into the Club, and instead of getting what was intended out of the Club it was getting to be something of a political affair. But I am informed that it is more scientific now than at any time since the beginning. \* \* \* \* \*

The school management is always glad to have clubs, sororities and fraternities organized, but does not like to see some of the things that have come up in the past, but as I say, the Atlas Club at the present time I believe is doing as much, if not more, toward what was intended in the beginning than ever before. I do not hear of anyone having his character assailed any more, and I certainly am glad to be one of the charter members of the Club as it is, and I know that at our National Association meetings that the Atlas Club wields a large and good influence. Atlas men stand together and are as clannish as may be. If a man comes out at the last moment and they say he is an Atlas man, you can see the Atlas men scattering like hunting dogs for birds, and the first thing you know they are all lined up. For a number of years they almost ran the National Association and I do not think it was bad. They ran it in a creditable way, and I hope they will go on with the good work, and that they will not allow petty jealousies to get into their ranks. It certainly was not the intention nor desire of those who started the organization to see things of this sort come in, and I hope that the officers will see that while they are members that there will be nothing of that kind attempted."

Extracts from the minutes of several of the early meetings were read by Stylus Krill, and proved interesting, historically and otherwise.

A violin solo by Brother Hollis and a piano solo by Brother McGonigle were next on the program.

Dr. Geo. Laughlin was to have been the second speaker, but unfortunately before the close of Dr. Charley's address was called from the hall to attend a case and could not return in time to address the meeting.

Dr. Pratt then spoke on the Birth and Growth of the Club in his inimitable manner.

"Concerning the growth and progress of the Atlas Club, no higher tribute can be paid it than to state the fact that it has accomplished

and is accomplishing every day that for which it was organized. In the preamble to the Constitution it is recorded, in effect, that the object of the club shall be the advancement of scientific truth and the elevation of the intellectual, moral, social and professional condition of its members. Worthy ideals, you admit! Yet during the brief span of years of its existence, the Atlas Club has lived up to just these ideals.

"The advancement of scientific truth,—osteopathic truth! Look over the profession and note the big men. Men who tower head and shoulders above the crowd, and observe how many wear the Atlas pin. In addition to these before me (Drs. Hamilton and Becker) there is Dr. Geo. Laughlin, in the breadth and richness of his experience and the soundness of his judgment the peer, if not the superior of any man in the profession; Dr. Charley Still, who has sacrificed business and opportunities to gain vastly more from a material standpoint, and who has devoted the best of his life and has grown gray haired in the effort to maintain a reputable osteopathic school. And even though you may pick many flaws in this school it is advancing scientific osteopathic truth and he deserves a crown of glory for enduring the trials and worry and trouble it has caused him. Then there is Dr. Carl McConnell—he has done a great deal—probably more than any other one man, in the laboratory and research line, collecting real scientific evidence to prove the truths of our claims; Drs. Marion Clark, Hazzard, Booth, Hulett, Hildreth—and these are but a very few of the many we might name—all big men—you know them. They represent the Atlas Club in the field, they are daily carrying out the objects of the club—the advancement of scientific truth with regard to osteopathy. \* \* \* \* \*

From that small beginning in a little room on North Main Street, you have grown much and flourished. For ten years you have occupied these quarters, generous in size, conveniences and equipment for comfort and work—yet now, because of your growth and success, you are making the necessary provision for a bigger and better home. \* \* \* \* \*

You are to be congratulated that you are taking cognizance of those cases in which field members, misguided or ignorant, by their unprofessional conduct are causing osteopathy to be held up to ridicule. When such a brother refuses to mend his ways upon exhortation, cast him out. His lurid advertisements, even through they mention his self-admitted virtues and skill, give but one more avenue of attack by our enemies, weaken us in our fight before the world; eliminate him from the club roll.

And in this connection, the Club is to be complimented concerning



its recent action in cutting off what we will term "bad flesh." Eleven years ago it was born with nine members—let us say it was born a nine pound child. Now this eleven year old youth weighs five hundred fifty pounds; but some of this mass is not good bone and muscle, is not a fighting power but is a burden and a hindrance in a real struggle. He has done well to go into training to get rid of it, to get down to good fighting weight. His work is a serious work and he must be in the best possible condition to accomplish it. Train off the useless fat.

You are working for a betterment of osteopathy—such is the object of your club. Those who persistently refuse to live up to their pledges, who do not help to make the club what it tries to be and will be, block your progress—that you have dropped them means that you will more easily and more surely continue to be a powerful factor in the uplift and advancement of osteopathy."

Dr. Pratt's address was followed with a selection by the orchestra.

Dr. R. E. Hamilton made a short address on Club Life from which the following excerpts are taken:

"The advantages of Club life, in this club, at least, are obvious to its members. Club members do not as a rule, realize the restraining influences as well as the social life that a club gives its members. Each man learns to think more of his neighbor, and the fellow who has the ego highly cultivated gets "gently trimmed" during his club life. There are many other advantages of club life besides that of getting roasted, and not the least of these is the advantage of "getting a man out of himself," as we say, and away from himself.

The fellow who goes to school with the idea of staying in his room and digging all the time is only a little bit worse than the fellow who is never there, for the fellow who is never there does not lose his health nor ruin his disposition, even though he loses his way home.

The fellow who is always in his room and always studying is the fellow who gets homesick first, and is the first fellow that is ready to quit.

The cure nowadays for "that tired feeling" is club life. A man in a club meets other clubmen interested as he is, and he gets a new lease of life. That is a good thing in osteopathic circles, because you learn something new. One of the things we are proud to say of the American School of Osteopathy is that the student lives in the atmosphere of osteopathy. \* \* \* \* \* The osteopathic student in particular, if he is going to get the most out of his work, must be where there are other students, where he can discuss subjects of interest to himself, and where there is school life, and that there is the great reason why club life is useful to its members." \* \* \* \*

Russ Coplantz followed Dr. Hamilton with rendition of a bass solo, which was enthusiastically received.

Dr. A. D. Becker, of the faculty, was the next speaker, and said in part: The Atlas Club is here because it was needed. A dozen men or less, a dozen years ago, were far sighted. They knew that osteopathy was going to grow and like that somewhat unscriptural quotation they knew that "every tub must stand on its own bottom" and they knew that osteopathy was going to have to stand on its own bottom. Men have learned that in union there is strength and that in organization there is strength and the Atlas Club is the outgrowth of this idea.

Osteopathy is new, very new, and I know many of you have thought, as I have thought many times, that it is a wonderful thing, in this world of brainy men, that some one did not conceive the idea of osteopathy long ago; it is so simple, it is so rational, it is scientific; it is like a good many puzzles when you learn how to work them,—it is so easy after you have seen and understood that it is a continual wonder why osteopathy was not elaborated years ago. But it was not until 1874 that one man among a great many men, and I believe very remarkable on account of this fact, that it is given to but few men to be original thinkers. It is so easy for many of us to think along lines already laid down by someone else. This was a man who was an original thinker, who conceived the idea of physical health being due to mechanical perfection; that man had the courage of his convictions; he dared to make a statement and dared to stand by it. He suffered antagonism and criticism and that by far the worst of all shafts, ridicule. Many a man can fight against antagonism, and many men are only spurred by criticism, but only few men can stand before the world under ridicule, and we know that Dr. Still was ridiculed. He knew he was right and answered ridicule with results. The Atlas Club was founded to further and elevate and perpetuate his osteopathy.

This was followed by a male quartette, consisting of brothers Hansen, Crocker, Hardy and Walker, who rendered some pleasing music.

This concluded the literary part of the program, and was followed by sandwiches, cocoa, ice cream and cake and cigars. It was a very enjoyable meeting—probably one of the best of the kind the Club has ever held. None but members were present and the character of the event gave each an opportunity of becoming more intimately acquainted with brother club members.





Herbert W. Hancock came from Groveland, Ill., where he was an office man. By receiving benefits through treatment he became interested in osteopathy, and decided to take up the work at Kirksville.

\* \* \*

Harold E. Illing is from Berlin, Ontario. Through treatments received from Dr. Millard, (Atlas, '01) of Toronto he became interested in osteopathy and decided to study the science and make it his profession.

\* \* \*

Hugh T. Wise comes from Goshen, Indiana, was formerly a railway mail clerk, but through the cure of a friend of tuberculosis by osteopathy, decided to take up the science. He is a member of the June, 1911 class.

\* \* \*

John E. Hoskins was formerly a farmer at Coin, Iowa, holding high school diploma. He is a brother-in-law of Drs. R. H. and H. T. Miller and it was largely through the influence of the latter that he took up the work.